

# PHILIPPINES MULTISECTORAL NUTRITION PROJECT

## **Stakeholders Engagement Plan (SEP)**

**Department of Health (DOH) and Department of Social Welfare and  
Development (DSWD)**

October 2021

# Stakeholders Engagement Plan (with Grievance Redress Mechanism)

## I. Introduction

The proposed project would support the Government of the Philippines in adopting a bold, multi-sectoral nutrition approach to deliver a coordinated package of nutrition-specific and nutrition-sensitive interventions across the various LGU platforms. The project is expected to have the following impact: First, through transferring Project funding directly to LGUs – rather than passing them through line departments' budget program which likely slows budget execution – the Project will increase the availability of nutrition funds at the local level for activity implementation; through strengthening local-level planning and budgeting, as well as ensuring that the nutrition challenges are addressed multisectorally, it will increase the efficiency of resource use by better aligning local level nutrition interventions with nutrition needs, and it will encourage a focus on results through the provision of financial incentives at the local level for the attainment of nutrition results. Finally, the project will build on a community-based approach to mobilize the target communities and support critical behavioral changes for improved nutrition outcomes. To this end, the proposed project will comprise three main components.

### A. Project Development Objectives and Components

**Project Development Objectives.** Overall, the project's development objectives is to increase the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions and improve key health behaviours and practices known to reduce stunting in target LGUs.

CDD for nutrition will be reflected in this project through the following features intended to leverage on existing KALAHÍ-CIDSS initiatives:

- Mobilization of parents/primary caregivers of children – organizing and enjoining the primary stakeholders for the project will warrant a more fitting view of the health and nutrition issues and concerns of the community, as well as generating a common understanding of the need for suitable interventions to address the identified concerns. Also, the project intends to mobilize the households of children affected by stunting - the parents and caregivers, to become proactive in the implementation of Component 1 interventions which will provide direct services on health and nutrition to benefit their children.
- Partnership with community members – with the guidance of local health and nutrition specialists and project staff, organized groups of parents and caregivers will design and develop their nutrition-related sub-projects that focus on supporting the nutrition-specific and nutrition-sensitive interventions of the local government. Community participation in both the implementation of the LGU's nutrition program and in the identification and implementation of other nutrition-sensitive and enabling initiatives will increase the likelihood of achieving the desired project objectives.
- Capacity building for organized groups for project implementation –Capacity building will include health and nutrition monitoring to help the community volunteers, especially the health care service providers, in ensuring that improvements in the nutritional status of children will be maintained. Organized groups of parents and caregivers will also assist the Barangay Nutrition Committee in the mobilization of parents of target children to ensure that they receive the necessary health and nutrition interventions designed for them.
- Community-based implementation and monitoring – provision of grants to proposed community subprojects focused on improving the health and nutritional well-being of project beneficiaries (and especially pregnant and lactating women, and infants and young children under the age of 5 years). Community groups will facilitate related procurement, implementation, and community monitoring activities with the technical assistance of the LGUs and concerned agencies.
- Institutional development for local government units – identification and facilitation of enabling programs and initiatives for LGUs to prioritize health and nutrition in their policy decisions and resource allocations will sustain the gains of the community-sub-projects and achieve a lasting effect and impact on the target reach of the project and on the health and nutrition of communities.

**Component 1: Enhancing Nutrition Service Delivery Through Primary Health Care Integration** - this component aims to focus on strengthening primary health care systems to enhance the delivery of nutrition specific and sensitive interventions, as well as the provision of Social and Behavioral Change Communication to improve key behaviors important to address stunting. The component finances Performance Based Grants (PBG) to stimulate the implementation of high impact interventions. The activities under this component can be categorized into three sub-components:

**Primary Health Care Services Support.** The component will support the following nutrition-specific interventions: promotion and support of optimal infant and young child feeding practices, especially for children 0–23 months; regular growth monitoring and promotion for children under 5 years old; facility- and community-based management of moderate and severe acute malnutrition; iron-folic supplementation for pregnant women and women of reproductive age; vitamin A supplementation of children 6–59 months; support to rice producing LGUs with enforcement of the rice fortification law; dietary supplementation for nutritionally-at-risk pregnant women and children 6-23 months old; and nutrition in emergencies.

**Health and Nutrition Service Systems Strengthening.** The sub-component will address key gaps in the delivery of essential maternal and child healthcare (MCH) services in primary health care facilities. This package of primary health care services will include: MCH services such as ante-natal, delivery, and postnatal care; adolescent girls' health and development services (with specific activities to address early pregnancies and safe motherhood); and integrated management of childhood illnesses. LGU mobilization, a key project component, is a strategy to ensure convergence of programs and interventions through: i) supporting LGUs to prepare evidence-based and costed Local Nutrition Action Plans<sup>1</sup> at the provincial, municipal, and barangay levels, that will integrate both nutrition specific and nutrition sensitive interventions. To sustain engagement of policy makers at the LGU level, the PMNP will support high-level advocacy activities throughout the four-year period. Likewise, capacity building and supportive supervision for LGU staff, health care staff, community health and nutrition volunteers and local leaders will be provided by DOH. The component will finally support two sets of SBCC interventions 1) the rollout of multimedia, cross-cutting communications and 2) health facility and community-based behavior change and communication interventions to enable targeted households and communities to adopt behaviors crucial to improving nutrition outcomes among women and children.

**Technical Assistance to the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).** To support BARMM in developing and implementing child-focused programs, including health and nutrition interventions, the DSWD and DOH will provide technical assistance and capacity-building support to the region. The DoH and DSWD will provide technical assistance to the BARMM Ministry of Social Services to strengthen management of nutrition interventions.

One of the key gaps to address would be barriers to accessing health and nutrition services among IPs. The project will therefore support a benchmark assessment of IP and ethnicity data and information systems across the participating institutions at national and local levels to systematically improve tracking performance among indigenous communities. The project will also provide training on culturally sensitive techniques and practices to relevant staff, to support implementation of the package of nutrition and essential MCH interventions and services at national and local levels, and to the participating LGUs. Where feasible, the project will encourage the recruitment and training of IP to become community health workers in their own communities, effectively reducing social and cultural constraints and enhancing access and acceptability.

**Component 2: Community-based Nutrition Service Delivery and Multisectoral Nutrition Convergence** - the component will focus on multisector community- based promotion of key family practices (i.e., the 12 family and community practices that promote child survival, growth, and

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<sup>1</sup> The Local Nutrition Action Plan shall embody the programs, projects, and activities expected to contribute to the delivery of nutrition outcomes by ensuring the delivery of package of services crucial for the first 1,000 days of life; ii) advocacy targeted at Local Chief Executives to lead support to nutrition programs and to elicit community participation in accessing basic health, nutrition, and other community services, and; iii) an enhanced nutrition focus in the Annual Investment Programming of LGUs, that will ensure increased investments for health, nutrition, and other community services that support the delivery of nutrition services/interventions.

development)<sup>2</sup> and health care seeking behaviors for improved maternal and child health and nutrition outcomes. The component supports the design and implementation of household and community level interventions to improve mother and child health and nutrition, with emphasis on the first 1,000 days of life. The interventions complement the health system interventions and SBCC interventions supported under component 1. Within this context, the component supports community-based and household focused interventions to improve food diversity, security, and livelihoods and complement the delivery of nutrition-specific interventions. In response to the multi-dimensional causes of malnutrition in the Philippines, this component will support the convergence of priority nutrition-sensitive interventions on targeted communities and households. In addition, the component supports high impact multi sector interventions to improve food diversification, livelihoods, and access to sanitation by targeted households.

Building on the Kalahi-CIDSS Project, several of the poorest and most vulnerable LGUs will be selected for intervention, and within those LGUs, vulnerable populations such as 4Ps beneficiaries, nutritionally-at-risk women and young children, and IPs will be identified as target households. These households and communities will receive multisectoral interventions with a convergence approach central to the PPAN 2017–2022. In this regard, community-based and household-focused interventions to improve food diversity, security and livelihoods, WASH, and optimal caregiving practices will be financed under this component.

**Component 3: Institutional Strengthening, Monitoring and Evaluation and Communications** - this component will finance the following activities: (i) Institutional strengthening of project implementing entities including the LGUs; (ii) Project Management to support the day-to-day implementation, coordination and cooperation, communication, procurement, financial management (FM), environmental and social (E&S) management, and monitoring and evaluation (M&E) of the project. The project will finance technical, fiduciary and E&S specialists to strengthen the implementation capacity of implementing agencies; and (iii) Monitoring and Evaluation for the development of planning guidelines to be used at different levels; training and operational costs for the execution of the coordination, development, and implementation of M&E functions (e.g., additional staffing and facilitation of regular multisectoral nutrition coordination meetings at LGU level, and regular supervision); and studies, surveys, and citizen engagement activities to assess operational effectiveness of the convergence approach. The component will also finance the independent verification of PBC achievements by an independent academic/research institution. The project will also support capacity-building activities to systematically include and collect ethnicity data into different health and nutrition surveys at the national and local level.

**Project Considerations for Indigenous Peoples.** One of the cross-cutting themes for components 1 and 2 is on indigenous peoples. The project will include some indicators with ethnicity disaggregation to monitor service delivery to indigenous peoples and develop culturally sensitive activities to better target the communities in the project area. This will include concerted efforts to systematically collect relevant health and nutrition data on IP and ethnicity in the project's management information systems at the central and local level—actively ensuring IP representation in project citizen engagement activities—and delivering more inclusive services to IP. In addition, the project has a citizen-oriented design and intends to engage with citizens during implementation. A beneficiary feedback indicator is included in the Results Framework to monitor citizen engagement throughout project implementation.

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<sup>2</sup> Take children as scheduled to complete a full course of immunizations (BCG, DTP, OPV and measles before their first birthday. (2). Breastfeed infants exclusively for six months. (3). Starting at six months of age, feed children freshly prepared energy- and nutrient-rich complementary foods, while continuing to breastfeed up to two years or longer. (4). Ensure that children receive adequate amounts of micronutrients (vitamin A, iron, and zinc in particular), either in their diet or through supplementation. (5). Dispose of feces, including children's feces, safely; and wash hands after defecation, before preparing meals, and before feeding children. (6). Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets. (7). Continue to feed and offer more fluids, including breast milk, to children when they are sick. (8). Give sick children appropriate home treatment for infections. (9). Recognize when sick children need treatment outside the home and seek care from appropriate providers. (10). Follow health workers' advice about treatment, follow-up, and referral. (11). Promote mental and social development by responding to a child's needs for care, and through talking, playing, and providing a stimulating environment. (12). Ensure that every pregnant woman has adequate antenatal care. This includes her having at least four antenatal visits with an appropriate health care provider, and receiving the recommended doses of the tetanus toxoid vaccination.



To ensure IPs accessing health and nutrition services, the project will support a benchmark assessment of IP and ethnicity data and information systems across the participating institutions at national and local levels to systematically improve tracking performance among indigenous communities. The project will also provide training on culturally sensitive techniques and practices to relevant staff, to support implementation of the package of nutrition and essential MCH interventions and services at national and local levels, and to the participating LGUs. Where feasible, the project will encourage the recruitment and training of IP to become community health workers in their own communities, effectively reducing social and cultural constraints and enhancing access and acceptability.

## B. Target Sites

The project will prioritize LGUs with the highest burden of childhood stunting based on best available data. Primary project beneficiaries will comprise children under five years old (with attention to children under two years who will be reached by project activities before stunting becomes largely irreversible), as well as pregnant and lactating women in LGUs prioritized for PMNP support. Other beneficiaries will include women of reproductive age and adolescent girls to improve their health and nutrition status prior to their most critical reproductive health years. The poorest households will benefit from improved nutrition-sensitive interventions (delivered by the Agriculture, Social Protection, WASH, and Education Sectors), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC.

The primary project beneficiaries will comprise pregnant and lactating women and children under five years of age, with a special focus on the first 1,000 days of life—from conception to a child's second birthday.<sup>3</sup> Other beneficiaries will include adolescent girls to improve their health and nutritional well-being and health seeking behaviors before entering their reproductive health years. The poorest households, including 4Ps households and IP, will be among the main beneficiaries from improvements in nutrition-sensitive services (delivered by the agriculture, social protection, WASH, and education interventions), and the public at large will benefit from national media campaigns as well as health- and nutrition-related SBCC. Project beneficiaries who are part of the identified population groups will benefit from culturally acceptable and appropriate health and nutrition services provided by the PMNP. The project will target LGUs based on the following criteria: i) municipalities with stunting rate higher than or equal to 17.5%, ii) incidence of poverty, iii) with experience in Kalahi-CIDSS implementation, and iv) covered by the Human Development and Poverty Reduction Cluster (HDPRC)/PPAN priority areas.

The project will cover 235 municipalities and 5,936 barangays in the following 12 regions and 26 provinces. These municipalities will receive the full range of nutrition services to be offered by the project. An additional 40 municipalities from 3 provinces in BARRM shall be provided with technical assistance packages to support the region's development of health and nutrition programs and increase capacities of their service providers. In total, 275 municipalities will benefit from the project (Table 2 and Figure 1).

**Table 1: PMNP Target Areas**

Region	Province
Region IIIA-Central Luzon	Nueva Ecija
Region IV-A Calabarzon	Quezon
Region IV-B Mimaropa	Occidental Mindoro, Romblon
Region V-Bicol	Camarines Sur, Catanduanes, Masbate, Sorsogon
Region VI-Western Visayas	Iloilo, Negros Occidental
Region VII Central Visayas	Cebu, Negros Oriental
Region VIII-Eastern Visayas	Eastern Samar, Leyte, Northern Samar, Samar (Western Samar)
Region IX Zamboanga Peninsula	Zamboanga Del Norte, Zamboanga Del Sur

<sup>3</sup> The focus on the first 1,000 days is consistent with the Early Years Act that refers to the full range of health, nutrition, early education, and social services development program for the holistic needs of young children, but it further narrows down the age group to the golden window of opportunity for the child's growth and development. Even before the enactment of Republic Act 11148 or the *Kalusugan at Nutrisyon ng Mag-nanay* Act in 2018, the NNC, as a member of the ECCD Council, implemented a multi-agency program called the Early Childhood Care and Development in First 1,000 Days Program (ECCD-F1K) in 2016, which is anchored on the key elements expressed in the Early Years Act.

Region	Province
Region X- Northern Mindanao	Bukidnon, Lanao Del Norte
Region XI Davao	Davao Del Sur, Davao Occidental
Region XII SOCCSKSARGEN	North Cotabato, Sarangani, Sultan Kudarat
Region CARAGA	Surigao Del Sur
BARMM Region	Lanao Del Sur, Maguindanao, Sulu

Source: PMNP Proposal, 2020

## II. Policy and Legal Framework

This SEP has been developed in compliance with World Bank's Environmental and Social Framework (ESF), specified in the Environmental and Social Standard 10 (ESS10) and the regulations of the Government of the Philippines (GOP) on stakeholder engagements.

**ESS10** recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. ESS10 requires the engagement of various project stakeholders in an appropriate and timely manner throughout the project life.

Requirements for stakeholder engagement under Philippine regulations are comprehensive and consistent with the requirements of ESS10. The 1987 Constitution guarantees the right of the people to information on matters of public concern. Article XIII, Sec. 16 stipulates the right of the people and their organizations to effective and reasonable participation at all levels of social, political, and economic decision-making shall not be abridged. The State shall, by law, facilitate the establishment of adequate consultation mechanisms. Article II, Sec.28. Declares that the "State adopts and implements a policy of full public disclosure of all its transactions involving public interest, subject to reasonable conditions prescribed by law". Stakeholder engagement is the responsibility of all project proponents.

Aside from the Constitution, other enabling mechanisms are in place through the following:

- **PD 1586: Philippine Environmental Impact Statement System (PEISS)** requires that consultations with stakeholders be conducted throughout the whole environmental impact assessment (EIA) process - from the EIA Study Scoping to Environmental Impact Monitoring and Evaluation/ Audit and abandonment. Public Participation is an open, transparent, gender-sensitive, and community-based public involvement in the EIA process, aimed at ensuring the social acceptability of a project or undertaking, involving the broadest range of stakeholders, commencing at the earliest possible stage of project design and development and continuing until post-assessment monitoring.
- **RA 10752: Right-of-Way (ROW) Act.** This act stipulates that a public consultation and information dissemination with project-affected persons and other relevant stakeholders, be done in proper implementation of the policy. Government shall take all steps necessary for the timely completion of all ROW functions, to include engaging in inter-agency and stakeholder coordination and consultation, information disclosure and grievance redress. Procedures shall be provided by each executing agency across project stages.
- **RA 8371: Indigenous Peoples Rights Act (IPRA) of 1997.** This is a national law that safeguards and recognizes the rights of indigenous cultural communities/indigenous peoples (ICCs/IPs) through the respect of their culture and traditional systems and ancestral domains. The important provisions related to ESS10 of IPRA are the right to an informed and intelligent participation in the formulation and implementation of any project that will impact their ancestral domains, right to participate fully at all levels of decision-making in matters which may affect their rights, lives and destinies through procedure determined by them. The National Commission on Indigenous Peoples (NCIP) in close coordination with the Department of Interior and Local Government (DILG) shall ensure a meaningful consultation and full participation with IPs with defined grievance redress mechanisms. Section 65 of the IPRA provides that "when disputes involve ICCs/IPs, customary laws and practices shall be used to resolve the dispute."

- **RA 7160: Local Government Code of 1991.** Section 2c states that there should be periodic consultations with local government units (LGU), nongovernmental and people's organizations before any projects/ programs are implemented. Section 26 focused on the duty of national government agencies (NGA) to consult the LGUs, nongovernmental organizations (NGO), and other sectors concerned especially if the project has significant impacts on the environment and explain the possible impacts and their plans for the project. Consequently, Section 27 mentioned that no projects shall be implemented if consultations (Section 2c and 26) are not complied. Public participation shall also include local sectoral representation for community stakeholder involvement in development planning thus there shall not be less than ¼ NGO members of the Local Development Council. Local Development Council within the provincial, city, and municipal level shall formulate and implement socio-economic programs and policies while barangay-level ones are to mobilize people to participate in local development efforts.
- **Executive Order No. 02, s. 2016** - Operationalizing in the executive branch the people's constitutional right to information and the state policies to full public disclosure and transparency in the public service and providing guidelines. Every Filipino shall have access to information, official records, public records and to documents and papers pertaining to official acts, transactions or decisions, as well as to government research data used as basis for policy development. Government offices shall create and/or maintain accurate and reasonably complete records of important information in appropriate formats, and implement a records management system that facilitates easy identification, retrieval and communication of information to the public.
- **RA 876: The Arbitration Law.** It is declared as the policy of the State to actively promote party autonomy in the resolution of disputes or the freedom of the party to make their own arrangements to resolve their disputes. Towards this end, the State shall encourage and actively promote the use of Alternative Dispute Resolution (ADR) as an important means to achieve speedy and impartial justice.
- **RA 7610: An Act Providing For Stronger Deterrence And Special Protection Against Child Abuse, Exploitation And Discrimination, And For Other Purposes.** It is the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination.
- **RA 11054: Organic Law for the Bangsamoro Autonomous Region** - Also known as Bangsamoro Basic Law provides for the establishment of an autonomous political entity known as the Bangsamoro Autonomous Region. The Organic Law shall establish a political entity, provide for its basic structure of government in recognition of the justness and legitimacy of the cause of the Bangsamoro people and the aspirations of Muslim Filipinos and all indigenous cultural communities in the Bangsamoro Autonomous Region in Muslim Mindanao to secure their identity and posterity, allowing for meaningful self-governance within the framework of the Constitution and the national sovereignty as well as territorial integrity of the Republic of the Philippines.

Annex 2 provides the Philippine laws and regulations pertinent to citizen participation, Stakeholder engagement is the responsibility of all project proponents. As a requirement under the PEISS, stakeholder engagement is the responsibility of DENR, project implementing agencies, LGUs, NCIP, and project proponents.

### III. Stakeholder Mapping and Analysis

#### A. Stakeholder Identification

This section presents the identified stakeholders and their interests in the Project. A stakeholder is defined as any individual or group who is potentially affected, positively or negatively, by the Project, or who is potentially affected, positively or negatively, by the Project, or who has an interest in the Project and its potential impacts. In order to define an engagement process for project preparation and implementation, the following types of stakeholders have been identified. As the Project progresses, the SEP will be regularly updated, including new stakeholders as relevant.

- **Project affected parties** are individuals, groups, local communities, and other stakeholders that may be directly or indirectly, positively or negatively affected by the Project. These include: a) pregnant and lactating women and children under five years old (with a special focus on the first 1,000 days of life---from conception to a child's second birthday); b) adolescent girls, to improve their health and nutritional well-being and health seeking behaviors before entering their reproductive health years; and c) the poorest households, including those from marginalized groups (indigenous peoples).
- **Interested parties** are stakeholders who may be interested in the project because of its location, proximity to natural or other resources, or because of the sector or parties involved in the project. These may be local government officials, community leaders, and civil society organizations, particularly those who work in or with the affected communities. Within the project affected parties, it is important to understand project impacts and whether these may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. This may involve single-parent households, tillers, elders, the poorest households, ethnic minorities and Ips.

*The Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) - As co-implementing agencies, the DSWD, through the Kalahi-CIDSS National Program Management Office (KC-NPMO), and the DOH shall be responsible in project and fund management; monitoring and provision of technical assistance to regional offices and LGU teams; coordination with the National Technical Working Group (NTWG), oversight agencies and other programs and units within the DSWD and DOH Central Offices; and consolidation and submission of reports to the Inter-agency Task Force on Zero Hunger (IATF-ZH) and World Bank. DSWD and DOH shall work closely with the IATF-ZH and the members of the NTWG in the development of program policies and guidelines to be used by the DSWD and DOH local teams during implementation.*

*Department of Science and Technology-Food and Nutrition Research Institute (DOST-FNRI) - shall provide technical guidance and oversight in the development and conduct of monitoring, evaluation, and learning mechanisms of the project. It will work closely with the DSWD and DOH in designing studies and conduct of activities that will facilitate knowledge building and management.*

*Department of Agriculture (DA) - will have the technical oversight on the design of livelihood support projects. Livelihood projects will be included in the menu of community sub-projects by target communities. In coordination with KC-RPMOs, the DA shall provide technical assistance and training to those communities who will have livelihood as their sub-projects and ensure that these communities will be able to develop viable and sustainable alternative sources of food to support the nutrition targets of their families.*

*Department of Interior and Local Government (DILG) - will work closely with the DSWD and DOH in capacitating the LGUs in ensuring that nutrition concerns and targets are included in the long-term programs of the LGUs. It will develop policy guidelines to enable the LGUs to ensure the sustainability of health and nutrition programming at the local level.*

*Inter Agency Task Force on Zero Hunger (IATF-ZH)* - will provide the national-level strategic direction leadership of the Project, and convenes the various agencies participating in the project in any capacity. It will review progress and performance, and resolve specific issues as required and will also approve the Project's annual report. The Task Force is chaired by the Cabinet Secretary, and has membership from the DSWD, DA, Department of Agrarian Reform (DAR), Department of Budget Management (DBM), Department of Education (DepEd), Department of Environment and Natural Resources (DENR), DOH, Department of Labor and Employment (DOLE), DILG, Department of Trade and Industry (DTI), DOST, Presidential Communications Operations Office (PCOO), National Economic and Development Authority (NEDA), and Commission on Higher Education (CHED).

*Office of the Cabinet Secretariat (OCS)* - will provide coordination support to the activities of the IATF-ZH and in monitoring the roles of the NTWG members to ensure delivery of their commitments to the project.

*National Technical Working Group (NTWG)* - comprising technical departments from the IATF-ZH will be responsible for coordinating technical support services of different agencies at the regional and provincial levels. The NTWG will also provide technical inputs to, as well as review results of the continuing development of the project's implementation systems, processes, and technical manuals. The NTWG will be co-chaired by the DSWD and the DOH.

*Municipal LGUs (MLGUs)* - will develop their specific multisectoral nutrition plan, applying the same methodology and protocol as they use for their standard planning processes. It is expected that at the end of the project, the MLGUs are able to sustain the gains of the Project and institutionalize Nutrition Planning in their own local development processes. MLGUs will set up and manage special funds where the money earmarked for the project's multisectoral nutrition plans would be kept. This refers to the PBC, wherein LGUs who successfully implemented their projects will receive additional resources to sustain the project and ensure that stunting and other nutrition issues are properly addressed even after the project closing. MLGUs will also provide local counterpart contribution (LCC) in the form of cash and in-kind to support the implementation of the Project, similar to the practice of Kalahi-CIDSS wherein LGUs are providing cash or in-kind counterparts.

*Barangay LGUs (BLGUs)* - shall be the operational platforms for the delivery and management of institutional nutrition-specific and nutrition-sensitive interventions to reach the intended beneficiaries of the projects. BLGUs are the focal for planning, coordinating, and implementing Project activities across concerned sectors. They are also the oversight to the Barangay Nutrition Committees (BNCs) and the Community Nutrition Sub-project Management Committees (CNSPMCs).

*Barangay Nutrition Committees (BNCs)* - which are composed of Barangay Nutrition Scholars (BNS), Barangay Health Workers (BHW), Early Childhood Care and Development (ECCD) Workers, and others designated by the *Barangay* Health Committees, have the following key roles in the implementation of nutrition-specific interventions, to ensure that the intended beneficiaries of the project receive the services:

- Facilitate the profiling of under-five children affected by stunting, who will be the primary targets of the direct services
- Undergo capacity building activities organized by the DOH and DSWD and facilitate roll-out of necessary trainings and/or information, education and communication (IEC) activities to the communities, especially for the parents or caregivers of the children
- Assist the *Barangay* Health Center and/or Municipal Health Office medical personnel in the administration of direct nutrition services for the identified children needing interventions
- Monitor the progress on the health status of the children and provide technical assistance to the parents

*Community Nutrition Sub-Project Management Committees (CNSPMCs)* - shall be composed of parent leaders and community volunteers who will lead and manage delivery of nutrition-sensitive sub-projects and work together to ensure complementation of nutrition interventions and in mobilization for community participation and benefit the targets of the project. Their key roles shall include the following:

- Assist the BNCs in the administration of direct services for children
- Mobilize the parents of the children beneficiaries and other community members to participate in the identification of appropriate nutrition-sensitive community projects that will support and sustain the impacts of direct services for children
- Facilitate the development, delivery, and monitoring of nutrition-sensitive community projects focusing on food supply and livelihood, water, sanitation and hygiene (WASH), and ECCD
- Facilitate community consultation sessions and actively participate in the BNCs and *Barangay* Health Committees to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.

*Children and Lactating Mothers (CLMs)* - The primary Project beneficiaries will comprise pregnant and lactating women and children under five years old (with a special focus on the first 1,000 days of life--from conception to a child's second birthday).

*Adolescent Girls (AGs)* - to improve their health and nutritional well-being and health seeking behaviors before entering their reproductive health years.

*Indigenous Peoples (IPs)* - the poorest households, including those from marginalized groups will be among the main beneficiaries from improvements in nutrition-sensitive services, and the public at large will benefit from national media campaigns as well as health and nutrition-related social and behavioral change communications.

*National Commission on Indigenous Peoples (NCIP)* - is the government agency responsible for the formulation and implementation of policies, plans and programs to promote and protect the rights and well-being of the ICCs/IPs and the recognition of their ancestral domains as well as their rights. The NCIP provides assistance and serves as the medium through which assistance can be provided to the ICCs/IPs. It may also formulate and implement policies, plans, programs and projects for the economic, social and cultural development of the ICCs/IPs. As the Project would involve conducting activities within the ancestral domains (ADs), it is required to undertake the Free and Prior Informed Consent (FPIC). For activities outside the ADs, NCIP can help facilitate consultations with ICCs/IPs leading to the attainment of FPIC.

*Non-government Organizations (NGOs) and Civil Society Organizations (CSOs)* - CSOs are advocates of various sectors of society and have been critics in the implementation of many government projects. They could provide valuable policy and advocacy support to the project. On the other hand, there are also a number of NGOs that have been working with communities for quite some time, often with financial support from international donors.

## B. Stakeholder Assessment

The project will be implemented mainly by the DOH, and the DSWD. However, various other government agencies will be involved and will have key roles, as shown in the table below.

Stakeholder	Interest on the Project	Degree of Influence on the Project	Role/Potential Role in the Project Implementation
DOH DPCB	High	High	Lead project implementer
DSWD Kalahi-CIDSS	High	High	Lead project implementer
DOST-FNRI	High	High	Provide technical guidance and oversight in the development and conduct of monitoring, evaluation, and learning mechanisms of the project

<b>Stakeholder</b>	<b>Interest on the Project</b>	<b>Degree of Influence on the Project</b>	<b>Role/Potential Role in the Project Implementation</b>
DA	High	High	Technical oversight on the design of livelihood support projects
DILG	High	High	Develop policy guidelines to enable LGUs to ensure the sustainability of health and nutrition programming at the local level
OCS	High	High	Will provide the national-level strategic direction leadership of the Project
IATF-ZH	High	High	Will provide the national-level strategic direction leadership of the Project
NTWG	High	High	Responsible for coordinating technical support services of different agencies at the regional and provincial levels
MLGUs	Medium	Medium	Develop their specific multisectoral nutrition plan
BLGUs	High	High	Operational platforms for the delivery and management of institutional nutrition-specific and nutrition-sensitive interventions to reach the intended beneficiaries of the project
BNCs	High	High	<ul style="list-style-type: none"> <li>a. Facilitate the profiling of under five children affected by stunting, who will be the primary targets of the direct services</li> <li>b. Undergo capacity building activities organized by the DOH and DSWD and facilitate roll-out of necessary trainings and/or IEC activities to the communities, especially for the parents or caregivers of the children</li> <li>c. Assist the Barangay Health Center and/or Municipal Health Office medical personnel in the administration of direct nutrition services for the identified children needing interventions</li> <li>d. Monitor the progress on the health status of the children and provide technical assistance to the parents</li> </ul>
CNSPMCs	High	High	<ul style="list-style-type: none"> <li>a. Assist the BNCs in the administration of direct services for children</li> <li>b. Mobilize the parents of the children beneficiaries and other community members to participate in the identification of appropriate nutrition-sensitive community projects that will support and sustain the impacts of direct services for children</li> <li>c. Facilitate the development, delivery, and monitoring of nutrition-sensitive community projects focusing on food</li> </ul>

Stakeholder	Interest on the Project	Degree of Influence on the Project	Role/Potential Role in the Project Implementation
			supply and livelihood, WASH, and ECCD d. Facilitate community consultation sessions and actively participate in the BNCs and <i>Barangay</i> Health Committees to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.
Children and Lactating Mothers	High	High	Beneficiaries of the Project
AG	High	High	Beneficiaries of the Project
IPs	High	High	Beneficiaries of the Project
NCIP	High	Medium	Provides assistance to the IPs and facilitates FPIC in areas within ADs
NGOs	Medium	Medium	Potential partner in project implementation and support services
CSOs	Medium	Medium	Provide policy support and oversight. Some may have critical views of the project

#### IV. Stakeholder Engagement

During the conceptualization of the project, the DOH consulted its different units and offices at the Central, Regional, Provincial and Municipal levels. A series of consultations known as the KUMAIN series were conducted to discuss the concept and objectives of the project, as well as to obtain valuable inputs on the implementation stage despite the onslaught of the Corona-19 virus pandemic. The results of these consultations and meetings were considered in the conceptualization of the project.

##### A. Consultations and Disclosure During Project Preparation

Orientation activities and signing of MOAs with LGUs are continuously facilitated within 2021. Aside from ESS10 requirements, the DBM necessitates commitments from LGUs be secured prior to implementation through such instrumentalities as Memorandum of Agreement (MOA) from participating LGUs prior to the first year of implementation.

Key consultations held during project preparation were:

- On 26 March 2021, the PMNP was presented to institutional stakeholders composed of Regional Nutrition Program Coordinators (RNPCs) or Officers-in-Charge (OIC) and other Nutrition Officers from 5:00 to 7:25 pm via Google Meet. Twenty-five were documented to have attended virtually (Appendix 1). Key issues that surfaced during the consultation were on: (a) Loan arrangements and financial administration, (b) Actual date of project start, (c) Institutional strengthening and absorptive capacities for DOH and LGUs, (d) Synergy amongst the inter-agency membership, and (e) Targeting/site selection. Details are in Annex 3-A.
- On March 29, 2021, a Consultation Session with LCEs on the Proposed Philippine Multisectoral Nutrition Project “*Kasapatan at Ugnayan ng Mamamayan sa Akmang Pagkain at Nutrisyon*” was virtually held from 1-5 pm. The main objective of the consultation was to solicit support from the local chief executives (LCEs) on the implementation of the PMNP. Specific objectives of the session were: (a) to present to the LCEs a situationer report on child stunting and other nutrition concerns in the country; (b) to discuss the objectives, key targets, activities, and timeline of the proposed



project; (c) to confirm that the proposed PMNP reflect the national priorities under the COVID-19 situation; (d) to gather inputs from the LCEs on how to improve the implementation process of the project; and (e) to promote and advocate for the LCEs' participation to the project implementation. There were 142 participants in this consultation (Annex 3-B). Issues raised were on (a) DOH-NNC institutional strengthening and enabling mechanisms needed for crafting Local Nutrition Action Plans, (b) Need for timely data generation and processing towards responsive implementation, (c) Funds sourcing and allocation by component, ie Municipal Social Welfare and Development (MSWD), Gender and Development (GAD) Program, (d) LGU roles across levels, and (e) Targeting/site selection; inclusion of cities aside from the 235 municipalities.

- From March 29, 2021 to April 16, 2021, 38 consultation sessions, in the form of focus group discussions (FGDs), with IPs and community nutrition implementers in the targeted areas were conducted (See Annex 3-C). The FGDs aimed to 1) gather inputs and suggestions from prospective stakeholders of the proposed PMNP; and 2) assess the health and nutrition situation of the community. The FGD Questionnaire was composed of four key areas of inquiries, namely: 1) health and nutrition concerns or problems which are most common in their communities; 2) gender issues in relation to health and nutrition concerns experienced in the communities; 3) appropriate nutrition-specific and nutrition-sensitive programs to address the health and nutrition concerns in the community; and 4) recommendations for PMNP. The ROs were given options to conduct the FGDs either through face-to-face or via video conference such as Zoom, Google Meet, or Facebook Video Call. A total of 141 IPs and 381 community nutrition implementers participated in the FGDs. Their recommendations included 1) strengthening of the implementation and sustainability of health and nutrition programs and projects by providing additional budget allocation for these programs and projects, as well as additional manpower and support to health/nutrition workers; 2) training of more IP members to become health and nutrition workers so that they can serve their own communities; 3) strengthening of information dissemination and visibility in far-flung and GIDA communities; 4) continuous provision of medicines and other health commodities; 5) provision of trainings and technology assistance to IPs and other marginalized communities; 6) establishment of farm-to-market roads; 7) provision of safe and potable water source to far-flung and GIDA communities; 8) provision of seedlings and livestock; 9) capacity building activities on backyard gardening, livestock raising and other livelihood programs; and 10) development of programs and projects for linking smallholder farmers to markets. Other recommendations call for the involvement of ICCs/IPs, as well as the agencies that promote and protect the rights and well-being of ICCs/IPs in the planning process of any programs, projects and activities intended for them.
- The DSWD during its 4th Management Committee Meeting in June also presented the PMNP, including ESF, to the National Commission on Indigenous Peoples (NCIP), National Anti-Poverty Commission (NAPC) and the Presidential Commission for the Urban Poor (PCUP). Per the Secretariat, there were no comments submitted by these three agencies but their comments during the meeting are all related to the project design and clarificatory.
- An Expert Meeting held on July 2, 2021 convened nutrition experts and partners from various groups, including international organizations, civil society groups, academic institutions, national government agencies and representatives from the PMNP technical working group. Specifically, representatives from the following groups were engaged: Nutrition International, Alive & Thrive Southeast Asia, Quezon - Provincial Health Office, Galing Pook, University of the Philippines - Los Baños, Save the Children, Kalusugan ng Mag-Ina, USAID ProtectHealth, Zuellig Family Foundation, Philippine Institute for Development Studies, Department of Social Welfare and Development, Department of Agriculture, National Nutrition Council, Office of the Cabinet Secretariat, Philippine Health Insurance Corporation, Department of Interior and Local Government, National Economic and Development Authority. Options for implementation models were discussed as regards the redesigned PMNP as proposed by DOH and UNICEF in June 30, 2021. All comments and suggestions from the open forum were compiled and relevant comments are taken into consideration.
- A series of Kasapatan at Ugnayan ng Mamayan sa Akmang Pagkain at Nutrisyon (KUMAIN) consultations were conducted on October 11, 13 and 15, 2021. A total of 336 participants attended representing key stakeholder groups (ie, LGUs, civil society, other government agencies like NCIP, DILG, regional offices of DOH and DSWD, and donor agencies like UNICEF and World Bank) clustered by geographic island groups (Luzon with 93 participants,

Visayas with 105, and Mindanao with 138) . The updated features of the PMNP and PMNP ESMF were presented. Key issues revolved around implementation arrangements, PBG, and sustainability. Issues and concerns were noted by the TWG for consideration and incorporation to the final design. Highlights of this consultation are provided in Annex 3-D.

For 2022, the Project will conduct an assessment of the capacities of the LGUs to implement the project and further discussion on the implementation details will be done. The capacity assessment at this point is meant to determine the level of preparedness of the LGUs for the implementing agencies to gauge the technical assistance and capacity building to be provided to the LGUs. Also, social preparation for Batch 1 municipalities will be done and will include orientation activities, completion of LGU enrolment requirement, and reorganization and Capacity Building of MNCs/BNCs.

The updated ESMF and ESF instruments that include this SEP were disclosed on 15 October 2021 at the DSWD KALAHI-CIDSS website (<https://kalahi.dswd.gov.ph/press/downloads/category/52-environmental-and-social-management-frameworks>). The DSWD together with DOH, will upload the final approved versions as soon as these are available.

## **B. Stakeholder Engagement During Project Implementation**

The main purpose of this SEP is to create awareness of the key deliverables of the project, keep stakeholders updated on key activities, and provide avenues for affected-people to voice their concerns and grievances. Key areas for consultation are as follows:

- The project environmental and social impact assessment (ESIA), environmental and social management plan (ESMP), resettlement plan (RP), labor management plan (LMP) and environmental and social commitment plan (ESCP) must be consulted with the stakeholders and disclosure prior to appraisal;
- RP/stakeholder engagement plan (SEP) will be subject to consultation upon completion of detailed design;
- The ESCP will be shared to highlight Government's project commitments; and
- During the project life cycle, two annual meetings will be conducted to update and consult stakeholders on project activities.

**Periodic Consultation.** During project implementation, project management will conduct consultations with stakeholders particularly the principal beneficiaries and other project-affected persons in the community. ***Community consultations shall adhere to the PMNP-KALAHI Community Empowerment Activity Cycle (CEAC) process.*** In addition, consultations will be held with other stakeholders, such as government partners and CSOs. During these consultations, the progress of the project implementation will be presented to key partners, the press and interested CSOs at the national level and at selected regions, and province/s. Members of the press and representatives of CSOs will be invited during these consultation sessions.

**Principles and methods for engagement.** This SEP is based on the following principles:

- the culture, fundamental human rights, values and traditions of stakeholders are respected in accordance with established legal precedent and accepted practice in the Philippines;
- stakeholders are treated with sensitivity and respect in terms of their issues, views and suggestions;
- interaction with stakeholders is meaningful, culturally appropriate (including language, as needed), and is timely, transparent and responsive;
- vulnerable groups are included in the engagement to assess differential needs and perceptions of stakeholder groups (i.e. men, women, youth);
- data from stakeholder engagement is incorporated into assessments site-specific environmental and social management and mitigation plans as needed;

- access to information and disclosure will be ensured to ensure stakeholders are informed about the Project, its potential benefits, impacts and risks, project affected persons' (PAPs) entitlements, grievance redress mechanism (GRM) channels; and
- informed consultation without coercion to ensure that communities and households have the power of choice to participate, or not, in the Project.

Further to enhance effective engagement, a suite of communication methods will be used to promote easy, transparent, direct, open and interactive communication with all stakeholders, and to elicit feedback in the project preparation and implementation phases. Public disclosure will be done through any of the following means:

- Newspapers, posters, radio, television;
- Information centers and exhibitions or other visual displays;
- Brochures, leaflets, posters, nontechnical summary documents and reports;
- Office correspondence, meetings;
- Website, social media

Stakeholder engagement will be done through any of the following means:

- Regular meetings with relevant government agencies at central, regional and provincial/municipal levels;
- Stakeholder workshops at national, regional, provincial levels;
- Public meetings; and
- Use of support organizations when needed (e.g. to support vulnerable communities/ households)

Public information materials to enable wider access to project information as well as progress will be developed. This includes the types and forms of information dissemination, as well as timing which will be determined during project implementation based on assessments of communities' access to such information and barriers. Stakeholders' communication and consultation preferences, particularly those of target communities will also be carefully assessed to promote greater participation and social inclusion.

**Indigenous Peoples.** Particular efforts will be made to ensure participation of, and engagement with, indigenous communities and households. Coordination and facilitation of the NCIP, indigenous peoples organizations (IPO) or NGOs that support them, may be necessary in the furtherance of engaging with indigenous peoples. The manner of consultations and/or conduct of activities in IP Communities shall be in adherence to Indigenous Knowledge Systems and Processes.

Participation and engagement of IP communities and families will include: 1) engagements will be coordinated with the tribal leaders, LGU IP mandatory representatives, and when feasible, NGOs/POs acceptable to the IP community; 2) whenever possible, LGUs will be encouraged to engage nutrition and health volunteers (NMS, BHW) to serve in the IP areas also belong to the same IP community; 3) consultation on the implementation guidelines /MOP so that activities can be tweaked accordingly, eg. menu for hot meals of the dietary supplementation program for pregnant women will consider enhanced traditional meals and ingredients; 4) activities which are contrary to cultural practices will not be forced upon them as form of respect for their culture; and 5) social behavior change communication activities on health and nutrition will observe small focus group discussions for message delivery and consider forms of communication available such as storytelling as alternative to written materials; and translation of communication materials into language of the IP to the extent possible.

**Intermittent Interaction with Stakeholders at the Regional, Provincial and Municipal Levels.** The below matrix summarizes institutional interactions across levels.

Stakeholder	Nature of Interaction	Frequency and Purpose
DOH/DSWD (KCPMO)-Regional Office	Coordination meetings	Semiannually. Update on progress and resolve pending issues
DOH/DSWD (KCPMO)-Provincial Office	Coordination meetings	Monthly. Update on progress; resolve issues
DOH/DSWD (KCPMO)-Municipal Office	Coordination meetings	Monthly. Update on progress and resolve pending issues
Provincial LGU	Coordination meetings	As necessary. Update on progress; resolve issues
Municipal LGU	Coordination meetings	As necessary. Update on progress; resolve issues
NGOs/CSOs	Coordination meetings	As necessary. Update and seek help on support services
Regional NCIP	Coordination meetings and workshop	As necessary. Discuss requirements and strategies in obtaining FPIC with affected ICC/IP communities in the regions
Congressional District Office	Coordination meetings	Once a year. Explore the possibility of sponsoring a bill establishing Nutrition Officers in every LGU level

**Interactions with Stakeholders at the Community Levels.** At the community level, the Project Team shall interact with the primary stakeholders on a regular basis from information validation to actual implementation, and subsequent monitoring and evaluation phase. These consultations can be done at least twice at the community level and more as needed especially in areas where there are issues with inclusion/exclusion.

Project Activities	Nature of Interaction	Purpose
Project Awareness	Community consultations and awareness raising	To inform community members of the project's objectives and requirements, including their entitlements
Community/Ground Validation	Community consultation, ground validation of actual beneficiaries	To identify actual beneficiaries
Socio Economic Survey/Profile	<ul style="list-style-type: none"> <li>House to house visit by survey enumerators during the conduct of baseline study.</li> <li>The conduct of Socioeconomic Survey/Profile is through Kalahi-CIDSS' Participatory Situational Analysis process and will follow local health and safety protocols.</li> <li>In IP communities, consultations with NCIP on protocols shall be observed</li> </ul>	To undertake a socioeconomic profile of the actual beneficiaries
Validation of Inclusion and Exclusion Lists	<ul style="list-style-type: none"> <li>Community consultation in the presence of community leaders and LGU officials</li> <li>Separate one-on-one meetings shall be conducted with "excluded" occupants with</li> </ul>	<ul style="list-style-type: none"> <li>To update the community on the qualified beneficiaries</li> <li>To explain reasons for exclusion and the rights and entitlements of the "excluded" beneficiaries</li> </ul>

Project Activities	Nature of Interaction	Purpose
	community leaders and LGU officials	
Preparation of Nutrition Plan (NP)	A series of consultations shall occur	To formulate the MNP for the affected localities based on the socioeconomic profile of the beneficiaries
Implementation of NP	Periodic update and consultations	To fulfill the consultation requirements of the NP, to update on the progress of the implementation stage, and to resolve issues and concerns
Preparation of agreed engagement protocols with ICCs/IPs in areas with ICCs/IPs	<ul style="list-style-type: none"> <li>• Through NCIP, conduct a series of consultations with ICCs/IPs to ascertain their position and stand on the project</li> <li>• Periodic update and consultations with ICCs/IPs on the SEP</li> </ul>	<ul style="list-style-type: none"> <li>• To establish protocols of engagement with ICCs/IPs</li> <li>• To fulfill the consultation requirements of ESS5 and ESS 10 as regards meaningful consultations with ICCs/IPs, update them on the PMNP progress, resolve issues and concerns</li> </ul>

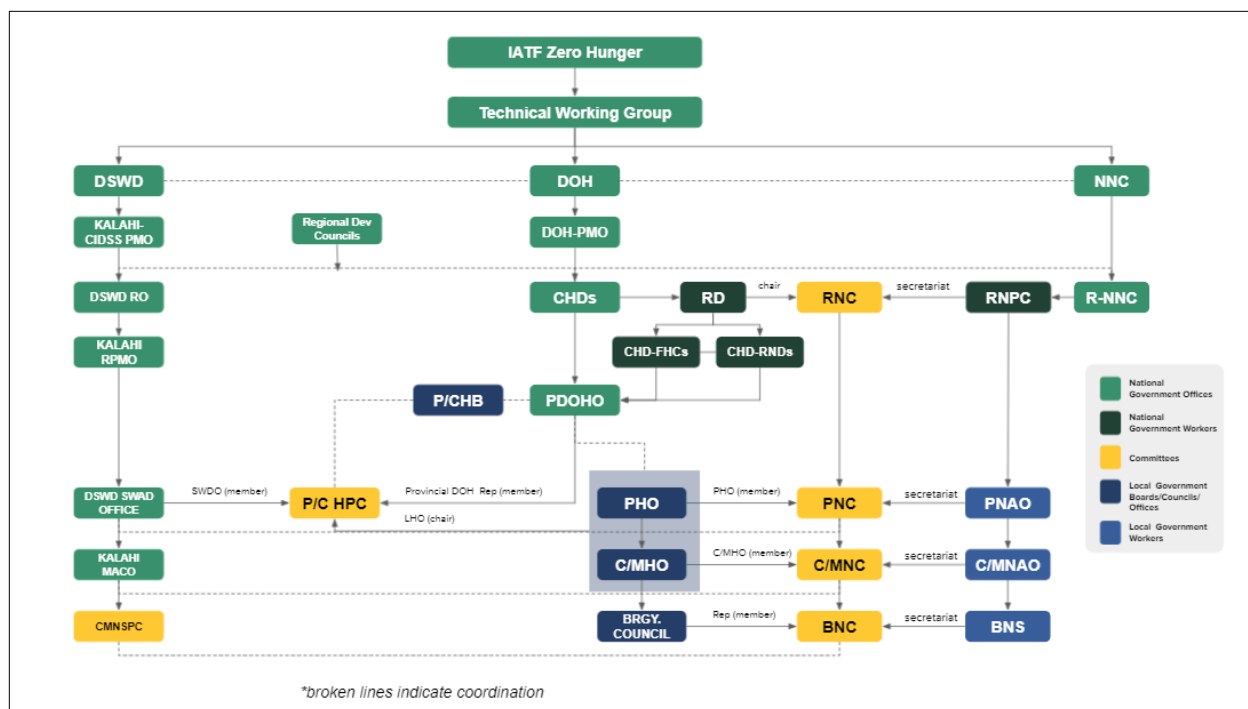
In all levels of Project consultations, the project affected persons especially the vulnerable groups shall be included and heard. In addition to the bigger community consultation, a separate dialogue shall be made with the vulnerable groups, like the IPs to encourage their participation and avoid possible intimidation from other sectors.

## V. Institutional Arrangements and Resources

The PMNP recognizes that improving nutrition outcomes in the Philippines is an agenda driven by multiple agencies through a whole-of-government approach, which is a fitting approach to a multi-dimensional challenge which requires coordinated efforts across and beyond the health sector. The IATF-ZH provides the national-level strategic direction leadership on multisectoral nutrition actions. The IATF-ZH is chaired by the Cabinet Secretary and has membership from the DSWD, DA, DAR, DBM, DepEd, DENR, DOH, DOLE, DILG, DTI, DOST, PCOO, NEDA, and CHED. It reviews progress and performance and resolves specific issues impacting multisectoral coordination and implementation of priority nutrition programs and campaigns. The OCS provides coordination support to the activities of the IATF-ZH.

The strategy of the PMNP is the establishment of an organizational structure at all levels of government. While the DOH is responsible for national-level planning, coordination, and nutrition policy strategy development, there are regional, provincial, municipal, and *barangay* nutrition committees responsible for nutrition program implementation and management at the 'local level'. These committees are headed by the highest political leaders in the respective LGUs. The *barangay* has been identified as the focal point of planning and implementation of the nutrition program. The municipal mayors and the nutrition committees, assisted by a designated city/municipal nutrition action officer, plan coordinate, and manage the nutrition programs of the respective *barangay*. Both the municipality and the *barangay* have a share of internal revenue allotment as a source of income as well as social development funds from which a certain percentage may be used for social projects, including health and nutrition projects.

The below figure provides the project organizational/institutional structure and illustrates the converging points between DOH and DSWD.



Convergence between Component 1 (DOH) and Component 2 (DSWD) shall be observed at the municipal and barangay levels through the MNC and the BNC. At the regional level, their respective

## VI. Grievance Redress Mechanism

The Grievance Redress Mechanism (GRM) allows the Project to be fully responsive to its beneficiary communities. This mechanism was designed to attend to complaints, problems and issues that arise from project implementation. These issues may include misuse of funds and allegations of corruption; inappropriate intervention by outside parties (in making decisions, determining allocations, in procurement, etc.); and violation of project policies, principles or procedures. It will also respond to simple requests for information to clear up a misunderstanding.

Complaints and grievances relating to any aspect of the project (including environmental and social safeguards policies and/or activities) will be managed following the PMNP Grievance Redress System (GRS) which also builds on the DSWD's Kalahi-CIDSS' GRS. **Any labor issue is addressed through the LMP GRM of this PMNP ESMF.**

### A. Basic Principles

Concern for IPs cut across all facets of the PMNP as with this project GRM in that the conduct of activities in IP Communities shall be in adherence to cultural sensitivity and their indigenous knowledge systems and processes with NCIP/IP Mandatory Representative as the oversight. This Grievance Redress Mechanism is anchored on the following principles:



- **Transparency.** The mechanism encourages comments and feedback (negative and positive) to improve the Project. The community must be aware of all complaints, grievances and problems reported; must be involved in their redress; and must be kept informed on progress made in resolving grievances.
- **Empowering and participatory.** Communities, project implementers, CSOs, and journalists are encouraged to participate and bring complaints, grievances and comments to the attention of Project management. More importantly, communities are responsible for resolving problems and the mechanism will prepare them to do so.
- **Socially inclusive and open.** The whole community (and even those outside) is given the opportunity to raise concerns and the right to be accorded a response. The grievance mechanism will allow anyone, especially the poor, the disadvantaged groups, the women, to raise grievances or complaints, be heard and be involved in its redress.
- **Institutional capacity-building for good governance.** Through the mechanism, the IATF-ZH and the NTWG along with the participating LGUs can strengthen channels of communication and mechanisms for grievance redress at the community level. The mechanism enables the government to be accountable to the people and work transparently to resolve problems - not on behalf of the people but with the people. This enhances responsiveness of local governments and develops people's trust.
- **Simple and accessible.** Procedures to file complaints and seek redress are kept simple and easy to understand by the communities. Complaints and queries may be sent through different accessible means.
- **Quick and proportional action.** Response to grievance and comments is ensured within an acceptable timeline and that the corresponding action is responsive and commensurate to the complaint or comment. The mechanism does not over-react to problems and strives to provide solutions which shall address the problem rather than penalize the people or communities.
- **Objective and independent.** The mechanism entails an objective and independent process so that it will be perceived as fair and encourages people to use it, thus enhancing the Project's contribution to good governance. In all instances, conflict of interest or perceptions of conflict of interest will be looked into and avoided.
- **Anonymity and security.** To remain accessible, open and trusted, the grievance mechanism ensures that the identities of those complaining are kept confidential. This encourages people to openly participate and file complaints or comments.
- **Due process.** Implies the right of a person to be present and be heard before a duly constituted body assigned or formed to hear, settle, mediate or conciliate complaints or grievances.

## B. Rights and Obligations of Participants

A complaint or grievance is usually filed because of a personal or collective belief that there was a violation of a right or a non-fulfillment of an obligation.

**Rights of Participants in the Project.** Barangay residents, LGU officials, employees of NGAs, media representatives, NGOs and CSOs and the project implementers are accorded the following rights as Project participants:

- **Right to information** – The principle of transparency and good governance dictates that all participants should have full access to information on the Project, especially the status of the sub-projects in their communities. Information that will enable the *barangay* residents to make an effective decision on matters affecting their welfare should be made readily available at all levels of the Project.
- **Right against intervention** – The Project supports localized and demand-driven decision-making. The Project respects the right of communities to choose the people who will represent them, make decisions on the sub-projects they want to propose, the manner of implementing projects, and the manner by which grievances and complaints will be resolved -- free from interference from other sectors or agencies. Provision of a sound technical assistance by the Project staff to the community could not be considered as a form of intervening community decisions. Proper technical assistance

would guide the community to make the most appropriate, effective, and efficient solution to their needs.

- Right to a graft-free project – Among the objectives of the principle of transparency is to ensure that sub-projects chosen and implemented by the barangays are graft-free. If people fully participate and take charge of their own development, corruption will be lessened, if not eradicated.
- Right to participate and be heard -- The Project advocates for participation in the selection, design and implementation of sub-projects and in the election of community representatives. The right of all participants to be heard and to air grievance, comments, and opinion is also respected.
- Right to informed consent -- Only after the communities are informed of all options available to them and the possible consequences of their choices should they be asked to make their final decisions. The right of the people to information and technical advice is premised on the assumption that they are only able to make right decisions after full information has been given to them.

**Obligations of Participants in the Project.** Parties joining the Project will assume certain obligations inherent to or explicitly provided by the Project. These obligations are categorized into four general areas, as follows:

- Obligations arising from the principles of the Project. Adherence to the core principles of the Project is required. The operationalization of these principles is mostly contained in the project manuals. The manuals therefore serve as a reference on these obligations.
  - Localized decision-making. All deliberations and decisions on sub-projects are taken at the *barangay* level and at the inter-*barangay* forum.
  - Empowering and participatory. The Project ensures that communities, with assistance from technical experts, will be able to prioritize development needs and make decisions on how resources are to be used.
  - Transparent. The *barangay* and the municipal stakeholders will know every aspect of project decision-making. Every amount spent and all decisions taken will be publicly announced and made available on information boards and through the independent monitoring of NGOs and media groups.
  - Community prioritization. Participating *barangays* will submit proposals to the inter- *barangay* forum for prioritization. All barangays have equal chances to access project funds based on the feasibility of proposed activities.
  - Socially inclusive. The whole community, not just a few families, will have the opportunity to be involved in the planning and decision-making process. Special effort will be taken to ensure gender-balance and active participation of the poorest segments and minorities in the *barangay*.
  - Demand-driven. Options for community-driven development projects are based on an open menu. Communities will prioritize their needs, design project activities, seek technical expertise and make informed choices on how resources are to be used for sustainable poverty-reduction.
  - Simple. All decision-making, financial procedures and components of the project will be kept simple for all stakeholders to easily understand and become fully involved.
  - Sustainable. Long-term operations and maintenance plans are set up to ensure sub- project sustainability. At the municipal and *barangay* levels, local governments will be encouraged to adopt participatory community-driven planning approaches.
- Obligations arising from the provisions of the Memorandum of Agreement (MOA) among parties participating in the project. These MOAs contain the responsibilities of different parties and become a source of obligations. The MOAs are between the:
  - DSWD and MLGU perfected during the municipal launch
  - DSWD, MLGU and BLGU/BSPMC on Sub-Project Implementation
- Obligations also arise because the Project confers and recognizes certain rights of stakeholders. Violation of any of these rights may result in the filing of grievance or complaint. Discussed earlier, these rights are as follows:
  - Right to information
  - Right against intervention



- Right to a graft-free project Right to participate and be heard Right to informed consent
- Obligations arise from generally accepted norms of conduct dictated by legal precepts or cultural practices. These are contained in:
  - Civil Code as the basic law guiding human relations
  - Code of Conduct and Ethical Standards for Government Employees Traditional and
  - Customary Laws of the areas where the Project is implemented.

## C. The GRM System Components

### 1. Installation

The Grievance Redress System must be accessible to everyone who wants to file a grievance or ask clarifications regarding the project. Grievance installation should be done at the initial stages of the CEAC cycle starting from Municipal Orientation. The GRS is considered installed once the following key activities are completed:

- GRS orientation at the municipal and *barangay* levels provided. Grievance orientation to be provided to all covered areas of the project during the municipal orientation and first *barangay* assembly. During the municipal orientation, the GRS is explained, and a resolution forming a municipal grievance committee composed of the Expanded Municipal Nutrition Committees (EMNC) and representatives from the *barangay* grievance committees, is passed. The municipal resolution in general stipulates the commitment of the municipality to include representatives from the *barangay* grievance committees as members of the municipal grievance committee.
- GRS information materials available. Information materials such as brochures, tarpaulin or posters should be present in the area. The materials should contain information regarding the GRS and contact numbers or hotline of DOH and DSWD Regional Offices and should be translated into local dialect.
- Grievance Committee (GC) established and trained. Each *barangay* should have a functioning GC who are oriented on the grievance redress system and trained on basic alternative dispute resolution. During the first Community Assembly, the community elects three volunteers coming from different purok to compose the GRS Committee. The GC should as much as possible link up with the *Lupon Tagapamayapa* (Pacification Committees) or other existing grievance resolution bodies in the *barangay* to harmonize their systems of resolving grievances. For IP communities, the GC will automatically be the members of the IP's conflict resolution system. For municipal level grievances, the Municipal GC is composed of members of the EMNC with five to 10 representatives coming from the different *Barangay* GCs.
- Means of reporting grievances available. This includes putting up the grievance box in the *barangay* and other means to receive complaints such as emails, grievance hotlines or complaints desk.

### 2. Handling and Monitoring Structure

**Barangay Level.** At the *barangay* level, the key players for handling and monitoring grievances are:

- *Barangay* Assembly – Is the decision-making body at the *barangay*. Actions and resolution on the grievance will be decided by voting or consensus among the attendees.
- *Barangay* GRS Committee - Ensures that grievances and problems, issues, needs, concerns and observations (PINCOS) at the *barangay* level are captured and addressed by the GRS. During the first *Barangay* Assembly, the community elects three volunteers coming from different *purok* to compose the GRS Committee. The roles of the GRS Committee are:
  - Once elected, the GRS committees will serve as the Community Facilitator's assistant in ensuring that the GRS is properly installed in the *barangay*.
  - The GRS committee will link up/coordinate with the *Lupon Tagapamayapa* and other *barangay* grievance structures to harmonize the various systems (example: representation of GRS committee in the *Lupon Tagapamayapa*).

- In cases when there is a need for fact-finding, the GRS committee will assist the Community Volunteer in calling for community assemblies, and securing means of verification and other pertinent documents regarding the grievance.
- The GC will also inform the Community Facilitator about existing PINCOS in the community and how they were addressed or what actions are expected from the management.
- Documentation of grievances that were raised during community assemblies/meetings or submitted through other channels such as the grievance box.
- **Barangay-based Institutions** – PMNP is fully cognizant of existing structures and community-based modes of dispute or grievance resolution. The Project will therefore try to harness these mechanisms and complement these structures. The following are the mandated structures in the *barangay* which can be tapped during the grievance resolution process.
  - *Barangay* Development Council
  - Peace and Order Council
  - *Lupon Tagapamayapa*
  - Women and Children’s Desk / *Barangay* Council for the Protection of Children
  - Council of elders and Tribal leaders (for IP communities); The structure must be agreed upon in an assembly and documented with minutes of meeting or *barangay*/municipal resolution.
  - Community Facilitator – Serves as the *barangay* grievance monitor who is responsible for recording all grievances in an intake form and ensuring that these are inputted by the encoder in the database. The CF also ensures that the GRS has been installed in his/her assigned *barangay*. The CF should regularly monitor the status of resolution of grievances.

**Municipal Level.** At the municipal level, the following entities fully engaged for handling and monitoring grievances:

- **Municipal Inter *Barangay* Forum/Municipal Forum** – The decision making body for municipal level grievances. Actions and resolution on the grievance will be decided by voting or consensus among the attendees.
- **EMNC** – The EMNC will be informed of municipal level concerns or those that affect more than one *barangay*. With representatives from concerned *Barangay* GC, the EMNC may conduct fact- finding or immediately call for municipal consultations to discuss the grievance.
- **Area Coordinator** – Serves as the municipal grievance monitor who is responsible for monitoring the status and actions taken on all municipal-level concerns. The Area Coordinator is also responsible for accomplishing the intake form to document the grievance. Roles of the Area Coordinating Team are:
  - Monitor and ensure installation of the GRS
  - Provide coaching to grievance volunteers on GRS handling process and conflict resolution
  - Receive complaints and accomplish Intake Form
  - Convene the grievance volunteers and facilitate resolution of complaints/issues.
  - Monitor resolution and ensure closure to every grievance.
  - Submit required monthly and quarterly report to the regional office

**Regional Project Management Level.** The below officers shall be responsible for handling and monitoring grievances at the regional project management level:

- Regional Project Director – Supervises and ensures that the GRS is functional.
- Regional Grievance Office (Regional Project Manager) – Under the supervision of the Regional Project Director, the Regional Grievance Officer renders decisions on grievances concerning project staff and those that cover violations on procurement and financial guidelines based on results of investigation.
- Regional Project Coordinator - supports the system by performing tasks given by the Regional Grievance Officer and by providing the administrative and other needs to enable the regional staff in performing their function.
- Regional Grievance Monitors (Monitoring and Evaluation Officers III) - provides technical assistance and capability building to Area Coordinating Teams in grievance handling and reporting. The responsibility also includes intaking, monitoring and consolidating municipal level database.
- Regional Fact-finding Body - is a person or group of persons designated by the Regional Grievance Officer (RPM) to conduct validation of facts related to the grievance. The function may also include provision of technical assistance to clarify issues in the project.
- DSWD Retainer Lawyer - provides assistance and advice for grievances involving legal actions and complaints against Project staff and other personnel of the DSWD.

Roles of the Regional Project Management Team are to:

- Ensure installation and functionality of the GRS to Project areas
- Conduct GRS orientation and create greater awareness to various stakeholders (NGOs, NGAs, media, etc)
- Simplify and localize the grievance information materials
- Monitor resolution of grievances/complaints and response to queries, comments and suggestions.
- Provide coaching/training on the GRS handling process and conflict resolution to field staff
- Provide sufficient grievance intake and report forms at the field
- Institute review of common cases, sharing of lessons learned, and effective strategies in redressing grievances.
- Submit required monthly and quarterly reports to the NPMO.
- Conduct spot checks or site visits to check on installation and functionality of the grievance system including the process and outcome of grievance resolution

**National Level.** At the national level, on top of roles attributed to RPMTs as indicated above, responsibilities are distributed as follows:

- National Project Director (NPD) and Deputy National Project Director (DNPD) – Issue operational directives to reflect official department positions that will have impact on Project policies and operations including that of the Grievance Redress System.
- National Project Manager (NPM) - Ensures that the grievance cases in all the regions covered by the Project are promptly acted upon. The responsibility includes supervising the strengthening of the system and making it viable for institutionalization at the local level.
- Monitoring and Evaluation Specialist - Provides overall supervision to the GRS by ensuring that it is properly functioning at all levels.
- National Grievance Monitor (NGM) - Provides technical assistance to the Regional Grievance Monitors in building the capacity of the people to install, operate and sustain the system through community training activities in grievance handling, tracking, and data-basing. The NGM also consolidates and reviews the grievance reports and databases coming from the regions.
- Fact-finding Body - is a person or group of persons designated by the NPM to conduct validation of facts related to the grievance. The function may also include provision of technical assistance to clarify issues in the project.
- Legal Service - provides assistance and advice for grievances involving legal actions and complaints against Project staff and other personnel of the DOH and DSWD.

### 3. Handling Process

The grievance handling process involves four major steps, namely: intake, verification and action, feedback and follow-up.

**(i) Intake. This is the first step in the process whereby a grievance, comment, suggestion or query is filed.**

Anyone with a complaint against the Project, its implementation, the project staff, local personalities in the areas of Project operation and others may file grievances. This includes:

- Any or all residents of the *barangay* and municipality where the project is being implemented,
- Officials of local and national government agencies,
- Staff of NGOs, faith-based institutions, consultants, media representatives and local business groups,
- Non-residents of the *barangay* or municipality who stand to gain or lose from the project.

A grievance or comment may be channeled or initiated through the below, through Field Offices having different contact details to be provided participating LGUs:

- Letters
- Emails
- Text messages
- Verbal narration from walk-in complainants
- Phone calls
- Suggestion boxes to be placed in non-political/religious institutions
- Reports on visits to project offices and sites by project staff, independent monitors, supervision teams, government officials, or any interested persons or special groups like IPs, elderly, etc.
- Reports of staff, consultants, NGOs, LGUs and journalists
- Findings of World Bank supervision missions
- Call in questions, comments or complaints from radio programs
- Media newscasts, newspaper articles, and other publications

The comment or grievance can be filed through the following modalities:

- in writing or given orally
- it can be in hard copy or in the form of emails or text messages
- it may or may not be signed by the sender

A concerned individual or group may file a complaint or address queries/comments at any level of the Project's implementation structure using any of the means identified earlier. The following are the designated project staff who are authorized to receive and intake the grievance.

Level	Grievance Monitors
<i>Barangay</i>	BNC Grievance focal
Municipal	MNC Grievance focal
Regional PMO	M&E Officer for Grievance
NTWG	M&E Officer for Grievance

Both DOH and DSWD will have staff designated as Grievance Focal/Officer, to effectively handle their respective componential grievances once elevated to the RPMO and the PMNP-NTWG. The grievance monitors will therefore accomplish the intake form to record the complaints they received. They are also responsible and should therefore be capacitated in determining the type of grievance filed and how it should be addressed.

The Project may expect the types of grievances that may be lodged before the GCs to include the following which will serve as reference for GC Coordinators in documenting and facilitating resolution of such concerns:

- Non-contentious queries, comments, and suggestions. - This type is non-contentious and merely requests for information/updates, seeks clarification or a response and suggestions to enhance the project design, improve operations and facilitate administrative/logistical support to the project.
- Compliance with project policies, processes and implementation. - This type of grievance results from the non-observance of project policies or non-performance of obligation of any of the parties involved in project activities, processes and documents. These may be cases especially those involving direct-hired or contracted project workers when action from various PMO levels or in a separate process for project workers in the GRM will be required.
- Other more serious grievances or complaints. - These may include grievances or offenses pertaining to misuse of funds, allegations of corruption, falsification of public documents, etc.

**(ii) Verification and Action. This second step in the grievance handling process covers two activities, namely: Verification/Fact-finding and Action.**

**Verification** includes gathering of facts and clarifying information in order to have a clear picture of the circumstances surrounding the grievance or complaint. Conducting Verification/Fact-finding entails the following:

- Analyze issues that need to be validated and the persons/parties involved.
- Determine facts to be verified and how to gather them. Validation methods include site visits, review of documents, interviews and meetings with concerned individuals/groups.
- Secure all documents/means of verifications (MOVs) that will support the findings.
- Ensure that the whole procedure is properly documented (such as minutes of meeting, recordings or photos), fair and transparent.
- Present findings/results of validation to *Barangay* Assembly (BA)/Municipal Inter-*Barangay* Forum (MIBF) or head of office for their decision

The **following** constitute the verification or fact-finding body at the different levels:

Level	Fact-finding Body
<i>Barangay</i>	GRS Committee
Municipal	EMNC
Regional PMO	Regional Fact-finding Body
National TWG	National TWG Fact-finding Body

**Action** reflects the steps towards the resolution of the case. Actions to a grievance include openly discussing the issues to the community and arriving at agreements and decisions as well as imposition of sanctions if needed. In general, the process is kept simple and all grievances will be dealt with at the lowest level possible – at the *barangay* or municipal level. This is because the ultimate users of the system are the residents of the *barangay* participating in the project. They should therefore be kept informed and involved in determining actions to be taken.

Type of Grievance	Processing	Timeline
<b>Type A: Non-contentious queries/Clarifications on the project</b> Examples: Positive comments/appreciation on the project; Clarification on roles and responsibilities of volunteers;	Responded to at the point of intake at any level of the project or referred to appropriate office/person who can address the inquiry.	Addressed within five days from the date of receipt.

Type of Grievance	Processing	Timeline
inquiry on schedule and timeline of project		
<b>Type B: Compliance with project processes, MOA and other PMNP implementation arrangements</b> Scope: Only one <i>barangay</i> Example: Elite capture in decision making for proposed subproject.	<ul style="list-style-type: none"> <li>CF will endorse grievances to the GRS committee.</li> <li>GRS committee may conduct initial fact-finding or call for community consultations where involved parties will arrive at decision/consensus/agreement</li> <li>GC will gather/secure MOVs (ex. Minutes of the meeting) and coordinate with CF on the status of resolution.</li> </ul>	Addressed within 15-30 days from the date of receipt.
<b>Type B: Compliance with project processes, MOA and other PMNP implementation arrangements</b> Scope: More than one <i>barangay</i> Example: Collusion in MIBF	<ul style="list-style-type: none"> <li>BNC/MNC will endorse grievances to EMNC/EMDC.</li> <li>EMNC/EMDC with representatives from <i>barangay</i> GCs to conduct fact-finding and discuss grievances in the MIBF or municipal forum.</li> <li>MIBF/Municipal Forum to decide on the grievance.</li> </ul>	Addressed within 15-30 days from the date of receipt.
<b>Type B: Compliance with project processes, MOA and other PMNP implementation arrangements</b> Scope: Involving project staff Example: Project staff manipulated results of MIBF.	<ul style="list-style-type: none"> <li>RPMO or next higher level to conduct fact-finding.</li> <li>Composition of a fact-finding group to be designated by the head of office.</li> <li>Head of office to decide.</li> </ul>	Addressed within 15-30 days from the date of receipt.
<b>Type C: Conformance with PMNP procurement and finance guidelines</b> Scope: Involving one <i>barangay</i> Example: <i>Barangay</i> BAC favored a certain supplier	<ul style="list-style-type: none"> <li>CF together with <i>barangay</i> GC to conduct fact-finding.</li> <li>Results of fact-finding to be presented in a community consultation or <i>barangay</i> assembly for validation.</li> <li>Head of office to decide.</li> </ul>	Addressed within 30-60 days from the date of receipt.
<b>Type C: Conformance with PMNP procurement and finance guidelines</b> Scope: Involving 2 or more <i>barangays</i>	<ul style="list-style-type: none"> <li>BNC/MNC informs EMNC/EMDC of grievance</li> <li>EMNC/EMDC together with RPMO to conduct fact-finding.</li> <li>Results of findings to be presented in the Municipal forum for validation.</li> <li>Head of Office to decide.</li> </ul>	Addressed within 30-60 days from the date of receipt.
<b>Type C: Conformance with PMNP procurement and finance guidelines</b> Scope: Involving project staff Example: Forgery of documents	<ul style="list-style-type: none"> <li>RPMO or next higher level to conduct fact-finding.</li> <li>Composition of a fact-finding group to be designated by the head of office.</li> <li>Head of Office to decide</li> </ul>	Addressed within 30-60 days from the date of receipt.
<b>Type D: Conformance with DOH guidelines on adverse events following immunization</b> Scope: Involving even 1 <i>barangay</i>	<ul style="list-style-type: none"> <li>Grievances will be handled at the local level by the respective health facility or LGU,</li> <li>Centers for Health Development (CHDs) at the regional level,</li> <li>At the national level by the DOH which will also be in charge of keeping a database of</li> </ul>	Addressed within 48 hours to 10 days.

Type of Grievance	Processing	Timeline
	grievances and monitoring of their resolution.	

Any decisions made by the body should be documented in the minutes of meeting or proceeding. This would serve as a supporting document to the resolution of the case. A grievance case is considered resolved when:

- an inquiry or clarification regarding the program/project has been responded and the person who raised the concern is satisfied with the response provided;
- unfulfilled obligations/commitment of one of the parties involved had been complied and all parties are satisfied with the actions taken;
- violations committed had been corrected in accordance to program policies and guidelines; and
- appropriate sanction to the group/individual involved in the case has been imposed when necessary.

The DOH intends to harness its DOH COVID-19 Hotline agents in the case of incidents/grievances pertaining to Type D: adverse events following immunization for immediate response. The Hotline will filter calls which require more advanced support and may eventually be forwarded to the appropriate team for immediate assistance.

**Sanction.** Depending on the gravity of the act or omission, sanctions may be imposed by the BA, MIBF or concerned head of agency. Sanctions can be imposed only when there is a majority vote of the members of the BA or MIBF. In cases where sanctions are not within the scope of the BA and MIBF, the Regional Project Manager (as the Regional Grievance Officer) and the National Project Manager will decide on the matter. Sanctions may be imposed on an individual, group of individual, sitio, group of sitios, barangay, and group of barangays, cluster, or municipality.

Any sanction shall be without prejudice to the penal, civil or administrative sanctions that may be imposed by pertinent laws or guidelines. Possible Sanctions that may be imposed by the BA and MIBF:

- Compromise agreement
- Warning
- Reprimand

Sanctions that may be imposed by the Regional Grievance Officer and National Project Manager are:

- Suspension from NCDDP for one or two cycles and from proposing certain types of projects for one or two cycles
- Disqualification for the entire project duration from proposing certain types of sub-projects.
- Non-renewal of project staff

**(iii) Feedback. This refers to the process of replying to the grievance sender and informing the complainant or aggrieved party of the status of his/her complaint.**

If the complainant is unknown, the status or the redress documents covering the complaint will be posted in the municipal and barangay bulletin boards. Response to grievances under Type A must be presented to assemblies to provide clear and complete information to people about their queries.

**(iv) Follow-Up. This involves determining the result/outcome of resolved grievances.**

Follow-up must also be done to all resolved grievances immediately upon the feedback was provided to the complainant to determine if the final resolution yielded positive result to the aggrieved party and to the community in general. This involves asking the complainant whether or not he/she was satisfied or not satisfied with the resolution of the issue.

Regional Grievance Monitor should also conduct an audit to review if handling of grievances was in accordance with the GRS process.

**Appeal.** Any person who does not agree with the decision on a complaint or grievance may file an appeal with the next higher level of the grievance redress system or to any appropriate office. The appeal shall be resolved by the receiving office within 30 working days.

#### **4. Monitoring and Reporting System**

There are two forms used in GRS monitoring:

- The *Barangay* and Municipal Installation Form - Checklist to monitor the status of the grievance system's installation in the *barangay* and municipality.
- The Grievance Intake Form - Used to record reported and unreported grievances (PINCOs). It is accomplished every time a grievance/concern has been filed and must be updated until the case is resolved.

The BNC/Community Facilitator are responsible for filling up both the installation forms and the intake forms at the *barangay* and municipal levels respectively. All means of verifications (such as minutes of the meeting, resolutions, financial documents, statements, reports etc) must be attached to the intake form in support of the findings and should be filed in a secure area in the BNC/MNC office.

The installation and grievance intake forms will then be encoded to the GRS Database. The database contains both the *barangay* and municipal installation database and the grievance database and must be submitted to the regional office every month.

GRS is part of the project's commitment in its Key Performance Indicators (percentage of registered grievances satisfactorily resolved in line with the GRS). As such, monitoring of status of resolution of all reported grievances should be strengthened at all levels.

### **VII. Stakeholder Engagement Monitoring and Evaluation**

Relevant Environment and Social Safeguards documents such as the Stakeholder Engagement Plan (SEP), Environmental & Social Assessment (ESA), Environment & Social Management Framework (ESMF), and the Environment & Social Commitment Plan (ESCP) are disclosed in the project website and should be made available in all levels. Similarly, project orientation will be conducted in the different project level offices to update the stakeholders on the approved process and requirements for project implementation.

Meetings with stakeholders shall be documented, highlighting agreements and ways forward which will be monitored throughout project implementation.

A third party monitor for the Project will be engaged at mid-term and end-of-project under the Project Management and Monitoring & Evaluation component.

### **VIII. Safeguards Considerations for Project Implementation during Covid-19**

As of 01 May 2021, The COVID-19 is affecting 220 countries and territories of which the Philippines ranks 26th as monitored by Johns Hopkins and the Worldmeter.<sup>4</sup> Confirmed cases have reached 1,046,653. With deaths documented at 17,354. While recoveries have reached 957,051 the threat persists with great uncertainty.

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<sup>4</sup> <https://www.worldometers.info/coronavirus/>



In the coming months, the outbreak has the potential for greater loss of life, disruptions in supply chains, and economic losses for the country. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support the weakening health system. Proactive containment measures may lessen impacts hence critical for the project to address what can be done at its level at the very least.

The following measures will be undertaken in the course of project preparation on to implementation while the COVID-19 persists:

- Identify and review planned activities under the project requiring stakeholder engagement and public consultations.
- Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.
- Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
- Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines. For example, selection of resettlement options by affected people during project implementation. Reflecting the specific activity, consider viable means of achieving the necessary input from stakeholders (see further below).
- Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

Based on the above, the Project Proponent needs to identify the specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including Webex, Zoom and Skype;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and will allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders;
- An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, consider if the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible.
- Local health and safety protocols set by the LGUs will be followed.

## Annex 1 - Definitions

**Administrative grievance:** in an administrative procedure before the competent authority, the users can file a grievance against the failures in the processing of their request. These failures may be noncompliance with the procedure, delays in complying with legally established deadlines, omission of procedures that must be corrected before the final resolution of the matter in the corresponding instance, or dissatisfaction regarding the conduct or actions of the personnel in the implementation of their functions. Response time cannot exceed 30 working days per EO 292, s. 1987 except for those laws or legislative decrees there are established procedures whose compliance requires longer duration.

**Collective attachment (indigenous peoples):** means that for generations there has been a physical presence in and economic ties to land and territories traditionally owned, or customarily used or occupied, by the group concerned, including areas that hold special significance for it, such as sacred sites.

**Complaint:** the stakeholder expression of dissatisfaction or disagreement with the entity that attended them or provided them with a good or service within the framework of the Project. For the purposes of this Project, “grievance” will be used interchangeably with “complaint”.

**Contractor:** the company that enters into a contract with the borrowing entity.

**Disadvantaged or vulnerable:** refers to the people who are more likely to be affected by the impacts of the Project or who may be more limited than others in their ability to take advantage of the benefits of the Project. Furthermore, these individuals or groups are more likely to be excluded from the consultation process or are not able to fully participate in it and, consequently, may require specific measures or assistance to do so. Age considerations will be considered here, including minors and elderly adults even in circumstances where they may be separated from their family, community or other individuals on whom they depend.

**Disclosure:** a process where the Borrower provides project information to allow stakeholders to understand the risks and impacts of the project, and potential opportunities. At project design stage, the Borrower provides stakeholders with access to the following information, as early as possible in a timeframe that enables meaningful consultations with stakeholders on project design: (a) The purpose, nature and scale of the project; (b) The duration of proposed project activities; (c) Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated measures taken to avoid and minimize these; (d) The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate; (e) The time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and (f) The process and means by which grievances can be raised and will be addressed.

**Discrimination:** any distinction, exclusion, restriction or preference based on certain grounds - such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or any other social condition - and whose purpose or result is to nullify or impair the recognition, enjoyment or exercise, under conditions of equality, of the human rights and fundamental freedoms of the people belonging to the Project.

**Free and prior informed consent:** Under IPRA, refers to the consensus of all members of the ICCs/IPs to be determined in accordance with their respective customary laws and practices, free from any external manipulation, interference and coercion, and obtained after fully disclosing the intent and scope of the activity, in a language and process understandable and appropriate to the community.

For purposes of the World Bank’s ESS7, consent refers to the collective support of affected Indigenous Peoples communities for the project activities that affect them, reached through a culturally appropriate process. It may exist even if some individuals or groups object to such project activities. When the Bank is unable to ascertain that such consent is obtained from the affected Indigenous Peoples, the Bank will not proceed further with the aspects of the project that are relevant to those Indigenous Peoples for which FPIC

cannot be ascertained . In such cases, the Bank will require the Borrower to ensure that the project will not cause adverse impacts on such Indigenous Peoples.

**Gender:** refers to the identities, functions and socially constructed attributes of women and men and the social and cultural meaning attributed to these biological differences.

**Gender Identity:** it is the internal and individual experience of gender as each person feels it. This may or may not correspond to the sex assigned at birth, including the personal experience of the body (which may or may not involve the modification of appearance or bodily function through medical, surgical or other means, always that it is freely chosen) and other gender expressions, including dress, speech and manners.

**Grievance mechanism:** A grievance mechanism is an accessible and inclusive system, process, or procedure that receives and acts upon complaints and suggestions for improvement in a timely fashion, and facilitates resolution of concerns and grievances arising in connection with a project. An effective grievance mechanism provides project-affected parties with redress and helps address issues at an early stage.

**Indigenous people:** refers exclusively to a distinct social and cultural group possessing the following characteristics in varying degrees: (a) Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; and (b) Collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; (c) Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and (d) A distinct language or dialect, often different from the official language or languages of the country or region in which they reside. This also applies to groups, who, during the lifetime of members of the community or group, have lost collective attachment to distinct habitats or ancestral territories in the project area, because of forced severance, conflict, government resettlement programs, dispossession of their land, natural disasters, or incorporation of such territories into an urban area.

**Interested parties** are stakeholders who may be interested in the project because of its location, proximity to natural or other resources, or because of the sector or parties involved in the project.

**Meaningful consultation:** a process that provides stakeholders with opportunities to express their views on project risks, impacts, and mitigation measures, and allows the Borrower to consider and respond to them. Meaningful consultation will be carried out on an ongoing basis as the nature of issues, impacts and opportunities evolves. Meaningful consultation is a two-way process, that: (a) Begins early in the project planning process to gather initial views on the project proposal and inform project design; (b) Encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts; (c) Continues on an ongoing basis, as risks and impacts arise; (d) Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders; (e) Considers and responds to feedback; (f) Supports active and inclusive engagement with project-affected parties; (g) Is free of external manipulation, interference, coercion, discrimination, and intimidation; and (h) Is documented and disclosed by the Borrower.

**Participation:** is the process through which stakeholders influence and share control over priority setting, policy-making, resource allocations and access to public goods and services. Another definition is that participation is a voluntary process in which people, including marginal groups come together with project authorities to share, negotiate and control the decision-making process in project design and management. The concept of participation takes on different shades as setting, project type, and purposes contextualizing it. It allows for information exchange with other stakeholders thereby providing the necessary transparency for decision making. Transparency in turn improves government accountability to the people and, as a result, increases the overall governance and economic efficiency of development activities. Participation involves transferring of power to people enabling them to negotiate with development delivery systems, and deciding and acting on what is essential to their development.

**Primary supplier:** those people who, on a continuous basis, directly provide essential goods or materials for the central functions of the Project.

**Project affected parties** are individuals, groups, local communities, and other stakeholders that may be directly or indirectly, positively or negatively by the Project.

**Query:** oral or written expression by people who have doubts and / or require information on a specific topic related to the activities of the Project.

**Response time:** Depending on the complexity of the issue, it may be at once or within a set period per set term following receipt of the query.

**Sexual abuse:** actual physical interference of a sexual nature, or the threat of such interference, whether by force or in unequal or coercive conditions.

**Sexual assault:** Sexual activity with another person who does not consent, which constitutes a violation of bodily integrity and sexual autonomy, in a broader way than the more limited conceptions of "sexual violation", especially because the Sexual assault (a) may be committed by means other than force or violence, and (b) does not necessarily involve penetration.

**Sexual exploitation:** any type of actual abuse or attempted abuse of a situation of vulnerability, a difference in power or trust for sexual purposes, including, among other things, obtaining economic, social or political benefits from the sexual exploitation of another person.

**Sexual harassment:** any person who, repeatedly, continuously or routinely, and by any means, monitors, persecutes, harasses, or seeks to establish contact or closeness with another person without their consent, in a way that may alter the normal development of their daily life, and includes unwanted sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature. Sexual harassment is classed as a crime in RA 7877.

**Stakeholder:** A stakeholder is defined as any individual or group who is potentially affected, positively or negatively, by the Project, or who is potentially affected, positively or negatively, by the Project, or who has an interest in the Project and its potential impacts.

**Stakeholder engagement:** an inclusive process conducted throughout the project life-cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the project development process, and is an integral part of early project decisions and the assessment, management and monitoring of the project's environmental and social risks and impacts.

**Third Parties:** May include contractors, subcontractors, brokers, agents, or intermediaries.

**Universal access:** free access for people of all ages and abilities in different situations and in different circumstances.

## Annex 2 - Philippine Laws And Regulations On Citizen Participation

N°	Norm	Reference title	Relevant Information
1	1987 Philippine Constitution		<p>Article II, Sec. 24 - The State recognizes the vital role of communication and information in nation-building.</p> <p>Article II, Sec.28 - Subject to reasonable conditions prescribed by law, the State adopts and implements a policy of full public disclosure of all its transactions involving public interest.</p> <p>Art. III, Sec. 4 - No law shall be passed abridging the freedom of speech, of expression, or of the press, or the right of the people peaceably to assemble and petition the government for redress of grievances.</p> <p>Art. III, Sec. 7 - The right of the people to information on matters of public concern shall be recognized. Access to official records, and to documents, and papers pertaining to official acts, transactions, or decisions, as well as to government research data used as basis for policy development, shall be afforded the citizen, subject to such limitations as may be provided by law.</p> <p>Article XIII, Sec. 16 – The right of the people and their organizations to effective and reasonable participation at all levels of social, political, and economic decision-making shall not be abridged. The State shall, by law, facilitate and establishment of adequate consultation mechanisms.</p>
2	Presidential Decree 1586 and its IRR	The Philippine Environmental Impact Statement System (PEISS)	Public participation is required for the entire EIA Process from social preparation prior to scoping to impact management and monitoring during project implementation/abandonment. Public Participation is defined as an element of a process that gives citizens, particularly, stakeholders, the opportunity to influence major decisions that may affect their community and their environment. Public consultation involves the gathering of information, concerns, opinions and suggestions from the public through meetings, interviews, focused group discussions and other similar means.
3	RA 10752 and its IRR	An Act Facilitating The Acquisition Of Right-Of-Way Site Or Location For National Government Infrastructure Projects or the Right-of-Way Act	<p>Before any national government project could be undertaken, the IA shall consider environmental laws, land use ordinances, and all pertinent provisions of RA No. 7160.</p> <p>The Implementing Agency shall prepare a Preliminary Land Acquisition Plan and Resettlement Action Plan (LAPRAP) or an Indigenous People's Action Plan, as applicable, which shall form part of the EIA.</p>

N°	Norm	Reference title	Relevant Information
			Resettlement of informal settlers affected by the project shall be in accordance with RA 7279.
4	RA 8371	Indigenous Peoples Rights Act of 1997	<p>Sec. 16 - ICCs/IPs have the right to participate fully, if they so choose, at all levels of decision-making in matters which may affect their rights, lives and destinies through procedures determined by them as well as to maintain and develop their own indigenous political structures. Consequently, the State shall ensure that the ICCs/IPs shall be given mandatory representation in policy-making bodies and other local legislative councils.</p> <p>Sec. 17 - The ICCs/IPs shall participate in the formulation, implementation and evaluation of policies, plans and programs for national, regional and local development which may directly affect them.</p> <p>Sec. 65 provides that “when disputes involve ICCs/IPs, customary laws and practices shall be used to resolve the dispute.”</p>
5	RA 7160	Local Government Code of 1991	<p>Sec. 2 (c) - It is likewise the policy of the State to require all national agencies and offices to conduct periodic consultations with appropriate LGUs, NGOs, and other concerned sectors of the community before any project or program is implemented in their respective jurisdictions.</p> <p>Sec. 26 - It shall be the duty of every national agency or GOCC authorizing or involved in the planning and implementation of any project or program that may cause pollution, climatic change, depletion of non-renewable resources, loss of crop land, rangeland, or forest cover, and extinction of animal or plant species, to consult with the LGUs, NGOs, and other sectors concerned and explain the goals and objectives of the project or program, its impact upon the people and the community in terms of environmental or ecological balance, and the measures that will be undertaken to prevent or minimize the adverse effects thereof.</p> <p>Sec. 27 - No project or program shall be implemented by government authorities unless the consultations mentioned in Sections 2 (c) and 26 hereof are complied with, and prior approval of the sanggunian concerned is obtained</p>

N°	Norm	Reference title	Relevant Information
6	Executive Order No. 02, s. 2016	Operationalizing In The Executive Branch The People's Constitutional Right To Information And The State Policies To Full Public Disclosure And Transparency In The Public Service And Providing Guidelines Therefor	Sec. 3 - Every Filipino shall have access to information, official records, public records and to documents and papers pertaining to official acts, transactions or decisions, as well as to government research data used as basis for policy development.
7	RA 7279	Urban Development and Housing Act of 1992	Sec. 23 - The LGUs, in coordination with the Presidential Commission for the Urban Poor and concerned government agencies, shall afford Program beneficiaries or their duly designated representatives an opportunity to be heard and to participate in the decision-making process over matters involving the protection and promotion of their legitimate collective interest which shall include appropriate documentation and feedback mechanisms. They shall also be encouraged to organize themselves and undertake self-help cooperative housing and other livelihood activities. They shall assist the Government in preventing the incursions of professional squatters and members of squatting syndicates into their communities. In instances when the affected beneficiaries have failed to organize themselves or form an alliance within a reasonable period prior to the implementation of the program of projects affecting them, consultation between the implementing agency and the affected beneficiaries shall be conducted with the assistance of the Presidential Commission for the Urban Poor and the concerned non government organization. Sec. 24 — Opportunities for adequate consultation shall be accorded to the private sector involved in socialized housing project pursuant to this Act.
8	RA 9729	Climate Change Act of 2009	Sec. 16 - In the development and implementation of the National Climate Change Action Plan, and the local action plans, the Commission shall coordinate with NGOs, civic organizations, academe, people's organizations, the private and corporate sectors and other concerned stakeholder groups.
9	RA 11038	Expanded National Integrated Protected Areas System Act of 2018	In the establishment of protected areas, public consultation is a must at locations near the proposed site by inviting the LGUs in the affected area, national agencies, people's organizations, NGOs.

N°	Norm	Reference title	Relevant Information
10	RA 10121	Philippine Disaster Risk Reduction and Management Act of 2010	Sec. 6 – The National Disaster Risk Reduction and Management Council (NDRRMC) shall xxx (d) ensure a multi-stakeholder participation in the development, updating and sharing of a Disaster Risk Reduction and Management Information System and GIS-based national risk map as policy, planning and decision-making tools.



## Annex 3- Stakeholder Engagement Activities Carried Out To Date

### Annex 3-A. Minutes of 26 March 2021 Consultation With DOH-NNC Regional Offices

Time: 5:00 to 7:25 PM Venue: Google Meet

#### I. Introduction

This meeting was spearheaded by the DOH through the Nutrition Planning and Policy Division (NPPD) of the NNC Central Office, as led by the Chief Officer-in-Charge Dr. Marivic S. Samson. The participants are the Regional Nutrition Program Coordinators (RNPCs) and/or Officers-in-Charge (OICs) and other Nutrition Offices (NOs) from the regional offices of the NNC. The goal of the meeting is to present the proposed PMNP and consult the RNPCs, OICs and NOs for their inputs.

Dr. Samson of the NPPD presided over the consultation and meeting and stated its main agenda, which is to gather responses from the Regional Nutrition Program Coordinators (RNPCs) and OICs and other NOs regarding the PMNP, and that a report documenting such responses will be submitted to the DSWD and the NEDA. Specifically, the following salient project features were presented and discussed with participants:

- (i) Project brief, coverage, and components
- (ii) Project cost/cost estimates and funds flow
- (iii) Overarching approaches on project design
- (iv) Relevance and impacts of PMNP to address persistence of malnutrition
- (v) Implementation Timeline
- (vi) Implementation arrangements with DOH as Actual Lead Agency/Project Management and Coordination
- (vii) Procurement Mechanism
- (viii) Safeguards policies
- (ix) Updates/Status

#### II. Issues, Concerns, and Agreements

Issue Raised	Response	Comment/Agreement
Question on the amount of interest. (Raised by Ms. Reario)  Ms. Arlene R. Reario – Regional Nutrition Program Coordinator of Region V	Details on the amount of interest will be sent once available. (Response from Dr. Samson)  Dr. Marivic S. Samson – Officer-in-Charge of the Nutrition Planning and Policy Division	Further details will be sent once available.
Issue on when the actual commencement of the project (Ms. Reario)  Ms. Arlene R. Reario – Regional Nutrition Program Coordinator of Region V	Despite the confirmation of the endorsement by NEDA to the various cabinet members, there are still chances that the implementation will be postponed, and that there is a need to examine the possible circumstances brought by the pandemic (Dr. Samson)  Dr. Marivic S. Samson – Officer-in-Charge of the Nutrition Planning and Policy Division	

Issue Raised	Response	Comment/Agreement
<p>Due to the huge amount of budget that will be allocated to the project, the preparation of liquidation reports might pose a challenge (Dr. Samson)</p> <p>Dr. Marivic S. Samson – Officer-in-Charge of the Nutrition Planning and Policy Division</p>		
<p>While the objectives of the project are good, most RNPCs were overwhelmed with the loan amount of the program and expressed apprehension on the high interest rate (raised by participants during part 2 consultation)</p> <p>Ms. Arlene R. Reario – Regional Nutrition Program Coordinator of Region V</p> <p>Ms. Ma. Eileen B. Blanco – Officer-in-Charge, Regional Nutrition Program Coordinator, Region IV-B</p> <p>Catalino P. Dotollo Jr., DPA – Regional Nutrition Program Coordinator of Region VIII</p>		
<p>There is a need to strengthen DOH-NNC in terms of its human resource, before the actual PMNP implementation (raised by participants during part 2 consultation)</p> <p>Dr. Maria Teresa L. Ungson – Regional Nutrition Program Coordinator of Region XI</p> <p>Parolita A. Mission, Ph.D. - Regional Nutrition Coordinator of Region VII</p> <p>Ms. Carina Z. Santiago – Regional Nutrition Coordinator of Region IV-A</p> <p>Ms. Arlene R. Reario – Regional Nutrition Program Coordinator of Region V</p> <p>Ms. Gladysmae S. Fernandez – Regional Nutrition Program Coordinator of Region X</p>		
<p>The implementation of the project will not only largely depend on the</p>		

Issue Raised	Response	Comment/Agreement
<p>DOH-NNC, but also on LGUs. Thus, the need to increase and capacitate the human resource in the local levels as well (raised by participants during part 2 consultation)</p> <p>Dr. Maria Teresa L. Ungson – Regional Nutrition Program Coordinator of Region XI</p> <p>Ms. Gladysmae S. Fernandez – Regional Nutrition Program Coordinator of Region X</p> <p>Parolita A. Mission, Ph.D. - Regional Nutrition Coordinator of Region VII</p>		
<p>There is also a need to consider the RO's absorptive capacity when it comes to the transfer of funds (raised by participants during part 2 consultation)</p> <p>Ms. Retsebeth M. Laquihon – Officer-in-Charge, Regional Nutrition Program Officer of Caraga Region</p>		
<p>There is a need to fuel inter-agency performance so that each sector would contribute to the implementation of the project (raised by participants during part 2 consultation)</p> <p>Parolita A. Mission, Ph.D. - Regional Nutrition Coordinator of Region VII</p>		
<p>Some attendees raised questions on how the targeted areas of the PMNP were determined.</p> <p>Ms. Arlene R. Reario – Regional Nutrition Program Coordinator of Region V</p> <p>Ms. Gladysmae S. Fernandez – Regional Nutrition Program Coordinator of Region X</p> <p>Ms. Nimfa D. Ekong – Regional Nutrition Program Coordinator of Region IX</p>	<p>Ms. Pedraja, Dr. Samson and Mr. Guillen explained that the project areas were selected based on the following criteria:</p> <ul style="list-style-type: none"> <li>a. municipalities with stunting rate higher than or equal to 17.5%;</li> <li>b. KALAHI-CIDSS areas; and</li> </ul> <p>HDPRC/PPAN priority areas</p> <p>Ms. Jaira Denisse Pedraja – Nutrition Officer II of the Nutrition Planning and Policy Division of NNC</p>	

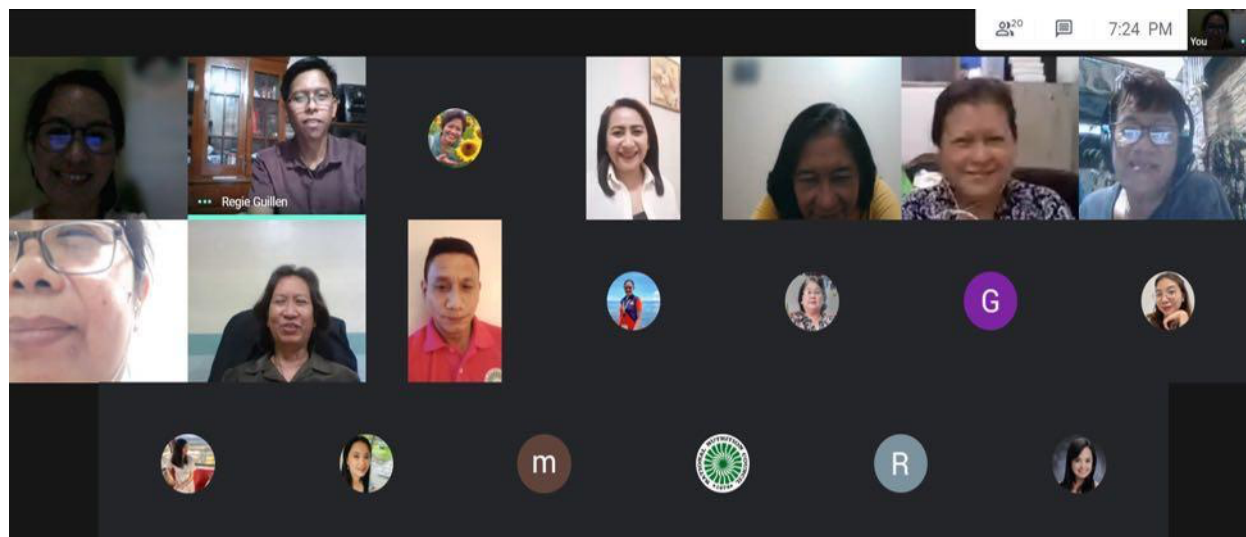
Issue Raised	Response	Comment/Agreement
Catalino P. Dotollo Jr., DPA – Regional Nutrition Program Coordinator of Region VIII	Mr. Reginaldo T. Guillen – Regional Nutrition Program Coordinator of Region VI  Dr. Marivic S. Samson – Officer- in-Charge of the Nutrition Planning and Policy Division	

### III. Attendees

Name	Designation and Office
<u>Regional Offices</u>	
1. Ana Maria B. Rosaldo	RNPC, Region III
2. Carina Z. Santiago	RNPC, Region IV-A
3. Zarah Clarice T. Megino	NO III, Region IV-A
4. Edward C. Paglinawan	IMO, Region IV-A
5. Ma. Eileen B. Blanco	OIC-RNPC, Region IV-B
6. Maria Camille Louise C. Chen	NO III, Region IV-B
7. Arlene R. Reario	RNPC, Region V
8. Reginaldo T. Guillen	RNPC, Region VI
9. Sheryl C. Sedantes	NO III – Region VI
10. Parolita A. Mission, Ph.D.	RNPC, Region VII
11. Catalino P. Dotollo Jr., DPA	RNPC, Region VIII
12. Nimfa D. Ekong	RNPC, Region IX
13. Marie-Claire A. Gaas	PNC-ECCD-F1K, Region IX
14. Gladysmae S. Fernandez	RNPC, Region X
15. Maria Teresa L. Ungson	RNPC, Region XI
16. Alona E. Teo	NO II, Region XI
17. Annalita Mae B. Flores	OIC-RNPC, Region XII
18. Retsebeth M. Laquihon	OIC-RNPC, Caraga
19. Leah Vina P. Vargas	NO II, Caraga
20. Hannah Farinah M. Lidasan	NO III, BARMM
<u>Central Office</u>	
21. Marivic S. Samson, Ph.D.	Presiding Officer, OIC-Chief and NO III, NPPD
22. Strawberry F. Alberto	NO II, NPPD
23. Jaira Denisse Pedraja	NO II, NPPD
24. Nina Fritzie P. Bruce	NO II, NPPD, Documenter
25. Geraldine Bea B. Pimentel	NO II, NPPD

**ABBREVIATIONS:** RNPC – Regional Nutrition Program Coordinator; NO – Nutrition Officer; IMO – Information Management Officer; OIC – Officer-in-Charge; PNC – Provincial Nutrition Coordinator; ECCD F1K – Early Childhood Care and Development: First 1,000 Days; NPPD – Nutrition Policy and Planning Division

#### IV. Photo Documentation



## Annex 3-B. Minutes of 29 March 2021 Consultation Session With Local Chief Executives

Time: 1:00pm - 5:00pm; Venue: Google Meet

### I. Backgrounder

The consultation as facilitated by Ms. Gemma Macatangay of the Department of Interior and Local Government (DILG), commenced with the presentation of the objectives of the session, which was generally to solicit support from the local chief executives (LCEs) on the implementation of the Philippine Multisectoral Nutrition Project (PMNP). Specific objectives of the session were: (i) to present to the LCEs a situationer report on child stunting and other nutrition concerns in the country; (ii) to discuss the objectives, key targets, activities, and timeline of the proposed project; (iii) to confirm that the proposed PMNP reflect the national priorities under the COVID-19 situation; (iv) to gather inputs from the LCEs on how to improve the implementation process of the project; and (v) to promote and advocate for the LCEs' participation to the project implementation.

Cabinet Secretary Karlo Nograles, IATF ZH Chair delivered the Opening Message and provided a Short Introduction of the Philippine Multisectoral Nutrition Project leading to the full project presentation by Director Janet P. Armas of DSWD KALAHI-CIDSS. Dr. Marivic S. Samson of the DOH-National Nutrition Council presented a Situationer on Child Stunting and other Nutrition Issues in the Country. After the presentations, an open forum followed where questions and clarifications on the Philippine Multisectoral Nutrition Project were made. Director Anna Liza F. Bonagua (DILG) synthesized the key discussion points and USec Marlo I. Iringan (DILG) provided the Closing Message.

### II. Issues, Concerns, and Agreements

Issue Raised	Response
Whether the DOH-NNC through its regional or provincial offices be able to provide technical capacity interventions to C/MNCs for crafting Local Nutrition Action Plans  Mr. Wilson Macabre - DILG-VIII	Yes, capacity building will be provided on Local Nutrition Action Planning during the first year of project implementation through the regional offices  Dr. Marivic Samson – DOH-NNC
Whether or not the implementation would be too late considering that the beneficiaries in the first 1000 days would be too old or the data gathered for the baseline would already be different at the time of implementation  Anonymous (posted in Slido)	The primary target beneficiaries will be those children within their first 1000 days in 2023. The DOH-NNC gave its assurance that implementation will commence during 2022 and as such will not be considered a late implementation. Baseline studies will be conducted during the first year of implementation to determine the specific participants of the project.  Dir. Janet Armas - DSWD  The LGUs will be asked to commence the project using whatever available sources at the moment while waiting for the full implementation of the project. The LGU's resources and/or nutrition projects will be supported once the PMNP begins its implementation.  Sec. Karlo Nograles - OCS/IATF ZH
Where to get funding for the implementation of PMNP?  Mr. Rodolfo Dura - LGU Kauswagan, Lanao Del Norte	The project will be funded through a World Bank loan. The LGUs and other partners and National Agencies will also be engaged to provide counterparts.  Dr. Marivic Samson – DOH-NNC  Expected local counterparts will include:

Issue Raised	Response
	<ul style="list-style-type: none"> <li>• Travelling expenses of local participants including members of the local nutrition committee, local community nutrition volunteers such as BNS</li> <li>• Expenses on meals and snacks for local training activities</li> <li>• Cost of events at the LGU level</li> <li>• Cost of training and development of local peer counsellors</li> <li>• Provision of support for printing of various IEC materials</li> <li>• Honoraria for community volunteers</li> <li>• Provision of supplies and materials for the local nutrition committees</li> <li>• 15% of the allocation for community-initiated nutrition-sensitive projects (food supply support livelihood, WASH, and ECCD services)</li> </ul> <p>The LGUs will be oriented and provided with technical assistance on this once planned training activities are rolled-out.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>
<p>Whether the implementation of the Mandanas Ruling affect the crafting of the Local Nutrition Action Plan for 2022</p> <p>Ms. Duchess Cubacha - LGOO III, DILG Tacloban</p>	<p>The effect of the Mandanas Ruling is that the LGUs' IRA will be increased. As such, LGUs are encouraged to use their additional funds for nutrition projects and for local counterpart contributions to the PMNP. It is also suggested for LGUs to incorporate this in their 2022 budget plans considering the increase in their IRA from the national government.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>
<p>Whether or not the budget for the PMNP implementation can be charged to MSWD GAD Program</p> <p>Mr. Rodolfo Dura - LGU Kauswagan, Lanao Del Norte</p>	<p>Wherever there are priority programs, the DILG issued policies as to what activities can be supported under the GAD. Those related to nutrition, women, and even persons with disabilities are allowable items to be funded out of 5% of the GAD budget.</p> <p>Dir. Anna Bonagua - DILG</p> <p>Also, the problem with LGUs is that allocation of GAD budget is always attributions to different programs. It will be very much welcome and encouraged that the LGUs can work out to have a very specific item for the fight against malnutrition.</p> <p>Usec. Mario Iringan - DILG</p>
<p>Whether or not provinces will have specific roles in project implementation</p> <p>Ms. Angelica Sanchez - DILG</p>	<p>Provinces will have an important role in the project. The Provincial Nutrition Councils will ensure that interventions will be provided at the municipal and barangay level by providing technical assistance. Provincial LGUs can also provide resource augmentation in the implementation of MLGUs.</p> <p>Dir. Janet Armas - DSWD</p> <p>It is understood that the MLGUs may not be able to fully provide services because of funding and budget limitations. The project is looking up to provinces to provide support to MLGUs for the implementation.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>

Issue Raised	Response
<p>Whether or not it is possible to institutionalize the position of Nutrition Officer as a mandatory position in the LGUs; and whether or not there will be a law mandating appropriation for the said nutrition program</p> <p>Anonymous - (posted in Slido)</p>	<p>DOH-NNC is advocating for the institutionalization of Nutrition Officers, as it relies on the functionality of Nutrition Committees. It is hoped that the members of the National Nutrition Action Governing Board are up supporting this advocacy. There have been position papers submitted to Congress and to interested legislators to push for this concern. It is hoped that with the implementation of PMNP, the institutionalization of the Nutrition Officer position can be done.</p> <p>Dr. Marivic Samson – DOH-NNC</p> <p>On the part of the Task Force Zero Hunger, there is a TWG working on the proposed legislations by the DOH-NNC. Secondly, the TF is working on a TESDA online course on Nutrition which is hoped to be cascaded to the different municipalities.</p> <p>If the implementation of the PMNP becomes successful, there is a chance to institutionalize this as a law, similar to the outcomes of DepEd and DSWD feeding programs which were first piloted before institutionalization.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>
<p>Whether or not it is possible to incorporate in the design of the program the mobilization expense, such as transportation expenses</p> <p>Anonymous - (posted in Slido)</p>	<p>It was presented that transportation support will be a counterpart of the LGUs. When the orientation with LGUs is done, there will be detailed discussions on what particular commitments will be asked from the LGUs. The capacity assessment to be conducted will discuss the needs and available resources of the LGUs to gauge what specific counterpart they will be providing for the project.</p> <p>Dir. Janet Armas - DSWD</p>
<p>Whether or not the new quarantine classifications of the IATF will affect PMNP implementation</p> <p>Anonymous - (posted in Slido)</p>	<p>There will be a need to adjust as needed, but implementation of the PMNP will push through. There will be adjustments in the implementation proper, like use of technology during meetings and compliance to health standards and protocols. Project implementation will continue despite these limitations.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>
<p>Whether or not it is possible for cities to be included in the target LGUs aside from the 235 municipalities</p> <p>Ms. Rosylvia Tolosa - League of Cities of the Philippines</p>	<p>Another program can be formulated for cities. For PMNP, the priority participants are the municipalities with high incidence or rate of stunting, wasting, and nutritionally-at-risk pregnant women.</p> <p>Sec. Karlo Nograles - OCS/IATF ZH</p>

For the second part of the Open Forum, the participants were asked some questions on the concept and design of the project as in below matrix:

Poll Question	Result
Would the project be able to support and improve the delivery of the nutrition programs to address stunting in your respective localities?	100% of responses = yes
Do you think the LGUs can support this call to action for a whole-of-government approach to address child stunting and promote proper nutrition?	100% of responses = yes



Poll Question	Result
What could be the challenges that local governments face in the implementation of the project? In what area are you seeing difficulties in the implementation of the project?	Majority of the meeting participants answered that responsibilities and counterpart contributions and timeline of implementation are the possible difficulties in project implementation.

The last part of the Open Forum sought for recommendations to improve the design and implementation strategies of the project, as well as suggestions to be able to effectively implement the project during the pandemic. Responses include:

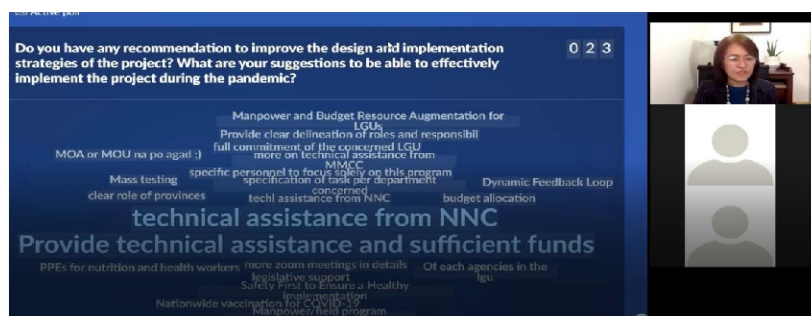
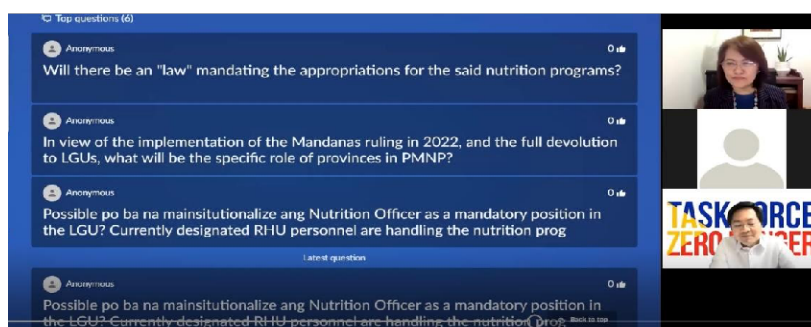
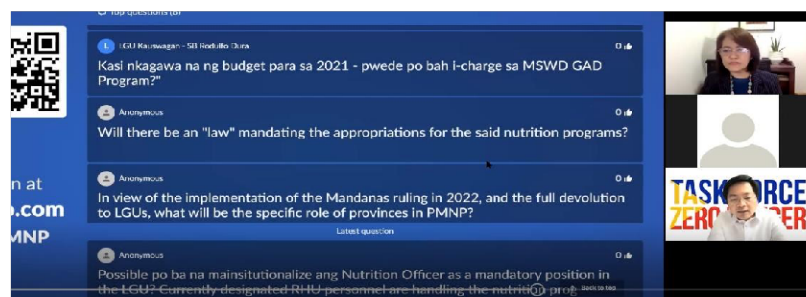
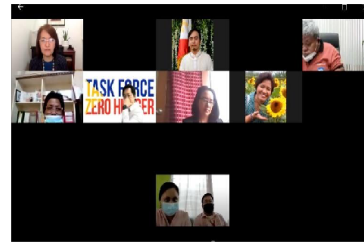
- Early signing of MOA or MOU for the project implementation
- Provide more technical assistance from DOH-NNC
- Ensure a dynamic feedbacking and communication loop
- Mass testing and nationwide vaccination for COVID-19
- Clear role of provinces in the project implementation
- Provide clear delineation of roles and responsibilities
- Technical assistance and sufficient funds for project implementation
- Manpower and budget resource augmentation for LGUs
- Intensify information campaign among local stakeholders
- Full commitment of LGUs
- Conduct more meetings to discuss the project in detail
- Assign a specific personnel to focus solely on this project

### III. Attendees by Agency or Sector

NAME	DESIGNATION	OFFICE	REGION	EMAIL ADDRESS
Benjieleth Zuniga	Chief Budget and Management Specialist	Department of Budget and Management	REGION III	benjzuniga@gmail.com
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#### IV. Photodocumentation



## **Annex 3-C. Executive Summary of the FGDs with IPs and Community Nutrition Implementers**

### **I. Executive Summary**

As part of the preparation for the PMNP, consultation sessions, in the form of FGDs, with targeted stakeholders, namely the IPs and Community Nutrition Implementers (CNIs) in the targeted areas, were conducted by the Department of Health – National Nutrition Council (DOH-NNC) from March 29, 2021 to April 16, 2021. The FGDs aimed to 1) gather inputs and suggestions from prospective stakeholders of the proposed PMNP; and 2) assess the health and nutrition situation of the community.

A total of 38 FGDs were conducted by the ROs between March 29 and April 15, 2021. The ROs were given options to conduct the FGD either through face-to-face or via video conference such as Zoom, Google Meet, or Facebook Video Call. A total of 141 IPs and 381 CNIs participated in the FGDs.

The participants were asked to identify the most common health and nutrition-related issues in their communities. Generally, IP members and CNIs identified malnutrition (e.g. stunting, underweight, wasting and micronutrient deficiencies), hunger and food insecurity, infectious diseases (e.g. fever, cough and colds, diarrhea, urinary tract infection, dengue etc.), and noncommunicable diseases (e.g. cardiovascular diseases, chronic respiratory diseases, cancers and diabetes) as the most common health and nutrition-related issues.

Most of the participants have stated that these issues are mostly consequences of poverty and the internal and external elements that contribute to its existence such as the inadequate access to clean water and nutritious food, little or no access to livelihoods or jobs, inequality, poor education, climate change, lack of infrastructure and limited capacity of the government.

Some of the programs or projects that are in place in the communities to solve these identified issues included: 1) Water, Sanitation and Hygiene (WaSH); 2) vaccination programs, Garantisadong Pambata (micronutrient supplementation program), Operation Timbang Plus, complementary and supplementary feeding programs for infant and young children, pregnant and lactating mothers, and school children in day care centers and elementary schools; 3) health, nutrition and caregiving education for parents and caregivers; 4) livelihood and sustainability programs and backyard gardening projects; and 5) promotion of healthy lifestyle activities such as increased physical activity, decreased alcohol consumption and smoking cessation. Majority of the participants have stated that these programs are effective in addressing the identified health and nutrition-related issues in the communities. However, some participants have identified some of these programs or projects as unsuccessful in solving the identified issues. The implementation barriers the CNIs identified included 1) inadequate human or financial resources; 2) lack of clarity on operational guidelines or roles and responsibilities for implementation; 3) conflicts with other existing policies; 4) lack of coordination and collaboration between parties responsible for implementation; and 5) lack of motivation or political will.

Questions on gender issues in relation to health and nutrition concerns were also asked among the participants. Many participants have stated that because mothers are the prime caregivers of children, the elderly and the ill, and do most of the domestic tasks, they are the more affected by the identified health and nutrition-related issues than men who are more focused on providing income for the household.

Majority of the participants have agreed that the eight nutrition-specific programs of the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 can aid in solving the identified health and nutrition-related issues. The participants were also asked whether these programs are culturally-acceptable for them. Majority of the participants have stated that these programs are culturally-acceptable while some have expressed concerns and reservations in some programs based on their cultures, beliefs and traditions.

The participants were also asked what health and nutrition-related programs and projects will they recommend for the LGUs, the barangays and the families to solve the identified issues. Their recommendations included 1) strengthening of the implementation and sustainability of health and nutrition programs and projects by providing additional budget allocation for these programs and projects, as well

as additional manpower and support to health/nutrition workers; 2) training of more IP members to become health and nutrition workers so that they can serve their own communities; 3) strengthening of information dissemination and visibility in far-flung and GIDA communities; 4) continuous provision of medicines (e.g. vitamins, maintenance medicines, etc.); 5) provision of TESDA trainings and technology assistance to IPs and other marginalized communities, as well as academic scholarships to children of marginalized families; 6) establishment of farm-to-market roads; 7) provision of safe and potable water source to far-flung communities; 8) provision of seedlings and livestock; 9) capacity-building activities on backyard gardening, livestock raising and other livelihood programs; and 10) development of programs and projects for linking smallholder farmers to markets.

Other recommendations call for the involvement of IP communities, as well as the regional and provincial agencies that promote and protect the rights and well-being of IPs in the planning process of any programs, projects and activities intended for them.

The question on whether they recommend pushing through with new health and nutrition-related programs amid the COVID-19 pandemic garnered mixed response. However, the majority have chosen to prioritize the implementation of new programs stating that these programs are much needed by the communities and these will strengthen the immune system of the people. Some participants have also expressed that the vaccination and implementation of new health and nutrition programs can be done at the same time, emphasizing the need to observe proper health protocols.

As the stakeholder's involvement is critical to the success of the program, it is thus recommended that the insights provided by the stakeholders in this summary report should be utilized and be taken into consideration in planning for the PMNP.

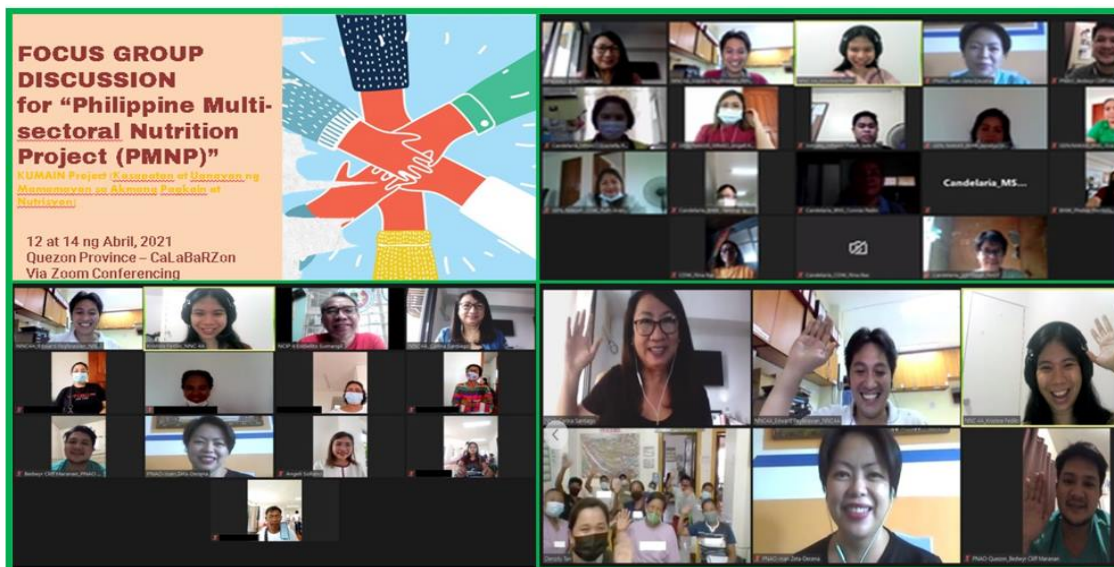
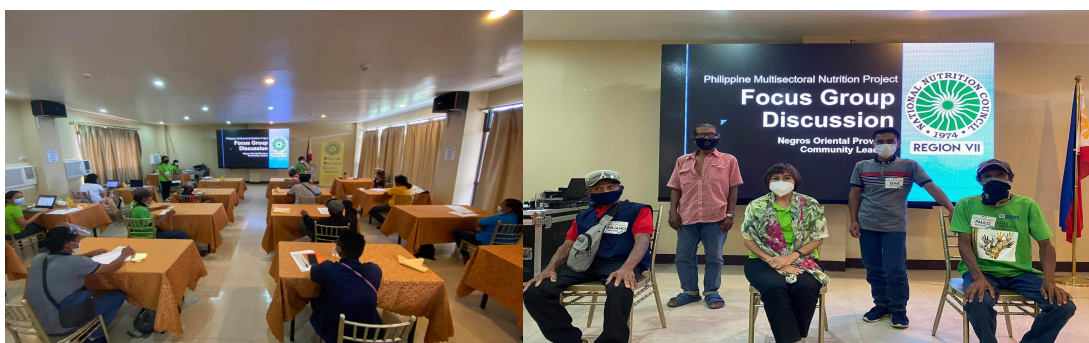
## II. List of FGDs conducted by the DOH-NNC Regional Offices

No.	Region	Date	Forum	Participants	Number
1	III	April 12, 2021	Face-to-Face	IPs	12
2		April 13, 2021	Virtual Platform	CNIs	16
3	IV-A	April 12, 2021	Face-to-Face	IPs	16
4		April 14, 2021	Face-to-Face	CNIs	14
5	IV-B	April 13, 2021	Virtual Platform	IPs	17
6		April 12, 2021	Virtual Platform	CNIs	20
7		April 12, 2021	Virtual Platform	CNIs	10
8	V	April 15, 2021	Virtual Platform	IPs	11
9		April 13, 2021	Virtual Platform	CNIs	11
10		April 13, 2021	Virtual Platform	CNIs	15
11		April 14, 2021	Virtual Platform	CNIs	10
12		April 14, 2021	Virtual Platform	CNIs	14
13	VI	April 15, 2021	Virtual Platform	IPs	2
14		April 15, 2021	Virtual Platform	CNIs	10
15	VII	April 12, 2021	Virtual Platform	IPs	12
16		April 8, 2021	Virtual Platform	CNIs	12
17		April 12, 2021	Virtual Platform	CNIs	13
18	VIII	April 7, 2021	Face-to-Face	CNIs	16
19		April 8, 2021	Virtual Platform	CNIs	16
20	IX	April 13, 2021	Virtual Platform	IPs	12
21		April 12, 2021	Virtual Platform	CNIs	12
22		April 12, 2021	Virtual Platform	CNIs	13
23	X	April 13, 2021	Face-to-Face	IPs	18
24		April 13, 2021	Virtual Platform	CNIs	19
25		April 13, 2021	Virtual Platform	CNIs	19
26	XI	April 13, 2021	Face-to-Face	IPs	9



No.	Region	Date	Forum	Participants	Number
27	XII	April 13, 2021	Face-to-Face	CNIs	49
28		April 13, 2021	Face-to-Face	CNIs	16
29		April 6, 2021	Face-to-Face	IPs	12
30		April 6, 2021	Face-to-Face	CNIs	12
31		April 6, 2021	Face-to-Face	CNIs	11
32	Caraga	April 12, 2021	Face-to-Face	CNIs	12
33		April 8, 2021	Virtual Platform	IPs	20
34		March 31, 2021	Virtual Platform	CNIs	12

### III. Photo Documentation







**Annex 3-D. Disclosure-Consultation on the Philippine Multisectoral Nutrition Project**  
**“Kasapatan at Ugnayan ng Mamamayan sa Akmang Pagkain at Nutrisyon”-KUMAIN Webinar**  
**October 11, 13, 15, 2021; 8:00am to 12:00nn**

**Preliminaries**

The Department of Health (DOH) and Department of Social Welfare and Development (DSWD) representatives — Margarita Antonio, Romero Catbagan, and Michelle Clemente – were the facilitators of the webinars for the whole consultation series, welcomed the participants and acknowledge the presence of the resource persons, staff from various agencies of the proposed project, staff of regional offices, Local Chief Executives, and LGU representatives. The Kasapatan at Ugnayan ng Mamamayan sa Akmang Pagkain at Nutrisyon (KUMAIN) consultation aims to introduce the objectives of the series of consultations, organized to present updates on the Philippine Multi-sectoral Nutrition Project (PMNP), its objectives, implementation process, and safeguard policies. Below is the program flow for the consultation sessions:

Topic	Lead/Presenter		
Opening Message and a Short Introduction of the Philippine Multisectoral Nutrition Project	Cabinet Secretary Karlo Nograles IATF ZH Chair		
Presentation of the Philippine Multi-Sectoral Nutrition Project (PMNP)	Ana Epefania Escobar Department of Health (DOH)		
Report on PMNP Partnership Agreements	Josephine Jade Department of Social Welfare and Development (DSWD)		
Presentation of the PMNP Environmental and Social Framework (ESF)	Josephine Jade Department of Social Welfare and Development (DSWD)		
Discussion on Performance-based Grants	Ana Epefania Escobar Department of Health (DOH)		
Closing Message	Day 1 (Luzon Cluster)	Day 2 (Visayas Cluster)	Day 3 (Mindanao Cluster)
	Dr. Loreto B. Roquero, Jr. Country Director-Philippines, Nutrition International	Hon. Mary Jean Te LMP National Auditor and Municipal Mayor –Liberty Antique	Hon. Rey Babaylan Buhisan LMP Vice President-Mindanao
	Dir. Anna Lisa Bonagua Department of the Interior and Local Government (DILG)	Jefferson Gregorio Nutrition Specialist UNICEF	Mariella Castillo Nutrition Specialist UNICEF
	Mayor Edgardo Flores LMP VP Luzon and Pampanga Chapter President	Usec. Marlo Iringan CESO III Undersecretary for Local Government Department of Interior and Local Government (DILG)	Usec. Marlo Iringan. CESO III Undersecretary for Local Government Department of Interior and Local Government (DILG)

**Opening Message**

*Secretary Karlo Alexei B. Nograles*  
*Chair, IATF Zero Hunger Task Force*

Sec. Karlo Nograles gave his opening remarks providing an overview of the PMNP and its goals of delivering nutrition-specific and nutrition-sensitive interventions to target areas in the Philippines with the high stunting rates and incidence of poverty.

KUMAIN series is organized by the IATF on Zero Hunger with the objective of consulting with PMNP stakeholders as regards the updated project design and raise awareness on the problems and effects of hunger and malnutrition in the country. The PMNP is in line with the on-going efforts of the government in achieving the commitments to the UN Sustainable Development Goals (UN SDG). Under SGD Goal Number 2, the government is committed to end all forms of hunger and malnutrition and ensure all people especially the children and youth will have sufficient food. This initiative started on 16 November 2020 through the Task Force Zero Hunger Resolution No. 2 s.2020. A technical working group convened to craft the project proposal for a multi-sectoral nutrition project for World Bank funding. On March 2021, the PMNP was initially introduced to the LGUs to gather support on the implementation of the project.

Another goal of the PMNP is to empower LGUs, to enable them to and improve the delivery of health and nutrition interventions, to create awareness and knowledge for the target behavioral changes on the ground, and deliver community-based nutrition and nutrition-related activities to the communities. The project is said to be directly related to reducing maternal and youth undernutrition, with the youth and lactating mothers considered as one of the vulnerable groups. This project is seen as a solution to be pursued, as it is aligned with the National Food Policy, the Philippine Plan of Action for Nutrition, and with the other programs, and directives by the President.

The PMNP will focus on maternal and child health through nutrition-specific and nutrition-sensitive interventions which was leveraged by the same regular programming and inspired by the DSWD project KALAH-CIDSS thus a multi-sectoral convergence of efforts at the community and LGU levels.

The secretary emphasized the importance of the stakeholders' participation in the project in addressing malnutrition in the country given that malnutrition is an impediment to the country's economic and human capital development. This is based on studies linking undernutrition in the first 1,000 days of life to reduced attendance to school, reduced learning outcomes, and reduced economic productivity of the child once reached adulthood. About 30% of children in the Philippines are stunted which is a manifestation of the lack of nutritional intake, making Philippines rank #5 among all East Asia and Pacific Region with the highest stunting prevalence. In 2020, the human capital index of the Philippines is .52, lower than the previous index of .55, which means children only have 52% productive once reached adulthood. In a 2019 data, the Philippine stunting rate of children under 5 years old is at 28%, underweight at 19%, and wasted children at 5.8%. In 2020, the undernutrition and hunger situation have worsened due to the COVID-19 pandemic, with the hunger incidence at 16.8%, based on the recent SWS survey, compared to the 2019 data of 8.8%.

Sec. Nograles said that investing substantially and consistently in nutrition especially of the children will provide real change not only in their lives but also for the country. Investing in nutrition of children and pregnant mothers will result to notable social and economic changes and is highly cost effective. A 2013 study estimated that the cost to benefit ratio for nutrition investment in the Philippines is 43, or for every dollar spent for nutrition, the potential yield is 43 dollars in terms of human capital and potential contribution of the child in his/her adult life.

The LGUs is called to support the implementation of the project in their localities, hoping that the LGUs find this project as advantageous and helpful for their constituents. He also asked for support to promote PMNP as part the LGUs' public service delivery to the people.

**Briefer: PMNP**

*Ana Epefania Escobar*  
*Department of Health*

Ms. Escobar introduced and described the PMNP as a project that will support the Government of the Philippines to adopt a bold, multi-sectoral nutrition approach to deliver a coordinated package of nutrition-specific and nutrition-sensitive interventions across the various LGU platforms together with a harmonized social and behaviour change communication strategy. With the objective of increasing the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions, and improve key

behaviours and practices known to reduce stunting, the project targeted 235 municipalities in 26 provinces (5,936 barangays) across the whole Philippines. An additional of 40 municipalities in BARMM will be provided with Technical Assistance only. The target areas were selected because they were the municipalities in the country with high stunting rates of more than 17.5%, high poverty incidence of more than 21%, and have an existing KALAHI-CIDSS implementation (Powerpoint presentation provided in Appendix 1).

The project will have three components:

- Component 1: Strengthened Delivery of Nutrition and Primary Health Services
- Component 2: Community-based Nutrition Service Delivery and Multi-sectoral Nutrition Convergence
- Component 3: Institutional Strengthening, Monitoring, and Evaluation

Component 1 would be under the supervision of DOH which includes primary health care services support including social and behavior change communication, health and nutrition services systems strengthening (i.e. LGU Mobilization), and Technical Assistance to BARMM municipalities. DSWD will be focusing on Component 2 activities which are on household food diversification, increased access to and use of clean water, appropriate sanitation, and improved hygiene practices, access to early childhood care and development (ECCD) services, and increase access of Pantawid Pamilyang Pilipino Programs (4Ps) beneficiaries to Nutrition Programs and Services. As for Component 3, activities on institutional strengthening, project management, and monitoring and evaluation are implemented.

The indicative timeline for the project implementation will run from 2021 to 2025, at least 4 years. This year, 2021, will be on the preparation and LGU engagement. Key activities for 2021 are initial project orientations, signing of MOAs with LGUs from October to November, and development of project guidelines. For 2022, Project Inception will conduct capacity building for Project Staff, baseline studies, updating of the beneficiary masterlist, and social preparations. By 2023 to 2024, project implementation will commence with the input support, project activities, and Performance-based Grants disbursement to LGUs. At the end year of the PMNP, 2025, the sustainability and project closing is targeted.

The IATF Zero Hunger and OCS will provide the national-level strategic direction leadership of the Project and convene various agencies participating in the project. DOH and DSWD, both Project Management Offices, are responsible in project management and in monitoring and provision of technical assistance to regional teams. The National Nutrition Council (NNC) is responsible for the development of capacity building and technical guidelines of the project, facilitate guides, activity designs, and monitoring standards, and mechanism for the implementation of nutrition-specific interventions. The Department of Agriculture (DA) will provide technical assistance to communities who will have livelihood as their sub-projects and ensure that they will be able to develop viable and sustainable alternative sources of food to support the nutrition targets of the communities' families. The Department of the Interior Local Government (DILG) will work closely with DOH and DSWD in capacitating the LGUs. The DILG is also tasked to develop policy guidelines to enable LGUs to ensure the sustainability of health and nutrition programming at the local level. Finally, the Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI) will also work closely with DOH and DSWD in designing studies and conduct activities that will facilitate knowledge building and management.

The Provincial Local Government Units (PLGUs) will oversee the MLGUs implementation whilst providing technical assistance and funding support, as necessary. The Municipal Local Government Units (MLGUs) will ensure that the Municipal Nutrition Council (MNC) is organized and active in project implementation. MLGUs will also provide local counterpart contribution (LCC) in form of cash and in-kind and develop specific multi-sectoral nutrition plan. At the barangay level, Barangay Nutrition Committees (BNCs) with the Community Nutrition Sub-Project Management Committees will be the operational platforms for the delivery and management of institutional nutrition-specific and nutrition-sensitive interventions to reach the intended beneficiaries of the project.

## **Report of PMNP Partnership Agreements**

*Josephine Jade*

*Department of Social Welfare and Development (DSWD)*

The roles, functions and expectation of the DOH, DSWD, and LGUs as partnering agencies in the implementation of the project were presented (See Powerpoint presentation provided in Appendix 2). For both DSWD and DOH, as lead agencies of the project the following are their roles: (i) Develop project guideline and policies, (ii) Screen and select the appropriate consultants who will provide technical and implementation support to the LGUs, (iii) Provide capacity building interventions to project stakeholders, (iv) Coordinate project activities with LGUs and other partners, (v) Monitor the implementation and ensure compliance to project standards and guidelines, and (vi) Perform fiduciary functions and fund management.

For the LGUs, as partner agencies in implementing the project in various level, a list of expectations from them are as follows: (i) Coordinate with the DOH and DSWD on its various programs, projects, and activities (PPAs) that are currently being implemented and/or are planned for implementation in the LGU relative to nutrition and health, (ii) Provide relevant data to the DOH and DSWD as needed, necessary for informed decision making by the DOH and DSWD on the implementation of its various PPAs in the LGU, (iii) Create a Municipal Nutrition Committee hereinafter referred to as MNC, to serve as the body to coordinate and provide technical assistance, monitoring, and resolution of issues in the implementation of the DOH and DSWDs PAPs in the LGU, especially those related to PMNP, (iv) Comply with the Environment and Social Safeguards policies and standards of the PMNP, (v) Adopt measures to ensure the safety and security of DOH and DSWD personnel who may be assigned to coordinate or facilitate implementation of the PPAs in the LGU, (vi) Work with the DOH and DSWD in ensuring all PPAs in the LGU are implemented in a participatory and transparent manner, building greater social accountability of government to citizens while ensuring efficient and effective delivery of results, (vii) Work with Barangay Local Government Unit (BLGU) officials in ensuring the allocation on availability of a “bridge” fund to be used for the opening of community accounts, and (viii) Provide Local Counterpart Contribution for the implementation of the project.

The Local Counterpart Contribution (LCC) is equivalent to 15% of the municipal allocation for planning activities and grants for community-initiated nutrition-sensitive projects which could be in-cash or in-kind. LCCs include, but not limited to (i) salaries of the MNC staff that will implement PMNP at the municipal and barangay levels; (ii) costs of staff attendance and/or conduct of trainings and monitoring and evaluation activities; (iii) funds for other operating costs; (iv) cost of technical assistance provided to the community, and (v) operations and maintenance costs for community sub-projects. For Component 1, LCCs include contributions on travel expenses of local participants, expenses on meals and snacks for local training activities, cost of events at the LGU level, cost of training and development of local peer counsellor, provision of support for printing of various IEC materials, honoraria for community volunteers, and provision of supplies and materials for the local nutrition committees.

LGUs are required to provide a Certificate of Fund Availability from the Municipal Budget Office, resolution from the Sanggunian Bayan, and open and maintain a Municipal Trust Fund Account as a repository of all cash contribution for community and Planning Grants in any authorized government depository bank. LGUs will go through an enrolment process of submitting a Letter of Intent, signing a Tripartite MOA and LGU Capacity Assessment.

All parties (DOH, DSWD, LGUs) shall be responsible for allocating and managing resources to cover the costs of project implementation based on their commitment to the project. A Grievance Redress System (GRS) will be established to address concerns and issues that will come up during project implementation. Lastly, agreements shall be performed in compliance to applicable laws, rules, and regulations.

## **Presentation of PMNP's Environmental and Social Safeguards Framework (ESF)**

*Josephine Jade*

*Department of Social Welfare and Development (DSWD)*

In line with World Bank's requirement, the project is required to produce an ESF to assess the environment and social risks and impacts of the project activities. Ms. Jade (DSWD) presented the potential risks of the project, environmental and social safeguards plans, safeguard procedures, negative checklist/prohibited activities during project implementation, and responsibilities of the Regional, Municipal, and Barangay LGUs.

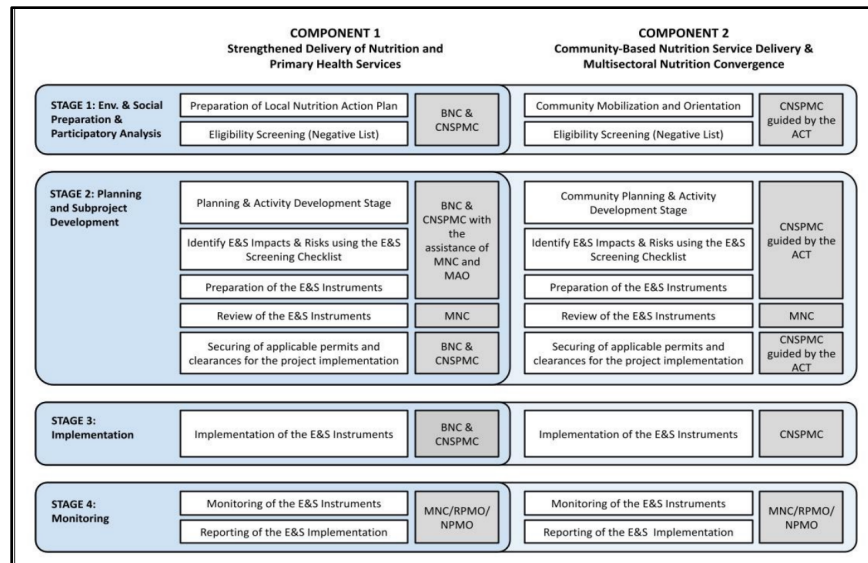
The ESF describes the principles, processes, and technical guidance for the project implementing agencies and their consultants to assess the environmental and social risks and impacts of the project activities. The following are the objectives of the ESS Framework:

- To avoid possible exposure and risks of workers and communities to infectious diseases, criminality and gender-based violence during project implementation;
- To develop measures to address emergency events; and
- To specify a process of public participation and consultation in the planning and implementation of the project

There are seven relevant ESSs for the project: (i) ESS 1: Assessment and Management of Envi and Social Risks and Impacts, (ii) ESS 2: Labor and Working Condition, (iii) ESS 3: Resource Efficiency and Pollution Prevention and Management, (iv) ESS 4: Community Health and Safety, (v) ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement, (vi) ESS 7: IP/Underserved Traditional Local Communities, and (vii) ESS 10: Stakeholder Engagement and Information Disclosure).

The potential environmental impacts and risks initially identified are the generation of healthcare wastes from immunization, deworming, and other healthcare and nutrition services, production of noise, water, air (dust), OSH pollution from minor civil works, and air (odor) and water (pesticide) pollution from the agriculture- related interventions. Potential Social Impacts identified are ownership issue of water source, land clearing resulting to damaged trees and crops, damage to structures, potential ROW conflicts for the distribution pipes/hoses, installation of WASH and agri-fisheries facilities, and potential issues with IP rights particular to water source. Provided with the potential project risks, environmental and social safeguard plans include Environmental Codes of Practice in the contexts of General Construction Site Management, Occupational Health and Safety, Community Health and Safety, Healthcare Waste Management, and Agriculture-related activities and Integrated Pest Management Plan (IPM).

The different components of the project will employ safeguard procedure across all stages of the project. Below is a summary of the safeguard procedures for each component and corresponding focal agencies/units.



A comprehensive list of the prohibited activities and expenditures, or negative checklists, that LGUs should not conduct or establish during the project in compliance with the ESF guidelines were presented (See Powerpoint presentation provided in Appendix 3).

At the regional level, E & S officers, PMNP personnel, Provincial Nutrition Council, and Community Development Officers employed by the PNP will review the approval/rejection of the project proposals with the screening checklist and applicable E&S plans of the sub-projects (i.e. ESMP, ECOP, OHSP, CHSP), and provide capacity building activities on E&S management of sub-projects. The municipal level EMNC will review and recommend the screening checklist and E&S plans to be submitted to RPMO and provide a pre-implementation workshop on ESF. At the community/barangay level, the CNSPMC and BNC of Component 1 and Community volunteers of Component 2 will have the following responsibilities: (i) participate in the screening process and with the assistance of community volunteers and BNC, accomplish the screening checklist; and prepare the applicable E&S plan/s; (ii) implement the measures and guidelines in the E&S plan/s; (iii) monitor the implementation of E&S plans; (iv) identify baseline information on the potential project beneficiaries- profiling of children affected by stunting, need for WASH and agriculture interventions; and (v) facilitate community consultation sessions and actively participate in the BNCs/Barangay Health Committees to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.

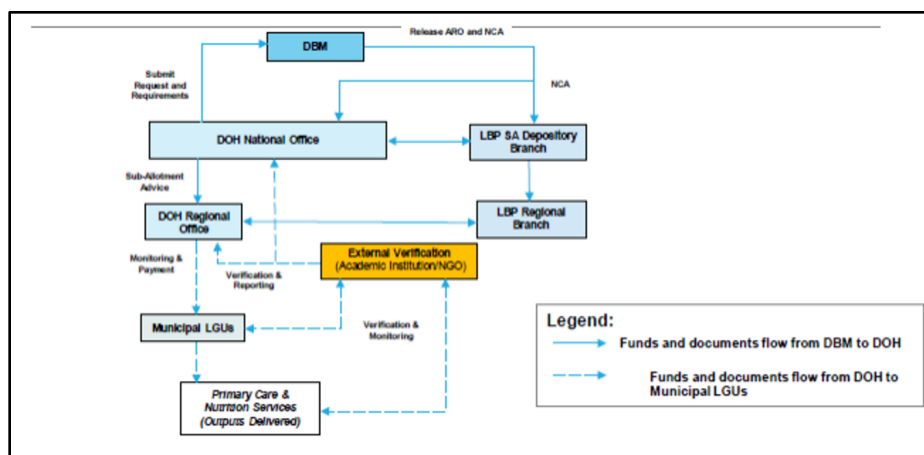
## Discussion of Performance-based Grants (PBGs)

*Ana Epefania Escobar*

*Department of Health*

The Performance-based Grants was presented, which is a grant that will be disbursed from the National Government to LGUs, dependent on identified indicators and eligible LGU expenditures (See Powerpoint presentation provided in Appendix 4). PBG indicators are categorized into two—improved services delivery of essential health and nutrition investments and improved multi-sectoral nutrition planning and management at LGU levels. For the former category, specific indicators include the number of children age 0-2 years in program areas receiving ageappropriate feeding, percentage of pregnant women receiving prescribed antenatal care service, and number of households in participating barangays receiving convergence priority and nutrition (specific - and sensitive) interventions. For the latter category, the percentage of participating LGUs with approved LNAPs and budgets, number of municipalities utilizing PMNP information system to report regularly and accurately, and Quality score for RMNCH and nutrition services provided by primary health care facilities in PMNP areas are considered for the provision of the PBG. Another PBG basis is the eligible expenditures which are the positive lists to drive nutrition and health

At project onset, MOA signing will be conducted between each LGU and DOH/DSWD that sets out the principles of the PBGs, defines the duration and purpose of the agreement, roles and responsibilities of partners, describes the funds flow mechanism and PBG indicators for each LGU, the value available to each LGU, verification procedure, and describes flexibility of funds “earned” through PBGs. Below is the PBG fund flow for PMNP.



**Day 1 Luzon Cluster: 11 Oct 2021**

*Moderated by Dr. Fides Buenafe  
Department of Health*

### Session 1: Consultation with PMNP Beneficiaries (Luzon LGUs)

Questions	Raised by	Responses
What is the difference of nutrition-specific and nutrition-sensitive interventions under the PMNP compared to the interventions being received by the LGUs currently?	Dr. Fides Buenafe (DOH)	Ms. Escobar (DOH): There is no difference. The PMNP will give additional boost to the existing nutritional interventions of targeted municipalities through a multi-sectoral approach. Nutrition-specific services are currently being conducted by the communities and is not a new concept for the LGUs like nutrition counselling, pre-natal services, micro-nutrient supplementation, etc.
What are some specific examples of nutrition-sensitive interventions under PMNP?	Dr. Fides Buenafe (DOH)	Ms. Escobar (DOH): Nutrition-sensitive interventions focus on addressing underlying determinants of nutrition. Examples of this

Questions	Raised by	Responses
		intervention are the empowerment of women, diversification of nutrient dense food, WASH, food production increase, convergence of services from different sectors, etc.
How much funds would be needed for the PMNP regarding the Local Counterpart Fund [LCC]? We would need to budget our funds so this can still be lobbied.	Jennel Tampon, Municipal Nutrition Action Officer (MNAO), Lubang, Occidental Mindoro	Ms. Joey (DSWD): Regarding LCC, we will check what would be municipal grant allocation for Lubang LGU. Our general computation for LLC is 15% of the municipal grant allocation, same with the KALAHI-CIDSS implementation. Only Component 2 has a specific amount for the LCC. Component 1 has expected counterparts but these are only the minimal expenses like cost of attendance of staff during project activities
How much would be the funds from our counterpart LGUs?  Can we hire a staff who would focus on the implementation and monitoring of the PMNP? We only have a few number of staff.	Graciela Ramos, MNAO, LGU Candelaria	Ms. Joey (DSWD): We can provide you a projected grant; just provide us with your contact details.  Ms. Jade (DSWD): Component 2 will hire area coordinating teams for the implementation of the project. Staffing complement coming from the LGU are expected to be from existing staffs already like MNC, MS, representative from the Engineering Office. We will just organize the Municipal Committee. Ms. Escobar (DOH): For Component 1, we are looking for a technical assistance per LGU to help during project implementation from planning until monitoring.  It is encouraged for the LGUs to have a funding so the human resource could be part of the counterpart staff in the implementation of the project which is helpful for sustainability. Although it is still in the positive list to hire a PMNP staff under the LGU.
As long as there are approved and existing nutrition and health programs that cover nutrition-specific and nutrition-sensitive interventions, can these be considered as an LGU counterpart for PMNP?  Is there a need to have a separate allocation for the counterpart aside from the approved nutrition programs?  Would there be no negative consequences if there would be a change of officials during the	Jocelyn Quinones, MNAO, Virac, Catanduanes	For Component 2, the counterparts are community sub-projects. These will be separately provided by the LGU in forms on cash or in-kind contribution. This is the 15% of the municipal grant allocation.  Yes, but you can quantify the contributions of the LGU. For example, you can include in the computation of the counterpart your salaries to get the 15% local counterpart. By November to December, members of the regional program management will set a meeting with the communities to discuss other concerns like this.  Ms. Jade (DSWD): There would be a conditional MOA signing. The current mayor cannot sign without an Sangguniang Bayan (SB) Resolution so the decisions are supported.



Questions	Raised by	Responses
course of project implementation?		Ms. Escobar (DOH): Based on the Mandanas-Garcia ruling and DOH guideline on human resources health deployment, LGUs should absorb those who were employed through the HRH program of DOH or hire an HRH staff from 2020-2024.
When can we have the copy of the MOA for it to be processed for the SB resolution?	Jennel Tampon, Municipal Nutrition Action Officer, Lubang, Occidental Mindoro	Ms. Jade (DSWD): By last week of October to early November, DSWD will start on orienting LGUs. We will soon give a draft MOA and set a schedule for the meeting with the LGUs.
What are the criteria for selecting the target areas for the PMNP project?	Dr. Fides Buenafe (DOH)	Ms. Jade (DSWD): The 235 municipalities (target) are the municipalities with a stunting rate higher than 17.5% (based from the NNC), high poverty incidence of more than 21%, and the existence of KALAH-CIDSS. These are also in line with the priority areas based on the PPAN.
What is the SBCC?	Dr. Fides Buenafe (DOH)	Ms. Escobar (DOH): SBCC: Social and Behavior Change Communication. This is a strategy to improve the behavior of a community and program managers. There are two parts under the SBCC strategy of the PMNP—cross-cutting communication and health facility-based and community-based BCC intervention. Under this SBCC are the nutrition committees.
What is the sustainability plan of the project?	Dr. Fides Buenafe (DOH)	Ms. Escobar (DOH): It is required that the LGU should produce a Sustainability Plan to harvest the best practices during the project implementation. This is an output that will be monitored for the implementation of the indicators. A technical assistance will also be conducted in the preparation of this plan.
Can other Luzon LGUs join during the next KUMAIN consultation, 13 October 2021?	Edward Paglinawan, Nutrition Officer II, National Nutrition Council-CALABARZON	Ms. Buenafe (DOH): Yes. This is highly appreciated. Other consultation schedules are on 13 and 15 October 2021.
Will the funding be like the general fund of the municipality or would it be a special fund that would just be used only for the project?  Would this be new account?  When is the target date for the opening of the community account?	Dr. Fides Buenafe (DOH)	Ms. Jade (DSWD): Yes. A community account will be opened by the community volunteers. This is where the funds for Component 2 will be downloaded. Trainings will be attended by the community volunteers so they are prepared.  Yes. The community account will be closed after project completion.  Once community volunteers have been organized. Based on the timeline, this would be around the end of next year. Baseline studies and Capacity Building are targeted to be conducted first because of the national and local elections. Implementation of the project would be conducted after the announcement of the electoral results.
Are all barangays under the targeted municipality be considered for the PMNP?	Jennel Tampon, Municipal Nutrition Action Officer, Lubang, Occidental Mindoro	Ms. Jade (DSWD): Yes. For Component 2, the municipal grant would be divided with the number of barangays.

Questions	Raised by	Responses
Is there a separate fund for the municipal LGU from the barangay?	Jennel Tampon, Municipal Nutrition Action Officer, Lubang, Occidental Mindoro	Ms. Escobar (DOH): Same roll-out with DSWD. Ms. Jade (DSWD): For component 2, the fund will be directly for the barangays.
Is the LCC from the barangay or are we the one to provide the LCCs?		This will be decided on by the barangays on how much will be the sharing for the LCC. Baranagys can also be considered in the counterpart, part of the 15%. If there are active CSOs, they can also be a counterpart.

### ***Closing Remarks***

The closing remarks were given by Dr. Loreto B. Roquero, Jr, Dir. Anna Lisa Bonagua, and Mayor Edgardo Flores. They emphasized the importance of addressing the roots and current nutritional problems of the country.

Dr. Roquero mentioned that Nutrition International (NI) has partnered with DOH, NNC, and LGUs to help strengthen, expand, and accelerate the delivery of nutrition interventions in key vulnerable populations in the Philippines. The NI noted the challenges faced by LGUs in the promotion and implementation of health and nutrition interventions in their areas. Some of the challenges mentioned were the lack of awareness of LGUs on the nutritional status in their localities, the need to strengthen capacities of officials, especially nutrition officers, in delivering interventions, the need to mobilize communities to change their attitude and behavior to practice good nutrition, the need for a multi-sectoral collaboration, leadership and ownership of LGUs on the nutrition programs, and need for adequate funding for the interventions. With the PMNP, it will be able to support the planned nutritional interventions and address the needs and challenges of LGUs that were observed in the past. NI expressed utmost support to the project's success and sustainability.

Dir. Bonagua congratulated the project team's efforts in organizing the consultations as it is one step closer to eradicating malnutrition in the country. The DILG recognizes that malnutrition is a multi-sectoral concern and aggravated by the current COVID-19 pandemic situation. Therefore, the need to address this issue is one of the highest priorities of government through collaboration with LGUs. DILG enjoins the full cooperation of Local Chief Executives and Nutrition Action Teams in realizing the project objectives and leading the implementation of PMNP for the benefit of the constituents as PMNP will support local nutrition initiatives prepared by their units. The DILG is fully supporting this project so as the next generation of children will not experience the direct and indirect effect of malnutrition.

Mayor Edgardo Flores: expressed his gratitude that the national government will be the LGU partners in strengthening their respective health and nutritional systems to resolve issues pertaining to governance, financing, access to facilities, information, medicine, and effective program delivery. In return, LGUs shall give their full participation in the implementation of project activities by working together with other multi-sectoral partners and national government agencies. Mayor Flores assured that the implementation of PMNP activities will be done in a participatory and transparent manner because it is a priority to be accountable to their constituents and provide efficient and effective delivery of services. Malnutrition, especially in children, should end to ensure good physical and mental health among children. The mayor, as League of Municipal Vice Mayors for Luzon, pledged for the League's full support towards the successful implementation of the project and that this project may also inspire other LGUs to prioritize the nutrition of their clients.

### **Day 2 Visayas Cluster: 13 Oct 2021**

#### **Open Forum**

*Moderated by Romero Catbagan, Jr.  
Department of Health-DPCB*

Below are the questions, clarifications, and feedbacks received during the Open Forum, including the responses provided by the resource persons.

## Session 2: Consultation with PMNP Beneficiaries (Visayas LGUs)

Questions	Raised by	Responses
Election year may affect our project timeline. In 2023, newly elected official needs advocacy again. We may need to adjust the timeline.	Ma. Vilma Diez, Director III, DOH CHD MIMAROPA	<p>Ms. Jade (DSWD): The project timeline considered the national and local elections in 2022. At the first quarter would focus on the hiring of staff, development of guidelines. Initial conducts of orientation with LGUs and municipal staff and a baseline study are targeted on the early stage of 2022. Second part of 2022 is the roll-out of activities so that newly-elected officials have now settled.</p> <p>Ms. Escobar (DOH): The first part of the project would be on capacity building, baseline studies, and social preparation. A conditional MOA will be signed by LGUs to get their commitment in the project. The start for this MOA signing will commence from November-December. The MOA will be looked into again during implementation.</p>
<p>In line with the devolution transitions plan, more budget will be given to the LGUs. Was that taken into account in the plan?</p> <p>In prioritization, based on UHC, GIDAs should be prioritized.</p>	Ma. Vilma Diez, Director III, DOH CHD MIMAROPA	<p>Ms. Jade (DSWD): Based on the Mandanas Ruling, we expect that the LGUs will have LCC. The target areas were based on the PPAN list of priority municipalities. Allocation fund, for Component 2, is based on the rate of poverty incidence and stunting rate of children in the area.</p> <p>Ms. Escobar (DOH): For Component 1, a consideration for grant is the estimate target population. Local counterparts will also demand for a counterpart from LGUs so, this should be taken in consideration to allot funds for this project, this is based on the Mandanas-Garcia Ruling. Currently, the project is at the provincial level of computing for the local counterparts and this can be provided soon. Another consideration, but discouraged, is that grants can be used to reimburse future counterparts or through the PBGs. It is encouraged for LGUs to start investing in this project.</p>
There was no mention about the role of the Regional Nutrition Committee in the presentation. This is an existing multi-sectoral body that can be maximized for this PMNP and, generally, functional in all regions.	Dr. Parolita Mission, Regional Nutrition Program Coordinator, National Nutrition Council-Region VII	Ms. Escobar (DOH): We will also discuss this concern in further consultations. We want to make it clear that usual structures like the nutritional council at any level will not be bypassed/skipped or unconsidered; instead these councils should be strengthened. The convergence point of this project is the nutrition councils so the implementation is cascaded down until the barangay from the regional.

Questions	Raised by	Responses
		Ms. Jade (DSWD): Community volunteer groups will also seek technical assistance from the MNCs.
Who will lead the RPMO?	---	<p>Ms. Jade (DSWD): Both DSWD and DOH are program management offices. From DSWD, there is a Regional Program Office that would provide technical assistance and capacity building support up to the barangay level. With technical focus of Component 2 sub-projects.</p> <p>Ms. Escobar (DOH): DOH will have a component to focus on. DOH will work hand-in-hand with the national until local levels, especially with the RPMO. Implementation guidelines will be disseminated by the end of the year. To clarify roles, it will be included in the MOAs that will be signed soon.</p>
Usually, public health nurses will focus on their handled health programs, there is a lack of human resources that would focus on the PMNP. Can we make a condition in the grant of putting warm bodies to implement the project on ground?	Dr. Parolita Mission, Regional Nutrition Program Coordinator, National Nutrition Council-Region VII	<p>Ms. Escobar (DOH): Part of the PBG indicator is the investment of health human resources, including human resources for nutrition services. There is a DOH guideline on health human resources that LGUs should start in investing in on health and nutrition human resources services. This should be part of the Sustainability Plan of the LGUs to have the ideal staffing pattern until 2025.</p> <p>Ms. Jade (DSWD): Part of the Sustainability Plan of the project is to advocate the institutionalization of the project in the LGUs in their health and nutrition planning. Part of this is for the LGU to assign a staff for the PMNP, and hopefully in the regular staffing plan of the LGU.</p>
<p>What would be followed in terms of environment regulations? DPWH-issued policies or ESF?</p> <p>Are human rights addressed in the ESF?</p>	--	<p>Ms. Jade (DSWD): The ESF guidelines for PMNP are based on different environmental and social safeguards of various agencies, including DOH, DENR, DPWH, DepEd. The ESF is a consolidated document of the guidelines from different government agencies in the country.</p> <p>The project's basic principle is the recognition and respect for human rights, like IP rights, policy on child labour, gender violence, criminality, and abuses, etc. The ESF is based on participation, transparency, and, accountability. Human rights are the overarching principles that are being followed by the project.</p>
How does the ESF manage land rights of people affected by the project?	--	Ms. Jade (DSWD): Land acquisition and resettlement is part of the ESF guidelines. The ESF follows the standard guidelines on ROW, voluntary donations, etc. We have a strict implementation on safeguards regarding resettlement. There are the existence of the guidelines and tools to comply with guidelines.

Questions	Raised by	Responses
		The project will also provide capacity building activities for the community.
Is the MNC allowed to claim allowance aside from the regular allowance being received?	Ian Norombaba, Municipal Health Officer, Tagapul-an LGU	Ms. Escobar (DOH): MNC allowance can be included in the LCC or deducted to the PBG. The answer is yes, but this should consider eligible expenses. DOH can provide further guidelines on this soon.
Can the grant be used for hiring of full-time MNAOs as plantilla positions?	Jovelle Royandoyan, MNAO, Pagsanghan LGU	Ms. Escobar (DOH): This may be a pitfall use of the grant as they may not be funded. Hiring of a staff is considered as an investment that is vital to the implementation of the project. We discourage this action of getting the income of a high stakes role personnel from the grant. We can further discuss this in the implementation manual. This could be done but it should be discussed in the sustainability plan.
What if the LGU refuses to be part of the project?		Ms. Jade (DSWD): An LCC is required for an LGU to participate, so if an LGU refuses or cannot participate, we will consult with them. We would discuss with the LGU and quantify ways they could still participate because these could be in cash on in kind. If an LGU strongly refuses and declines our offer after many discussions, we would find for a replacement target municipality. We hope that no one refuses because they have already been identified to having high incidence of poverty and high stunting rates.
How long will the replacement take if an LGU refuses?		Ms. Escobar (DOH): Rest assured that there would be a timeline to be followed for the replacement time because of the limited time and resources.
Since strengthening of the LNC is part of the project, I hope there will be a sustainability plan of the LGU because it can happen that after 2025 the interventions and actors are non-functional already.	Cynthia Palileo, PNAO, Samar PLGU	Ms. Escobar (DOH): PMNP will also serve a starting point for LGUs to make a sustainability plan for their offices since it is a start in improving their own nutrition programs. The interventions and investment would be a waste if a sustainability plan is not made.
What is the difference of the PMNP project with other interagency and inter-sectoral strategies made before? We have to do things differently or else the project will just end after the start of the next administration.	Ma. Vilma Diez, Director III, DOH CHD MIMAROPA	This project is also an exercise for the implementation of the universal healthcare through the strengthening of primary health care services as a path for multi-sectoral convergence—whole of government approach which starts in the grass-roots (local) through the leadership of local nutrition committees. It will strengthen health facilities, nutrition service delivery, and social services that are contributing to the health outcomes expected.
Will the funds be downloaded to the LGUs' accounts?		Ms. Escobar (DOH): For Component 1, yes. DOH is going to download fund directly to the LGUs because these grants are meant for the LGUs.

Questions	Raised by	Responses
Who are the fund managers? DSWD/DOH?		<p>Ms. Jade (DSWD): For Component 2, a community account will be opened by the community volunteers that will be organized. The volunteers will be the one to manage the funds for the proposed sub-projects, provide capacity building activities.</p> <p>Fund managers will be under the fund managers' program management office. All funds for Component 1 are under DOH while Component 2 is under DSWD.</p>

### ***Closing Remarks***

The closing remarks were given by Hon. Mary Jean Te, Jefferson Gregorio, and Usec. Marlo Iringan.

On behalf of Visayas LGUs, Hon. Mary Jean Te recognized the project goal of the PMNP to combat malnutrition, children wastage and stunting and LGU role to reverse the effects of these key issues. With the national government's support to the LGUs to implement the PMNP, their role as LGUs was to promote community health participation, improve health and nutrition seeking behaviors, conduct multi-stakeholder consultation activities and multi-sectoral activities. They would work closely with DOH and DSWD to ensure nutrition projects that are implemented by them are done in a participatory and transparent manner and that they should be accountable to their constituents. It is then acknowledged that malnutrition should end for a healthy body and mind of children. She said that they, in the League of Municipalities, pledge their full support for the PMNPs full implementation in their jurisdiction. She hopes that may this intervention inspire other LGUs to also prioritize their constituents' nutrition and health.

Jefferson Gregorio, from UNICEF, stated that the nutrition status of Filipino children is not doing well due to malnutrition. The youth and women in the poorest and disadvantaged communities are faced with the greatest risk for all forms of malnutrition. The COVID-19 pandemic worsened the nutritional status of people particularly the youngest, the pressed, and most vulnerable populations constraining access to nutritional and affordable resources. The PMNP will aim to implement nutrition-specific and nutrition-sensitive interventions at the primary level. UNICEF affirmed its support in the government's effort to address malnutrition in the country.

Usec. Marlo Iringan of DILG, lauded the success of the consultation activity and deemed it to be the first step in the eradication of malnutrition, one of the highest priorities of government, through a multi-sectoral approach. The key actors for this project are the LGUs. The unity of various national and local agencies will lead to the development of the Philippines. The DILG expresses their support for the initiatives of PMNP and enjoins LGUs to actively collaborate for the benefit of their constituents so that the future generations will not experience the effects of malnutrition.

### **Day 3 Mindanao Cluster: 15 Oct 2021**

#### **Open Forum**

*Moderated by Michelle Clemente*

*Department of Social Welfare and Development*

Below are the questions, clarifications, and feedbacks received during the Open Forum, including the responses provided by the resource persons.

#### **Session 3: Consultation with PMNP Beneficiaries (Mindanao LGUs)**

Questions	Raised by	Responses
<p>Why was BARMM areas not included for DSWD's intervention?</p> <p>What about the project BANGUN in BARMM. Will it not affect, duplicate or interfere in the PMNP implementation?</p>	Kadil JoJo Sinolinding, Jr, Regional Nutrition Program Coordinator, NNC BARMM	<p>Ms. Josoon-Mendoza (OCS): Under the PMNP, proposed is technical assistance and capacity building trainings for 40 BARMM municipalities. The BARMM as you know is in transition towards full autonomy and has its own nutrition and health programs.</p> <p>Ms. Escobar (DOH): There are 40 municipalities in BARMM (9 in Sulu, 17 in Maguindanao, and 14 in Lanao del Sur). They would only receive complementary interventions to their already existing health and nutrition services. BARMM is still part of the PMNP.</p> <p>Ms. Joson-Mendoza (OCS): We strongly support the BARMM programs. The BARMM had actually also expressed its support for the PMNP</p> <p>Ms. Jade (DSWD): There are projects/programs that will also be implemented in BARMM. PMNP will just complement existing BARMM programs. PMNP activities in BARMM are focused on capacity building and a technical assistance package. No direct interventions will be conducted, only TA..</p>
Will the KALAH-CIDSS be the one to handle/facilitate PMNP sub-projects in the LGU level?	Karen Esmero, Nutrition Officer, NNC	Ms. Jade (DSWD): For Component 2, it will be facilitated like the KALAH-CIDSS, so DSWD will provide oversight and TA. A separate coordinating team will also be established for PMNP implementation.
Budgeting preparation was already done for 2022. Where can the LGUs get a cash component for their LCCs?	Lilibeth Jandoc, Nurse II-MNAO Designate, LGU Kiamba	Ms. Jade (DSWD): LLC can be in cash or in-kind. If allocation for PMNP is not considered in 2022 budget, in-kind allocation can be quantified. Examples of these in-kind LCCs are salaries, office supplies, transportation allowance, etc. If there is no available outright cash, these can be discussed further to reach the 15% LCC requirement. Further, implementation or roll-out of activities will start in 2023, there is still a chance for LGUs to allocate a fund in 2023 for the PMNP.
Is there a specific month in 2022 to start implementation?	Cholie Lahoylahoy, MNAO, RHU Tubod LDN	<p>Ms. Escobar (DOH): Implementation in 2022 will start with capacity building, LGU mobilization, and social preparation. In depth implementation will be on the 2<sup>nd</sup> or 3<sup>rd</sup> quarter of 2022 after finalizing implementation guidelines and MOA signing of LGUs. No implementation if no MOA.</p> <p>Ms. Jade (DSWD): MOA signing is facilitated to clarify partnership terms.</p>
Is there no consideration for the class of the LGU, especially those poor LGUs?	Ariel Espilao, ZDN PNO Staff, Zamboanga del Norte	Ms. Jade (DSWD): The LCC computation is based on the Municipal Grant Allocation. The Municipal Grant Allocation is computed based on the municipal's poverty index.

Questions	Raised by	Responses
Examples of nutrition-specific and nutrition-sensitive interventions. How are these different with already existing LGU health and nutrition programs?	--	<p>Ms. Escobar (DOH): For nutrition-sensitive interventions, these focuses on the response to the first 1,000 days service to infants, thus target are mothers and children. Activities include nutrition promotion and behavior change, nutrition dietary supplementation, micro-nutrient supplementation, mandatory food fortification, etc.</p> <p>For nutrition-sensitive interventions, these would focus on improving access to clean water, sanitary hygiene practices, food security. These are same with LGU programs live livelihood programs, social protections, and agriculture programs. So this intervention will utilize existing platforms to reach nutrition vulnerable groups.</p>
Did the project consider the upcoming election in the implementation timeline?	--	Ms. Jade (DSWD): The 2022 election was considered during project designing phase. First semester would focus on capacity building and baseline studies. So no roll-out of activities until the end of the election.
Selection criteria for target areas? How about those who are not part of the PMNP?	--	<p>Ms. Escobar (DOH): Selection criteria for the PMNP target areas are municipalities with 17% or higher children stunting rate, 21% or higher poverty incidence, participating in KALAHI-CIDSS, and part of the PPAN priority municipalities. For DOH, technical assistance from other projects will not cease. .</p> <p>Ms. Jade (DSWD): Continuous services will still be given to other LGUs that are not part of the PMNP. The PAMANA project will still continue.</p>
What will happen after 2025? What are the sustainability plans after the project completion?		<p>Ms. Escobar (DOH): The PBG envisions to give a starting fund to LGUs for them to find locally sound nutrition interventions and for them to start preparing their Sustainability Plan. Examples can be fund nutrition committees, absorb DOH-employed PMNP staff. The grants are given for LGUs to learn on how they can further extend their nutrition services beyond 2025.</p> <p>Ms. Jade (DSWD): One sustainability measure of the project is to conduct capacity building and training to the LGU staff as implementers of the project.</p>
Will there be more consultations with LCEs and LGUs?		Ms. Clemente (DSWD): Yes. There was an initial meeting conducted on 29 March 2021 and this week was the third leg for the KUMAIN webinar. Expect to have more consultations with LCEs and LGUs.



Questions	Raised by	Responses
How will the project ESF manage IP rights to their lands?	--	Ms. Jade (DSWD): The ESF is based on IPRA. The project will also utilize tools and instruments same with KALAHI-CIDSS implementation to manage land rights. We assure you that there would be meaningful consultations with IP groups.

### ***Closing Remarks***

The closing remarks were given by Hon. Rey Babaylan Buhisan, Mariella Castillo, and Usec. Marlo Iringan.

Hon. Buhisan emphasized the need to combat the malnutrition issue in the country. Along with the national government's assistance and plan, the LGU has a significant role in the implementation of the project. The LGU has a role of promoting community health participation, improve health and nutrition seeking behaviors, conduct multi-stakeholder consultation activities. It is also the LGUs responsibility to work hand in hand with DOH and DSWD to implement participatory and transparent project activities. This project would be beneficial for the children's overall health.

Dr. Castillo, from UNICEF, thanked all of the participants during the consultation meeting as it was an avenue for the PMNP be introduced to project stakeholders. She acknowledged that the activities for the PMNP implementation were important because the future is at stake if malnutrition will continue to be prevalent. Also, the COVID-19 pandemic worsened the nutrition status of the youth and women, especially in disadvantaged areas. The PMNP would be able to address the malnutrition issue through the roll-out of nutrition-specific and nutrition-sensitive interventions and with that, the UNICEF re-affirms their support to the government for ending all forms of malnutrition.

Usec. Iringan, congratulated all efforts from the national and local government units in making the webinar a success. The seminar is a step forward of ending malnutrition in the country starting with the 235 towns with the highest stunting rates and poverty incidence. The PMNP is created to support the LGUs' initiatives in addressing malnutrition in their localities. The consultation has informed every one of the project's goals and objectives and clarified concerns from stakeholders. The DILG supports the project and enjoins the LGUs active collaboration with other sectors and agencies to benefit not just them but the whole country and the next generations to come.

## Appendix 1: PowerPoint Presentation used for PMNP Project Overview report by DOH



### Philippine Multisectoral Nutrition Project (PMNP)



The PMNP will support the Government of the Philippines to adopt a bold, multisectoral nutrition approach to deliver a coordinated package of nutrition-specific and nutrition-sensitive interventions across the various LGU platforms together with a harmonized social and behavior change communication strategy.



#### Project Development Objective

**Increased the simultaneous utilization of a package of nutrition-specific and nutrition-sensitive interventions and improve key behaviors and practices known to reduce stunting in target LGUs**





**Target Areas**

- 12 Regions
- 26 Provinces
- 235 Municipalities
- 5,936 Barangays
- Additional 40 Municipalities in BARMM (for T-Only)





**Target Areas**

- 12 Regions
- 26 Provinces
- 235 Municipalities
- 5,936 Barangays
- Additional 40 Municipalities in BARMM (for T-Only)



**Target Areas**

Luzon Cluster	Visayas Cluster	Mindanao Cluster
<b>Region III</b> <ul style="list-style-type: none"> <li>• Nueva Ecija (1 municipality)</li> </ul> <b>Region IV – Calabarzon</b> <ul style="list-style-type: none"> <li>• Quezon (24 municipalities)</li> </ul> <b>Region IV – Mimaropa</b> <ul style="list-style-type: none"> <li>• Occ. Mindoro (7 municipalities)</li> <li>• Romblon (7 municipalities)</li> </ul> <b>Region V</b> <ul style="list-style-type: none"> <li>• Camarines Sur (30 municipalities)</li> <li>• Catanduanes (7 municipalities)</li> <li>• Masbate (16 municipalities)</li> <li>• Sorsogon (7 municipalities)</li> </ul>	<b>Region VI</b> <ul style="list-style-type: none"> <li>• Iloilo (3 municipalities)</li> <li>• Negros Occidental (2 municipalities)</li> </ul> <b>Region VII</b> <ul style="list-style-type: none"> <li>• Cebu (16 municipalities)</li> <li>• Negros Oriental (8 municipalities)</li> </ul> <b>Region VIII</b> <ul style="list-style-type: none"> <li>• Eastern Samar (13 municipalities)</li> <li>• Leyte (22 municipalities)</li> <li>• Northern Samar (14 municipalities)</li> <li>• Western Samar (21 municipalities)</li> </ul>	<b>Region IX</b> <ul style="list-style-type: none"> <li>• Zamboanga Del Norte (4 municipalities)</li> <li>• Zamboanga Del Sur (5 municipalities)</li> </ul> <b>Region X</b> <ul style="list-style-type: none"> <li>• Bukidnon (5 municipalities)</li> <li>• Lanao Del Norte (7 municipalities)</li> </ul> <b>Region XI</b> <ul style="list-style-type: none"> <li>• Davao Del Sur (2 municipalities)</li> <li>• Davao Occidental (4 municipalities)</li> </ul> <b>Region XII</b> <ul style="list-style-type: none"> <li>• North Cotabato (1 municipality)</li> <li>• Sarangani (1 municipality)</li> <li>• Sultan Kudarat (1 municipality)</li> </ul> <b>Region CARAGA</b> <ul style="list-style-type: none"> <li>• Surigao Del Sur (8 municipalities)</li> </ul>



Component 1: Strengthened Delivery of Nutrition and Primary Health Services	Component 2: Community Based Nutrition Service Delivery and Multisectoral Nutrition Convergence	Component 3: Institutional Strengthening, Monitoring and Evaluation
<ul style="list-style-type: none"> <li>• Primary Health Care Services Support including Social and Behavior Change Communication</li> <li>• Health and Nutrition Services Systems Strengthening, including LGU Mobilization</li> <li>• Technical Assistance to BARMM</li> </ul>	<ul style="list-style-type: none"> <li>• Household food diversification</li> <li>• Increased access to and use of clean water, appropriate sanitation, and improved hygiene practices</li> <li>• Access to Early Childhood Care and Development (ECCD) services</li> <li>• Increasing access of Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries to Nutrition Services</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional Strengthening</li> <li>• Project Management</li> <li>• Monitoring and Evaluation</li> </ul>



#### Implementation Process and Indicative Timeline




## Implementation Arrangements

- The JTF-Zac Hanga and the COS to provide the national level strategic direction leadership of the Project and convene the various agencies participating in the project in any capacity.
- DOH and DSWD as both Project Management Offices, are also responsible in project management and in monitoring and provision of technical assistance to regional teams.
- INQDA and DILG will provide technical support to DOH and DSWD specifically in developing designs of interventions, policy and implementation guidelines, and conduct of capacity building activities.



## Institutional Arrangements



Provide the national level strategic direction leadership of the Project, convene the various agencies participating in the project in any capacity.  
Review progress and performance, and resolve specific issues and report, approve the Project's annual report.



As the PMO, responsible for the overall project management and administration, including aspects of implementation of project activities, and tracking of the achievement of the project in close coordination with the other agencies involved with the local government units participating in the project implementation.



- Together with the INQDA responsible for development of capacity building and technical assistance of the project, facilitate guidelines, activity design, and monitoring and evaluation in order for the implementation of nutrition specific interventions.



- Provide technical assistance and training to the communities who will be the host of the sub-projects and the beneficiaries of the communities will be able to develop and sustain alternative sources of food to support the nutrition targeted of their families.



- Work closely with the DSWD and DILG in capacitating the LGUs in ensuring that nutrition assessment targets are included in the long-term program of the LGUs.
- Develop policy and intervention of the LGUs on the sustainability of health and nutrition programming at the local level.



- Work closely with the DSWD and DILG in designing studies and conduct activities that will facilitate knowledge building and management.



### Provincial Local Government Units

Oversight to MLGUs implementation.  
Provide financial support as necessary.

### Municipal Local Government Units

Ensure that Municipal Nutrition Council (MNC) is organized and active in project implementation.  
In support of the project, provide local counterpart contribution (LCC) in form of cash and in-kind.  
Develop their specific multisectoral nutrition plan.

### Barangay Local Government Units

#### Barangay Nutrition Committees

#### Community Nutrition

The operational platforms for the delivery and management of institutional nutrition-specific and nutrition-sensitive interventions to reach the intended beneficiaries of the projects.



Thank you.



## Appendix 2: PowerPoint Presentation used for Partnership Agreement report by DSWD

### Roles of the Participating LGUs



### The DOH and DSWD as Lead Agencies for the Project

- Develop project guidelines and policies
- Screen and select the appropriate consultants who will provide technical and implementation support to the LGUs.
- Provide capacity building interventions to project stakeholders.
- Coordinate project activities with the LGUs and other partners
- Monitor the implementation and ensure compliance to project standards and guidelines.
- Perform fiduciary functions and fund management



### Expectations from the LGUs

- Coordinate with the DOH and DSWD on its various programs, projects, and activities (PPAs) that are currently being implemented and/or are planned for implementation in the LGU relative to nutrition and health
- Provide relevant data to the DOH and DSWD as needed, necessary for informed decision making by the DOH and DSWD on the implementation of its various PPAs in the LGU.
- Create a Municipal Nutrition Committee hereinafter referred to as MNC, to serve as the body to coordinate and provide technical assistance, monitoring, and resolution of issues in the implementation of the DOH and DSWD's PAs in the LGU, especially those related to PMNP
- Comply with the Environment and Social Safeguards policies and standards of the PMNP.



### Expectations from the LGUs

- Adopt measures to ensure the safety and security of DOH and DSWD personnel who may be assigned to coordinate or facilitate implementation of the PPAs in the LGU.
- Work with the DOH and DSWD in ensuring all PPAs in the LGU are implemented in a participatory and transparent manner, building greater social accountability of government to citizens while ensuring efficient and effective delivery of results.
- Work with Barangay Local Government Unit (BLGU) officials in ensuring the allocation on availability of a "bridge" fund to be used for the opening of community accounts.
- Provide Local Counterpart Contribution for the implementation of the project.



### Local Counterpart Contribution (LCC)

- Minimum LCC is equivalent to 15% of the municipal allocation for planning activities and grants for community-initiated nutrition-sensitive projects.  
Example:  
Municipality of Macalelon, Quezon Province  
MGA - Php 8,490,690.00  
LCC - Php 1,273,603.50
- LCC shall include, but not limited to i) salaries of the MNC staff that will implement PMNP at the municipal and barangay levels; ii) costs of staff attendance and/or conduct of trainings and monitoring and evaluation activities; iii) funds for other operating costs; (iv) cost of technical assistance provided to the community, and v) operations and maintenance costs for community sub-projects.



### Local Counterpart Contribution (LCC)

- LCC for Component 1 activities will include contributions on:
  - Travelling expenses of local participants including members of the local nutrition committee, local community nutrition volunteers such as BNS
  - Expenses on meals and snacks for local training activities
  - Cost of events at the LGU level
  - Cost of training and development of local peer counsellor
  - Provision of support for printing of various IEC materials
  - Honoraria for community volunteers
  - Provision of supplies and materials for the local nutrition committees



### Local Counterpart Contribution (LCC)

- LGUs to provide Certificate of Fund Availability from the Municipal Budget Office and a resolution from the Sangguniang Bayan
- Open and maintain a Municipal Trust Fund Account as a repository of all cash contributions for Community and Planning Grants in any authorized government depository bank



### Commitment and Conditions

- As this is still a proposed project, approval and authorization of the 2022 General Appropriations Act is needed.
- LGUs will go through an enrollment process and submit Letter of Intent, signed Tripartite MOA, and LGU Capacity Assessment



#### Other Concerns

- All parties (DOH, DSWD, and LGUs) shall be responsible for allocating and managing resources to cover the costs of project implementation based on their commitment to the project.
- Establishment of a Grievance Redress System
- Agreements shall be performed in compliance to applicable laws, rules, and regulations



Thank you.



## Appendix 3: PowerPoint Presentation used for PMNP's ESF report by DSWD

### Environment and Social Safeguards Framework (ESF)

ESF describes the principles, processes, and technical guidance for the project implementing agencies and their consultants to assess the environmental and social risks and impacts of the project activities.

#### Objectives of the ESF

- To identify, and minimize or avoid adverse impacts on the health and safety of project stakeholders, project-affected persons/communities, and project workers throughout the project cycle (i.e. planning/pre-construction, construction, and operation/implementation);
- To promote quality and safety in the design and construction of infrastructure and/or program of activities;
- To avoid or minimize community exposure to project-related safety risks;

#### Objectives of the ESF

- To avoid possible exposure and risks of workers and communities to infectious diseases, criminality and gender-based violence during project implementation;
- To develop measures to address emergency events; and
- To specify a process of public participation and consultation in the planning and implementation of the project.

ESS1: Assessment and Management of Environmental and Social Risks and Impacts	ESS2: Labor and Working Condition	ESS3: Resource Efficiency and Pollution Prevention and Management	ESS4: Community Health and Safety
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	ESS7: IP/Underserved Traditional Local Communities	ESS8: Cultural Heritage
ESS9: Financial Intermediaries		ESS10: Stakeholder Engagement and Information Disclosure	

ESS1: Assessment and Management of Environmental and Social Risks and Impacts	ESS2: Labor and Working Condition	ESS3: Resource Efficiency and Pollution Prevention and Management	ESS4: Community Health and Safety
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ESS9: Financial Intermediaries		ESS10: Stakeholder Engagement and Information Disclosure	

#### Risks of the Project

Potential Environmental Impacts and Risks	Potential Social Impacts and Risks
<ul style="list-style-type: none"> <li>Generation of healthcare wastes from immunization, deworming, and other healthcare and nutrition services</li> <li>Noise, water, air (dust), OSH from minor civil works.</li> <li>Air (odor) and water (pesticide) pollution from the agriculture-related interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Ownership issue of water source</li> <li>Land clearing resulting to damaged trees and crops</li> <li>Damage to structures</li> <li>Potential ROW/conflicts for the distribution pipes/hoses, installation of WASH and agri-fisheries facilities</li> <li>Potential issues with IP rights particular to water source</li> </ul>

#### Environmental and Social Safeguards Plans

##### Environmental Codes of Practice (ECOP)

- General Construction Site Management
- Occupational Health and Safety
- Community Health and Safety
- Healthcare Waste Management
- Agriculture-related activities and Integrated Pest Management Plan (IPM)

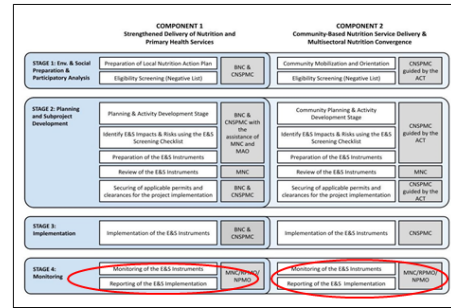
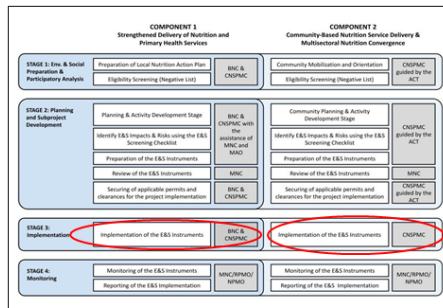
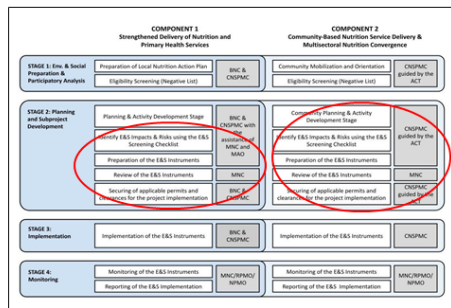
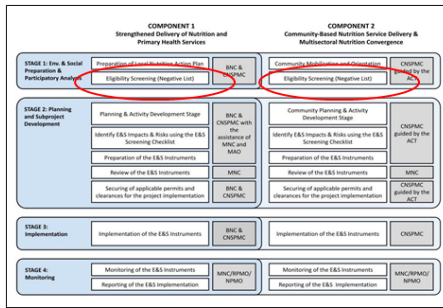
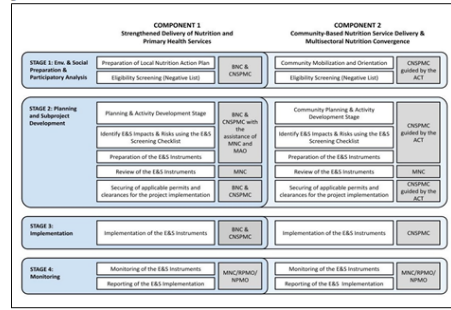
## Environmental and Social Safeguards Plans

### Environmental Codes of Practice (ECOP)

- Environmental and Social Management Plan (ESMP) for community sub-project
- Labor Management Procedure (LMP)
- Stakeholder Engagement Plan (SEP)
- Resettlement Plan
- Grievance Redress Mechanisms



## Safeguards Procedures



## Negative Checklist: Prohibited Activities

- Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly;
- Activities that could adversely affect forest and forest health;
- Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values;
- Use of goods and equipment on lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained;
- Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners were consulted and had concurred;
- Land acquisition that results in physical displacement (relocation);
- Land acquisition that results to economic displacement to 200 or more affected persons;
- Activities that would result to adverse impacts on land and natural resources customarily used by IPs, including relocation from those lands, or significant impacts on their cultural heritage material to their identity
- Expropriation as a modality for land acquisition;
- Repair of government offices, meeting halls and places of worship;



## Negative Checklist: Prohibited Activities

- Environmentally hazardous materials such as chainsaws, explosives, pesticides, herbicides, insecticides, asbestos and other potentially dangerous materials;
- Fishing boats (beyond the weight limit set by Bureau of Fisheries and Aquatic Resources (BFAR));
- Activities that have alternative prior sources of committed funding;
- Activities for fiestas and other religious and cultural activities;
- International travel;
- Salaried activities that employ children below the age of 14, and production or activities involving harmful or exploitative forms of forced labor or child labor;
- Consumption items will not include food and other basic necessities usually included in the relief packages;
- Maintenance and operation of infrastructure built from Project funds;
- Production of or trade in any product or activity deemed illegal under the Philippines laws or regulations or international conventions and agreements or subject of international phase outs or bans, such as (a) pharmaceuticals, pesticides, and herbicides; (b) ozone-depleting substances; (c) polychlorinated biphenyls and other hazardous chemicals; (d) wildlife or wildlife products regulated under the Convention on International Trade in Endangered Species of Wild Fauna and Flora and (e) trans boundary trade in waste or waste products;





- Production of or trade in weapons and munitions, including paramilitary materials;
- Production of or trade in alcoholic beverages, excluding beer and wine;
- Production of or trade in tobacco;
- Gambling, casinos and equivalent enterprises;
- Production of or trade in radioactive materials, including nuclear reactors and components thereof;
- Commercial logging operations or the purchase of logging equipment for use in primary tropical moist forests or old-growth forests; and
- Marine and coastal fishing practices, such as large-scale pelagic drift net fishing, harmful or vulnerable and protected species in large numbers and damaging to marine biodiversity and habitats.



- Construction of facility/infrastructure located in or adjacent to sacred grounds and burial sites of indigenous communities;
- Construction of facility/infrastructure located in or adjacent to identified international and local cultural and heritage sites;
- Construction of facility/infrastructure located in or adjacent to critical areas identified or reserved by the ICCSPs for special purposes;
- National communal and irrigation systems;
- Regulatory services (i.e., establishments of laboratories, procurement of laboratory equipment)
- Large production and post-harvest and processing equipment and facilities (i.e., four-wheel tractors, harvesters, processing equipment and facilities);
- Large market-related infrastructures (i.e., trading centers and food terminals);
- Training centers (including equipment);
- Multiple types of livestock in one project;
- Use of goods and equipment for military or paramilitary purposes aside from vaccination activities involving these personnel.



- For the new and/or rehabilitation of backyard fishponds and community ponds, required buffer zones shall be maintained as well as vegetative cover exposed earthenwork:
  - (i) For brackish water, a buffer zone of at least 100 meters from the sea to the main peripheral dike and 50 meters along the river banks (for typhoon areas) and 50 meters from the sea and 20 meters along the river banks (for non-typhoon prone areas), shall be left undisturbed for ecological reasons and plantation of mangroves and other coastal trees;
  - (ii) For freshwater, a distance of 20 meters (for non-typhoon areas) away from the embankment and 50 meters (for typhoon prone areas) shall be maintained to serve as buffer zone to minimize flood risk and related environmental hazards;
- Projects classified as "environmentally critical projects" or category A based on the screening and categorization of the Philippine Environmental Impact Statement System (PEISS);
- Under Presidential Decree No. 1586 under the Executive Order 51 otherwise known as the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products" or "Milk Code" and by its Implementing Rules and Regulations. Whether purchased or donated, this covers products marketed as "complete or partial" substitutes to breastmilk, regardless of the age of the child, i.e., infant milk formula, feeding bottles, and teats;



Activities such as advertisements, receiving donations, promotional campaigns and other marketing strategies through any form of involvement of distributors, manufacturers, marketing personnel, marketing firms of companies that are defined and covered by Executive Order No. 51 and its IRR.

Partnership or any involvement in PMNP multimedia and community-based activities of companies manufacturing, selling, or marketing food and beverages that are high in sugars, sodium (salt), and fats with conflict of interests on advocacies of the DOH, especially any marketing that targets children. This includes but not limited to chips, candies, chocolates, fast foods, sugar sweetened beverages, cigarettes, and alcoholic beverages.



ESS Unit		Responsibilities
Component 1	Component 2	
Regional	<ul style="list-style-type: none"> <li>2 ESS officer -1 social 1 environment</li> <li>Full-time personnel employed by PMNP-Regional Nutrition Council will provide technical assistance and guidance on project implementation</li> </ul>	<ul style="list-style-type: none"> <li>Community Development Officers employed by PMNP based in the Regional Program Management Offices</li> <li>Review and approval/rejection of the project proposal with the screening checklist and applicable ESS plans of subprojects (i.e. ESMP, EOP, CHSP, CHSP);</li> <li>Provide capacity building activities on environmental and social management of subprojects, CHS and CHS, including health and safety protocols on the prevention of COVID-19</li> </ul>



E&S Unit		Responsibilities
Component 1	Component 2	
MILGU	<ul style="list-style-type: none"> <li>Convergence of project activities and multisectoral initiatives.</li> <li>EMINC: (i) BHW; (ii) BNS; (iii); (iv) nutrition health officers; (v) municipal nutrition committee; (vi) municipal engineers; (vii) municipal area coordinating team.</li> </ul>	<ul style="list-style-type: none"> <li>Review and recommend the screening checklist and E&amp;S plans to be submitted to RPIO; and</li> <li>Provide a pre-implementation workshop on ESF.</li> </ul>




E&S Unit		Responsibilities
Component 1	Component 2	
Comm unity/ Bara n gay	Convergence of project activities and multisectoral initiatives	<ul style="list-style-type: none"> <li>Participate in the screening process and with the assistance of community volunteers and BNC, accomplish the screening checklist, and prepare the available E&amp;S plans.</li> <li>Implement the measures and guidelines in the E&amp;S plans.</li> <li>Monitor the implementation of E&amp;S plans.</li> <li>Identify baseline information on the potential project beneficiaries: profiling of children affected by stunting, need for WASH and agriculture interventions.</li> <li>Facilitate community consultation sessions and actively participate in the BNCs/Barangay Health Committees to ensure that health and nutrition concerns are discussed and included in the local planning of the barangay.</li> </ul>
Level	<p>Component 1: CNSPMC and BNC</p> <p>Component 2: Community volunteer (CV) members of the subproject preparation team, area coordinator/coordinating teams, deputy area coordinator.</p>	


Thank you.



## Appendix 4: PowerPoint Presentation used for PMNP's Performance-based Grants reported by DOH



**Performancebased Grants**




### PBG Indicators


**Report: Service Delivery of essential health intervention interventions**

- # of children age 0-2 years in program areas receiving age-appropriate feeding
- % of pregnant women receiving prescribed antenatal care services
- # of households in participating barangays receiving comprehensive priority and nutrition specific and sensitive interventions

**Report: Multisectoral Nutrition Planning and management at LGU level**


- % of participating LGUs with approved LUPs and budgets
- # of municipalities utilizing PMNP information system to report regularly and accurately
- Quality score for RMNCH and nutrition services provided by primary health care facilities in PMNP areas






**Grant Basis**

- Results PBG Indicators - reward improvement in utilization, quality, & coverage of high impact interventions




**Eligible Expenditures**

- Positive list (to drive nutrition and health outcomes) e.g. Advocacy Activities, Hiring of Staff, Procurement




**Disbursement**

- From national to LGUs - triggered by achievement of specified results & not mere execution of activities or reporting of expenditures




**LGUs**

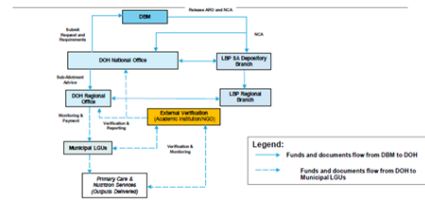


### Contractual relationship between DOH/DSWD and LGU

- Mandate and Agreement (MOA) is entered into between the DOH/DSWD and LGU for all PMNP components**
- The MOA**
  - Set out the principles of the PBGs
  - Defines the duration and purpose of the agreement
  - Defines the roles and responsibilities of the partners
  - Describe the fund flow mechanism
  - The PBG indicators for each LGU
  - The value available to each LGU
  - The verification procedure
  - Describe the reliability of funds earned through PBGs




### PBG Funds Flow




**Legend:**


- Funds and documents flow from DOH to DOH
- Funds and documents flow from DOH to Municipal LGU




### Timeline of PBGs

Year 0	Year 1	Year 2	Year 3	Year 4
2021	2022	2023	2024	2025
Development of Implementation Manual with section on PBGs	Setting up of Verification Processes	Q1- Input Data Funding Q2- Verification Q3- Disbursement of PBGs	Q2- Verification Q3- Disbursement of PBGs	Q2- Verification Q3- Disbursement of PBGs





**Thank you.**



## Appendix 5: Screenshot of attendees during the October 2021 KUMAIN Webinar

### a. Day 1 Luzon Cluster: 11 October 2021

No	Name (Last Name, First Name)	Sex	Position / Designation	Municipality / CSO Affiliation / Agency
1	Lim, Florizel	Male	Municipal Agriculturist	LGU-San Fernando
2	Sevilla, Ian Kevin	Male	Special Concerns Officer	DA-SAAD
3	Acuin, Cecilia	Female	Consultant	WB Tech Team
4	Aquino, Stephanie-Anne S.	Female	Project Evaluation Officer III	OP-OCS
5	Roquero, Loreto Jr.	Male	Country Director	Nutrition International
6	Jo Michelle B. Abinuman	Female	NURSE/ NUTRITION OFFICER	LGU Cawayan, Masbate
7	Hernandez, Arvin	Male	Project Officer I	DILG-BLGD
8	Sesalim, Jessica	Female	Prov. Nutrition Focal Point-Masbate	National Nutrition Council ROV
9	Abegail Marcaida	Female	Nutrition Officer	LGU-ARORROY, MASBATE
10	MARY HANSEL AMORA SEGARRA	Female	RHM I/MNAO Designate	Minalabac/Municipal Health Office
11	Conqg,Izza Marie	Female	NO II	Lgu Esperanza
12	Rubio, Berlly Mae	Female	Nutritionist Dietitian II	DOH Bicol CHD
13	Eroles, Jan Marlon	Male	LGOOIII	DILG-BLGD
14	Clemente, Michelle	Female	Project Evaluation Officer IV	DSWD Kalahi-CIDSS
15	LGU SAN AGUSTIN, MSWDO, Gemma M Murchante	Female	MSWDO	LGU
16	Rodriguez, Erica	Female	Nutrition officer 1	LGU-San Miguel/MNAO
17	Lacson, Myra V.	Female	Nutritionist-Dietitian	PHO Masbate
18	Guerra, Christian Derek	Male	PEO III	Office of the Cabinet Secretariat
19	Botengan, Mary Ann	Female	WB Team (ESF Consultant)	World Bank
20	Laredo, Katreen Pearl	Female	Nutrition Officer II	LGU Rizal Municipal Health Office
21	QUINONES, JOCELYN U.	Female	NO-I/MNAO	Virac, Catanduanes
22	Monte, Jean	Female	MNAO Designate	LGU Garchitorena
23	Albis, Jeccebel Aljon J.	Male	Project Officer II	Central Office - DILG
24	Catbagan, Romeo Jr.	Male	Nurse IV	DOH
25	Gomez, Pearly	Female	Nutrition Officer	LGU-MONREAL
26	Delfin, Samuel II	Male	Chief Administration Officer	OCS
27	Dolores, Deity	Female	Nutritionist-Dietitian 1V	PHO-Nutrition Office , Masbate
28	Are, Charmaine E.	Female	PEO III	OCS
29	Salingbay, Candice	Female	Nutritionist Dietitian IV	Department of Health - Cordillera
30	Torillos, Micah Amor	Female	Nutritionist-dietitian II	DOH-HRH NDDP
31	De los Santos, Albert Dominic	Male	Project Officer I	DILG
32	Jade, Josephine	Female	Project Development Officer	DSWD Kalahi-CIDSS
33	NUEVO, ROSE MARY	Female	MNAO/MHO	RHU MONREAL
34	Manalaotao, Riolyka	Female	LGOO II	DILG
35	EVELYN A. CASTRO	Female	LGOO IV	DILG-BLGD
36	Vitalicio, Kristine	Female	HRH NDDP	San Fernando DOH
37	Bartolata,Princess Lucelle	Female	RHMII-N.O Designate	RHU-San Fernando,Masbate
38	Espiritu, Christine	Female	Nutritionist-Dietitian II	DOH CHD V

No	Name (Last Name, First Name)	Sex	Position / Designation	Municipality / CSO Affiliation / Agency
39	Marcaida, Pedelyn B.	Female	Planning Officer 1	LGU-Minalabac, Camarines Sur
40	Delavin, Charlie Jr	Male	Nutrition Officer	Batuan LGU
41	RAMOS, EDGARDO A.	Male	MUNICIPAL MAYOR	MUNICIPALITY OF PILA
42	Reario, Arlene	Female	Reg Nutrition Program Coordinator	NNC
43	Nava, Jesan Kate	Female	Health Program Officer II	DOH CLCHD
44	Natividad, Margarita	Female	ND IV	DOH CLCHD
45	BACSAIN, AMOR P.	Female	NUTRITION OFFICER III	PILI/ LGU-PILI
46	Cordero, Mia	Female	PNFP	NNC ROV
47	Ramirez, Ma.Eliza	Female	MHO	Municipality
48	Castillo, Ma. Jhonnadelle Ritz H.	Female	ECCD F1K PNFP	NNC Calabarzon
49	Racca, Evory B.	Female	ND	Municipality of Calintaan
50	Magumun Joselito	Male	LG00 10	Blgd
51	San Buenaventur, Ardy	Male	LG00 II	Masbate PO/DILG R5
52	GeÃ±oso, Sheri R.	Female	Mho	Mobo Igu
53	Tampon, Jennel	Female	MNAO	Lubang, Occidental Mindoro
54	Gabriel, Genelyn	Female	Project Evaluation Officer IV	Office of the Cabinet Secretariat
55	Bargo, Shirley	Female	MLGOO	Placer, Masbate
56	Candelaria, Marylynn	Female	Nutritionist-Dietitian	PHO Camarines Sur
57	PAMORADA, RIZA	Female	Municipal Mayor	LGU Alcantara
58	Ramos, Graciella	Female	Nutrition Officer	Candelaria
59	Bo, Djovane	Male	Provincial Nutrition Focal Person	National Nutrition Council Bicol
60	Flores, Edgardo	Male	LGU	Minalin, Pampanga
61	Lumbao, Eljessa	Female	TK DSP Provincial Nutrition Focal Point	NNC RO V
61	LICO, MICHAEL IAN	Male	MSWDO	LGU CUYAPO
62	Quintana, Jessica	Female	MNAO-Designate	LGU CANAMAN
63	Angel, Ronnie Divina	Male	SB Member	LGU Cuyapo
64	Decena, Joan Maricel Z.	Female	NUTRITIONIST DIETITIAN /DNPC	PNAO QUEZON
65	Sergio, Mariel Joyce P.	Female	Nurse /MNAO designee	LGU PASACAO
66	ESCOBER, Ana Epefania	Female	Supervising Health Program Officer	Department of Health, Public Health Services Team, Disease Prevention and Control Bureau
67	Morales, Elena V.	Female	Municipal Agriculturist	LGU Lubang
68	Bertillo, Michelle A	Female	Nutritionist Dietitian II	LGU Pili
69	Paglinawan, Edward C.	Male	Nutrition Officer II	National Nutrition Council-CaLaBaRZon
70	Basto, Ralph Jade	Male	Mnao	Jomalig Quezon
71	PADCHANAN, JIMMY JR.	Male	MUNICIPAL MAYOR	MUNICIPALITY OF MAYOYAO
72	BURGOS, EMMANUEL H	Male	LG00 I	DILG - BLGD
73	DUMULAG, CASAN	Male	LCE	HUNGDUAN
74	Fernandez, Garry	Male	Private Secretary II	LGU Sta. Lucia
75	Sollano, Angeli Kristine G.	Female	Nutrition Officer I / MNAO	LGU General Nakar
76	Leamie C. Brito	Female	PHN/MNAO designate	LGU MILAOR/RHU MILAOR
77	Vegim, Melda S.	Female	NO III/MNAO	LGU-Caramoran, Catanduanes
78	Palencia, Jellie Anne	Female	Nutritionist-Dietitian IV	DOH-Center for Health Development Calabarzon

No	Name (Last Name, First Name)	Sex	Position / Designation	Municipality / CSO Affiliation / Agency
79	ALIS ABELARDO JR. C	Male	Nutritionist Dietitian	LGU CLAVERIA MASBATE
80	Garchitorena, Paolo Claro O.	Male	MNAO Designate	LGU TIGAON, CAMARINES SUR
81	Torres, Maribeth	Female	MNAO/NUTRITION	Lgu-Calumpit
82	Masarig, Maria Jhoanna	Female	Computer Operator IV	DOH-DPCB
83	Fedilo, Kristine Joy E.	Female	Provincial Nutrition Focal Point	NNC Calabarzon
84	PAÑA, MARINEL INCISO	Female	MUNICIPAL NUTRITION ACTION OFFICER	LGU GUINAYANGAN
85	Bategalao Evan	Male	Nurse	Jomalig LGU
86	Bacena, Francis Erik P	Male	Provincial Nutrition Focal Point	National Nutrition Council MIMAROPA
87	Anacion, Zsarina Mae SJ	Female	Community Affairs Officer 1	Office of the Municipal Mayor LGU Gumaca Quezon
88	ARIANE LOREN M. CABANGON, NR, MSN	Female	NURSE II	GUMACA
89	Estrella, Kristine Nicole	Female	Nutritionist Dietitian II	Quezon Provincial DOH Office
90	Tagunicar, Luz	Female	Supervising Health Program Officer	Department of Health
91	CABILING, ELIGIA FAYE	Female	NUTRITION OFFICER I	LGU-BAAO
92	Sonia R. Matanguihan	Female	LGOU VI	DILG- UNISAN
93	TENA, JOHN LEO	Male	Municipal Agriculturist	LGU General Nakar, Quezon

**b. Day 2 Visayas Cluster: 13 October 2021**

No	Name (Last Name, First Name, MI)	Sex	Position/Designation	Name of LGU / CSO Affiliation / Agency
1	Alcala-Arellano, Jannish E.	Female	MO IV	DOH
2	Suing, Heda V.	Female	ECCD F1K PMNP	NNC RVI
3	IRENE P. DEFACIO	Female	BNS PRESIDENT	DUEÑAS MUNICIPAL HEALTH OFFICE
4	Garrovillo, Mary Carmeli C	Female	ND II	DOH CV CHD
5	Brasileno, Angelica Sophia Adarle	Female	RHP/DTTB	Duenas Municipal Health Office
6	Ferreras, Ronald E	Male	Municipal Health Officer/ Municipal Nutrition Action Officer	LGU San Fernando, Masbate
7	Elfa, Dulce, C.	Female	Supervising Health Program Officer	DOH DPCB-Family Health Division
8	MA. VILMA V. DIEZ, MD, MHA, PHSAE, MNSA, CESO IV	Female	Director III / ARD	DOH CHD MIMAROPA
9	NERVES, BERNADETH M.	Female	Sangguniang Bayan Member	Municipality of Hilongos, Leyte
10	BURGOS, EMMANUEL H	Male	LGOU I	DILG
11	GUILLEN REGINALDO T.	Male	REGIONAL NUTRITION PROGRAM COORDINATOR	NATIONAL NUTRITION COUNCIL REGION VI
12	NOROMBABA, IAN CESAR, D.	Male	Municipal Health Officer - Doctor To The Barrios	Tagapul-an LGU
13	Lorenzo, Mark Angelo R.	Male	ND IV / Nutrition Program Manager	DOH CHD MIMAROPA
14	Tagunicar, Luz B	Female	Supervising Health Program Officer	Department of Health
15	Marcelo, Wendel, T.	Male	Medical Officer V/MNAO	Carles RHU
16	Gregorio Jefferson C	Male	Nutrition Specialist	UNICEF
17	Wong, Darlene B.	Female	NURSE II/MNAO	LGU BASEY
18	Castos, Kristine Shayne, A.	Female	PHN-II / CNAO	LGU Baybay
19	Garduce, Alexis Lourdes V.	Female	MNAO	Daram

No	Name (Last Name, First Name, MI)	Sex	Position/Designation	Name of LGU / CSO Affiliation / Agency
20	Bu, Yvonne Rhose P.	Female	ND I	DOH WV CHD
21	Cabael, Renato T.	Male	Local Chief Executive	LGU Motiong, Samar/Mayor's Office
22	Guerra, Christian Derek, S.	Male	PEO III	OCS
23	Jabonete, Evelyn Piscos	Female	Nurse II/Municipal Nutrition Action Officer designate	Calbiga Western Samar
24	Miranda, Charlotelyn Obo	Female	MNAO-Designate	LGU-Carigara
25	CABONILAS, ANITA R.	Female	DAYCARE WORKER I	LGU ORMOC CITY, LEYTE
26	YRANELA, BEBERLITA R.	Female	MNAO DESIGNATE	LGU TAGAPUL-AN
27	Gordoncillo, Evenyl, Q.	Male	Acting Municipal Agriculturist	LGU-Jimalalud
28	Mission, Parolita A.	Female	Regional Nutrition Program Coordinator	National Nutrition Council Region VII
29	Sagales, Irene A.	Female	MNAO Designate	LGU Hernani
30	Sedantes Sheryl C.	Female	Nutrition Officer III	National Nutrition Council Region VI
31	Adelfa B. Gloria	Female	MNAO	LGU San Jose de Buan, Samar
32	Malinao, Ma. Dolores	Female	Municipal Agriculturist	LGU-Daram
33	Espanola, Joyce Faith E.	Female	Provincial Nutrition Focal Person	National Nutrition Council Region 6
34	Katerina Abiertas	Female	MHO	LGU Motiong
35	Hernandez, Arvin A.	Male	Project Officer I	DILG-BLGD
36	Edwin Quiminales	Male	Municipal Mayor	LGU MERCEDES
37	Mansueto Merba, D.	Female	Mswdo	MADRIDEJOS
38	Cabinalan, Claudette Jane A.	Female	MSWDO	Tarangnan
39	Cynthia M. Palileo	Female	PNAO	plgu-samar
40	Marites Mortel	Female	MNAO	MLGU San Fernando, Romblon
41	Malabana, Azalea O.	Female	ND II	DOH CHD MIMAROPA
42	Rayanon, Evelyn C.	Female	MNAO Des.	LGU-MAYORGA
43	Dimaliwat Juan Paul B	Male	Project Officer II	DILG
44	Villagracia, Rafael C.	Male	Agricultural Technician	Don Salvador Benedicto
45	Escuadro, Azenith S.	Female	Executive Assistant II	Dumanjug, Cebu
46	Dahildahil, Arjane E.	Female	Social Welfare Officer 1	MSWD OFFICE
47	UY, LAILANE A.	Female	MNAO	LGU TARANGNAN
48	Reales, Rea Glenda C.	Female	MSWDO	LGU Mahaplag
49	LEONZANIDA, MATILDE M	Female	ADMIN ASST. III/MNAO DESIGNATE	LGU CAPOOCAN
50	Eroles, Jan Marlon L.	Male	LGOOIII	DILG BLGD
51	MIRANDA, MARY GRACE B.	Female	MSWDO	LGU GINATILAN
52	Esmero, Karen A.	Female	Nutrition Officer	NNC
53	Achazo, Maria Rosario L	Female	ECCD Focal	LGU Pinabacdao
54	CAIDIC, JOZYLLE HOPE C	Female	LGOO IV	DILG 8
55	Solante, Greman B.	Male	Municipal Mayor	LGU - Tudela
56	RIVERA, ANGEL FAITH C.	Female	PUBLIC HEALTH NURSE	LGU-BIRI

No	Name (Last Name, First Name, MI)	Sex	Position/Designation	Name of LGU / CSO Affiliation / Agency
57	Jazul, Micah M.	Female	Social Welfare Officer I	MSWDO
58	Bediot, Jonalyn E.	Female	Agriculture Technician	LGU-GINATILAN
59	LEYTE, ROGELIO R.	Male	MAO	LGU TAGAPUL-AN
60	Elisa Barrantes	Female	Sanggunian Bayan Member	LGU Daram
61	CERVANTES, SHIRLEY S	Female	STAFF	Municipality of Madridejos
62	Roa Cristina M	Female	MNAO	Villareal
63	Dela Luna, Teresita, M.	Female	CDA 1	Calatrava
64	Matoza, Evangeline Costiniano	Female	Public Health Nurse	RHU, MacArthur, Leyte
65	Somono Emalyn O.	Female	Municipal Agriculturist	LGU Gen. Macarthur
66	Tabuso, Charo Boco	Female	MSWDO	LGU La Paz
67	Fababeir, Lomelyn F.	Female	Medwife/MNAO	LGU BANTON
68	Baliola, Maria R.	Female	LDRRMO-11	Lgu-Tagapul-an
69	ALMA M. LOZADA	Female	Nutritionist- Dietitian IV	DOH BICOL CHD, Legazpi City
70	Labayan, Ruben L.	Male	OIC-MA	LGU-TUDELA
71	Maningo, John Dale C.	Male	PNFP	NNC 7
72	Are, Charmaine E.	Female	PEO III	OCS
73	Arenilla, Maria Nona, P.	Female	JOW- MSWDO Office Aide	Maria Nona Arenilla
74	Vaquilar, Gwennifyn Pauline A.	Female	LG00 II	DILG VII
75	CABILING, ELIGIA FAYE R	Female	NUTRITION OFFICER I	LGU-BAAO
76	Gayahan, Ronald F.	Male	MLGOO	DILG
77	Ollague, Maricar O.	Female	LG00 II	DILG
78	Soluta, Nasudi G.	Female	NO III	National Nutrition Council Region VII
79	Castillon, Karen	Female	MLGOO	DILG MANJUYOD
80	Pido, Jay Loizel G.	Male	OIC MLGOO	DILG
81	GARDIOLA JANET B	Female	MLGOO	DILG
82	Planco, Joni, C	Female	MLGOO	Amlan/DILG
83	BACAY, KRISTAL KATRINA	Female	ECCD F1K PNFP, NEGROS ORIENTAL	NNC 7
84	Pasicaran, Reynold, B.	Male	MLGOO	Mabinay
85	Quiñones, Rica Gemma D.	Female	MLGOO	DILG, San Jose, Negros Oriental
86	Pausanos, Geraldine Mae S.	Female	Nutritionist Dietitian II	Catmon, Cebu
87	Fuentes, Ricky G.	Male	OIC-MSWDO	LGU-Tagapul-an
88	VICENTE M. LIMPIADO, JR	Male	LCE	LGU-TAGAPUL-AN
89	Anlap, Anna Katrina V.	Female	Rural Sanitary Inspector	Basay
90	Parangue, Evelyn Fonte	Female	Brgy. Kagawad	Togbongan, Banton, Romblon
91	BELDA, HANNAH MAY P.	Female	NUTRITIONIST - DIETITIAN II	NNC-R7
92	Acuin, Cecilia S	Female	Consultant	WB
93	Yap, Loraine Alexis G.	Female	MHO-DTTB	LGU Pagsanghan
94	Gobi, Joy M.	Female	MNAO	LGU SAN SEBASTIAN

No	Name (Last Name, First Name, MI)	Sex	Position/Designation	Name of LGU / CSO Affiliation / Agency
95	Geroleo, Neneleta, F.	Female	Barangay Secretary	Barangay Nasunogan
96	Royandoyan, Jovelle B.	Male	MNAO	LGU Pagsanghan
97	NERI MINETTE V.	Female	PHN	MADRIDEJOS
98	Dasigan, Jessame S.	Female	MNAO	Lgu baras/Nutrition office
99	Abueza, Letecia T.	Female	Municipal Nutrition Action Officer	Silvino Lubos LGU
100	Jade, Josephine R.	Female	Project Development Officer	DSWD
101	Bongcac, Arnold Jr, R.	Male	PNFP Bohol Province	Bohol Province/National Nutrition Council 7
102	Solante, Jemerson, A.	Male	MSWDO	Tudela, Cebu
103	macatangay gemma r.	Female	Assistant Division Chief	DILG
104	FAJICULAY BERLITA F.	Female	Punong Barangay	LGU BANTON
105	Fabiala Jonah Vale F	Male	Barangay Kagawad	Mainit Banton Romblon

**c. Day 3 Mindanao Cluster:- 15 October 2021**

No	Name (Last Name, First Name, MI)	Sex	Designation / Position	Name of LGU / Agency / CSO
1	Masarig, Maria Jhoanna M.	Female	Computer Operator IV	DOH-DPCB
2	Aquino, Stephanie-Anne, S.	Female	Project Evaluation Officer III	OP-OCS
3	Hernandez, Arvin A.	Male	Project Officer I	DILG-BLGD
4	Brillo, Mitzilyn B.	Female	Nutritionist Dietitian II	DOH CHDNM- RHU Tubod LDN
5	Magbanua, Maybel, H.	Female	Municipal Administrator	LGU San Jose, Romblon
6	MARTINEZ, CHERYL N.	Female	LGOO II	DILG MIMAROPA
7	De Lumen, Ailey Cathy D.	Female	Development Management Officer II	National Commission on Indigenous Peoples
8		Male	TIDA	MTIT-BARMM
9	Ong-Geroy, Czarina Pia F.	Female	President	Nutritionist Dietitian Association of the Philippines ( Cagayan de Oro-Misamis Oriental Chapter)
10	Gaas, Marie-Claire A/	Female	PNFP	National Nutrition Council 9
11	Mulingtapang, Artemis Roque M.	Female	MSWD STAFF / FOOD ENGR.	LGU ABRA DE ILOG: MSWD
12	Quinones, Shyrmagne D.	Female	MLGOO	DILG
13	Obrador, Jessa R.	Female	MNAO-FOCAL PERSON	LGU ABRA DE ILOG
14	Nualla Maridol Jenifer Ysit RND RN	Female	NDDP II	DOH IX PDOHO SUR HRH
15	Tagunicar, Luz B.	Female	Supervising Health Program Officer	Department of Health
16	Daanoy, Jamellah, R.	Female	Nutrition Officer I	NNC-BARMM
17	Zorilla, Rowence F.	Female	Provincial Nutrition Focal Point	National Nutrition Council 9
18	DOROJA, CYRAH MAE T.	Female	Nutritionist-Dietitian II	DOH ZP CHD
19	Allene Mae Marapao	Female	Department Chairperson	Central Mindanao University-Department of Nutrition and Dietetics
20	Calingacion, Jezer Z.	Male	PNFP	NNC RO IX
21	Espiloa, Ariel T.	Male	Staff	PNO, Zamboanga del Norte
22	Pelegrino, Elton N.	Male	Nutrition Officer III	National Nutrition Council IX

No	Name (Last Name, First Name, MI)	Sex	Designation / Position	Name of LGU / Agency / CSO
23	ENCABO, MICHELLE, T.	Female	MLGOO	DILG MALALAG
24	Magnaye, Mauren Abegail O.	Female	LGOO II	DILG
25	Ekong, Nimfa D.	Female	Regional Nutrition Program Coordinator	NNC9
26	Garchitorena, Paolo Claro O.	Male	MNAO Designate	LGU TIGAON, CAMARINES SUR
27	Membrebe, Celestine Joy L.	Female	Nutrition Focal Point	National Nutrition Council Region III
28	Elsa H. Cabangisan	Female	MNAO	LGU Cabanglasan
29	Areane Fe A. Bautista	Female	ECCD Focal Person/CDW-1	LGU-SIOCON
30	PAQUIBOT, EUNICE MOIRA Y.	Female	NDDP	DOH Regional Office IX
31	Mantua, Yola, Gilla	Female	NO1	NNC ROXI
32	Madelo, Telesfora G.	Female	ND IV	DOH CHD-NM
33	Ungson, Maria Teresa L.	Female	Nutrition Program Coordinator	National Nutrition Council RO XI
34	Sumagang, Cheryl A.	Female	MNAO-DESIGNATE	LGU-SOMINOT
35	Lidasan, Hannah Farinah M.	Female	Nutrition Officer III	National Nutrition Council - BARMM
36	Lahoylahoy, Cholie Mae	Female	Municipal Nutrition Action Officer	RHU Tubod LDN
37	JAAMIL, MALEJA D.	Female	NO II	NNC BARMM
38	Sarahadil, Sheenalene, S.	Female	HRH NDDP- ZDS	DOH IX
39	ALI, SAHARA K.	Female	Information Officer/Nutrition Focal	BWC-BARMM
40	Sura, Khairon A.	Female	Planning Officer I	Bangsamoro Planning and Development Authority
41	QUINTANA MARICRIS B	Female	DNPC	ZDS-PNO
42	Lustria, Ulysses Jr., J.	Male	Deputy Director	Department of Agriculture
43	TANDO, NORJANAH C.	Female	OIC - MUNICIPAL AGRICULTURIST	LGU - MATUNGAO, LANA O DEL NORTE
44	Porcioncula, Mica M	Female	SHPO	DOH
45	Tabaloc, Dannifa Jane D.	Female	NDDP	DOH -HRH
46	Acuin Cecilia S	Female	Consultant	WB
47	Angelina Tria	Female	Mayor	Angelina Tria
48	ESCOBER, Ana Epefania Q.	Female	Supervising Health Program Officer	Department of Health, Public Health Services Team, Disease Prevention and Control Bureau
49	Utlang, Leah Fe, B	Female	Nutrition Officer II	NNC XII
50	Suan, Nova B.	Female	RHM/coordinator	Lgu Ramon magsaysay
51	Fernandez, Gladys Mae S.	Female	Nutrition Program Coordinator	National Nutrition Council X
52	Villafior, Wendelyn B.	Female	NDDP - ND 2	DOH HRH-NDDP( RHU RAMON MAGSAYSAY?
53	Roque, Diana Dawn Z.	Female	NDDP	DOH-HRH /MHO Kiamba
54	Balaba, Gwyn Y.	Prefer not to say	Provincial Nutrition Focal Point	NNC X
55	Recabar, Romaila A.	Female	MPDC	Badiangan, Iloilo
56	Abamonga, Wiljelyn B.	Female	Municipal Health Officer	LGU BAROY
57	Reyes, Liezel Joy D.	Female	Nutrition Officer	NNC X



No	Name (Last Name, First Name, MI)	Sex	Designation / Position	Name of LGU / Agency / CSO
58	JIMLANO,RAHIMA B.	Female	Nutritionist-Dietitian II	Department of Health- RO-IX
59	Catbagan, Romeo Jr., D.	Male	Nurse IV	DOH
60	LOVELY ADA	Female	Nddp	Katipunan/Roxas/Sergio Somena
61	Labrador,Atty. Eric C.	Male	Municipal Mayor	LGU-Calintaan
62	SUANA MISHERA LUMAPIS	Female	NDDP	PDOHO-ZN
63	MEDRANO, TERESITA LINA P.	Female	ND IV	DOH-CHD-CARAGA
64	Toyhacao, LUZVIMINDA C.	Female	MSWDO	LGU-CABANGLASAN
65	LISONDRA, CHERRY PINA E.	Female	NDDP	PDOHO-LDN
66	DE RAMOS, DENNIS G.	Male	ADA VI	DILG MIMAROPA
67	Damiles, Arlie Joy O.	Female	NO II	NNC X
68	Quito, Baby Araceli A.	Female	MLGOO	Department of the Interior and Local Government
69	Eroles, Jan Marlon L.	Male	LGOOIII	DILG
70	Omega, Neil Aldrin, G.	Male	RD	POPCOM X
71	PEÑAFLO, ROSARIO C.	Female	LGOO II/OIC Chief, LGCDS	DILG Provincial Office, Davao del Sur
72	Alvarez, Jocelyn P.	Female	Information Center Manager	PIA 9
73	Tan, Bai Shahani T.	Female	Admin. Assistant IV	MHSD-BARMM
74	Dimappingun, Raihana, L	Female	Nutrition Officer I	National Nutrition Council BARMM
75	PALONGPALONG, GADELYN C.	Female	LGOO VI	DILG / SOMINOT
76	Dumacil, Jamaica M.	Female	Nurse	Jamaica Dumacil
77	Gabriel, Genelyn J.	Female	Project Evaluation Officer IV / Acting Division Chief	Office of the Cabinet Secretariat
78	Villahermosa, Julie Mie, P.	Female	ND II	DOH IX
79	Manosa, Cypriz June, M	Female	Acting-Municipal Agriculturist	LGU-Tubod
80	Jandoc, Lilibeth	Female	Nurse II MNAO Designate	Lgu Kiamba
81	SAURE, MERRY GLOR, O.	Female	ND-II-NDDP	PDOHO-LDN/ LGU MAIGO
82	Codilla Rosalina P.	Female	AT-AIDE	MAO-CABANGLASAN
83	De Guzman, Riche V.	Female	NDP-DOH (Nutrition Focal)	DALAGUETE
84	Mohamad,Mina,A.	Female	MNAO	Palimbang LGU/MSWDO
85	Capistrano, Evelyn. M.	Female	ND IV/Nutrition Prog. Coordinator	DOH-ZP-CHD
86	Fullo, Meredel Fe, P.	Female	LGOO II	DILG IX -ZDS
87	Santos, Christine Ma. F.	Female	BMAN	DBM
88	Maria Zaira S Yusuf-Lascuna, RSW	Female	SWO III/ Acting MSWDO	LGU-Palimbang
89	Musalem, Chell Mae M.	Female	NDDP-ZSP	DOH-IX
90	CABILING, ELGIA FAYE R.	Female	NUTRITION OFFICER I	LGU-BAAO
91	GUILLERMO, MARISTELA H.	Female	MLGOO/LGOO VI	DILG
92	MACALANGAN,JAMILA D.	Female	NUTRITION COORDINATOR/RURAL HEALTH MIDWIFE	BACOLOD,LANAO DEL NORTE/MHO
93	Sinolinding, Kadil JoJo Jr, M.	Male	Regional Nutrition Program Coordinator	NNC BARMM
94	Bacena Francis Erik P.	Male	Provincial Nutrition Focal Point	National Nutrition Council MIMAROPA

No	Name (Last Name, First Name, MI)	Sex	Designation / Position	Name of LGU / Agency / CSO
95	Cuyco, Rose Anne M.	Female	Nutrition Officer II	NNC Region 3
96	Javellana, Jane Diane, S	Female	Nutritionist-Dietitian	PDOHO Sibugay
97	Usman Bai Ali L.	Female	Program staff	MAFAR-BARMM
98	FHREDERICK B. SARABIA	Male	DENTIST II / MNAO	LGU MIDSALIP
99	Intal, Angelyn P.	Female	Administrative Aide	National Nutrition Council Region IX
100	BAHANDI, ANA MYLENE L.	Female	LGOO III	DILG
101	Selga, Ronaldo C.	Male	LGOO VI	DILG PO Romblon
102	ANTIVO, TRICIA MARIE L.	Female	Senior EDS	NEDA-X
103	Balbin, Joana Bianca B.	Female	NDDP	DOH
104	Dominguez, Jona S	Female	NDDP / Nutritionist Dietitian li	PDOHO LDN
105	Romelyn Magallanes	Female	MSWDO	LGU Sta Maria
106	Briones, Erick Jude, T.	Male	Municipal health Officer	Amlan, negros Oreintal
107	ORAIZ, JOULIET, L.	Female	SWO-II	MSWD-LGU TUBOD, LANA DEL NORTE
108	Lumbao, Eljessa M.	Female	PNFP	NNC RO V
109	BELDA, HANNAH MAY P.	Female	NUTRITIONIST - DIETITIAN	NNC R7
110	Esmero, Karen A.	Female	Nutrition Officer	NNC
111	MASUKAT, JESSEN T	Female	ND IV	DOH CHD SOCCSKSARGEN Region
112	Mama Hafza M	Female	AA - IV	MOLE - BARMM
113	Candao, Bai Saada Maiqha Ma'arnissa U.	Female	Data Manager	MOH-BARMM
114	Armand Ledesma Omandam II	Male	ADMIN. AIDE	MSWDO LGU KIAMBA
115	Guinomla, Wahida B.	Female	ND-II	Ministry of Social Services & Development
116	Adlawan, Zamubec Alomar C.	Female	Nutrition Officer I	National Nutrition Council R9
117	Vidar, Emelyn A.	Female	Nutrition Officer II	LGU Irosin
118	Bayrante, Yheerliza S.	Female	Nutritionist-dietitian	Doh chd rov
119	Twinkle Alvero	Female	Admin. Aide 1	Municipal Mayor Office- LGU Kiamba
120	Almagro- Bautista, Estanislao Pernita	Female	MHO/MNAO - ICO	LGU Dalaguete
121	Panganiban Bernardita V.	Female	acting MSWDO	LGU Cabusao
122	Airene de castro	Female	Nurse III	RHU RM
123	CELIS, CAMELLE MAE	Female	MNAO	PILAR, CEBU
124	Martinez, Greta F.	Female	ND III	DSWD
125	Carlos, Farah Grace L.	Female	HPO	DOH ZPCHD
126	Ekong, Nlmfa D	Female	Regional Nutrition Program Coordinator	NNC9
127	ESCANILLA, MARIVIC GILE	Female	MNAO - Designated	REGION V Matnog, Sorsogon
128	Jade, Josephine R	Female	Project Development Officer	DSWD
129	Malang, Namraida A.	Female	Tribal Affairs Assistant II	MIPA-BARMM
130	Mariscal, Josephine B.	Female	Municipal Mayor	LGU Sta Maria, Davao Occidental
131	Are, Charmaine E.	Female	PEO III	OCS

No	Name (Last Name, First Name, MI)	Sex	Designation / Position	Name of LGU / Agency / CSO
132	BURGOS, EMMANUEL H	Male	LG00 I	DILG
133	Antonette Gail D Garcia	Female	Nutrition Officer I	NNC-REGION III
134	Bete, Lizelle L.	Female	Provincial Nutrition Focal Point	NNC X
135	De los Santos, Albert Dominic M.	Male	Project Officer I	DILG
136	ANGOY, MELODY M.	Female	LG00 VI / MLG00	MAGSAYSAY, DAVAO DEL SUR
137	Pua, Glenda A.	Female	Chief of Socio-Economic Development Division	National Commission on Indigenous Peoples
138	Andot, Kimberly, M	Female	TIDS	DTI 10