GREEN PAPER









EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD) Nutrition and Feeding







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PRIORITY AREA #1

The Green Paper aims to stimulate discussion on priority areas being considered by the Second Congressional Commission on Education. It hopes to invite concerned stakeholders and the general public to participate in the debates surrounding specific areas, and to submit relevant research, as well as specific comments and suggestions.

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1. Introduction

This Green Paper is an opportunity to comment on nutrition and feeding in early childhood care and development. It seeks to identify the specific barriers that hinder the delivery of health and nutrition programs. The goal is to:

- understand the priority area, its underlying issues, and research questions;
- shed light on the country's ECCD services; and
- propose solutions and connect them to improved learning outcomes of Filipino students.

2. Priority

Many laws promote good health and nutrition for pregnant women, unborn babies, newborns, and young children. Republic Act (RA) No. 11148, known as Kalusugan at Nutrisyon ng Magnanay Act, gives prenatal care services to at-risk pregnant women by providing ready-to-use supplementary food and micronutrients, i.e., iron, folic acid, calcium, and iodine. This extends to many other services for the succeeding life stages of the pregnant mother and child until two years of age (First 1000 Days of life). In addition, RA No. 11037, or Masustansyang Pagkain para sa Batang Pilipino Act, provides a national feeding program for undernourished children ages 3 to 12 in public daycare centers and elementary schools. The problem is implementing these services from the national to the local government. The Philippine Plan of Action for Nutrition (PPAN 2017-2022) was the national strategy to improve nutrition; a study found that awareness of the PPAN was present at regional, city/municipality levels. However, there was a general lack of it at the barangay level (Silvestre et al., 2023). The PPAN was not mentioned as a specific framework for implementation in barangay action plans. This is troublesome because the main strategic thrust of the PPAN was to have projects and programs focused on the first 1,000 days of life. The PPAN had comprehensive nutrition governance strategies that synergize community-level efforts to become directed and cost-effective.

The differing levels of awareness across governance levels might be due to differing budget allocations. Another factor might be the priority and buy-in of mayors.

3. Current Situation

Malnutrition is a major problem in the Philippines. One in every three Filipino children under five years is chronically malnourished. Chronic malnutrition leads to stunting, where a child fails to grow and develop to full potential and has long-term effects: poor cognition and learning performance. BARMM has the highest stunting prevalence among the regions, at 45.2%, higher than the national rate of 28.8% (UNICEF, 2022).

Stunting had only moderately declined in the past three decades and was slow compared to other countries with similar economic levels. The Philippines recorded a 0-1% decline annually from 2000 to 2018. On the other hand, Vietnam had a 5-6% annual decline (Ulep, 2021).

Stunting is caused by:

- Undernutrition during pregnancy
- Inadequate intake of high-quality food from 0-23 months
- Persistent child illnesses

4. Link to Learning Outcomes

The first 1,000 days of life begin at conception and end in the second year. The first 1,000 days are opportune as rapid physical growth and brain development happen during this period. Malnutrition leads to overall poor health and reduces neurodevelopment. After this critical window, the adverse effects are long-lasting and would be hard to compensate later in childhood. This fact supports the pressing need to support the First 1,000 Days (F1KD) government program. Research has shown that early childhood interventions can produce short-term benefits on IQ and enormous long-term benefits on school achievements and soft skills (Nores & Barnett, 2010).

Acute malnutrition or wasting has implications for school performance. Hunger poses challenges to a child's physical ability to do tasks. Wasted children experience difficulty concentrating and are more likely to skip school (Chinkoya, 2014).

5. Issues Under this Priority



ISSUE #1: Challenges in governance, implementation, and resourcing of health and nutrition programs

Governance is top-down from the national, regional, and provincial levels to the city/municipality and *barangay* levels. Most technical support and information dissemination are cascaded from the government's top to the local implementers. While different agencies and sectors are enjoined to support nutrition programs, the locus of implementation lies with the mayors and local committees. Local government units (LGUs) decide on budget allocation and program prioritization. Mayors will underinvest in feeding programs without a comprehensive understanding and appreciation of nutrition.

The many stakeholders involved in nutrition programs underscore the need for strong coordination and collaboration of national government agencies, local governments, and others. There should be a clear framework for accountability mechanisms and delineation of functions among the DOH, DSWD, NNC, and LGUs.

Another recurring concern in implementing nutrition programs is the need for more nutrition officers in LGUs (Ulep et al., 2022). The limited budget leads to multiple designations of officers from other units, unfilled plantilla positions, and a mismatch in skills and knowledge. Barangays are at the forefront of implementation, but more Barangay Nutrition Scholars (BNS) are needed. Resourcing means not only spending more for health and nutrition, but also spending better. Investing in programs that yield high impact, such as the F1KD and nutrition-specific interventions, can significantly reduce malnutrition in communities.

Questions of the Standing Committee on the matter:

- 1. What is the quality of implementation of health and nutrition programs targeting children ages 0-4?
- 2. Is there a targeted allocation of resources vis-à-vis the needs of children and mothers?
- 3. Are there inequities in the availability of feeding programs according to municipality class, level of food security in the area, etc.?



ISSUE #2: Aligning incentives to address challenges

The Pantawid Pamilyang Pilipino Program (4Ps) includes health checkups of pregnant women and children aged 0-5 in exchange for cash grants (Pantawid Pamilyang Pilipino Program | GOVPH, n.d.). After health workers weigh infants and children, nutrition interventions can be added to check-ups. This way, participation in nutrition, mother and child health is ensured to help reduce malnutrition rates. A study found that the 4Ps is crucial in implementing nutrition-sensitive programs (Ulep et al., 2022). Family Development Sessions in 4Ps allow learning new skills such as cooking and communicating. This program has much potential and can be leveraged for more social and economic impact.

Another condition of the 4Ps is the enrollment of children in Child Development Centers or daycare centers. The DSWD implements the Supplementary Feeding Program (SFP) in these centers. Under the SFP, malnourished children aged 2-5 years are beneficiaries for 120 days. If beneficiaries of 4Ps are made aware that going to health centers and CDCs equates to financial assistance, the benefits can be two-fold.

Questions of the Standing Committee on the matter:

- 1. How can existing incentives (4Ps) be better aligned/implemented to target malnutrition problems and ECCD participation?
- 2. What is the quality of check-ups received in health centers/RHUs?

6. Outlook

Good nutrition is the foundation of high learning outcomes. If children come to school hungry and low in cognitive ability, then accessibility and quality of education will not matter. There needs to be more awareness, appreciation, and directed efforts for nutrition in local government. Clear and specific guidance on budget allocation must indicate how much, in percentage, should be used in nutrition. City/municipality nutrition officers up to the *barangay* officers need technical assistance in drafting and implementing action plans.

Delivery of health and nutrition programs need to be coordinated, convergent, and continuous (Ulep et al, 2023). Multi-sectoral collaboration is warranted to solve a multi-faceted problem. Innovative approaches to implementing and financing these programs are a must. There should be other means of distributing supplements and doing feeding outside of clinics and daycare centers.

7. How to take Part in the Consultation

This green paper launches an 8-week public consultation. Submissions should be received by **August 10, 2023**. The Commission invites concerned stakeholders to submit their contributions using the electronic form, which can be found through this link: https://bit.ly/EduKonsultasyon1

The Commission will consider all contributions in its future work and provide feedback on the results. All submissions will be made publicly available by the Commission unless the respondent indicates otherwise or requests that part of the submission be kept confidential and provides acceptable reasons.

The directions outlined in this paper are for consultation purposes only, and the Government has made no final decisions regarding the reforms presented.

The Commission is subject to the Freedom of Information law, and submissions may be required to be disclosed in response to requests made under that Act. The Commission reserves the right not to publish any submission or part of a submission that, in its view, contains potentially defamatory material or for confidentiality reasons.

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SCAN TO PARTICIPATE!



About EDCOM 2

The Second Congressional Commission on Education (EDCOM II) is a national commission tasked to undertake a comprehensive national assessment and evaluation of the performance of the Philippine education sector.



- 5th Floor, Senate of the Philippines,GSIS Building, Pasay City, Philippines
- www.edcom2.gov.ph
- secretariat@edcom2.gov.ph
- (f) @edcom2ph