



School-Based Nutrition Promotion: **Philippines'** Country Profile



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Preface from SEAMEO RECFON

As a regional centre for food and nutrition in Southeast Asia, SEAMEO RECFON has the mandate to increase the knowledge and practice of our stakeholders on balanced nutrition towards building a healthy society. Recognizing the crucial role that schools play in advocating nutrition education, we launched our flagship program on Nutrition Goes To School (NGTS) in 2016. The Program, which operates within the general concept of school-based nutrition promotion (SBNP), is generally aimed at building the character of students to learn good nutritional practices toward healthy living throughout their lifetime. Specifically, the Program is geared towards improving students' learning outcomes and active participation in school activities by acquiring proper nutrition and eventually become AWESOME (Active, WELL-nourished and Smart of ME) school children.

We believe that SBNP programs and policies exist at different education levels in Southeast Asia in varying degrees of implementation. Further, schools that have implemented these SBNP programs and policies have generated a number of best practices including lessons learned that are worth sharing. Thus, the idea of compiling SBNP policies, programs and best practices in the region was identified as one of the activities of the Southeast Asian SBNP Working Group that SEAMEO RECFON helped establish during a workshop in March 2019. This idea was approved by our Governing Board during its 9th annual meeting in September 2019. The SBNP country profiles shall also contain overviews of the educational system as well as the malnutrition problems of each country.

The SBNP Country Profiles are meant to serve as reference materials for schools in Southeast Asia to learn and improve the implementation of their school-based nutrition programs and activities. The profiles are also expected to provide inputs for conducting research, capacity building, advocacy and policy making by government and non-governmental organizations as well as academic and research institutions towards addressing the gaps in SBNP implementation.

The process of publishing the SBNP country profiles started in mid-2020. We plan to carry it out in four batches until 2026 until all the 11 SEAMEO member countries have produced their respective SBNP profiles. The first and second batches of countries included Indonesia, the Philippines and Thailand from 2020-2023 and Brunei and Lao PDR from 2021-2023. The third batch of countries will be in 2024-2025, consisting of Cambodia, Malaysia, and Myanmar

while the fourth batch of countries for 2025-2026 will include Singapore, Timor Leste and Vietnam. Like in the case of the first and second batches of countries, we will continue to involve our Government Board members and the Ministries of Education of the SEAMEO member countries in identifying country coordinators and writers to help us in publishing the SBNP country profiles.

We earnestly hope that these SBNP Country Profiles will prove beneficial to the intended readers and will result in significant developments in SBNP implementation in Southeast Asia and beyond.



Dr. dr. Herqutanto, MPH., MARS., Sp.KKLP
Director of SEAMEO REC FON

Foreword from Department of Education of the Philippines

We at Department of Education (DepEd) put prime importance on the health and wellbeing of our learners.

The Basic Education Development Plan (BEDP) 2030, the country's first medium-term plan for basic education, clearly articulates our aspiration for our sector—that is, *“basic education Filipino learners have the physical, cognitive, socio-emotional and moral preparation for civic participation and engagement in post-secondary opportunities in their local, national and global communities.”*

To achieve this, we have specifically highlighted **Resiliency and Well-being** as one of the pillars of the BEDP 2030. Under this pillar, we pursue school health and nutrition interventions so that our learners become resilient and possess basic physical, mental, and emotional fortitude to cope with various challenges in life and to manage risks.

We also recognize that school health and nutrition interventions contribute to our desired learning outcomes. Just as learners need to be educated so that they can effectively acquire healthy behaviors, our learners also need to be healthy so that they can continue in their education. In line with this, we have listed school-based feeding under another pillar of the BEDP 2030, **Access**, as one of the initiatives that will ensure that all learners stay in school and finish key stages.

Our desire to underscore the importance of school-based nutrition promotion in the BEDP 2030 roots from our many years as an agency of implementing such initiatives. Although the BEDP 2030 was only recently launched, our efforts on school-based nutrition promotion have started from many years back. Through the BEDP 2030, we strengthen our commitment to amplify these efforts for even better health and learning outcomes for our learners.

We are delighted to share these efforts in this *School-Based Nutrition Promotion: Philippines' Country Profile*, written from the perspective of our very own School Health Division, under DepEd's Bureau of Learner Support Services.

We hope that sharing this profile can open opportunities for us in the region to learn from each other and to work closely together for the continuous improvement of our school health and nutrition programming.

We acknowledge that much still needs to be done. Even after the draft of this profile had been written in 2022, we had issued new directives and launched new efforts, both nationally as an agency and locally through our field offices and schools, to strengthen the impact of our school-based nutrition programs. We look forward to opportunities to showcase them as well.

All for the Filipino learners.



DR. DEXTER A. GALBAN
Assistant Secretary for Operations

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Executive Summary

The **School-Based Nutrition Promotion Program** in the Philippines is a comprehensive government initiative aimed at addressing the pressing issues of malnutrition among Filipino students. The Philippines is home to over 109 million people, with 36.6% of the population below the age of 18. Many Filipino children face the dual burden of undernutrition and overnutrition. According to national surveys, high rates of stunting, wasting, and micronutrient deficiencies affect school-aged children, particularly in low-income households and rural areas. At the same time, rising rates of childhood obesity are emerging in wealthier segments of the population. These alarming statistics highlight the need for comprehensive intervention, especially within the education system, to address malnutrition and its long-term effects on health and academic performance. Recognizing this, the government has established various efforts and a robust mechanism to manage and promote school-based nutrition as part of its broader strategy to improve children's health and educational outcomes.

At the heart of this mechanism is the **National Nutrition Council (NNC)**, created under **Presidential Decree 491** in 1974.

The NNC is tasked with supervising, coordinating, and evaluating the country's nutrition programs. It serves as the central body for policy formulation, planning, and implementation, integrating the efforts of both governmental and non-governmental entities. The council operates under the leadership of the **Department of Health (DOH)**, with the **Department of Education (DepEd)** and the **Department of Agriculture (DA)** acting as vice-chairs. Other key members include the **Department of Social Welfare and Development (DSWD)**, **National Economic and Development Authority (NEDA)**, and three private-sector representatives.

The **NNC Governing Board** plays a pivotal role in ensuring that nutrition programs, such as the **Philippine Plan of Action for Nutrition (PPAN)**, are aligned with national goals. This plan guides the government's initiatives to improve the nutrition and health status of Filipinos, including those in the education sector. The DepEd actively contributes by implementing various school-based nutrition programs that target malnutrition among students.

Among these programs and policies from DepEd include the School-Based Feeding Program (SBFP) guided by DepEd Order No. 39, s. 2017, the SBFP-Milk Component Program promulgated through DepEd Order No. 36, s. 2019, and the DepEd Order No. 13, s. 2017 or the Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices. These DepEd orders fall under the umbrella of **Oplan Kalusugan sa DepEd (OK sa DepEd) and** are anchored on **Republic Act 11037 (2017)** known as the **Masustansyang Pagkain Para sa Batang Pilipino Act** (Healthy Food for Filipino Children Act). This law institutionalizes a comprehensive national feeding program for undernourished children in public schools and daycare centers. The law emphasizes the use of fortified food and milk in school meals and promotes the development of **school gardens** (Gulayan sa Paaralan) to provide fresh vegetables for feeding programs. This initiative aims to integrate health and nutrition education into the school curriculum and encourage behavioral change among students and their families.

The successful implementation of school-based nutrition policies and programs in the Philippines is hampered by different factors. Among these factors include logistical challenges in aligning the fiscal year with the school year, which hampers the timely release of funds and delays program implementation.

Moving forward, the DepEd has outlined its vision in the **Basic Education Development Plan (BEDP) 2021-2030**, which includes strengthening school-based health and nutrition programs. The goal is to create **healthy learning environments** where students' health and nutrition are prioritized, leading to improved academic outcomes and overall well-being. The DepEd also aims to expand partnerships with local governments, communities, and private sector entities to ensure the sustained delivery of nutrition services in schools.

While challenges remain, particularly in sustaining the program's impact beyond the school setting, the future prospects of a healthier student population are promising with continued government commitment and strategic partnerships.

Introduction

Rapid development in physical, cognitive, and emotional attributes among humans usually occurs during the school-age period. This period covers young children and adolescents from 5-19 years old who usually comprise the biggest population in most countries in the world.

The current generation of school-aged children, predominantly adolescents, face the triple burden of malnutrition such as overnutrition, undernutrition, and micronutrient deficiencies. This is common among countries in Southeast Asia. There was an increment in overweight prevalence among children and adolescents aged 5-19 years from 5,5% in 2000 to 13,0-16,5% in 2016 (Global Nutrition Report, 2016). The results of South East Asian Nutrition Surveys (SEANUTS) II conducted during 2019-2022 showed that 30-32% of children aged 7-12 years are overweight or obese in Malaysia, Thailand, and Vietnam (SEANUTS II, 2022). In addition, the results showed that the prevalence of stunting among children under 13 years in Indonesia was the highest (24,6%) compared to Malaysia, Thailand, and Vietnam (SEANUTS II, 2022). In 2005, anemia prevalence among school-aged children in Southeast Asia was 13,6% (WHO, 2008) and is still increasing based on a recent survey in four countries of 12-19.5% (SEANUTS II, 2022).

In April 2016, the United Nations (UN) General Assembly declared 2016–2025 as the United Nations Decade of Action on Nutrition to address all forms of malnutrition. This declaration was aimed to facilitate the achievement of a set of global nutrition targets and diet-related NCD targets by 2025, as well as relevant targets in the *Agenda for Sustainable Development* by 2030 particularly Sustainable Development Goal (SDG) 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture) and SDG 3 (ensure healthy lives and promote wellbeing for all at all ages). In support of these global efforts, the SEAMEO Regional Centre for Food and Nutrition (RECFON) launched a flagship program called Nutrition Goes To School (NGTS) also in 2016. The NGTS Program emphasizes the crucial role that a school plays in building the character of students to learn good nutritional practices toward developing a healthy lifestyle that they can carry over until adulthood.

As a school-based multisectoral program, the NGTS Program generally aims to improve students' learning outcomes and active participation in school

activities by acquiring proper nutrition. The NGTS Program expects to develop AWESOME school children (i.e., Active, Well-nourished, and Smart of ME) by implementing various activities under four components, nutrition education, healthy school canteen, school garden, and nutrition-entrepreneurship. The NGTS Program's principle is anchored on the findings of numerous studies worldwide that good nutrition can improve the well-being of children and their ability to perform better in school and that schools are appropriate settings to deliver nutrition intervention or to influence children's and adolescents' healthy eating behaviours.

SEAMEO RECFON adopts the Demand-Supply-Policy-Information System (DeSPIS) approach in implementing the NGTS Program. The NGTS program is expected to respond to and/or create the demand for knowledge and information of the target stakeholders to enable them to choose healthier and more nutritious foods that could be made available within and in the immediate vicinity of the school. The NGTS program is also expected to ensure that the target stakeholders have access to supplies of safe, affordable, locally available, and nutritious foods, clean water, as well as learning materials and facilities conducive to learning. The program believes that having practical and easy-to-implement policies from school management and relevant institutions toward creating an environment conducive to practicing good health and nutrition habits in schools among school community members is critical. The information system component of the NGTS Program approach is meant to facilitate the creation of communication platform for sharing, monitoring, and evaluating program experiences and lessons learned for improvement and scaling up eventually.

Considering that most children and adolescents spend most of their time in school and consume a third of their total energy intake during school hours (Foerster SB, et al., 1997 cf Perez-Rodrigo, C & Aranceta, J, 2001), various governments as well as national and international health organisations recommend that schools implement policies and practices that would create a school environment that supports students in making healthy choices. For example, the World Health Organisation (WHO) recommends that schools implement an integrated approach to healthy eating and include strategies that target the school curriculum (i.e., learning, teaching, professional development), environment (i.e., physical, culture, policies, procedures), and partnerships (i.e., students, families, staff, community) (O'Brient KM et al., 2021). In 2020, the Food

and Agriculture Organization (FAO) published a white paper on School-based Food and Nutrition Education (SFNE) which contains current state, principles, challenges, and recommendations for low- and middle-income countries. FAO believes that SFNE “helps school children and the school community to achieve lasting improvements in their food practices and outlooks” and also plays “an important role in complementing efforts that are being made globally to improve food environments, and in empowering children and adolescents to become active participants in shaping the food system to be better able to deliver healthy and sustainable diets.” But there are also challenges in implementing SFNE.

While SEAMEO RECFON recognizes the critical role of SFNE, the Centre also believes that nutrition promotion at school level is much more needed. Worsley (2008) defined nutrition promotion as the “promotion of food and nutrition knowledge among food consumers as well as the modification of the food production and distribution sectors so that they foster the optimal health of the population.” It is also about ensuring that all people in society are well fed according to their nutritional and cultural needs through the use of upstream (supply) and downstream (demand) strategies. It includes nutrition education and advocacy towards influencing food-related behaviours of consumers (demand strategy) but it also targets those in the food supply sector to influence the composition, availability and distribution of food and beverages to promote a healthy population (supply strategy). It operates in different settings which include schools.

In general, the NGTS Program subscribes to this concept of nutrition promotion considering its multi-sectoral nature and the DeSPIS approach in implementing its various components. Thus, in March 2019, SEAMEO RECFON organized a workshop attended by representatives from the Ministry of Education, Ministry of Health, academic institutions, and professional organizations from Cambodia, Lao PDR, the Philippines, Thailand and Vietnam, as well as the SEAMEO Centres in Indonesia, to establish the Southeast Asian School-Based Nutrition Promotion Working Group (SEA-SBNP WG) as an implementing arm in scaling up the NGTS Program in the region. During the workshop, the participants identified the need to compile and disseminate materials on SBNP policies, programs and practices in the region as one of the regular responsibilities of the Working Group.

In 2020, SEAMEO RECFON, in collaboration with the SEA-SBNP WG, embarked on publishing a series of SBNP Country Profiles of SEAMEO member countries. The country profiles are envisioned to serve as reference materials for schools in Southeast Asia to learn and improve the implementation of their school-based nutrition programs and activities. The country profiles are also expected to serve as inputs into conducting research, capacity building, advocacy and policymaking by government and non-governmental organizations as well as academic and research institutions towards addressing the gaps in SBNP implementation in the region.

The SBNP Country Profiles are developed by country teams composed of a coordinator, support staff and writer. The contents are based on comprehensive literature reviews of various references both published and unpublished reports, peer-review articles and government policy documents related to school-based nutrition programs and implementation in each country. In-depth interviews and focus group discussions with relevant stakeholders and experts in the field enrich and validate the contents of the country profiles.

Each SBNP Country Profile consists of eight sections as follows:

1. Brief Sociodemographic Information
2. Overview of School Educational System
3. Overview of Malnutrition Situation Among School Children and Adolescents
4. Current Governance and Major Policies and Regulations on School-Based Nutrition Promotion
5. Past and Current Major School-Based Nutrition Promotion Programs and Innovations
6. Best Practices, Impacts and Lessons Learned in Implementing School-Based Nutrition Promotion Policies, Regulations, and Programs
7. Major Challenges and Areas Needing Improvements in Implementing School-Based Nutrition Promotion Policies, Regulations, and Programs
8. School-Based Nutrition Promotion Prospects in The Next Three Years



PHILIPPINES

A.

Brief Sociodemographic Information

1. Capital city

The City of Manila has been the designated capital of the Philippines since 1976.¹ The area prescribed as the Metropolitan Manila or the National Capital Region (NCR) -comprising the City of Manila and its surrounding cities and a municipality - is the seat of the national government.²

All the primary national agencies collaborating for school-based nutrition, namely the Department of Education (DepEd), the Department of Health (DOH), and the National Nutrition Council (NNC), have their national offices located at the NCR, particularly in Pasig City, the City of Manila, and Taguig City, respectively.

2. Country map, area, and population

The Philippines is one of the countries in Southeastern Asia. It is an archipelago between the Philippine Sea and the South China Sea, east of Vietnam (Figure 1). The geographic coordinates of the country is 13 00 N, 122 00 E.

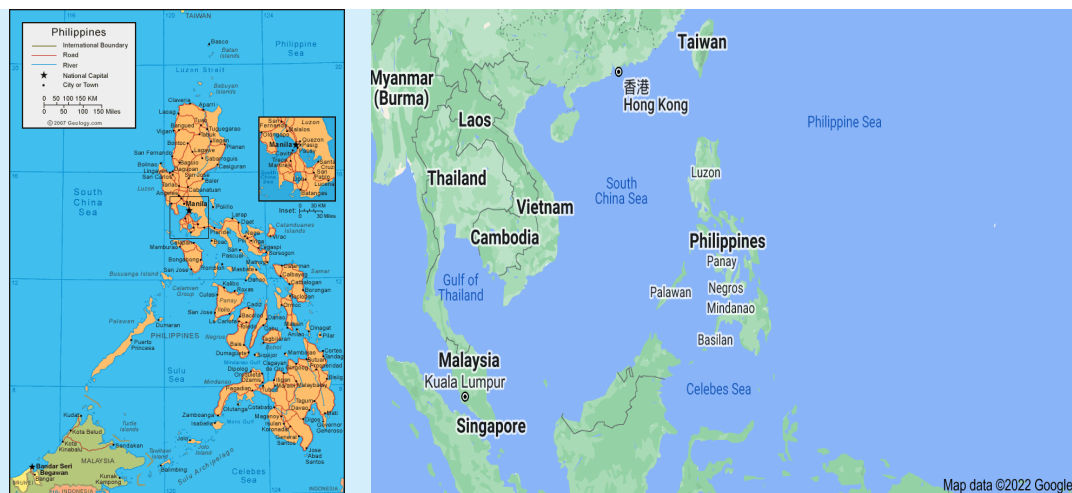


Figure 1. Map of the Philippines.

¹ <https://www.officialgazette.gov.ph/1976/05/29/presidential-decree-no-940-s-1976/>

² <https://www.officialgazette.gov.ph/1975/11/07/presidential-decree-no-824-s-1975/>

It has 7,641 islands spanning more than 300,000 square kilometers of territory. It has three major island groups of Luzon, Visayas, and Mindanao.³

The Philippines has a population of 109,035,043 based on the 2020 Census on Population and Housing.⁴

Based on the 2020 census, the country has a relatively young population with a median age of 25.3 years.⁵ About 36.6 percent of the 2020 Philippine population were below 18 years old and are considered children by Philippine laws.⁶

Table 1. Philippine Demography.

Particulars	2020	2015	2010	2007
Total population	109,035,343 (Includes 2,098 Filipinos in Philippine embassies, consulates, and missions abroad)	100,981,437 (Includes 2,134 Filipinos in Philippine embassies, consulates, and missions abroad)	92,337,852 (Includes 2,739 Filipinos in Philippine embassies, consulates, and missions abroad)	88,548,366 (Includes 2,279 Filipinos in Philippine embassies, consulates, and missions abroad)
Average annual population growth rate	1.63 (2015-2020)	1.72 (2010-2015)	1.90 (2000-2010)	2.04 (2000-2007)
Population density (persons per square kilometer)	363	337	308	295

³ <https://www.gov.ph/es/the-philippines.html>

⁴ <https://psa.gov.ph/content/2020-census-population-and-housing-2020-cph-population-counts-declared-official-president>

⁵ <https://psa.gov.ph/population-and-housing/node/167965>

⁶ <https://www.officialgazette.gov.ph/2006/04/28/republic-act-no-9344-s-2006>

Table 1. Philippine Demography (*continued*).

Particulars	2020	2015	2010	2007
Total household population by sex	108,667,043	100,979,303	92,335,113	88,546,087
Male	55,017,643	51,069,962 (50.6%)	46,634,257	44,757,788
Female	53,649,400	49,909,341 (49.4%)	45,700,856	43,788,299
Total household population by age group	108,667,043	100,979,303	92,335,113	88,546,087
0-4 years	11,066,707	10,818,931	10,233,784	10,575,656
0-14 years	33,414,245	32,155,793	30,734,937	31,407,604
15-64 years	69,397,349	64,035,924	57,587,249	53,468,834
18 years and over	68,945,888	62,615,419	55,719,517	51,300,060
60 years and over	9,222,672	7,548,769	6,241,326	5,507,144
65 years and over	5,855,449	4,787,586	4,012,927	3,669,649

3. Language, ethnicity, and religion

Section 6 of the 1987 Philippine Constitution sets Filipino as the national language of the country while Section 7 provides that for purposes of communication and instruction, the official languages of the Philippines are Filipino and, until otherwise provided by law, English.⁷ Eight major spoken dialects spoken in the country include Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan.⁸

⁷ <https://www.officialgazette.gov.ph/constitutions/1987-constitution/>

⁸ CIA World Factbook, <https://www.cia.gov/the-world-factbook/countries/philippines/#introduction>

Most Filipinos are of Malay descent. The country has several ethnic groups with the majority being Tagalogs next to the “Other local ethnicity” classification (Table 2).

Table 2. Household population by ethnicity and by sex: 2010.⁹

Ethnicity	Both Sexes	Male	Female
Philippines	92,097,978	46,458,988	45,638,990
Tagalog	22,512,089	11,165,880	11,346,209
Cebuano	9,125,637	4,631,036	4,494,601
Ilocano	8,074,536	4,104,500	3,970,036
Bisaya/Binisaya	10,539,816	5,280,242	5,259,574
Hiligaynon/Ilonggo	7,773,655	3,938,276	3,835,379
Bikol/Bicol	6,299,283	3,209,816	3,089,467
Waray	3,660,645	1,868,128	1,792,517
Other foreign ethnicity	63,017	39,941	23,076
Not stated	6,450	3,113	3,337
Other Local Ethnicity	24,042,850	12,218,056	11,824,794

The Philippines is widely known as the only Christian nation in Asia. Based on the 2019 Philippine Statistical Yearbook, 80% of the population are Roman Catholic, while 12% belong to other Christian faith groups, including nationalized Christian sects (e.g., Aglipay, Protestant, Baptist, Evangelical).¹⁰

Six percent subscribe to Islam, while less than 1% consider themselves Buddhist. Twenty four percent belong to “other local ethnicity,” 2% to other religious affiliations, and less than 1% to tribal religions. Less than 1% have no religion, and also less than 1% did not report a religious affiliation.¹¹

⁹ 2019 Philippine Statistical Yearbook (PSY), https://psa.gov.ph/sites/default/files/2019-PSY_1003.pdf

¹⁰ 2019 Philippine Statistical Yearbook (PSY), https://psa.gov.ph/sites/default/files/2019%20T1_10.xlsx

¹¹ 2019 Philippine Statistical Yearbook (PSY), https://psa.gov.ph/sites/default/files/2019%20T1_10.xlsx

4. Type of government system

The Philippines is a unitary presidential constitutional republic, with the President of the Philippines acting as both the head of state and the head of government. It proclaimed its independence from the Spanish Empire on June 12, 1898, following the culmination of the Philippine Revolution. It is a founding member of both the United Nations (UN) and the Association of Southeast Asian Nations (ASEAN). It has embassies and consulates in 62 countries around the world.¹²

By virtue of the Local Government Code of 1991 (RA No. 7160), the country works on a devolved set up through which local government units “are given more powers, authority, responsibilities, and resources”.¹³ However, while basic services for agriculture, health, social services, and nutrition were devolved, those related to education services were not and continue to be driven by the national government.

5. Economic development and Human Development Index

The Philippines has a mixed economic system which means it is relatively resilient to global economic shocks due to less exposure to troubled international securities, lower dependence on exports, relatively resilient domestic consumption, large remittances, and a rapidly expanding services industry.¹⁴

Its gross domestic product (GDP) for 2021 was about USD 378.96B at current prices¹⁵ and USD 394.09B at 2015 constant prices¹⁶. The 2021 GDP represented a 5.7% annual growth rate¹⁷. The services sector contributed more than 50% to the 2021 GDP at about 61.1%, followed by industry at about 28.9%, and the agriculture sector at about 10.1%. Per capita GDP for 2021 was about USD 3,460.5B at current prices¹⁸ and USD 3,327.70B at 2015 constant prices¹⁹.

¹² About the government, <https://www.gov.ph/about-the-government>

¹³ <https://www.officialgazette.gov.ph/downloads/1991/10oct/19911010-RA-7160-CCA.pdf>

¹⁴ CIA World Factbook, <https://www.cia.gov/the-world-factbook/countries/philippines/#economy>

¹⁵ <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=PH>

¹⁶ <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD?locations=PH>

¹⁷ <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=PH>

¹⁸ <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?end=2021&locations=PH&start=1960&view=chart>

¹⁹ <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD?end=2021&locations=PH&start=1960&view=chart>

The Philippines' Human Development Index (HDI) value for 2019 is 0.718—which puts the country in the high human development category—positioning it at 107 out of 189 countries and territories. The rank is shared with Bolivia (Plurinational State of) and Indonesia. Between 1990 and 2019, Philippines' HDI value increased from 0.593 to 0.718, an increase of 21.1 percent. Between 1990 and 2019, Philippines' life expectancy at birth increased by 4.9 years, mean years of schooling increased by 2.8 years and expected years of schooling increased by 2.4 years.²⁰

About 5.8 percent of the country's population (6,181 thousand people) are multidimensionally poor or deprived along three dimensions of well-being i.e., monetary poverty, education, and basic infrastructure services, while an additional 7.3 percent are classified as vulnerable to multidimensional poverty (7,742 thousand people).²¹ The breadth of deprivation (intensity) in Philippines, which is the average deprivation score experienced by people in multidimensional poverty, is 41.8 percent. The multidimensional poverty index (MPI), which is the share of the population that is multidimensionally poor adjusted by the intensity of the deprivations is 0.024. Indonesia and Thailand have MPIs of 0.014 and 0.003, respectively.²²

6. Education system, education issues and government's expenditure on education²³

The 1986 Constitution of the Philippines guarantees that “the State shall establish, maintain, and support a complete, adequate, and integrated system of education relevant to the needs of the people and society” (Article XIV, Section 1). The Constitution further provides that “the State shall establish and maintain a system of free public education in the elementary and high school levels. Without limiting the natural right of parents to rear their children, elementary education is compulsory for all children of school age” (Article XIV, Section 1).

The Education Act of 1982 created the Ministry of Education, Culture and Sports which later became the Department of Education, Culture and Sports (DECS) in 1987 by virtue of Executive Order No. 117.

²⁰ Human Development Report 2020, http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf

²¹ <https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/PHL.pdf>

²² Human Development Report 2020, http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf

²³ Department of Education, <https://www.deped.gov.ph/about-deped/history/>

In 1994, the country passed two laws namely the Higher Education Act of 1994 and the Technical Education and Skills Development Act of 1994 which established the Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA) to supervise tertiary degree programs and non-degree technical-vocational programs, respectively.

This led to the “trifocalization” of the education system in the country which refocused DECS’ mandate to basic education which covers elementary, secondary and non-formal education, including culture and sports. TESDA now administers the post-secondary, middle-level manpower training and development while CHED is responsible for higher education.

In August 2001, the Basic Education Act was passed transforming the name of DECS to the Department of Education (DepEd). The Basic Education Act provides the overall framework for (i) school head empowerment by strengthening their leadership roles and (ii) school-based management within the context of transparency and local accountability. The goal of basic education is to provide the school age population and young adults with skills, knowledge, and values to become caring, self-reliant, productive and patriotic citizens.

The Basic Education Act also redefined the role of DepEd field offices (regional offices, division offices, district offices and schools). To carry out its mandates and objectives, the Department is organized into two major structural components. The Central Office maintains the overall administration of basic education at the national level. The Field Offices are responsible for the regional and local coordination and administration of the Department’s mandate.

Today, DepEd formulates, implements, and coordinates policies, plans, programs and projects in the areas of formal and non-formal basic education. It supervises all elementary and secondary education institutions, including alternative learning systems, both public and private; and provides for the establishment and maintenance of a complete, adequate, and integrated system of basic education relevant to the goals of national development.

7. Health system

The Department of Health (DOH) holds the overall technical authority on health as it is a national health policy-maker and regulatory institution. Basically, the DOH has three major roles in the health sector: (1) leadership in health; (2) enabler and capacity builder; and (3) administrator of specific services. Its mandate is to develop national plans, technical standards, and guidelines on health. Aside from being the regulator of all health services and products, the DOH is the provider of special tertiary health care services and technical assistance to health providers and stakeholders.²⁴

The Philippines has a mixed public-private healthcare system that operates within a fragmented environment. The private sector caters to only about 30 percent of the population but is far larger than the public system in terms of financial resources and staff (Oxford Business Group, 2018). It provides healthcare that is generally paid through user fees at point of service. About 65 percent of the 1,224 hospitals in the country in 2016 were private (DOH-HFSRB, 2016). Both the national government and LGUs manage the delivery of promotive, preventive, curative and rehabilitative health services. The DOH supervises the government corporate hospitals, specialty and regional hospitals while the Department of National Defense (DND) runs the military hospitals. Both agencies provide tertiary care. At the local level, the provincial governments manage district and provincial hospitals. Meanwhile, municipal governments provide primary care including preventive and promotive health services and other public health programs through the rural health units (RHU), health centers and *barangay* (village) health stations (BHS), which are the first point of contact for government-provided health services, (Dayrit, et al., 2018).²⁵

The National Health Insurance Act of 1995 created the Philippine Health Insurance Corporation (PhilHealth) to provide health insurance coverage for all Filipinos but enrolment was not made compulsory. In 2013, it was amended, expanding the contribution-based national health insurance program (NHIP) beyond formal employment to include the underprivileged, sick, elderly, persons with disabilities (PWDs) and women and children. It strengthened the roles of the LGUs and health providers in NHIP enrolment. PhilHealth serves as the national

²⁴ Department of Health, <https://doh.gov.ph/profile>

²⁵ <https://doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf>

social health insurance agency which purchases services from public and private providers on behalf of its members. However, healthcare provision, health regulation, facility improvements and human resource deployment as well as capacitation are still subsidized by the government, mainly through the DOH. Government budget also flows through the health contributions of other central institutions such as DND, the Philippine National Police (PNP), the University of the Philippines (all of which manage large hospitals), the Philippine Charity Sweepstakes Office (PCSO), and the Philippine Amusement and Gaming Corporation (PAGCOR). PhilHealth administers the National Health Insurance Program (NHIP) to provide all Filipinos with financial risk protection. The government fully subsidizes the PhilHealth premiums of the poor identified through the National Household Targeting Survey for Poverty Reduction (NHTS-PR).²⁶

A key development in the health sector is the signing into law of Republic Act 11223 or the Universal Health Care Act last February 2019 “ushering in massive reforms in the Philippine health sector. Among the salient features of the UHC Law are the expansion of population, service, and financial coverage through an array of health system amendments. Along with this is a planned paradigm shift to primary care, which is the core and center of all health reforms under the UHC”.²⁷ The Universal Health Act aims to address the fragmented health system and the high out-of-pocket expenses of Filipinos.

²⁶ <https://doh.gov.ph/sites/default/files/publications/NOH-2017-2022-030619-1.pdf>

²⁷ <https://doh.gov.ph/uhc>

B.

Education system overview²⁸

1. Overall framework

The Philippine education system is organized into four levels under the following leadership:

1.1. Early Childhood Care and Development (ECCD) – Early Childhood Care and Development Council;²⁹

The Early Years Act of 2013 mandated the ECCD Council to act as the primary agency supporting the government's programs on health, nutrition, early education, and social services for children ages 0-4 years. The ECCD System is designed to facilitate a smooth transition from early care and education provided at home to community and school-based learning in kindergarten. Within ECCD is Early Childhood Education (ECE) which covers pre-school education for children aged 3-4 years. Under the orientation of the ECCD Council, LGUs provide directly ECCD services, particularly on pre-school education for 3-4 y/o children to ensure they are ready for school.

1.2. Basic Education under the Department of Education (DepEd)

Basic education public and private schools are governed by the Department of Education (DepEd). They cover kindergarten, elementary and secondary education (including technical-vocational high schools run by DepEd).

1.3. Technical and Vocational Education (TVET) under the Technical Education and Skills Development Authority (TESDA)

Technical-vocational schools not run by DepEd and offering certification certificates are governed by TESDA.³⁰ TESDA was established through the enactment of Republic Act No. 7796 ("Technical Education and Skills Development Act of 1994"). TESDA formulates manpower and skills plans, sets appropriate skills standards and tests, coordinates and monitors manpower policies and programs.

²⁸ This entire section is from the draft BESA (for proper citation)

²⁹ The ECCD Council is an Attached Agency to DepEd. The Secretary of Education is the Chair of the ECCD Council.

³⁰ DepEd which operate technical-vocational programs do not at this time award certification certificates unlike TESDA-run courses.

1.4. Higher Education under the Commission on Higher Education (CHED)

The Commission on Higher Education (CHED) promotes relevant and quality higher education (tertiary level). CHED’s mandate is to ensure access to quality higher education, guaranteeing and protecting academic freedom for continuing intellectual growth, advancement of learning and research, development of responsible and effective leadership, education of high-level professionals.

The heads of the four aforementioned agencies (Figure 2) are represented in the National Economic Development Authority (NEDA) Social Development Committee, the National Coordination Council of Philippine Qualification Framework, and in the Human Development and Poverty Reduction Cluster (HDPRC). Collaboration between and among all four agencies is on an ad hoc basis.

Two other agencies that focus on culture and sports are the National Commission for Culture and the Arts (NCCA) and the Philippine Sports Commission (PSC), respectively.

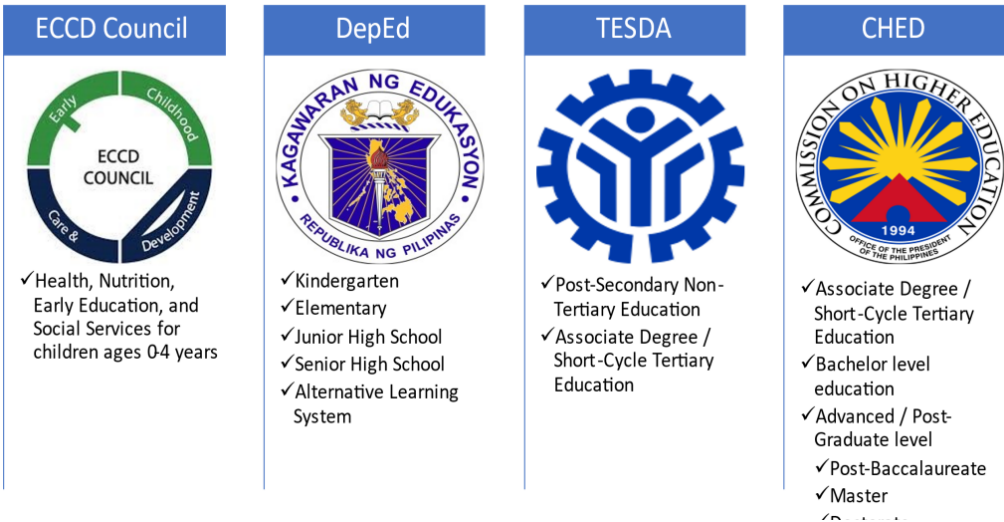


Figure 2. Levels of Philippine education.

2. The K to 12 Basic Education Program

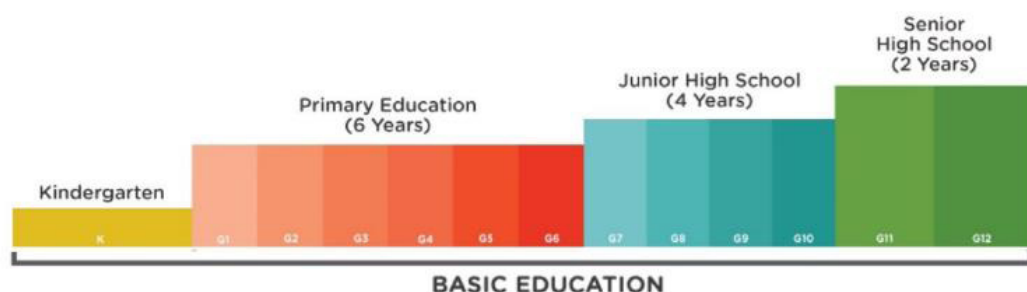


Figure 3. The K to 12 reform.

Kindergarten to Grades 1 – 3 (Stage 1). Kindergarten was made mandatory and added to the Basic Education curriculum in 2012. Children can start entering kindergarten at age 5. In lower primary level, DepEd allows the use of Mother Tongue-based instruction so that children can learn in the language spoken at home.

Grades 4 – 6 (Stage 2). Upper Primary level is the continuation of Lower Primary expanding simple literacy and numeracy to functional literacy developing higher order thinking. The basic learning areas include Filipino, English, Science, Mathematics, *Araling Panlipunan* (Social Studies), *Edukasyong Pantahanan at Pangkabuhayan* (Work Education), and Music and Art.

Junior High School, Grades 7 – 10 (Stage 3). The junior high school is discipline-based. Subjects covered are: Mathematics; Science and Technology; English; and Filipino. Other subjects are: *Araling Panlipunan* (History, Economics); Technology and Livelihood; Music, Art, Physical Education, and Health; and Values Education.

Senior High School, Grades 11 – 12 (Stage 4). Senior High School (SHS) is two years of specialized upper secondary education during which learners master concepts and skills to prepare for tertiary education, middle-level skills development or employment. SHS offers four tracks: Academic; Technical-Vocational-Livelihood; Arts and Design; and Sports.

The Academic track includes three strands: Accountancy, Business, and Management (ABM); Humanities, Education, Social Sciences (HESS); and Science, Technology, Engineering, Mathematics (STEM).

In the Technical-Vocational-Livelihood track, students develop job-ready skills, and graduates may obtain a National Certificate Level II (NC II) should they pass the competency-based assessment of the TESDA.

The Arts and Design Track prepares the learners for a tertiary education geared towards the performing arts, media and visual arts and industrial arts. It includes specialization subjects that provide the learners the needed competencies in music, theater, and creative arts.

The Sports Track aims to give learners an understanding of the basic principles and techniques in relation to physical education and recreation. It covers various factors that affect social, psychological, and cognitive development in sports leadership and management.

3. Alternative Learning System

The Alternative Learning System (ALS) is a parallel learning system to formal education that provides a viable alternative and a second chance education option for out-of-school youth and adults to complete basic education study. ALS learners are assessed through Functional Literacy Test (FLT), assessment of basic literacy (for basic literacy ALS learners), recognition of prior learning, formative assessments, Accreditation and Equivalency (A&E), readiness test, and portfolio assessment. The A&E Program provides an alternative pathway of learning for out-of-school children in special cases and adults who have not completed basic education. This program allows school dropouts and early school leavers to complete elementary and lower secondary education outside of the formal system and obtain certification as elementary and JHS completers through A&E tests for each level.

The program was institutionalized with the passage of RA 11510 or the Alternative Learning Systems Act.

The DepEd manages the ALS in cooperation with accredited partner institutions. Interested learners apply to the ALS Teacher in their area or to the local DepED office and submit a copy of their birth certificate, an ID picture and Form 137 (for learners from the formal education system). The ALS learners should complete at least 800 hours of class sessions.

4. Private Education

Private schools are legally registered institutions offering education services to the public in exchange for a fee under the supervision of DepEd but not operated by the government. Private schools offering education services are regulated by the DepEd, CHED, or TESDA depending on their coverage and level of operations (Basic, Higher or Technical-Vocational Education). DepEd issued the “Revised Manual of Regulations for Private Schools in Basic Education” in 2010.³¹ Private schools are funded by private sources (i.e., parents, individuals, religious orders, and the like) and public funds. At the junior high school level, an education service contracting (ESC) program was established and is being co-managed by the Private Education Assistance Committee (PEAC) and DepEd. Through ESC, the excess capacities of certified private junior high schools are ‘contracted’ through slot allocations for learners who would otherwise have gone to public schools. At the senior high school level, learners may receive vouchers to attend private and public educational institutions offering SHS. In Technical-vocational education, DepEd has introduced the Joint Delivery Voucher Program for Senior High School Technical Vocational and Livelihood Specializations that promotes partnerships between DepEd qualified TVET institutions that offer TVL track.³²

5. Department of Education

The Department of Education (DepEd) has a central office, 16 regional offices (excluding BARMM which is an autonomous region),³³ and 214 Schools Division Offices that comprise various school districts distributed throughout the 81 provinces in the country (Figure 4). The reformed organizational structure of DepEd is outlined in RA 9155 as follows:

³¹ D.O. 88, series of 2010. June 24, 2010.

³² https://www.deped.gov.ph/wp-content/uploads/2020/11/DO_s2020_035.pdf

³³ The BARMM Ministry of Basic, Higher and Technical Education (MBTHE) is responsible for the education sector in that autonomous region.

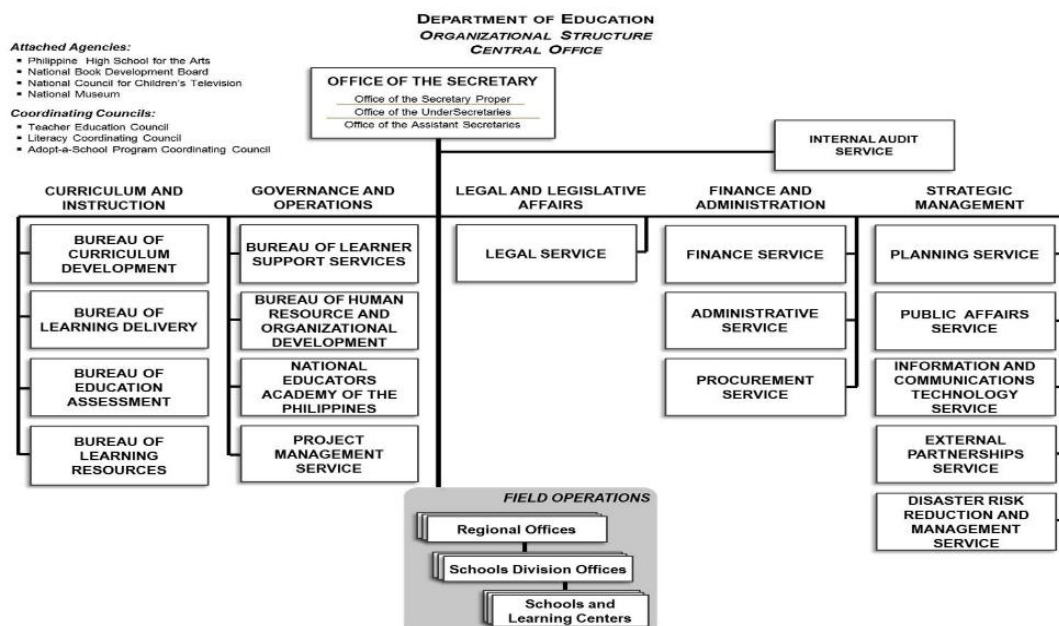


Figure 4. Department of Education Organizational Structure.³⁴

Source: Bureau of Human Resource and Organizational Development, DepEd, March 2021 (Note: The Bureau of Alternative Education was recently created but it was not added to the organizational chart as yet.)³⁵

The Central Office (CO) is responsible for setting standards and translating direction and policy in accordance with these. The CO is organized into (a) Bureaus, which address education-related matters; and (b) Services (e.g., budget; accounting; administration; physical facilities; planning; others).

Regional Office (RO) roles and responsibilities include translating policy and standards for the operating units, including organizational structure and regional contextualization. Major challenges include contextualizing programs given differences from region to region.

Schools Division Office (SDO) roles and responsibilities include describing the accountabilities of the Curriculum Implementation Division and the Schools Governance and Operations Division as well as the critical role of the School District Supervisors in providing technical assistance to schools.

³⁴ The new Alternative Learning System Act includes the creation of a Bureau of Alternative Learning System.

³⁵ The Bureau of Alternative Education was recently created but it was not added to the organizational chart as yet.

Schools are the basic unit of governance in the system. Within schools are teachers and non-teaching staff. Schools are classified as elementary schools, junior high schools (JHS), senior high schools (SHS), and integrated schools. Schools are headed by school heads either principals, head teachers, or teachers-in-charge (for schools not having the minimum number of teachers to qualify for a principal). School heads are responsible for ensuring proper school-based management (SBM), stakeholder engagement, and LGU support/partnership.

Community Learning Centers (CLCs) are physical spaces to house learning resources and facilities for out-of-school children and, in special cases, adults. These are venues for face-to-face learning activities and opportunities for community development and improvement of the people's quality of life.³⁶ Major challenges include ensuring conducive learning environment for teaching and learning of K to 12 competencies in difficult areas with limited resources.

6. Number of Schools and Plantilla in DepEd (Public and Private, Formal Education)

There are 47,421 schools in the public school system (37,496 elementary schools, 1,506 junior high schools; and 231 senior high schools [2021]). In addition, there are 13,256 schools that are privately run and 247 operated by state universities and colleges (SUC) or local universities and colleges (LUCs). There are 25,291 CLCs.

Table 3. Classification of schools in the Philippines.

Classification	Public	Private ³⁷	SUCs/LUCs	PSO	Total
Elementary School	37,496	6,263	6	-	43,765
Junior High School (JHS)	1,506	242	39	-	1,787
Senior High School (SHS)	231	1,099	73	-	1,403
JHS with SHS	6,491	906	93	-	7,400

³⁶ Government of the Philippines (2012). Republic Act No. 11510, Alternative Learning System Act, page 4.

³⁷ There are private schools that offer two, three or all levels of formal education (i.e., from kindergarten to tertiary education [and even graduate education]). In the table above, each level is counted separately. In the roster of institutions, these schools see themselves as one institution with many levels of education. This explains why a list of private schools and institutions elsewhere would be less in number than the figure presented in the table.

Table 3. Classification of schools in the Philippines (*continued*).

Classification	Public	Private ³⁷	SUCs/LUCs	PSO	Total
Integrated School (Kindergarten to G10)	1,159	1,890	7	9	3,065
Integrated School (Kindergarten to G12)	538	2,856	29	24	3,447
Total Schools	47,421	13,256	247	33	60,957

Source: Learner's Information System (LIS) SY 2020-2021

As of January 2021, DepEd has a total of 965,660 regular employees making it the largest bureaucracy in the Philippine government. Out of the total number of employees, 88% are teaching staff (46% occupy Teacher 1 positions in elementary and secondary schools) and 5% are teaching-related staff.

Table 4. Teaching and non-teaching personnel in DepEd.

	Teaching Personnel (including ALS)	Teaching-related Personnel	Non-teaching Personnel
Central Office	-	-	1,297
Regional Offices	-	-	2,097
Division Offices	-	-	22,657
Senior High School	67,291	4,747	9,844
Junior High School	276,778	16,680	21,249
Elementary School	503,396	30,441	9,183
Subtotal	847,465 (88%)	51,868 (5%)	66,327 (7%)
Grand Total	965,660		

Source: Bureau of Human Resources and Organizational Development (January 2021).

In the private sector in SY 2019-2020, there were 72,141 teachers in elementary, 55,512 in JHS and 45,558 in SHS.

7. Education Stakeholders and Partners

The effective functioning of DepEd requires active participation from stakeholders and partners that can be categorized by type:

- a. Local government units (Local School Boards)
- b. Education agencies (ECCD Council, TESDA, CHED)
- c. National government agencies (DPWH, DSWD, DOH, NEDA, DBM, National Nutrition Council, National Commission for Indigenous People)
- d. Philippine colleges and universities
- e. Teacher education institutes
- f. Academic Think Tanks (RCTQ [Research Center for Teacher Quality, Philippine Normal University], ACT-RC [Assessment Curriculum and Technology Research Center, University of the Philippines], SEAMEO, PIDS (Philippine Institute of Development Studies))
- g. Development community
- h. International NGOs
- i. Civil society

8. Education budget allocated by the government

Budget for the Basic Education Sector. Education has always been a priority in terms of the government's annual budget, consistent with the provision of the 1987 Constitution that "the State shall assign the highest budgetary priority to education."³⁸

In 2020, the education sector was allotted the largest portion of the P4.1-trillion national budget, at P692.6 billion, P554.2B of which is allotted to DepEd and its attached agencies.

Budget for School Health and Nutrition Programs and Services. A unique feature of the basic education sector in the Philippines is the presence of an organic unit in DepEd that focuses mainly on school health and nutrition.

While the Department of Health (DOH) is the principal health agency that is responsible for ensuring access to basic public health services to all Filipinos through the provision of quality health care and regulation of providers of health goods and services, DepEd has its School Health Division (SHD)—formerly the

³⁸ The 1987 Constitution Of The Republic Of The Philippines – Article XIV, <https://www.officialgazette.gov.ph/constitutions/the-1987-constitution-of-the-republic-of-the-philippines/the-1987-constitution-of-the-republic-of-the-philippines-article-xiv/>

Health and Nutrition Center—under its Bureau of Learner Support Services (BLSS) at the Central Office. This Division spearheads the implementation of school health and nutrition programs, in coordination with the DOH and its attached agencies. As such, a portion of the government funding for the basic education also goes to school health and nutrition programs.

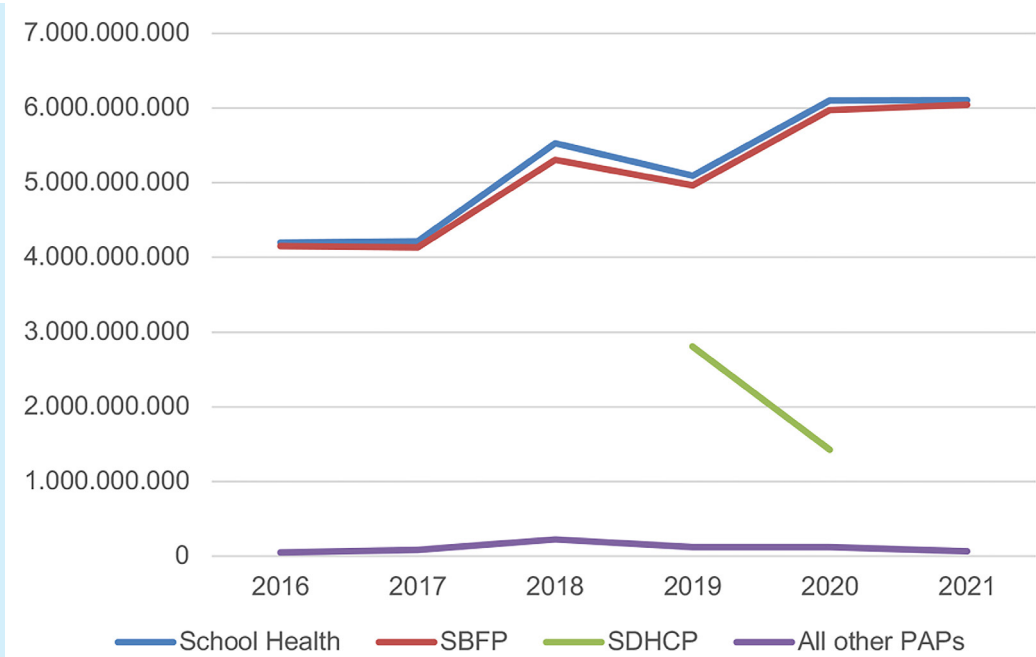


Figure 5. Government funding for health and nutrition programs and services in basic education.

Through the years, the government has funded the implementation of the School-Based Feeding Program (SBFP). Particularly for Fiscal Year (FY) 2019 and FY 2020, the government also allocated funds for the implementation of the School Dental Health Care Program which provided for the establishment of dental clinics in selected schools, and the distribution of health kits to learners.

Table 5. Budget for School-Based Feeding Program³⁹ in million US dollars⁴⁰

	DepEd	DepEd's health and nutrition programs	%	School-Based Feeding Program	%
2016	8,640.99	88.43	1.0	87.39	1.0
2017	10,776.70	83.72	0.8	82.02	0.8
2018	10,491.98	104.92	1.0	100.69	1.0
2019	9,658.55	98.30	1.0	95.90	1.0
2020	10,484.46	122.89	1.2	120.40	1.1
2021	11,296.02	123.95	1.1	122.73	1.1

³⁹ School Health Division, Bureau of Learner Support Services, Department of Education

⁴⁰ Peso-dollar conversion rates based on Annual rates based on file downloaded from <https://www.bsp.gov.ph/SitePages/Statistics/ExchangeRate.aspx>.
[https://www.bsp.gov.ph/SitePages/Statistics/ExchangeRate.aspx#:~:text=Daily%2C%20Monthly%20\(Average%20and%20End%2Dof%2DPeriod\)and%20Annual%20Peso%20per%20US%20Dollar](https://www.bsp.gov.ph/SitePages/Statistics/ExchangeRate.aspx#:~:text=Daily%2C%20Monthly%20(Average%20and%20End%2Dof%2DPeriod)and%20Annual%20Peso%20per%20US%20Dollar)

C.

Overview of Malnutrition Situation among School Children and Adolescents

There are various data sources on the situation of malnutrition among Filipino learners. These include the Global School-Based Student Health Survey (GSSHS) by the Department of Health and the National Nutrition Survey by the Food and Nutrition Research Institute of the Department of Science and Technology. Internal to the Department of Education is its Basic Education Information System, which consolidates data submissions from schools across the country, including data on the nutrition status of learners, used for planning purposes, such as identifying the number of target beneficiaries for the School-Based Feeding Program.

The following data on undernutrition and overnutrition are based on the 2018-2019 Expanded National Nutrition Survey⁴¹ unless otherwise indicated. It covers the age group 5-10 years old and 10-19 years old and those in school and out-of-school.

1. Undernutrition (stunting, underweight, thinness, etc.)

1.1. Children 5-10 years old

Based on the 2018-2019 Expanded National Nutrition Survey of the Food and Nutrition Research Institute of the Department of Science and Technology, 25.5%, 24.9%, 7.8% of school-age children 5-10 years old were underweight, stunted, and wasted or thin, respectively.⁴²

The prevalence rate of various forms of undernutrition is higher among boys when compared to girls, although the difference is not significant (Table 6).

⁴¹ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS). FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines

⁴² Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS). FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines

Table 6. Prevalence of undernutrition among children 5-10 years old, Philippines, 2018-2019.

Form of undernutrition	Prevalence rate (in percent)	
	Boys	Girls
Underweight-for-age	27.9	22.9
Stunting	26.6	23.2
Wasting or thinness	8.5	7.1

Rural areas have significantly higher prevalence rates of underweight-for-age (27.9% for rural vs 22.9% for urban areas) and stunting (26.6% for rural areas vs 23.2% for urban areas). However, wasting prevalence was about the same for both urban and rural areas.

In terms of income level, underweight-for-age and stunting were significantly higher ($p<0.05$) among the poorest households with a decreasing prevalence with higher income levels (Table 7).

Table 7. Prevalence of undernutrition by income level among children 5-10 years old, Philippines, 2018-2019.

Form of undernutrition	Prevalence rate by Income level				
	Poorest	Poor	Middle	Rich	Richest
Underweight-for-age	36.2	28.1	23.8	16.0	9.3
Stunting	39.8	27.9	21.7	13.7	8.8

1.2. 10-19 years old children and adolescents

Based on the 2018-2019 Expanded National Nutrition Survey of the Food and Nutrition Research Institute of the Department of Science and Technology, 26.6%, and 11.5% of pre-adolescents and adolescents aged >10-19 years old were stunted, and wasted or thin, respectively.

The prevalence rate of wasting is significantly higher among boys when compared to girls (Table 9), but not for stunting (Table 8).

Table 8. Prevalence of stunting and wasting among pre-adolescents and adolescents, >10-19 years old, Philippines, 2018-2019.

Form of undernutrition	Prevalence rate (in percent)		
	Boys	Girls	All
Stunting	28.3	24.9	26.6
Wasting or thinness	14.0*	8.9	11.5

*Significantly different at 5% level.

The prevalence was about the same for both urban and rural areas for stunting (28.7% for rural vs 23.9% for urban areas) and wasting (11.7% for rural areas vs 11.3% for urban areas).

In terms of income level, stunting was significantly higher among those from the poorest households (42.3%). In addition, stunting prevalence was progressively decreasing by increasing level of income (Table 9). A similar trend was observed for the prevalence of wasting, with a significantly different prevalence of 10.8% among the rich income level (Table 9).

Table 9. Prevalence of undernutrition by income level among pre-adolescents and adolescents, 10-19 years old, Philippines, 2018-2019

Form of undernutrition	Prevalence rate by Income level				
	Poorest	Poor	Middle	Rich	Richest
Stunting	42.3*	30.5	24.0	18.0	12.4
Wasting	12.3	13.0	12.2	10.8	7.7

*Significantly different at 5% level.

2. Overnutrition (overweight/ obesity)

2.1. Children 5-10 years old

As reported by the Expanded National Nutrition Survey for 2018-2019, 10.4% of children 5-10 years old were overweight. There were no significant differences in the prevalence rate of obesity between females (9.3%) and males (11.4%). However, obesity prevalence was significantly higher in urban areas (13.9%) compared to rural areas (7.7%), and among the richest households (Table 10).

Table 10. Overweight and obesity among children 5-10 years old, by income level, Philippines, 2018-2019.

Category	Prevalence, in percent
Poorest	2.7
Poor	5.8
Middle	9.9
Rich	16.8
Richest	27.1

2.2. 10-19 years old children and adolescents

As reported by the Expanded National Nutrition Survey for 2018-2019, 10.7% of pre-adolescents and adolescents were overweight. There were no significant differences in the prevalence rate of obesity between females (10.5%) and males (10.9%)%. However, obesity prevalence was significantly different (5% significance level) between rural areas (8.4%) compared to urban areas (13.8%), and among the richest households (Table 11).

Table 11. Overweight and obesity among pre-adolescents and adolescents (>10-19 years old children and adolescents), by income level, Philippines, 2018-2019.

Category	Prevalence, in percent
Poorest	2.7
Poor	5.8
Middle	9.9
Rich	16.8
Richest	27.1

3. Micronutrient deficiency (anemia, iodine zinc deficiency)

Based on the Expanded National Nutrition Survey for 2018-2019, anemia among children 6-12 years old was 12.1%, which is considered as mild level.

Among the **6-12 years old children**, anemia prevalence was significantly higher among **those in the 6-9 years old bracket** in rural areas compared to urban areas and poorer households. Among adolescents, anemia prevalence was significantly higher among females, in rural areas, and in poorest households.

Table 12. Prevalence of anemia among children 6-12 years old, by sex, place of residence and income level.

Category	Prevalence, in percent	
	6-12 year-olds	13-19 olds
Age		
- All	12.1	7.0
- 6-9 years old	15.4	
- 10-12 years old	7.8	
- 13-15 years old		7.2
- 16-19 years old		6.7
Sex		
- Females	11.6	9.6
- Males	12.6	4.3
Place of residence		
- Urban	9.9	5.9
- Rural	13.5	7.6
Income level		
- Poorest	15.3	8.9
- Poor	12.3	7.1
- Middle	10.7	6.8
- Rich	9.5	5.3
- Richest	10.3	6.1

In terms of iodine status, the Expanded National Nutrition Survey reported the median urinary iodine excretion of children 6-12 years old to be 174 mcg/L. In addition, only 12.4% of children in this age group were deficient in iodine. These indicate that iodine deficiency is not a problem in this age group.

4. Dietary

4.1. Food consumption

Based on the Expanded National Nutrition Survey 2018-2019⁴³, mean daily food consumption for children 6-12 years old and adolescents 13-18 years old was 455 and 616 grams, respectively with cereals and products accounting for about 52% of the mean food intake (Table 13).

Vegetable consumption was low at a mean per capita daily intake of 22 grams for 6-12 year-olds and 36 grams for adolescents, which is less than a serving of about 45 grams, and lower than the consumption of sugar and syrups for both age groups. Fruit consumption was likewise low at a mean per capita daily intake of 15 grams for 6-year olds and 16 grams for adolescents. Thus, consumption of fruits and vegetables fall way below the recommended 4-5 servings per day.

Table 13. Mean one-day food consumption and percent contribution to total food intake of school-age children, 6 to 12 years old: Philippines, 2018-2019.

Food group	Mean per capita daily consumption in grams		Percent of total intake	
	6 - 12 year olds	13-18 year olds	6 - 12 year olds	13-18 year olds
Cereals and cereal products	235	321	51.6	52.1
Starchy roots and tubers	4	6	0.9	1.0
Sugars and syrups	28	48	6.2	7.8
Fats and oils	5	6	1.1	1.0
Fish, meat, and poultry	91	124	20.0	20.1
Eggs	15	15	3.3	2.4

⁴³ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. *Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS): Food Consumption Survey*. FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines.

Table 13. Mean one-day food consumption and percent contribution to total food intake of school-age children, 6 to 12 years old: Philippines, 2018-2019
(continued).

Food group	Mean per capita daily consumption in grams		Percent of total intake	
	6 - 12 year olds	13-18 year olds	6 - 12 year olds	13-18 year olds
Milk and milk products	10	7	2.2	1.1
Dried beans, nuts, and seeds	4	6	0.9	1.0
Vegetables	22	36	4.8	5.8
Fruits	15	16	3.3	2.6
Miscellaneous (beverage, condiments and spices, others)	25	31	5.5	5.0
	455	616	99.8	99.9

Numbers may not add up to totals because of rounding

4.2. Energy and nutrient intake

The aforementioned level of food consumption translated to a calorie intake of about 1,187 kcal for children 6-12 years old and 1,591 kcal for adolescents (Table 14). Only 14% of school-age children met the recommended energy intake. An even lower 9.1% was recorded for adolescents meeting the recommended energy intake.

The diet of children 6-12 years old and adolescents could be described as far from optimum as only a relatively small proportion met the estimated average requirement (EAR)⁴⁴, ranging from 12.1% (calcium) to 68.2% (niacin) for 6-12 year olds, and 6.9% (iron) to 66.7% (niacin) for adolescents.

⁴⁴ The estimated average requirement is daily nutrient intake level that meets the median or average requirement of healthy individuals in particular life stage and sex group, corrected for incomplete utilization or dietary nutrient bioavailability.

Table 14. Mean one day energy and nutrient intake of children 6-12 years old and adolescents 13-18 years old and percent meeting the estimated average requirement (EAR) for nutrients.

Energy and Nutrients	6-12 years old	13 - 18 years old
Energy		
- Intake (kcal)	1,187	1,591
- % meeting recommended energy intake	13.9	9.1
Protein		
- Intake, (grams)	39	52
- % meeting EAR	67.5	43.9
Iron		
- Intake, (mg)	6.3	7.7
- % meeting EAR	16.3	6.9
Calcium		
- Intake, (grams)	0.25	0.28
- % meeting EAR	12.1	13.6
Vitamin A		
- Intake, (mcg retinol equivalent)	278	357
- % meeting EAR	24.6	13.0
Vitamin C		
- Intake, (mg)	14	15
- % meeting EAR	14.1	7.1
Thiamin		
- Intake, (mg)	0.6	0.7
- % meeting EAR	31.9	22.4
Riboflavin		
- Intake, (mg)	0.6	0.6
- % meeting EAR	30.6	14.0

Table 14. Mean one day energy and nutrient intake of children 6-12 years old and adolescents 13-18 years old and percent meeting the estimated average requirement (EAR) for nutrients (*continued*).

Energy and Nutrients	6-12 years old	13 - 18 years old
Niacin		
- Intake, (mg)	11.6	16.0
- % meeting EAR	68.2	66.7
Carbohydrates (g)	198	274
Fats (g)	27	32

4.3. Other related concerns

Consumption of sugary/ salty/ fatty food and drinks. Based on the 2015 Global School-Based Student Health Survey (GSSHS), about 37.2% of students 13-15 years old reported that they usually consumed carbonated soft drinks one or more times per day during the 30 days before the survey. Fourth year (33.9%) students were significantly less likely than grade 7 (38.9%) and grade 8 (39.0%) students to have usually consumed carbonated soft drinks one or more times per day during the 30 days before the survey.⁴⁵

Eating in fast food restaurants. The 2015 GSSHS revealed that 49.0% of students 13-15 years old reported that they ate food from a fast food restaurant one or more days during the 7 days before the survey. Fourth year students (42.7%) were significantly less likely than grade 7 (52.5%) and grade 8 (51.9%) students to have eaten food from a fast food restaurant one or more days during the 7 days before the survey.⁴⁶

Eating breakfast. A study conducted by Agdeppa et al⁴⁷ that used data from the 2018 National Nutrition Survey reported that almost all children 6-12 years old (98.3%) and adolescents 13-18 years old (98.2%) consumed breakfast, with only about 2% classified as breakfast skippers. Eating breakfast was about the same for males and females, and by wealth quintile for both age groups (Table 15). However, breakfast skippers among adolescents were significantly higher in rural areas (2.3%) when compared to urban areas (1.1%).

⁴⁵ 2015 GSHS, <https://doh.gov.ph/node/12496>

⁴⁶ 2015 GSHS, <https://doh.gov.ph/node/12496>

⁴⁷ Angeles-Agdeppa, I., Custodio, M.S. & Toledo, M.B. Breakfast in the Philippines: food and diet quality as analyzed from the 2018 Expanded National Nutrition Survey. *Nutr J* 21, 52 (2022). <https://doi.org/10.1186/s12937-022-00804-x>

Table 15. Percent of children 6-12 years old and adolescents eating breakfast by sex, urbanity, and wealth quintile.

Indicators	6-12 years old		13-18 years old	
	<i>Skippers</i> N (%)	Consumers N (%)	<i>Skippers</i> N (%)	Consumers N (%)
All	212 (1.7)	13,801 (98.3)	166 (1.8)	8,916 (98.2)
Sex				
- Male	99 (1.5)	7,072 (98.5)	87 (2)	4,526 (98)
- Female	13 (1.9)	6,729 (98.1)	79 (1.7)	4,390 (98.3)
- p-value	0.270		0.331	
Urbanity				
- Rural	159 (1.9)	9,391 (98)	138 (2.3)	6,190 (97.7)
- Urban	53 (1.3)	4,410 (98.7)	28 (1.1)	2,726 (98.9)
- p-value	0.302		0.003*	
Wealth quntile				
- Poorest	93 (2.3)	4,243 (97.7)	51 (2.3)	2,319 (97.7)
- Poor	61 (2)	3,519 (98)	52 (2.4)	2,332 (97.6)
- Middle	29 (1.5)	2,605 (98.4)	33 (1.7)	1,802 (98.3)
- Rich	16 (0.9)	1,960 (99.1)	24 (1.6)	1,360 (98.4)
- Richest	10 (0.9)	1,390 (99.1)	6 (0.8)	1,052 (99.2)
- p-value	0.325		0.245	

The same study looked into the Nutrient Rich Food Density Index (NRF) 9.3, which is a validated measurement tool to determine the nutrient density of the total diet. The study reported that the mean NRF 9.3 of children 6-12 years old was 417.5 and of adolescents was 339.6. While the NRF 9.3 of children 6-12 years old was the highest among the age groups considered for the study (i.e., adolescents, adults, and elderly) the NRF 9.3 for this age group was still only about half 46.4% of the highest possible score of 900. The NRF 9.3 of adolescents was about 37.7% of the highest possible score.

Table 16 shows the energy and nutrient intake of children 6-12 years old and 13-18 years old based on the Agdeppa et al study. The study noted that the energy and nutrient intake for breakfast for both age groups contributed more than 20% of the total intake for the day. Sugar, sodium and cholesterol consumption for breakfast was 30% of the total intake for the day. The recommendation is for breakfast to contribute 20-25% of energy and nutrient intake.

Table 16. Mean NRF 9.3 score and energy and nutrients at breakfast among children 6-12 years old and adolescents, Philippines, 2018.

Energy and Nutrients	6-12 years old	13 - 18 years old
NRF9.3 Score	417.5	339.6
Energy	328.4	440
Macronutrients (in grams)		
Protein	10.2	13.3
Carbohydrate	54.4	76.6
Total fat	7.9	9
Saturated fat	3.2	3.8
MUFA (g)	2.3	2.5
PUFA (g)	1.1	0.9
Total fiber	1.9	1.1
Total sugar	10.9	13.3
Micronutrients		
Thiamin (mg)	0.2	0.22
Riboflavin (mg)	0.22	0.21
Vitamin C (mg)	3.3	3.4
Vitamin A	90.6	84.4
Vitamin D	0.6	0.7
Calcium (mg)	84.5	85.3
Phosphorus (mg)	164.1	208.5
Iron (mg)	2	2.3

Table 16. Mean NRF 9.3 score and energy and nutrients at breakfast among children 6-12 years old and adolescents, Philippines, 2018 (*continued*).

Energy and Nutrients	6-12 years old	13 - 18 years old
Magnesium	28.8	39.3
Potassium	193.4	271.1
Sodium (mg)	266	301.5

The Agdeppa et al study further noted that:

“children with the healthiest breakfast diets met the 20% recommendation for intake of protein (32%), iron (24%), vitamin D (22%), vitamin A (31%) and magnesium (37%) but fall short in energy (19%), calcium (14%), fiber (7%), vitamin C (17%) and potassium (14%) intakes at breakfast. On a daily basis, intake of magnesium and protein were more than adequate but there were deficiencies in calcium, fiber, iron, vitamin D, vitamin C, and potassium. There were no recorded excessive intakes of total sugar, saturated fat, and sodium intake at breakfast, same was observed in the results for daily consumption. Results also showed that there is a low nutrient consumption at breakfast.”

“Adolescents with the healthiest breakfast diets met the 20% recommended intake of protein (26%), vitamin D (29%), vitamin A (22%) and magnesium (24%). Only 7% of fiber at breakfast was consumed. Poor intakes of calcium (12%), iron (15%), and vitamin C (12%) were observed at breakfast for adolescents. There is a slightly low contribution (11%) of total sugar, saturated fat (17%), and sodium (13%) for this group. Overall, it is noticeable that most micronutrients were inadequate especially calcium, fiber and vitamin C.”

5. Selected health concerns

5.1. Physical activity

The 2018-2019 Expanded National Nutrition Survey reported that about 82.7% of pre-adolescents and adolescents aged 10-17 years old were generally inactive. Physical inactivity refers to not meeting “the global recommendations of 150-300 minutes of moderate-intensity or 75-150 minutes of vigorous-

intensity, or an equivalent combination of moderate- and vigorous-intensity physical activity per week.”⁴⁸ The Philippine Facts and Figures: 2018-2019 Expanded National Nutrition Survey of FNR⁴⁹ further notes that:

“The current status of physical inactivity is partly due to insufficient participation in physical activities during leisure time and an increase of sedentary behavior during occupational and domestic activities (WHO, 2020a). Individuals who are insufficiently active have a 20% to 30% increased risk of death compared to persons who are sufficiently active.”

Adolescent females were significantly more insufficiently physically active compared to males (87.1% vs 78.4%). Physical inactivity was slightly higher among pre-adolescents and adolescents (10-17 years old) in urban areas, and at about 80% or so across wealth quintiles (Table 17).

Table 17. Percentage of insufficiently physically active pre-adolescents and adolescents aged 10-17 years old, by urbanity and wealth quintile, Philippines, 2018-2019.⁵⁰

Socio-demographic characteristics	Insufficiently physically active	
	N	%
All	57,744	82.7
Sex		
- Male	29,419	78.4
- Female	28325	87.1
Place of residence		
- Rural	39,070	81.5
- Urban	18,674	84.1

⁴⁸ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. *Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS)*. FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines

⁴⁹ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. *Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS)*. FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines

⁵⁰ Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI). 2022. *Philippine Nutrition Facts and Figures: 2018-2019 Expanded National Nutrition Survey (ENNS)*. FNRI Bldg., DOST Compound, Gen. Santos Avenue, Bicutan, Taguig City, Metro Manila, Philippines

Socio-demographic characteristics	Insufficiently physically active	
	N	%
Wealth quintile		
- Poorest	15,188	80.3
- Poor	14,606	82.6
- Middle	11,910	83.1
- Rich	9,213	82.7
- Richest	6,699	86.0

This same sedentary picture was shown by the 2015 GSHS that⁵¹, among others, reported the following:

- 1) About 46.9% of students reported that they did not walk or ride a bicycle to or from school during the 7 days before the survey. Fourth year (41.3%) students were significantly less likely than grade 7 (51.7%) and grade 8 (48.2%) students to have not walked or rode a bicycle to or from school during the 7 days before the survey.
- 2) About 14.2% of students reported that they did not attend physical education classes each week during this school year. The males (16.3%) were significantly more likely than females (12.1%) to have not attended physical education classes each week during this school year. Fourth year (16.1%) students were significantly more likely than grade 9 (11.3%) students to have not attended physical education classes each week during this school year.
- 3) Overall, 31.2% of students reported that they spent three or more hours per day doing sitting activities such as sitting and watching television, playing computer games, talking with friends when not in school or doing homework during a typical or usual day. Grade 7 (25.4%) students were significantly less likely than grade 8 (30.9%), grade 9 (31.3%) and fourth year (39.5%) students to have spent three or more hours per day doing sitting activities such as sitting and watching television, playing computer games, talking with friends when not in school or doing homework during a typical or usual day.

⁵¹ 2015 GSHS, <https://doh.gov.ph/node/12496>

- 4) The sedentary lifestyle is not only common among older persons but also among the youth. This can be due to the advent of technology and accessibility of the internet that even schools located in rural areas can avail.
- 5) Only less than half of the students surveyed reported to be physically active for at least 60 minutes per day which could be a reflection of sedentary lifestyle of today's adolescents and as proven by survey results that about one-third of the students spent three or more hours per day doing sitting activities.
- 6) Further, it is also noted that as the grade/year level progresses, there is diminishing percentages of students who reported to be physically active. This is more likely that students in higher grade/year levels are more engaged in sitting activities. This is shown in the survey results where fourth year students has the highest percentage who reported to have spent three or more hours per day doing sitting activities. It could also be a reflection that students at the higher grade/year levels are more preoccupied with their studies doing homework during a typical or usual day.
- 7) With regards to not walking or riding a bicycle to or from school, grade 7 has the highest percentage for this indicator. This could be a reflection of grade 7 students being less independent compared to students in higher grade/year levels and it is more likely that they are being dropped to and fetched from school with their parents or guardians using either public or private means of transportation. It could also be a result of protective instincts and supportive attitude of parents particularly to their young children.⁵²

5.2. Personal hygiene

The results of the 2015 GSHS show that more than 90.0% of male and female students know the importance of good personal hygiene particularly tooth brushing and hand washing. This could be due to their attitude of being more conscious to other's perception of them particularly with regards to personal hygiene thus, has increased their concern on their self-image and

⁵² 2015 GSHS, <https://doh.gov.ph/node/12496>

awareness on the importance of good personal hygiene to their health. This could also be the outcome of what the students learned from their health classes.⁵³

However, although proper hand washing is one of the programs of the Department of Health (DOH) in partnership with Department of Education (DepEd) which is being promoted every school year; still, statistics show that some males (8.6%) more than females (5.3%) never or rarely washed their hands after using the toilet or latrine; males (8.3%) more than females (7.3%) never use soap to wash their hands, and females (7.7%) more than males (7.4%) never or rarely wash their hands before eating. Thus, there is a need to intensify campaign on proper hygiene among the youth.⁵⁴

⁵³ 2015 GSHS, <https://doh.gov.ph/node/12496>

⁵⁴ 2015 GSHS, <https://doh.gov.ph/node/12496>

D.

Current Governance and Major Policies and Regulations on School-Based Nutrition Promotion⁵⁵

The imperative to invest in nutrition is enshrined in the 1989 Philippine Constitution as it mandates the State to defend the right of children to assistance, including proper care and nutrition (Article XV, Section 3), and to make available an integrated and comprehensive approach to health development and other social services (Article XIII, Section 11).

1. Overall mechanism for nutrition policy, plan, program formulation, implementation, monitoring and evaluation

Presidential Decree 491 of 1974 or the Nutrition Act of the Philippines created the National Nutrition Council (NNC) to supervise, coordinate and evaluate the implementation of the national nutrition program which shall be implemented by all agencies and instrumentalities of both the government and the private sector concerned with improving the nutrition of Filipino people. The NNC shall coordinate and integrate policies and programs of all agencies and instrumentalities of the government charged with the prosecution of existing law, policies, rules and regulations concerning nutrition.

Executive Order No. 234 (a presidential issuance with the change in government in 1986 that has the effect of a law) upheld the continued need for an inter-agency mechanism for nutrition policy and plan formulation, implementation, coordination, and monitoring and evaluation.

The National Nutrition Council includes the NNC Governing Board and the NNC Secretariat. The NNC Governing Board is the primary decision maker on nutrition policies, plans, and programs. It is chaired by the Department of Health with the Departments of Agriculture and the Interior and Local Government as vice-chairs. The DepEd is a member agency of the NNC Governing Board together with the Departments of Budget and Management, Labor and Employment, Science and Technology, Social Welfare and Development, Trade and Industry, the National Economic and Development Authority, and three representatives from the private sector that are appointed by the President of the Philippines for a two-year term. Thus, the DepEd is part of the policy, plan, program management system of the country.

⁵⁵ <https://www.nnc.gov.ph/enabling-national-laws-and-issuances-on-nutrition>

The National Nutrition Council formulates the Philippine Plan of Action for Nutrition (PPAN) for each development cycle to guide nutrition action for the period covered. Initiatives related to improving the nutrition situation of those in the education system are included in the PPAN.

2. National Laws

Landmark legislations enacted at the national level provide the legal bases for the implementation of nutrition programs in the country. These laws recognize the crucial role of nutrition in building a healthy, empowered and resilient Filipino citizenry. As a partner in nutrition improvement, DepEd participates in the implementation of these laws targeting students and their parents, the teaching personnel as well as non-teaching personnel as may be applicable.

2.1. Presidential Decree (PD) 1569 (1978)

Entitled, “Strengthening the Barangay Nutrition Program by Providing for a Barangay Nutrition Scholar in Every Barangay, Providing Funds Therefore, and for Other Purposes”, this presidential issuance has the effect of a law given the form of government at the time of issuance. It provides for the deployment of at least one nutrition volunteer (called barangay nutrition scholar or BNS) in every barangay or village to link the community especially those in need with organizations or agencies that provide nutrition and related services.

2.2. Food Fortification

The Salt Iodization Law (Republic Act 8172, 1995) was enacted to contribute to the elimination of micronutrient malnutrition in the country, particularly iodine deficiency disorders, through the cost-effective preventive measure of salt iodization. The law requires all producers/ manufacturers of food-grade salt to iodize the salt that they produce, manufacture, import, trade or distribute.

Food Fortification Law (Republic Act 8976, 2000) provides for the establishment of the Philippine Food Fortification Program and its implementing rules, regulation and guidelines. The law targets addressing specific micronutrient deficiencies by mandatory fortification of staple food items such as rice with iron, wheat flour with vitamin A and iron, refined sugar with vitamin A and cooking oil with vitamin A and voluntary fortification of other food items.

2.3. Infant and Young Child Feeding

The Philippine Milk Code (Executive Order 51, 1986) regulates the marketing of infant milk formula, other milk products, foods and beverages, as well as feeding bottles and teats. Covered entities of the code include milk companies that own and operate the product, including the manufacturers, distributors, marketing firms as well as their representatives.

Rooming-in and Breastfeeding Act (Republic Act 7600, 1992) specifies rules and regulations that contain standard procedures to be followed for rooming-in and breastfeeding in all private and government health institutions. The law provides for financial incentives to government and private hospitals that exercise compliance.

Expanded Breastfeeding Promotion Act (Republic Act 10028, 2010) requires private enterprises as well as government agencies, including government-owned and controlled corporations, to put up lactation stations. Expenses incurred in pursuant of this will now be deductible expenses (for income tax purposes) that can be up to twice the actual amount incurred. The law requires “lactation periods” for breastfeeding employees, in addition to time-off for meals, to allow them time to express their breast milk, the period being no less than a total of 40 minutes for every eight-hour working period

Expanded Maternity Leave Law (Republic Act 11210, 2018) is an act increasing the maternity leave period to one hundred and five (105) days for female workers with pay and an option to extend for an additional thirty (30) days without pay. This also grants extension of fifteen (15) days for solo mothers, and for other purposes such as the protection of women on maternity leave from discrimination, including demotion and layoff.

The Kalusugan at Nutrisyon ng Mag-Nanay Act - First 1000 Days Law (Republic Act 11148, 2018) mandates the national agencies, LGUs, civil societies and other stakeholders to develop and implement a comprehensive and sustainable strategy for the first 1,000 days of life to address the health, nutrition, and developmental problems affecting infants, young children, adolescent females, and pregnant and lactating women.

2.4. The Universal Health Care Act (Republic Act 11223, 2019)

This legislation emphasized the integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, protected from hazards, guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk through a framework that fosters a whole-of-system-government-society approach in the development, implementation, monitoring and evaluation of health policies, programs, and plans.

2.5. *Masustansyang Pagkain Para sa Batang Pilipino Act (Literally means healthy food for the Filipino child, Republic Act 11037, 2017)*

This law institutionalized national supplemental feeding programs in day care centers and public elementary schools. Among others, the law requires the use of fortified food and milk in these feeding programs. It also defines support services that should be in place, i.e., health examinations, vaccinations, and deworming; water, sanitation, hygiene; and an integrated nutrition education, behavioral transformation, and social mobilization to promote a holistic and integrated approach to health and nutrition education. A key provision of the law is on the application of community-based procurement to help spur economic activity at the local level. The law also includes the creation of a National Nutrition Information System which will harmonize all existing national and local nutrition databases to identify individuals, groups, and/or localities that have the highest magnitude of hunger and undernutrition. It also calls for the participation of the private sector in the program and exempts donations from the relevant taxes.

3. National Government Agency Issuances

Member agencies of the National Nutrition Council have contributed to the scaling up of the local nutrition program through their issuance of supportive policies. These policies have been instrumental in further providing the imperative for local governments to invest and implement quality programs in nutrition.

DILG Memorandum Circular 2015-19 directs the LGUs to accomplish and submit a checklist on the determination of the functionality of the local nutrition committee of all LGUs. A list of core indicators, representing key activities on capacity development, program planning, service-delivery, and monitoring and evaluation conducted by the local nutrition committees serve as the basis for determining functionality.

DILG Memorandum Circular 2018-42 provides guidelines on the roles and responsibilities of LGUs in the implementation of the PPAN 2017-2022, including the formulation and/or updating of the local nutrition action plan, integration of applicable PPAN programs in their respective local development plans and annual investment programs, and passage of local policies to support implementation of PPAN.

DILG-DOH-NNC Joint Memorandum Circular No. 2019-0001 enjoins all LGUs and barangays to prepare their budget for FY 2020 and onwards for improved nutrition outcomes, anchored on the list of suggested projects or actions from the PPAN 2017-2022, for implementation at barangay, municipal / city and provincial level.

Local Budget Memorandum No. 77a enjoins all barangays to prioritize in the allocation of local funds for FY 2019 the PPAs included in their respective local nutrition action plans, which should have been formulated in accordance with the PPAN 2017-2022.

Local Budget Memorandum No. 78 states that for FY 2020, the Local Expenditure Program shall contain the Annual Investment Program supported by a set of local plans including the Local Nutrition Action Plan.

Local Budget Memorandum No. 80 enjoins all LGUs to prioritize in the allocation of local funds the PPAs included in their respective Local Nutrition Action Plan (LNAP), which shall be formulated in accordance with the Philippine Plan of Action for Nutrition (PPAN) 2017-2022. LBM No. 80 also includes a new provision requiring the submission of the Barangay Nutrition Action Plan (BNAP), together with the Barangay Expenditure Program.

E.

Past and Current Major School-Based Nutrition Promotion Programs and Innovations

While curriculum and instruction remain the core mandate of DepEd, the Department also implements learner support programs and services for the holistic development of learners that complement the curricular offerings.

These programs and services are guided by policies and standards issued by the BLSS, the office mandated to formulate the national framework for such programs and services. These developmental programs focus on:

- a. Improvement of learner readiness in terms of physical health and proper nourishment;
- b. Character formation and preparation of the youth towards leadership roles and civic service; and
- c. Development of mental discipline, psychomotor skills and social values through after-school sports programs.

DepEd's programs that promote the nutritional well-being of learners can be categorized into three: **nutrition education, nutrition services, and other nutrition sensitive programs**, which include nutrition policies and other enabling mechanisms.

Nutrition education includes classroom instruction about nutrition concepts as well as extra-curricular activities such as campaigns and formation activities. Nutrition services pertain to the actual interventions provided to learners through school-based feeding. Other nutrition sensitive programs pertain to all other initiatives that reinforce and complement both nutrition education and nutrition services.

1. Nutrition education

Nutrition in the curriculum. Even before learners enter Grade 1, the Kindergarten curriculum already prepares them for the health and nutrition topics that will be discussed in higher grade levels.

The kindergarten curriculum’s learning domain on physical health and motor development helps learners acquire an understanding of good health habits, develop both their fine and gross motor skills to be efficient and effective movers when engaging in wholesome physical and health activities, and develop their awareness about the importance of safety and how they can prevent danger at home, in school, and in public places.⁵⁶

This learning domain on health, combined with the learning domain on aesthetic development, become the foundation of the learning area Music, Arts, Physical Education, and Health (MAPEH) from Grade 1 to Grade 10.

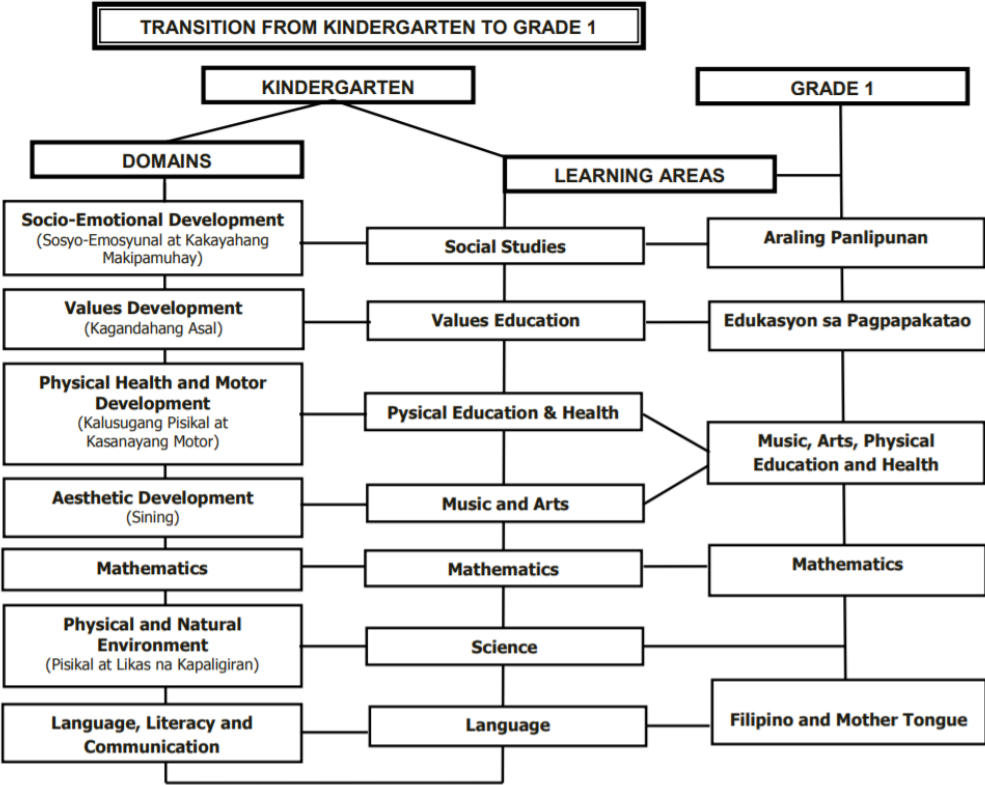


Figure 6. Transition from Kindergarten to Grade 1.

With standards and competencies spanning from Grades 1 to 10, the health curriculum—as part of MAPEH—has nine content areas aimed at helping learners achieve, sustain, and promote lifelong wellness.

⁵⁶ https://www.deped.gov.ph/wp-content/uploads/2019/01/Kinder-CG_0.pdf

One of these content areas is *nutrition* which specifically addresses the importance of eating healthy and establishing good eating habits especially for children and adolescents as a way to enhance health and prevent diseases. The other components are personal health, substance use and abuse, family health, disease prevention and control, injury prevention and safety, consumer health, community and environmental health, and growth and development.⁵⁷



Figure 7. Conceptual Framework of Health Education.

Nutrition-related content in the K-12 curriculum, as mapped by the Bureau of Curriculum Development, are shown in Table 11.

⁵⁷ https://www.deped.gov.ph/wp-content/uploads/2019/01/Health-CG_with-tagged-math-equipment.pdf

Table 18. Nutrition Content in Health Curriculum Guide.

Grade Level	Content
Grade 1	<ul style="list-style-type: none"> A. Healthful and less healthful foods <ul style="list-style-type: none"> 1. Water and milk vs. soft drinks 2. Fruits and vegetables vs. sweets, salty and processed food B. Consequences of eating less healthful food <ul style="list-style-type: none"> 1. Good eating habits. 2. Eat regular meals. 3. Eat a healthful breakfast daily. 4. Chew food thoroughly.
Grade 2	<ul style="list-style-type: none"> A. Healthy Food and the Body <ul style="list-style-type: none"> 1. Provides energy (Carbohydrates and Fats) 2. Promotes growth and body-building (Protein) B. Regulates body functions (Vitamins and Minerals) C. Guide in Eating Balanced diet <ul style="list-style-type: none"> 1. Food Pyramid for Filipino children (7-12 years old) 2. Food Plate for Filipino children (7-12 years old)
Grade 3	<ul style="list-style-type: none"> A. Good Nutrition and Health <ul style="list-style-type: none"> 1. Concept of Malnutrition 2. Forms of malnutrition (undernutrition and overnutrition) <ul style="list-style-type: none"> a. Protein-Energy Malnutrition (PEM) b. Micronutritional Deficiencies c. Vitamin A - Night Blindness d. Vitamin B - Beri-beri e. Vitamin C - Scurvy f. Vitamin D - Rickets g. Iron - Anemia h. Iodine - Goiter i. Calcium - Rickets/ Osteoporosis j. Overweight and obesity

Table 18. Nutrition Content in Health Curriculum Guide (*continued*).

Grade Level	Content
Grade 3	<p>B. Nutritional Guidelines for Filipinos (with emphasis on items with*)</p> <ol style="list-style-type: none"> 1. Eat variety of foods every day to get the nutrients needed by the body* 2. Breastfeed infants exclusively from birth up to 6 months then give appropriate complementary foods while continuing breastfeeding for 2 years and beyond for optimum growth and development 3. Eat more vegetables, and fruits every day to get the essential vitamins, minerals and fiber for regulation of body processes* 4. Consume fish, lean meat, poultry, egg, dried beans or nuts daily for growth and repair of body tissues* 5. Consume milk, milk products and other calcium-rich foods, such as small fish and shellfish every day for healthy bones and teeth* 6. Consume safe foods and water to prevent diarrhea and other food and water-borne diseases* 7. Use iodized salt to prevent Iodine Deficiency Disorders 8. Limit intake of salty, fried, fatty and sugar-rich foods to prevent cardiovascular diseases* 9. Attain normal body weight through proper diet and moderate physical activity to maintain good health and help prevent obesity. 10. Be physically active, make healthy food choices, manage stress, avoid alcoholic beverages and do not smoke to help prevent lifestyle-related non-communicable diseases.*

Table 18. Nutrition Content in Health Curriculum Guide (*continued*).

Grade Level	Content
Grade 4	<p>A. Reading Food Labels</p> <ol style="list-style-type: none"> 1. Name and Description of Food 2. Nutrition Facts (nutrition information panel, ingredients list) 3. Advisory and Warning Statements
Grade 4	<ol style="list-style-type: none"> 4. Directions for Use and Storage 5. Date Markings (Expiration Date and 'best before' date) <p>B. Food Safety Principles</p> <ol style="list-style-type: none"> 1. Keep clean 2. Wash hands properly before preparing and eating food 3. Separate raw from cooked foods 4. Cook food thoroughly particularly chicken 5. Keep food at safe temperature 6. Use clean and safe water in washing foods and cooking/ eating utensils 7. Protect food from flies and pests that can transmit disease <p>C. Food-borne Diseases</p> <ol style="list-style-type: none"> 1. Diarrhea 2. Typhoid Fever 3. Dysentery 4. Cholera 5. Amoebiasis 6. Food poisoning 7. Hepatitis A

Table 18. Nutrition Content in Health Curriculum Guide (*continued*).

Grade Level	Content
Grade 5	<p>A. Puberty-related Health Issues and Concerns</p> <ol style="list-style-type: none"> 1. Nutritional issues 2. Mood swings 3. Body odor 4. Oral health concerns 5. Pimples/Acne 6. Poor Posture 7. Menstruation-related Concerns (Pre-menstrual Syndrome, Dysmenorrhea, and other abnormal conditions) 8. Early and Unwanted Pregnancy 9. Sexual Harassment
Grade 6	<p>A. Prevention and Management of Personal Health Issues and Concerns</p> <ul style="list-style-type: none"> • Developing Self-management Skills (proper nutrition, proper hygiene, regular physical activity, enough rest and sleep, good posture, oral care)
Grade 7	<p>A. Nutrition during adolescence</p> <p>B. Nutritional guidelines</p> <p>C. Nutrition problems of adolescents</p> <ol style="list-style-type: none"> 1. Malnutrition and micronutrient deficiencies 2. Eating disorders <ol style="list-style-type: none"> a. Anorexia nervosa b. Bulimia c. Compulsive eating disorder <p>D. Decision-making skills</p>

Table 18. Nutrition Content in Health Curriculum Guide (*continued*).

Grade Level	Content
Grade 8	Maternal Health concerns (The learner must be able to explain the importance of maternal nutrition during pregnancy)
Grade 10	Quackery: Types (medical, nutrition, device) and harmful physical and psychological effects

Source: DepEd, Bureau of Curriculum Development

In Senior High School, Physical Education and Health is a core subject in Grade 11 through which learners are expected to learn, among others, to “self-assess health-related fitness status, barriers to physical activity assessment participation and one’s diet.”⁵⁸

While the learning competencies of other learning areas such as Mathematics, English, and Science are not necessarily directly related to health or nutrition, teachers and schools have the freedom to *integrate* nutrition concepts when teaching these subjects. For example, a reading material for an English subject can be about the food groups, or an exercise in Mathematics on percentages can be related to the percent Daily Value of nutrients and calories as shown in Nutrition Facts labels.

Nutrition education through extra-curricular activities. On top of what is taught in the curriculum, schools also conduct other extra-curricular activities to strengthen nutrition education. Most of these activities are intensified every July, designated as the National Nutrition Month in the Philippines.

Observed annually since 1947 per Presidential Decree 491 or the Nutrition Act of the Philippines, the celebration aims to create greater awareness among Filipinos on the importance of nutrition.

The annual theme and activities for the celebration of the National Nutrition Month are approved and coordinated by the NNC. DepEd, through the issuance of memorandum, enjoins schools to participate in the said celebration through school-based and learner-centered activities aligned with the year’s theme of the celebration. The observance of the National Nutrition Month is also included in the School Calendar released by the Department annually.

⁵⁸ https://www.deped.gov.ph/wp-content/uploads/2019/01/SHS-Core_PE-and-Health-CG.pdf

2. Nutrition services

Like the other health content in the curriculum, nutrition concepts taught in the classroom are complemented by learner support services, particularly nutrition services or the provision of meals, food products, and milk, through the School-Based Feeding Program.

2.1. The School-Based Feeding Program⁵⁹

Through the years, DepEd has implemented the School-Based Feeding Program (SBFP) to address hunger among learners, encourage them to enroll, contribute to the improvement of their nutritional status, provide nourishment for their growth and development, help boost their immune system, and enhance and improve their health and nutrition values.

The implementation of the SBFP has been guided by DepEd Order No. 39, s. 2017, or the Operational Guidelines on the Implementation of School-Based Feeding Program for School Years 2017-2022, and by the supplemental guidelines issued by DepEd specifically for each Fiscal Year.

The SBFP, although a health intervention, is primarily a strategy to increase classroom attendance and encourage learners to go to school every day. Previously known as the Breakfast Feeding Program designed to address the “short-term-hunger syndrome—a condition experienced by children who do not eat breakfast and/or walk long distances to reach school which results to non-attendance and/or inattentiveness in class—the program was renamed to SBFP so as not to limit the feeding to breakfast only, letting the school decide on what time to conduct the feeding that will best address the nutritional needs of the learners.

Through the SBFP, undernourished learners are provided with hot meals that meet 1/3 of the recommended intake based on the Philippine Dietary Reference Intakes (PDRI). The program specifically targets wasted and severely wasted learners from Kindergarten to Grade 6. They are identified through the conduct of Nutritional Assessment every June, in time for the opening of the school year.

⁵⁹ <https://www.deped.gov.ph/2020/09/07/september-7-2020-do-023-s-2020-operational-guidelines-on-the-implementation-of-the-school-based-feeding-program-for-school-year-2020-2021/>, <https://www.deped.gov.ph/2019/12/13/december-13-2019-do-036-s-2019-guidelines-on-the-implementation-of-school-based-feeding-program-milk-feeding-program-component/>, <https://www.deped.gov.ph/2017/08/07/do-39-s-2017-operational-guidelines-on-the-implementation-of-school-based-feeding-program-for-school-years-2017-2022/>

Learner-beneficiaries get one meal in one day for 120 feeding days. In special instances (e.g., excess funds or shortened number of feeding days due to school holidays), “double-feeding” is done where children are fed two meals in one day.

Aside from the provision of the hot meals, the program also allocates funds for the operational costs involved in the purchase and preparation of the meals, as well as provides for iron supplement (taken once a week, for 20 weeks), and hygiene kits (toothbrush, toothpaste, soap) for the learners.

The program makes use of standardized recipes developed by DepEd, including recipes that utilize *malunggay* (*Moringa oleifera*), and those developed by partners. The program is also utilized as an avenue for the development of health and nutrition values and behavior among learners.

It also mobilizes parents to help in the sourcing and preparation of foods. In some areas, central kitchens have been established with the help of the private sector, supported by the local government units, in coordination with the local DepEd Offices.

2.2. The SBFP-Milk Component⁶⁰

In 2019, the Department issued DepEd Order No. 36, s. 2019 or the Guidelines on the Implementation of School-Based Feeding Program-Milk Feeding Program Component to support the SBFP by providing fresh milk supplement to the hot meals given to the beneficiaries under the regular component of the feeding program.

The SBFP milk component, anchored on Republic Act (RA) No. 11037, or the “*Masustansyang Pagkain para sa Batang Pilipino* [Nutritious Food for the Filipino Child] Act,” aims to develop the habit of drinking milk among the SBFP beneficiaries, and to likewise improve their nutritional status, classroom attendance, and school performance.

Section 4.c of RA 11037 mandates DepEd to “coordinate with the Department of Agriculture, the National Dairy Authority, the Philippine Carabao Center, and the Cooperative Development Authority for incorporation of fresh

⁶⁰ <https://www.deped.gov.ph/2020/09/07/september-7-2020-do-023-s-2020-operational-guidelines-on-the-implementation-of-the-school-based-feeding-program-for-school-year-2020-2021/>, <https://www.deped.gov.ph/2019/12/13/december-13-2019-do-036-s-2019-guidelines-on-the-implementation-of-school-based-feeding-program-milk-feeding-program-component/>, <https://www.deped.gov.ph/2017/08/07/do-39-s-2017-operational-guidelines-on-the-implementation-of-school-based-feeding-program-for-school-years-2017-2022/>

milk and fresh-milk based products in the fortified meals and cycle menu in accordance with Republic Act No. 8172, otherwise known as the Philippine Food Fortification Act of 2000, utilizing, as far as practicable, locally produced milk in order to enhance its nutritional content and, at the same time, help boost livelihood opportunities for local dairy farmers and the local dairy industry.”

Due to some challenges encountered in the operationalization of the guidelines and the implementation of the program, the actual milk feeding first took place for SY 2020-2021, as part of the modified implementation of the SBFP.

2.3. SBFP during the COVID-19 pandemic⁶¹

In 2020, the global COVID-19 pandemic has posed challenges to various sectors, including the basic education sector. Schools and community learning centers have been closed for physical conduct of classes, as part of government measures to contain COVID-19.

As a response, DepEd has developed the Basic Education Learning Continuity Plan (BE-LCP) which lays out the Department’s learning delivery strategy and operational direction that ensures the health, safety, and well-being of all DepEd learners and personnel. Strengthening the implementation of the SBFP is identified in the BE-LCP as one of DepEd’s interventions for increasing the physical resilience of learners.

In line with the BE-LCP, the implementation of the SBFP for SY 2020-2021, which started in October, instead of June, has been modified considering the conditions brought about by the COVID-19 pandemic, including those that have become part of the “new normal.”

As the conduct of nutritional assessment has been suspended, the implementation of the program for SY 2020-2021 covered all incoming Kindergarten learners regardless of their nutritional status; as well as the wasted and severely wasted learners from Grades 1 to 6 based on the previous school year’s report, except for those who have already moved to Grade 7.

⁶¹ <https://www.deped.gov.ph/2020/09/07/september-7-2020-do-023-s-2020-operational-guidelines-on-the-implementation-of-the-school-based-feeding-program-for-school-year-2020-2021/>, <https://www.deped.gov.ph/2019/12/13/december-13-2019-do-036-s-2019-guidelines-on-the-implementation-of-school-based-feeding-program-milk-feeding-program-component/>, <https://www.deped.gov.ph/2017/08/07/do-39-s-2017-operational-guidelines-on-the-implementation-of-school-based-feeding-program-for-school-years-2017-2022/>

Instead of the hot meals usually served in schools, the program utilized nutritious food products delivered to the homes of the learners. These food products or commodities include the enhanced *nutribun* (a bun fortified with micronutrients like iron and vitamin A) and other enhanced breads, milky bun, fruits, vegetables, root crops, and nutripacks (or prepared food formula that contain carbohydrates, vitamins, and minerals in a packet or sachet).

Considering the funds that need to be utilized for the year and the number of school days left for the year 2021, the number of feeding days has been reduced as well.

Through these modifications, more than 3.5 million kindergarten to Grade 6 learners have been provided with packages of nutritious and fortified food products and fresh milk, even during the time of pandemic and children are on various blended learning modalities.

The program has mobilized various stakeholders, namely: technology adopters of nutritious food processing, farmers that supply vegetables, fruits and root crops, and the local dairy industry. The program contributes in generating livelihood and creating employment through small and medium enterprises and farmers' cooperatives. While the pandemic has affected many economic activities, the SBFP has somehow provided livelihood opportunities.

Further, in the distribution and delivery of food and milk at a time of several travel restrictions due to the pandemic, partnerships with local government units, and non-government or community organizations have been established to reach our learners in their respective households.

Drawing from the lessons of this modified implementation of the SBFP, the new guidelines for the next school year 2021-2022 currently being finalized include options for both the serving of hot meals when schools are allowed to open and the distribution of food packs to the homes of learners.

3. Nutrition Sensitive Programs

These include policies, structural support, and other enabling mechanisms that reinforce the concepts, the life skills, and behaviors that our children are taught in class, and complement and strengthen the nutrition interventions and services provided to learners.

3.1. Nutritional Assessment

Nutritional assessment is the process through which the nutritional status of an individual is evaluated, specific nutrient needs are estimated for planning nutrition interventions. The main objective of Nutritional Assessment is to determine the nutritional status of the learners to be able to identify and develop the appropriate interventions for growth improvement and development of the learners. It is also an integral part of the planning and budgeting of nutrition interventions as well as a tool in evaluating nutrition programs.

In 2010, DepEd issued Memoranda Nos. 165 and 241 through which DepEd adopted the 2007 World Health Organization-Child Growth Standards (WHO-CGS). As affirmed by the National Nutrition Council Governing Board Resolutions Nos. 2, s. 2008, and 3, s. 2009, the Philippines agreed to adopt the 2007 growth standards starting SY 2010-2011 for screening, surveillance, monitoring and determining the nutritional status of the Filipino learners aged 5-19 years old.

Nutritional assessment is usually conducted twice a year: at the start of the school year (June-July) which provides the baseline data, and before the end of the school year (February-March) which provides the end line data. The nutritional assessment for SY 2020-2021 was suspended since face-to-face classes were not allowed due to the pandemic.

In the past, DepEd also provided capacity building to school health personnel in nutritional assessment and disseminated Body Mass Index Software to be used for the data gathering.

3.2. Healthy Food and Beverage Choices

To promote healthy diet and balanced food intake among learners and DepEd personnel, the Department issued DepEd Order No. 13, s. 2017 or the Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices.

Healthy diet refers to balance of food intake which achieves energy balance and a healthy weight; limits energy intake from total fats and shifts fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids; increases consumption of fruits and vegetables,

legumes, whole grains, and nuts; limits the intake of free sugars; and limits salt (sodium) consumption from all sources.

The policy limits food with high total fats and sugar, limits salt and increases availability of fruits and vegetables, legumes, whole grains and nuts in school canteens. Specifically, the policy aims to:

- 1) make available healthier food and beverage choices among students and DepEd personnel and their stakeholders;
- 2) introduce a system of categorizing locally available foods and drinks in accordance with their geographical, cultural, and religious orientations;
- 3) provide guidance in evaluating and categorizing foods and drinks; and
- 4) provide guidance in the selling and marketing of foods and beverages in schools and DepEd offices, including the purchasing of foods for school feeding.

More than 300 school health and nutrition personnel nationwide have been oriented on DO 13, s. 2017, who in turn lead in cascading the advocacy and ensuring the continuous roll out of further orientation to schools division offices and schools through Learning Activity Cell Sessions among School Heads and teaching personnel.

3.3. Food safety

Food safety is defined as the assurance that food will not cause harm to the consumer when it is prepared or eaten according to its intended use (Food Safety Act of 2013). The Food and Agriculture Organization (FAO) and the WHO declared that access to nutritionally adequate and safe food is the right of every individual. Food safety is thus given priority to promote a food safe environment for the entire school populace.

To guide the school implementers on the strict observance and implementation of food safety standards and hygienic practices, DepEd issued DepEd Order No. 14, s. 2005 titled Instructions to Ensure Consumption of Nutritious and Safe Food in Schools, and DepEd Order No. 52, s. 2008 titled Compliance with DepEd Policies on Food safety in Schools.

DepEd Order 14, s. 2005 provides for raising the level of consciousness of learners on the importance of food safety, the development of a Food Safety

Handbook as a reference material for schools and for orientation training of regional health and nutrition personnel; and the intensified advocacy on nutrition and food safety by health and nutrition personnel at the regional and division levels.

On the other hand, DepEd Order 52, s. 2008 tasks a monitoring team to ensure adherence to standards on quality, handling and serving of food in the school canteen and that food safety standards and strict observance of hygienic practices, and provides that school heads and teachers should encourage parents to prepare snacks for their children to eat during recess time.

In CY 2017, four batches of Basic Food Safety Training were conducted by BLSS-SHD in partnership with Food Safety and Hygiene Academy of the Philippines (FoodSHAP). The Basic Food Safety for Food Handlers is the first step towards the full FoodSHAP Food Safety Training and Examination System. The qualification covers all the basic hygiene requirements for food handlers. It thoroughly addresses the flow of food from purchasing to serving.

In 2018, four batches of the second level of food safety training called “Hazard Analysis and Critical Control Points (HACCP)” were conducted. HACCP is a structured approach that will assess the potential hazards of a food operation and decide which areas are critical to the safety of the consumer. It covers the steps to develop and implement HACCP and the seven (7) HACCP Principles. HACCP prepares food handlers to establish, implement and maintain a simple HACCP plans to identify and control food hazards.

In CY 2019, four batches of the third level of food safety training called “Food Safety Compliance Officer (FSCO) Training” were conducted. The Philippine Food Safety Act of 2013 requires that every Food Business Operator must have a designated Food Safety Compliance Officer in charge of food safety management and its legal compliance. DepEd is considered a Food Business Operator having school canteens that serve about twenty-two million learners in public elementary and secondary schools nationwide. Hence, the FSCO Training produced the first set of DepEd FSCOs who will establish, implement, maintain, and improve a basic Food Safety Management System within DepEd.

The development of DepEd’s comprehensive guidelines on food safety is also ongoing.

3.4. National Salt Iodization Program

The signing into Law of Republic Act No. 8172 titled An Act Promoting Salt Iodization Nationwide (ASIN) and for Related Purposes on December 20, 1995 was a major step to end that silent but tremendous nutritional problem called iodine deficiency disorders (IDDs). IDDs caused by lack of iodine in one's diet deprive affected individuals of health, intelligence and consequently economic productivity. This also translates to poor capacity for learning for learners. Universal Salt Iodization is the recognized cheapest, safest, efficient, and long-term intervention to address IDD.

DepEd's mandate under the law became the basis for DepEd's National Salt Iodization Program (NSIP).

As a strategy to enforce the Republic Act 8172, DepEd integrated the basic concepts and messages on Iodine Deficiency Disorder prevention in curriculum and instruction. In 2004, DepEd together with the DOH and UNICEF developed modules for the integration of key messages into the school curricula. A department memorandum was issued to instruct the schools to utilize the modules.

In 2012, DepEd partnered with UNICEF and the National Nutrition Council (NNC) for the development, printing, and distribution of NSIP Lesson Plans in Science and Health and *Edukasyong Pantahanan at Pangkalusugan* (EPP). The partnership produced eight (8) Lesson Plans in Science and Health and in EPP in the Elementary level.

In 2018, NSIP Lesson Plans for the Secondary Level were developed aligned with the K to 12 Curriculum. The developed Lessons Plans are for further validation and the capacity building for School Health Personnel are in the pipeline.

3.5. Integrated Nutrition School Nutrition Model

DepEd has adopted an Integrated School Nutrition Model (ISNM) that links nutrition education, school-based feeding, and school gardens.

Through the years, DepEd, has been implementing the *Gulayan sa Paaralan* (Vegetable Gardens in Schools) Program. Through the ISNM, the implementation of the GPP has been enhanced and the link between GPP and the SCBFP has been strengthened.

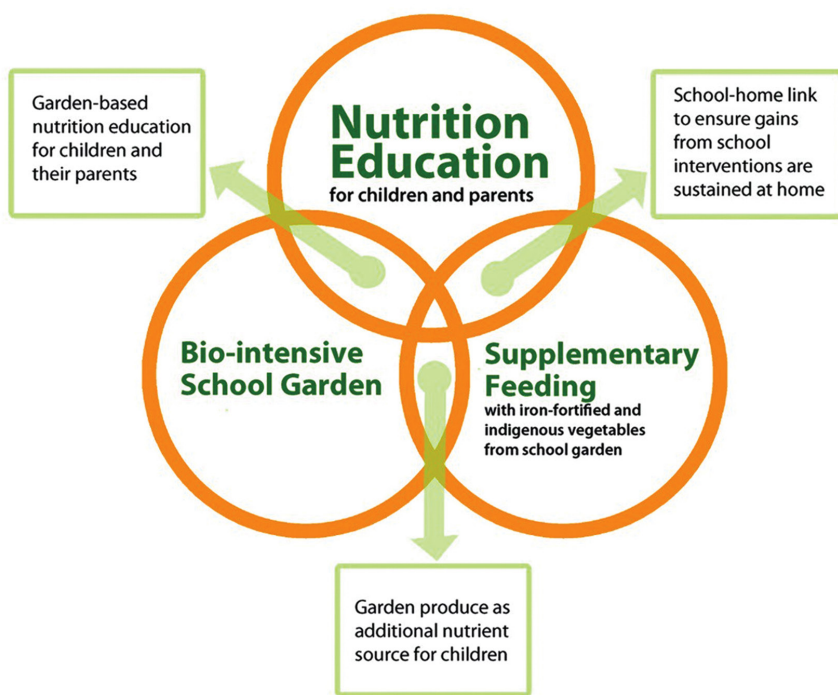


Figure 8. Integrated School Nutrition Model Framework.

It started as an action-research in DepEd Cavite in partnership with International Institute of Rural Reconstruction (IIRR) where evidence for each of the component were generated. Results showed that supplementary feeding of malnourished learners using iron-fortified rice and indigenous vegetables from school gardens significantly improved their nutritional status. Enhanced knowledge, attitude and practices on gardening and nutrition were observed among parents. The project tested and successfully sustained Biointensive Gardens (BIG) and crop museums that aimed to retrieve and conserve crop cultivars while improving year-round availability of a diverse range of climate-resilient, locally adapted, and nutritionally important vegetables.

To date, more than 1,000 program coordinators attended eight batches of capacity building for the ISNM, while 10,000 elementary schools received program support funds to intensify the implementation of the program.

The development of the comprehensive policy to institutionalize ISNM in DepEd is also under way.

F.

Other Nutrition-Specific Programs under *Oplan Kalusugan sa DepEd*

The implementation of the SBFP and other nutrition sensitive programs are part of a comprehensive initiative called the *Oplan Kalusugan sa* Department of Education (OK sa DepEd) [Operational Plan for Health in DepEd]. Launched in 2018, OK sa DepEd is the convergence of DepEd's health programs, policies, and activities geared towards their effective and efficient implementation at the school level.

SBFP is one of the six flagship programs under *OK sa DepEd* along with Medical, Dental, and Nursing Services; Water, Sanitation, and Hygiene (WASH) in Schools Program; Adolescent Reproductive Health Program; National Drug Education Program; and School Mental Health Program.

Considering that each of the flagship programs has its own sets of strategies, activities, and indicators depending on the respective legal mandates that it is anchored on, the goal of *OK sa DepEd* is to harmonize the implementation of these programs so that they effectively complement each other. While the implementation of each of the flagship programs is guided by their respective issuances

For instance, deworming, immunization, and provision of supplements as components of the School-Based Feeding Program are particularly under Medical, Dental, and Nursing Services, while ensuring clean and hygienic facilities and access to safe, drinking water are implemented under the WASH in Schools Program.

Under the Comprehensive Tobacco Control Program, which supports the National Drug Education, DepEd implements a policy against the gifts, donations, or sponsorships from tobacco companies, including those coursed through foundations and non-government organizations. This policy guides the identification and selection of partners in implementing school health and nutrition programs, including the School-Based Feeding Program.

The School Mental Health Program emphasizes a holistic approach to mental health promotion that acknowledges that physical health and psychological health are interrelated and interdependent. Proper nutrition is integral to one's mental and overall health.

G.

Best Practices, Impacts, and Lessons Learned in Implementing School-Based Nutrition Promotion Policies, Regulations, and Programs

1. Institutionalized Program

What can be considered as the major strength of school-based nutrition programming in the Philippines is that it has been institutionalized through a national law—RA 11037—which established the country's National Feeding Program to address undernutrition among Filipino children.⁶²

RA 11037 specifically identifies the School-Based Feeding Program, milk feeding program, and *Gulayan sa Paaralan* [vegetable gardens in schools] among the key program components of the National Feeding Program. The other components of the National Feeding Program are: (1) supplemental feeding program for day care children [children three to five years old]; (2) micronutrient supplements; (3) health examination, vaccination, and deworming; (4) water, sanitation, and hygiene; and (5) integrated nutrition education, behavioral transformation, and social mobilization.

These components have long been implemented by DepEd, but their institutionalization through the passage of a national law guarantees that their implementation will be prioritized by the concerned national government agencies as well as local government units.

Under the law, national government agencies including DepEd are required to ensure the inclusion of funds for the implementation of the program components relevant to their mandates under their respective budgets in the annual General Appropriation Act, the law that covers the agencies' annual operating requirements. The law also mandates local government units to assist the national government agencies in the efficient and effective implementation of the National Feeding Program and authorizes them to use a portion of the Special Education Fund and/or the twenty percent (20%) of their development fund to augment the appropriations available under the General Appropriations Act.

⁶² <https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11037/>

2. Strong leadership support

From as early as her assumption of office, Education Secretary Leonor Magtolis Briones has already made clear that the School-Based Feeding Program will be among DepEd's priorities under her administration, placing it fourth in her administration's Ten-Point Education Agenda, specifically as a learner retention strategy.

In her declaration of vision and agenda for DepEd, the Education Secretary announced that the Department "will continue the efforts to get our school-age children to school, and to keep them in school up to completion of basic education. We will provide school-based interventions to incentivize, and to reduce the burden of, school participation. This will include the continuation of school feeding programs, and ensuring that school facilities and environment are conducive to school attendance and learning."

SBFP follows the full implementation of K-12; the enrichment of curricula in drug education, in gender and development component, and in environmental awareness, disaster preparedness and climate change adaptation and mitigation; and the expansion of Alternative Learning Systems; which occupy the first three spots.

This strong leadership and enabling support from the Secretary and the Executive Committee has translated to ensuring that the program is prioritized in terms of programming, funding, human resource support, and advocating for the goals and the objectives of the program in various platforms.

3. Integration across all governance levels

Another program strength that is often identified during implementation reviews and consultations conducted by the Bureau of Learner Support Services-School Health Division is how the School-Based Feeding program is cohesively integrated into the Department's operations across all governance levels.

Program coordinators are designated and technical working groups created per governance level to ensure that there are dedicated teams who will focus on the implementation of the program. This also ensures effective collaboration among offices and units per governance level that have a stake in the implementation of the program. The Central Office technical working group

provides program directions and technical assistance to the Regional Offices and Schools Division Offices, who in turn, guide the schools in their respective jurisdictions in the school-level implementation of the program.

The implementation of the program also as much as possible utilizes existing or available platforms in the field offices and schools, instead of creating new ones. A particular example is the distribution of the nutrition food products during the implementation of the program for SY 2020-2021 which was lodged in the existing distribution mechanisms for the self-learning modules, the main mode of learning delivery during the school year.

One of the strong features of the basic education in the Philippines, which is embedded in the implementation of the School-Based Feeding Program, is the principle of school-based management. This means that the significant decision-making authority has been transferred to individual schools.

4. Inter-agency and community partnerships

The Bureau of Learner Support Services-School Health Division cites the Department's strong collaboration with other national government agencies as one of the key factors in the successful implementation of the School-Based Feeding Program. Similarly, strong partnerships with local government units as well as the affirmative response and cooperation of parents, have been cited as key for the successful implementation of the program activities at the school level.

5. Search for outstanding implementers⁶³

In August 2021, DepEd launched the Search for the Most Outstanding Implementers of the School-Based Feeding Program for School Year 2020-2021 in order to continue the gains achieved by the program, and to recognize the achievements of field implementers who relentlessly pursued and supported the government's call to provide critical resources needed by the learners particularly in this time of the COVID-19 pandemic.⁶⁴

⁶³ https://www.deped.gov.ph/wp-content/uploads/2021/08/DM_s2021_051.pdf

⁶⁴ <https://www.deped.gov.ph/2021/08/04/august-4-2021-dm-051-s-2021-search-for-the-most-outstanding-implementers-of-the-school-based-feeding-program-for-school-year-2020-2021/>

H.

Major Challenges and Areas Needing Improvements in Implementing School-Based Nutrition Promotion Policies, Regulations, and Programs

At least two major challenges are faced by DepEd in terms of implementing the program: One that affects the achievement of the nutrition objectives—that is, the improvement of the nutritional status of the feeding beneficiaries—and another that affects the logistical and administrative requirements in the implementation of the program.

1. **Unsustained improvement of the nutrition condition of students.** Under the School-Based Feeding Program, beneficiaries receive their meals or nutritious food products for 120 days within the school year. While improvement of nutritional status is normally observed by the end of the feeding period, the learner's nutritional intake after and before the feeding period is already beyond the coverage of the program. As a result, those whose nutritional status have improved toward the end of the feeding program usually revert back to their undernourished status, and become the same beneficiaries of the program for the next feeding cycle.
2. **Disconnect between the school year (June of the year - March of the next year) and the fiscal year,** Under existing laws, the funds allotted to government agencies must be utilized within the fiscal year (January to December). However, as the school year usually starts in June and ends in March of the following year, the implementation of the feeding program normally starts after past mid-year. Since schools must be able to utilize the funds within the year and accomplish documentary requirements and liquidation reports before the year ends, they usually have limited time to implement the 120-school-day feeding program, as the first month of school year is also usually devoted to nutritional assessment to determine the participants in the program. This requires schools to strategize in obligating funds, procuring goods, and making necessary arrangements and adjustments, in case the implementation of the program needs to be continued for the rest of the school year (e.g., January), and budget books need to be closed by December.

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3. **Implementation challenges** that include limited participation of parents in food preparation, difficulty in procuring needed supplies for the feeding, inadequacy in resources that include budget for the food supplies needed to meet the targeted level of nutrition supplementation, cooking and eating utensils, as well as weighing scales. These challenges are addressed by the local DepEd offices and the schools as appropriate.

1. The Basic Education Development Plan

DepEd is currently at the final stage of developing its Basic Education Development Plan (BEDP), a long-term plan (2021-2030) that aims to comprehensively respond to the results of the Basic Education Sector Analysis conducted in 2019.

The latest draft of the BEDP presents a Results Framework which identifies four intermediate outcomes for the Basic Education Sector, namely: Access, whereas learners have access to relevant basic learning opportunities; Equity, whereas learners in situations of disadvantage benefit from appropriate equity initiatives; Quality, whereas learners attain all learning standards of the K-12 curriculum, equipping them to pursue their chosen post-basic education paths; and Resilience, whereas learners are resilient and aware of their rights and have the life skills to protect themselves and their rights.

Health and nutrition activities have been specifically identified as among the strategies that need to be undertaken so that these outcomes will be achieved.

For the intermediate outcome on Access, the establishment of health and nutrition facilities, the implementation of health and nutrition programs, including school feeding, and the training of personnel on appropriate health and nutrition standards are part of the strategies to improve access to quality and learner-friendly learning environment, and to improve capacity to bring and retain learners in schools.

For the intermediate outcome on Equity, the establishment of customized health and nutrition facilities, and the increased involvement of health and nutrition professionals, are part of the strategies to provide an inclusive and safe learning environment that responds to the situations of disadvantage, and to promote partnerships that benefit learners in such situations.

For the intermediate outcome on Resilience, the provision of basic health and nutrition services, nurturing and protecting learners' mental and psychosocial health, and the promotion of learners' physical and emotional development, are specific strategies that have been identified. Among the expected outputs under

this intermediate outcome are improved nutritional status and physical health of learners, trained and competent health personnel and program coordinators, and schools and partners are mobilized for implementation of policies and standards on health and nutrition.

The emphasis on health and nutrition in the BEDP is a clear indicator that programs such as the SBFP and other nutrition programs will continue to be a priority even beyond the current administration.

2. Healthy learning institutions

Pursuant to Republic Act No. 11223 or the Universal Health Care Law, the DOH through the Health Promotion Bureau has committed to operationalizing healthy learning settings mandated under Section 30 of the law. Section 30.6-30.10 of the Implementing Rules and Regulations of the law enshrines the DOH's partnership with education national government agencies, particularly DepEd, CHED, and TESDA in promoting health literacy and behaviors to their respective stakeholders. In this light, DepEd has entered into an inter-agency partnership with the said agencies to ensure compliance with its mandate under the said law for the establishment and/or strengthening of schools as healthy learning institutions.

As one of the government institutions tasked with overseeing education and educational institutions and promoting the public's health and well-being, DepEd shall ensure the implementation and enforcement of set guidelines and standards for healthy schools, provide support to schools in order to achieve these goals, and create and maintain an awards system for schools to be recognized as healthy learning institutions.

Through the said inter-agency partnership, DepEd is expected to adopt the healthy learning institutions framework aligned with the six pillars of the WHO Health Promoting Schools Framework: 1) healthy school policies, 2) physical school environment, 3) social school environment, 4) health skills and education, 5) links with parents and communities, and 6) access to health services.

The goals of the healthy learning institutions framework shall be guided by the key priority areas in the HPFS, as well as other existing health programs. The priority areas of the HPFS are: 1) Diet and Physical Activity, 2) Environmental Health, 3) Immunization, 4) Substance Use, 5) Mental Health, 6) Sexual and Reproductive

Health, and 7) Violence and Injury Prevention. The overarching goal of health literacy and knowledge of health rights shall also be further strengthened in the curriculum, programs, and activities of the learning institution.

In keeping with this partnership, it is expected that the implementation of *OK sa DepEd* and its flagship programs including the SBFP and the other nutrition programs will further be strengthened and their activities more harmonized, especially at the school level.

3. Commitment in the school meals coalition

In August 2021, the Philippines, through the Secretary of Education, expressed its commitment to join the global coalition, “School Meals Coalition: Nutrition, Health and Education for Every Child,” being launched in tandem with the UN Food Systems Summit (UN FSS). As a key part of the UN FSS, the Coalition led by Finland and France, and supported by the UN World Food Programme (WFP), brings together governments, UN agencies, civil society, the private sector and academia to drive actions that can urgently re-establish, improve and scale-up school meals programs in countries around the world.

In its Declaration of Commitment, DepEd has committed to work with the other members of the Coalition towards the full implementation of the following:

- a. Set out a long-term plan with the aim to restore access to school meals for children who lost them during the pandemic and reach those previously left behind, especially in countries most vulnerable to poverty and climate change
- b. Improve our approach in a collaborative way, sharing best practices and lessons learnt tailored to national and local contexts
- c. Invest in scaling up progress through a research consortium, multi sectoral financing taskforce, advocacy and outreach taskforce and initiatives around best practice and accountability; and mobilize the means required to implement this agenda through partnerships
- d. Work collaboratively with all stakeholders across the sectors and at regional, national and subnational levels to realize these goals

Specific to the Philippines, DepEd has committed to:

- a. provide of Iron Fortified Rice in school feeding program;
- b. apply the concept of home-grown School Feeding where schools are linked to the community and the small-scale farmers for sustainable, gender-transformative and income-generating food production and supply;
- c. continue efforts to strengthen the convergence of school feeding and other health and nutrition initiatives toward a comprehensive school nutrition program;
- d. implement social and behavior change communication initiatives to improve knowledge, attitude and practices of the schoolchildren, their parents and caregivers, and teachers and school leaders for better health and nutrition;
- e. implement existing and advocate for stronger policies to promote healthy food choices among schoolchildren, including those that provide guidance on foods and beverages sold or marketed in schools or to schoolchildren, and those that regulate food industry advertisements and sponsorships targeting schools;
- f. implement existing and advocate for stronger policies on food safety, quality, and nutritional standards of school meals;
- g. increase fiscal support to school meals;
- h. strengthen institutionalization initiatives that ensure national and local government prioritization of school feeding and other health and nutrition programs;
- i. improve the quality and coverage of the program towards universal feeding;
- j. increase, strengthen, and streamline human resource complement and organizational structure to effectively support program implementation and ensure success.

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School-Based Nutrition Promotion: Philippines' Country Profile

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