

NNC- GAD Agenda 2024-2028

THE NATIONAL NUTRITION COUNCIL (NNC) GENDER AND DEVELOPMENT (GAD) AGENDA

BACKGROUND

The National Nutrition Council (NNC), as the highest policymaking and coordinating body for nutrition is tasked to formulate the Philippine Plan of Action for Nutrition, the country's national policy for food and nutrition.

The PPAN aims to address hunger and all forms of malnutrition. It serves as a guide to the duty-bearers and stakeholders of nutrition. It presents the desired outcomes/goals and targets, key strategies and enabling factors that may be adopted by duty-bearers and stakeholders to achieve their desired nutrition outcomes. The PPAN continues to be strategic and adopts a multi-sectoral and multi-level approach in program planning, implementation and monitoring and evaluation. Moreover, the PPAN is aligned with key global frameworks and international commitments, and the Philippine Development Plan and Ambisyon Natin 2040 at the country level.

As mandated, the NNC adapted gender mainstreaming as strategy to implement RA 9710 Magna Carta of Women in the agency and in the nutrition sector through the Philippine Plan of Action for Nutrition. In accordance to PCW MC 2018-04, the NNC shall formulate the GAD Agenda to serve as basis in identifying programs, activities and projects to be undertaken to achieve the GAD goals and outcomes and provide the monitoring and evaluation framework for assessing GAD results and outcomes.

This NNC GAD Agenda document shall consist of sections on gender analysis, strategic framework and strategic plan.

Nutrition and Gender: Trends and Prospects

A. A worldwide picture of nutrition

Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity, for adults. It is a universal truth that in terms of

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learning competencies, healthy children are at the advantage. On the other hand, they who have enough nutrition are more productive. They are also able to create their own opportunities to gradually break the cycles of poverty and hunger. Hence, malnutrition, in every form, presents threats to global human health. At present, there is a global challenge of the double burden of malnutrition: undernutrition and overweight, especially in low- and middle-income countries. Unfortunately, the developmental, economic, social, and, most importantly, medical impacts of the global burden of malnutrition are serious and lasting for individuals and their families, for communities and for countries.

Most recent estimates show that globally, 149.2 million children under the age of 5 years of age are stunted (too short for their age) and 45.4 million are wasted (underweight for their height). The number of children with stunting is declining in all regions except Africa. Over three-quarters of all children suffering from severe wasting live in Asia. Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries.

The following are some interesting data that pertain to nutrition and health:

- a. Anemia is a serious global public health problem that particularly affects young children and pregnant and postpartum women, and menstruating adolescent girls and women. It is a condition wherein the number of red blood cells or the hemoglobin concentration within them is lower than normal. It mainly affects women and children. Anemia occurs when there is not enough hemoglobin in the body to carry oxygen to the organs and tissues. In severe cases, anemia can cause poor cognitive and motor development in children. It can also cause problems for pregnant women and their babies. It can also be caused by poor nutrition, infections, chronic diseases, heavy menstruation, pregnancy issues and family history. It is often caused by a lack of iron in the blood, nutrient deficiencies, inadequate diet (or the inadequate absorption of nutrients), infections, inflammation, chronic diseases, gynecological and obstetric conditions, and inherited red blood cell disorders.

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Iron deficiency, primarily due to inadequate dietary iron intake, is considered the most common nutritional deficiency leading to anemia. Deficiencies in vitamin A and other vitamins such as folate, B12 and riboflavin can also result in anemia due to their specific roles in the synthesis of hemoglobin. Additional mechanisms include nutrient losses (e.g. blood loss from parasitic infections, hemorrhage associated with childbirth, or menstrual loss), impaired absorption, low iron stores at birth, and nutrient interactions affecting iron bioavailability.

Infections can be another important cause of anemia, depending on the local burden of infectious diseases, such as malaria, tuberculosis, HIV, and, even, parasitic infections. Infections can impair nutrient absorption and metabolism (e.g. malaria, ascariasis) or can cause nutrient loss (e.g. schistosomiasis, hookworm infection). Many different chronic conditions can cause inflammation and lead to inflammation anemia or chronic disease anemia. HIV infection causes anemia through a wide range of mechanisms including ineffective production or excessive destruction of red blood cells, blood loss, and side effects of the drug treatment. Consistent heavy menstrual losses, maternal blood volume expansion during pregnancy, and blood loss during and after childbirth, particularly in cases of postpartum hemorrhage, commonly lead to anemia. Moreover, inherited red blood cell disorders are a common cause of anemia. These include conditions such as α - and β -thalassemia due to abnormalities of hemoglobin synthesis, sickle cell disorders due to changes in the hemoglobin structure, other hemoglobinopathies due to hemoglobin gene variants, abnormalities of red cell enzymes, or abnormalities of the red blood cell membrane.

In many low- and lower-middle income settings, the most commonly- recognized causes of anemia are iron deficiency and malaria. Low- and lower-middle income countries bear the greatest burden of anemia, particularly affecting populations

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living in rural settings, in poorer households, and who have received no formal education. Globally, it is estimated that 40% of all children aged 6–59 months, 37% of pregnant women and 30% of women 15–49 years of age are affected by anemia. The World Health Organization (WHO) approximates that 40% of children below 5 years of age and 37% of pregnant women worldwide are anemic. Thirty percent (30%) of women of reproductive age have anemia.

The population groups most vulnerable to anemia include children under 5 years of age, particularly infants and children under 2 years of age, menstruating adolescent girls and women, and pregnant and postpartum women. It is estimated to affect half a billion women 15–49 years of age and 269 million children 6–59 months of age worldwide. In 2019, 30% (539 million) of non-pregnant women and 37% (32 million) of pregnant women aged 15–49 years were affected by anemia. Africa and South-East Asia are most affected with an estimated 106 million women and 103 million children affected by anemia in Africa and 244 million women and 83 million children affected in South-East Asia. Some infections such as malaria can also cause anemia. People living in places where malaria is common should follow prevention advice from local health authorities.

The consequences of anemia can vary. It can affect school performance (through developmental delays and behavioral disturbances such as decreased motor activity, social interaction and attention to tasks), productivity in adult life and overall quality of life in general. During pregnancy, anemia has been associated with poor maternal and birth outcomes, including premature birth, low birth weight and maternal mortality. In addition to the health consequences, anemia can have important financial impacts for individuals, families, communities and countries. It is estimated that for every US\$ 1 invested in reducing anemia in women, US\$ 12 in economic returns could potentially be produced.

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b. Worldwide, 1.9 billion adults are overweight or obese and 38.9 million children below 5 years of age are overweight. Overweight and obesity occur when a person is too heavy for his or her height, and there is an abnormal or excessive fat accumulation. This accumulation can impair health. Body mass index (BMI) is an index of weight-for-height commonly used to classify overweight and obesity. It is defined as a person's weight in kilograms divided by the square of his/her height in meters (kg/m^2). In adults, overweight is defined as a BMI of 25 or more, whereas obesity is a BMI of 30 or more. In 2016, more than 1.9 billion adults aged 18 years and older were overweight. Of these over 650 million adults were obese. In 2016, 39% of adults aged 18 years and over (39% of men and 40% of women) were overweight. Overall, about 13% of the world's adult population (11% of men and 15% of women) were obese in 2016. The worldwide prevalence of obesity nearly tripled between 1975 and 2016. In 2019, an estimated 38.2 million children under the age of 5 years were overweight or obese. Once considered a high-income country problem, overweight and obesity are now on the rise in low- and middle-income countries, particularly in urban settings. In Africa, the number of overweight children under 5 has increased by nearly 24% percent since 2000. Almost half of the children under 5 who were overweight or obese in 2019 lived in Asia.

Overweight and obesity result from an imbalance between energy consumed (too much) and energy expended (too little). Globally, people are consuming foods and drinks that are more energy-dense (high in sugars and fats), and engaging in less physical activity. Outrightly, worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese. 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese. Most of the world's population live in countries where overweight and obesity kills more people than underweight. 39 million children under the age of 5 were overweight or obese in 2020. Over 340

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million children and adolescents aged 5-19 were overweight or obese in 2016. For adults, WHO defines overweight is a BMI greater than or equal to 25; and obesity is a BMI greater than or equal to 30.

For children, age needs to be considered when defining overweight and obesity. For children under 5 years of age, overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median; and obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median. Overweight and obesity are linked to more deaths worldwide than underweight. Globally there are more people who are obese than underweight – this occurs in every region except parts of sub-Saharan Africa and Asia.

Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. But in addition to increased future risks, obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects.

- c. Many low- and middle-income countries are now facing a "double burden" of malnutrition. Aside from dealing with the problem of infectious diseases, these countries must deal with the problem of undernutrition, and the rapid upsurge in noncommunicable disease risk factors such as obesity and overweight, particularly in urban settings. Hence it is commonplace to find undernutrition and obesity co-existing within the same country, the same community and the same household. Children in low- and middle-income countries are more vulnerable to inadequate pre-natal, infant, and young child nutrition. At the same time, these children are exposed to high-fat, high-sugar, high-salt, energy-dense, and micronutrient-poor foods, which tend to be lower in cost but also lower in nutrient quality. These dietary patterns, in conjunction with lower levels of physical activity, result in sharp

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increases in childhood obesity while undernutrition issues remain unsolved. Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related noncommunicable diseases.

Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. The term malnutrition addresses 3 broad groups of conditions:

- a. Undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age);
- b. Micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
- c. Overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers).

Undernutrition

There are 4 broad sub-forms of undernutrition: wasting, stunting, underweight, and deficiencies in vitamins and minerals. Undernutrition makes children much more vulnerable to disease and death.

- a. Low weight-for-height is known as wasting. It usually indicates recent and severe weight loss, because a person has not had enough food to eat and/or they have had an infectious disease, such as diarrhea, which has caused them to lose weight. A young child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

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- b. Low height-for-age is known as stunting. It is the result of chronic or recurrent undernutrition, usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care in early life. Stunting holds children back from reaching their physical and cognitive potential.

- c. Children with low weight-for-age are known as underweight. A child who is underweight may be stunted, wasted, or both. In 2014, approximately 462 million adults worldwide were underweight, while 1.9 billion were either overweight or obese. In 2016, an estimated 155 million children under 5 were suffering from stunting, while 41 million were overweight or obese. Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries. At the same time, in these same countries, rates of childhood overweight and obesity are rising. Globally in 2020, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 38.9 million were overweight or obese.

- d. Micronutrient-related malnutrition refer to the lack of intakes of the necessary nutrients for the children. Inadequacies in intake of vitamins and minerals often referred to as micronutrients, can also be grouped together. Micronutrients enable the body to produce enzymes, hormones, and other substances that are essential for proper growth and development. Iodine, vitamin A, and iron are the most important in global public health terms; their deficiency represents a major threat to the health and development of populations worldwide, particularly children and pregnant women in low-income countries.

B. Engendering Nutrition in the Philippines

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In the Philippines, the prevalence of undernutrition is very stark. The data can basically speak for itself. The following are the common pictures that one can see when talking about undernutrition.

- a. Stunting is a crucial indicator of chronic undernutrition among children under five years of age in the Philippines. As of 2020, the Philippines' stunting prevalence stood at around 28.7% for boys and 25.6% for girls, as can be glimpsed from the UNICEF report on nutrition and nutrition access in the Philippines.
- b. Wasting signifies acute undernutrition among children under five years old. As of 2020, the wasting prevalence was approximately 5.7% for boys and 5.5% for girls in the Philippines.
- c. Micronutrient deficiencies remain as a major issue on nutrition in the Philippines. These take either one of these forms:
 1. Iron Deficiency Anemia (IDA) is a common nutritional concern. As of 2019, the prevalence of anemia in the Philippines was approximately 25.4% among non-pregnant women and 43.7% among pregnant women. The data from the Food and Nutrition Research Institute of the Department of Science and Technology (DOST-FNRI) points to the fact that majority of the cases of IDA among women can be found in the National Capital Region (NCR).
 2. Vitamin A deficiency (VAD) is a public health issue. According to the 8th National Nutrition Survey conducted by DOST-FNRI in 2013, the prevalence of vitamin A deficiency was 15.2% for preschool-aged children and 12.8% for pregnant women.

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3. Iodine deficiency, which affects cognitive development, is also an issue that needs to be addressed. As of 2019 DOST-FNRI data, the total goiter rate (TGR) in the Philippines was approximately 7.5% among males and 15.2% among females.

d. As of 2015, DOST-FNRI data suggests that the prevalence of overweight and obesity in the Philippines was higher among adult women (27.7%) compared to adult men (23.9%). The same data points to the prevalence of overweight and obesity among children is also a concern, particularly in urban areas and higher socioeconomic groups.

The prevalence of nutrition problems in the Philippines is best captured in the 2021 Expanded National Nutrition Survey (ENNS) 2021 conducted by the Department of Science- Food and Nutrition research Institute (DOST-FNRI). The survey, as a statistical activity, is designed to assess the nutritional status of the Filipinos at the household level; and at the same time, help come up with relevant policies and guidelines to address the nutrition issues in the country. One strong point of the survey is its focus on the local situation, as a response to the clamor by the local government units (LGUs). Hence the survey, a Rolling Survey that covered there (3) years, reflected basically the local situation. The survey presented a disaggregated analysis of aspects of nutrition based on preselected categories, covering basic anthropometry to more comprehensive medical characteristics.

The survey used quite extensively specific datasets, especially at the household levels. The survey methodically focused on some social parameters that will explain differences and even discrepancies. For a start, it presents a sound data analysis of the socioeconomic characteristics of the respondent households. From the results, majority of the respondents are lower-middle or low-income families. On the other hand, the data also shows that majority of the households are headed by males (76%). This has practical implications on the possible nutrition programs in the country. In the future, nutrition

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programs must be designed to cater to the male household heads, and most of them are married. Most of them are high school graduates. This is also important in terms of the packaging of interventions for the nutrition program. In terms of household membership, most of the household members are females, and majority are adults. Food security is another aspect that the survey looked. In the Philippines, there is a high rate of moderate food insecurity, but a little case of food insecurity. There is almost an equal rate of food insecurity between male and female-led households, and those households with 5 or more members experience food insecurity. Nevertheless, more than half of the families surveyed participate in government programs such as vegetable gardening, fruit gardening, livestock/poultry raising/aquaculture, and the Pantawid Pamilyang Pilipino Program (4Ps).

On the level of awareness, most of those surveyed exhibited knowledge and awareness of the different government programs that address their nutritional needs. The data on the different aspects of nutrition like vitamin and micronutrient deficiencies is very instructive. For instance, most of the population are aware of the importance of using iodized salt to combat malnutrition and even sickness or diseases. This awareness is also translated into actual usage by a significantly high percentage of households (32%). Nevertheless, most households use rock salt primarily.

Results of the 2021 Expanded National Nutrition Survey shows that:

- a. Prevalence of stunting among children 0-59 months stands at 26.7% while wasting in the same age group is estimated at 5.5%. Overweight for height is at 3.9%. Latest sex disaggregated data however, is yet to be available as of this writing.
- b. Prevalence of wasting among children 5-10 years is estimated at 6.9%. By sex, 7.8% of the boys and 6.0% of the girls are wasted. Prevalence of overweight and obesity among the same age group is estimated at 14%. By sex, 16.1% are boys while 11.8% are girls.
- c. Prevalence of wasting among adolescents 10-19 years is estimated at 10.9%. By sex, 12.8% are males while 9.0% are females. Prevalence of

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overweight and obesity among the same age group is estimated at 13.0%.
By sex, 14.8% are males and 11.3% are females

- d. Prevalence of overweight among adults 20-59 years is estimated at 30.2%.
By sex, 28.3% are males while 31.7% are females. Prevalence of obesity for the same age group is at 10%. By sex, 7.3% are males, and 12.2% are females.
- e. Prevalence of Chronic Energy Deficiency (CED) among Filipino elderly 60 years and above is estimated at 11.8%. By sex, 12.7% are males and 11.1% are females. Prevalence of Overweight for the same age group is estimated at 25.4%. By sex, 21.4% are males and 28.5% are females.
- f. Prevalence of Nutritionally-at risk pregnant women is estimated at 16.4%.
Prevalence of anemia among pregnant women is still within public health significance at 26.1%. Moreover, pregnant women also have suboptimal median UIE, indicating iodine deficiency.

Overall, boys 5-10 years and 10-19 years tend to have higher prevalence rates for both wasting and overweight and obesity but at 20-59 years, adult females and elderly have higher prevalence rates of overweight.

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GENDER ANALYSIS

The Gender Analysis aims to identify gender issues that will serve as basis in identifying programs, projects and activities in the GAD Agenda.

The analysis will be done using the Gender Equality Women's Empowerment Framework (GEWEF) and the Gender Mainstreaming Evaluation Framework (GMEF). Desk review and focus group discussions were conducted to surface the gender issues that can be analyzed using the said framework. Results of the GAD Forum conducted during the National Women's Month Celebration was also used in the analysis.

Gender Equality Women's Empowerment Framework (GEWEF)

The GEWEF states that empowerment of women and girls can be realized along five interrelated levels: welfare, access, conscientization, participation and control (WACPC) where each comes with obstacles. The framework presents that as each obstacle in each level is overcome, higher levels of empowerment are attained. The GEWE Framework consists of comprehensive approaches that aim to address and promote equal rights, opportunities, and participation for all genders, with a specific focus on empowering women. These frameworks recognize the historical and systemic disparities between genders and seek to create a more inclusive and equitable society.

The importance of incorporating gender equality and women's empowerment into nutrition programs is multifaceted. In terms of access to resources, women often play a central role in household food security and nutrition. Empowering women means ensuring their access to resources such as education, healthcare, and employment, which can have a direct impact on their ability to provide adequate nutrition for themselves and their families. The framework also allows women to have a say in decisions related to nutrition and health, and programs are more likely to be effective and sustainable.

Women's health is closely tied to the health of their families. Gender-responsive nutrition programs consider women's specific health needs, especially during pregnancy and lactation. Addressing women's health contributes to improved maternal and child nutrition outcomes. Moreover, empowering women through education and awareness programs enhances their knowledge about nutrition, hygiene, and health practices. Educated women are better equipped to make informed choices regarding their own and their families' nutrition.

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Integrating gender equality and women's empowerment into nutrition programs is crucial for creating more effective, sustainable, and equitable initiatives. By addressing the unique needs and roles of women, these programs can contribute to improved health and nutrition outcomes for entire communities.

The GEWE Framework has five (5) interrelated phases. Each phase represents layers of gender analysis in so far as empowerment is concerned.

Welfare. Referred as the gender gap between women and men in their material well-being, this level regards the individuals as passive recipients of welfare.

The welfare level refers to any action or input that increases women and men's material welfare (e.g., nutritional status, security, health, income, among others) and which increases their quality of life through the provision of basic needs. At this stage, policies programs or projects do not attempt to solve underlying structural causes

The basic issue or concern is the inequality in the material and physical well-being of women and men

Access. Defined as the opportunity to make use of existing political economic and time resources or benefits, this level involves addressing the inequality of access to resources manifested in the gap in material welfare and well-being. This refers to access to appropriate enabling resources and benefits like skills, knowledge credit and commodities. It also refers to women and men's access to resources such as land, credit, labor, services, and other factors of production

The multisectoral nature of the Philippine Plan of Action for Nutrition aims to improve access to the various interventions available from each sector. Its focus on the First 1000 Days of life also improves the access of pregnant women and children to interventions. The challenge, however, lies in the level of implementation of the interventions. Some interventions may not be implemented according to standards and thus may not meet the expected output.

Additionally, the PPAN may not have the interventions that may address the specific needs of adult and elderly women which have a high prevalence of overweight and obesity.

Conscientization, a concept developed by Paulo Freire, is the process of developing a critical awareness of social, political, and economic realities, leading to the

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empowerment and transformation of individuals and communities. While conscientization is often associated with education and social justice, it can also be applied as a framework for the analysis of nutrition programs

Conscientization encourages individuals to critically reflect on the broader socio-economic and political factors that shape food systems. Analyzing nutrition programs through this lens involves considering issues such as food access, distribution, and the impact of economic inequalities on dietary choices.

Conscientization recognizes the importance of cultural context in shaping individual and community identities. Nutrition programs analyzed through this framework should consider cultural practices, beliefs, and traditions related to food and nutrition. This ensures that interventions are culturally sensitive and respectful of diverse perspectives.

Participation. Refers to the active participation in decision-making process, and to empowerment about decision-making at all levels. the gender gap between women and men's participation in both formal and informal decision-making processes is a highly visible phenomena and one that is easily quantified. Increasing empowerment at this level means development policies, programs, and projects have to work to foster increased representation in the public sphere and to put mechanisms in place that ensure that women and marginalized men are represented in the needs assessment, problem identification, project planning, management, implementation, and evaluation processes.

At this stage, the inequality in involvement of women and men in bodies that make decisions or policies affecting them; treatment of women solely as passive beneficiaries becomes a central reflection point.

Control. Refers to ability to directly influence events to protect one's interest.

The Philippine Plan of Action for Nutrition comes with a results framework for monitoring of the expected outputs and outcomes as committed by the sectors during the PPAN formulation. While monitoring and evaluation of the PPAN is a measure to ensuring that it will deliver the expected results, thus providing control over the implementation, assessment and planning of the PPAN, the gender outputs and outcomes are limited to pregnant mothers.

At the control and ownership level, the gender gap is also due to unequal power

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relations between women and men. It is based on an imbalance between male and female ownership of means of production and control over decisions regarding their allocation and use. To increase empowerment at this level implies finding innovative ways to foster increased ownership and control by the gender groups which currently do not have much control or ownership. The focus is on the inequality in power relations so that increased women's access or productivity may not translate to improved welfare of women

Overall, NNC fared relatively better along Welfare, Access and Participation, though improvement must be made in Access and Participation, specifically in the implementation of the interventions and support mechanisms of the government agencies and partners to significantly contribute to expected outputs and outcome.

Meanwhile, much must be done on conscientization and control to determine the forms of discrimination that may arise and to ensure implementation of strategies, respectively.

Gender Mainstreaming Evaluation Framework (GMEF)

The GMEF will make use of the outputs generated during the Harmonized Gender and Development Guidelines Training in 2019 that are still relevant to date.

Policy. The following have been identified as gaps along GAD policies:

1. No issuance of initial policies on GAD
2. No issuance of policies to mainstream GAD in the organization
3. No GAD Agenda
4. No review of existing policies
5. No Model GAD Policy

To date, one policy had been issued to reiterate the use of gender-fair language in all of NNC communications while the formulation of the GAD Agenda is ongoing.

People. The following have been identified as gaps along People:

1. Not all GAD Focal Point System has attended relevant and appropriate training
2. Management and staff training on GST is not conducted annually for new hires.
3. Not all activities in the GAD Plan and Budget are implemented
4. Not all were trained on gender analysis and tools

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5. No staff were trained on sex disaggregated data and gender statistics
6. Clients are not aware of the GAD activities of the agency
7. No GAD Resource persons have been developed in the agency
8. No staff were trained to develop tools and knowledge products on GAD

The GAD Focal Point System has long been established and has been active in the preparation of the GAD Plan and Budget, GAD Accomplishment Report and National Women's Month Celebration. However, the trainings, though programmed are not implemented due to budget and constraints in schedule.

Enabling Mechanisms. The following has been identified as gaps along Enabling Mechanisms

1. No other GAD mechanism established
2. Utilization of GAD Budget is less than 70%
3. Sex-disaggregated data/ gender statistics is not utilized in the development planning cycle
4. Sex-disaggregated data and/or gender statistics is unable to generate sector-specific knowledge products (KPs) on GAD
5. Sex-disaggregated data and/or gender statistics accessible to its regional offices and attached agencies, as well as external clients and partner organizations

To date, the National Nutrition Information System has been developed and is poised to make the sex-disaggregated data and gender statistics available in the public dashboard.

Programs, Activities and Projects. The following has been identified as gaps along PAPs

1. No consultation conducted with clients to identify gender issues and strategies
2. No consultation with PCW and relevant organizations/ individuals on its GAD mainstreaming efforts
3. No review of existing IEC materials and Knowledge Products on the use of gender fair language conducted
4. No deepening sessions on GAD based on the results of the Training Needs
5. Assessment (TNA) or updated GAD policies and tools as part of the continuing capacity development of GAD Focal Point System (GFPS) and staff conducted
6. No Gender Analysis tool applied to develop, review and/or enhance PAPs
7. No GAD orientation module with gender sensitivity as a core competency

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developed

8. No new GAD IEC materials developed
9. No GAD section in the agency website
10. No GAD capacity development conducted and sustained for clients
11. No GAD capacity development session conducted to develop internal GAD experts
12. No GA tools applied in development planning cycle
13. No existing plan to set up Knowledge Management
14. No organizational sector- specific capacity development session/s on GAD conducted
15. Gender impact assessment not yet conducted
16. The organization has been recognized as a GAD learning hub for its notable GAD PAPs

To date, the GAD corner has been established however, the development of knowledge products is yet to be accomplished following the generation of gender statistics.

Desk Review

GAD Plan and Budget and GAD Accomplishment

The documents studied here are the annual GAD Plan and Budget (GPB) and the corresponding GAD D Accomplishment Reports (GAD AR).

Based on the GPBs examined, there are no clear delineations or mentions of gender-specific interventions that are specifically applicable for women and for men, and the exact or even approximate data for such delineations. Closer examination of the GPBs would show that the programs and activities, especially the organization- focused ones are those that are mandated or required by laws and orders, departmental or otherwise. In some cases, and since the PPAs are mandated, those interventions are focused on women and a few (or even nothing) are intended for men. In some cases, the inclusion of the male population may be perceived as included where there is no explicit mention of females or women in the documents.

Since the GPBs are the sources of the reports, the ARs also do not have sex-disaggregated data that can be processed. But this may not mean that there were no interventions provided for men. It is safe to assume, for instance, that in the seminars during mandatory celebration, males or men were invited to attend and participate. The activity report on Women's Month celebration made a general

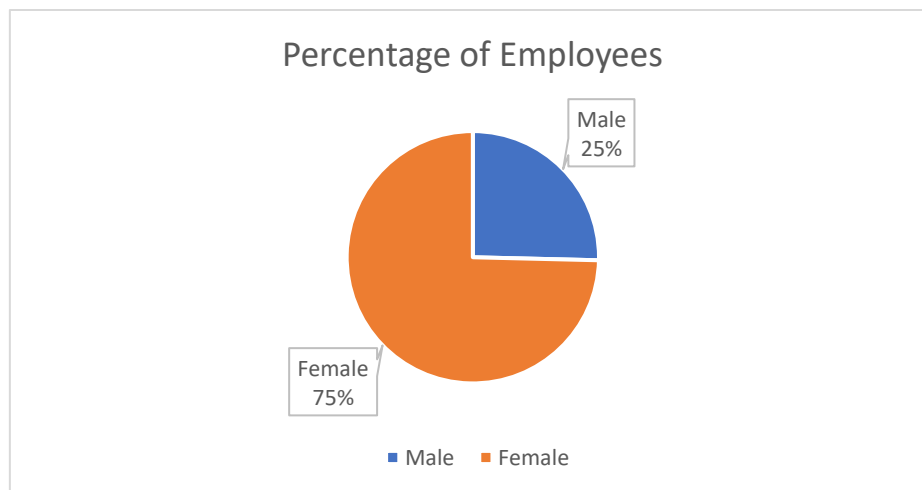
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statement about women and even LGBTQIA+. Nevertheless, there was nothing specific about the sector. On the other hand, the PPAN 2023-2028 provides specific sections for specific age brackets (infants, children, adults) and the statements were also general. There is no concrete delineated data for men and women, for male and female.

On the other hand, the client-focused interventions might also include men and males but there was no explicit mention or even discussion about it. The other PPAs listed are part of the compliance aspect of the gender mainstreaming to be undertaken by the agency. Moreover, there is no mention of gender-specific activities conducted exclusively for men and for women, for males and for female stakeholders.

Analysis of the Sex Disaggregated Data

The demographic data about NNC personnel provides a clearer picture. This data, however, needs to be triangulated with other agency documents. There are 197 personnel in NNC, which include both permanent or plantilla positions and job order positions.

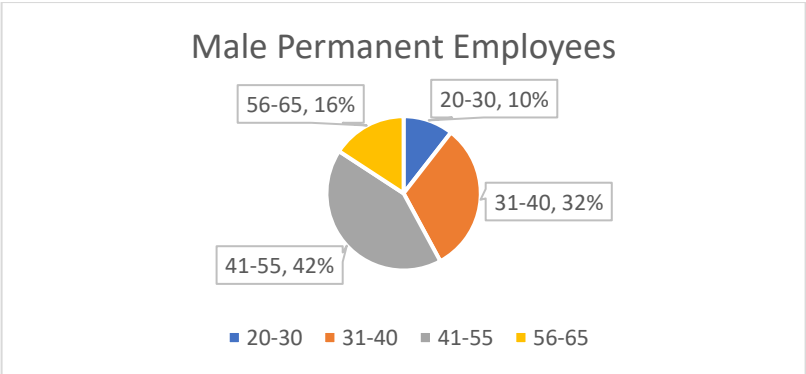


Of this total, there are 50 males and 147 females. This translates to 25% males and an overwhelming 75% females. Women are prime movers of the agency, and women also occupy significant leadership positions.

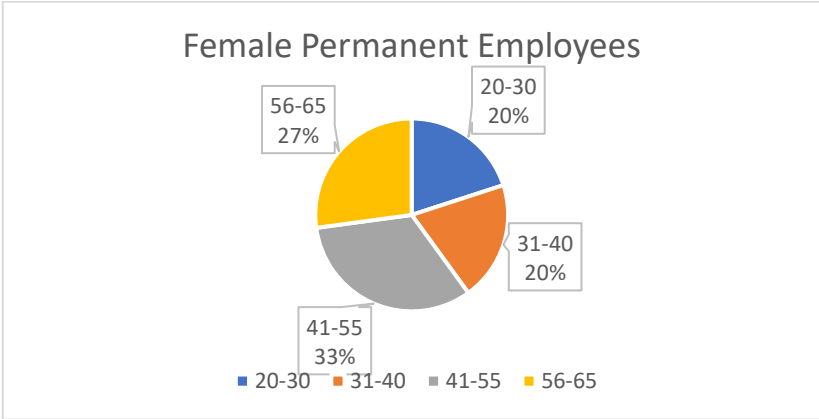
There are 89 permanent employees in NNC. There are 19 male permanent employees and 70 female permanent employees. A large chunk of this workforce belongs to the age 41-55 age bracket with 42%, followed by 31-40 (32%), then 55-

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65 (16%). The least is the 20-30 age bracket (10%).



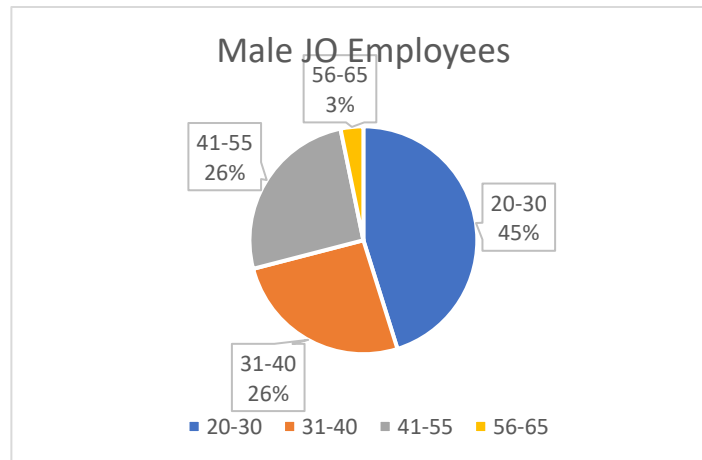
For the female permanent employees, a different trend can be observed. Majority of the employees belong to the age bracket of 41-55 (33%) and 56-65 (27%).



Given this data, it is important that NNC’s programs must include preparing people for leadership roles through trainings and even advanced degrees.

However, the case of the job order employees presents an interesting (and even contrasting) reality. There is a total of 108 employees, 31 (29%) of which are males and 77 (71%) females.

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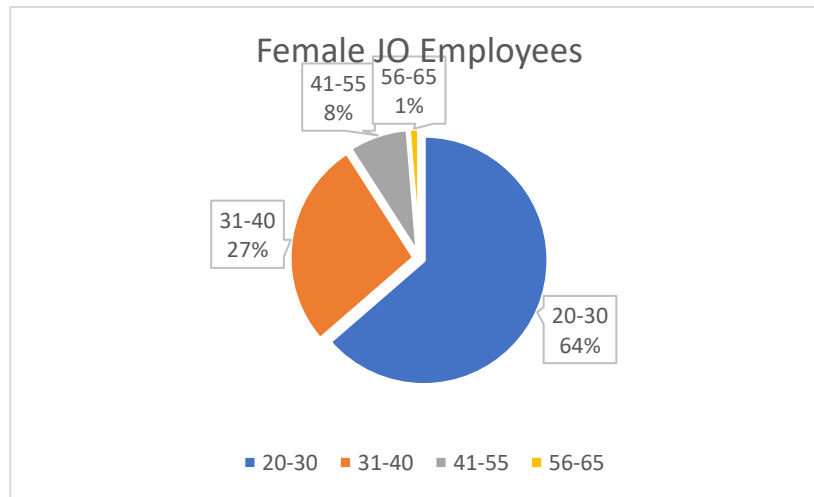


For the male JO employees, majority of them belong to the 20-30 age bracket (45%). This is followed by 31-40 which is tied with 41-55 (both are equivalent to 26% of the total). This may be an advantage. This segment of population is generally characterized as having creativity and enthusiasm. The age bracket of 21-30 years old may be imbued with a given proclivity to technology savviness. They know how to use gadgets and platforms in most of the work they do. A young workforce may also mean a further advantage to the NNC. it is easier to plan and prepare for succession since there is a wider pool of potential leaders to choose from. It may also be easier for the agency to plan of and undertake groundbreaking programs since there is a strong personnel support than can be supervised by more senior experts and administrators in the agency. in other words, this is an ideal setup and arrangement that will surely benefit the agency in the long run.

However, there is a challenge that needs to be addressed. The bulk of this young population belongs to the rank and file personnel. Only a few of them are division/section chiefs and directors. If not addressed properly, this may mean a gap in the succession plan or pattern of the agency. to address this, NNC may plan for the professional development of personnel and consider a more stable succession plan. Highly professionalizing the agency will also redound to the general readiness of the agency to be relevant for a long time. To do this, NNC must start determining core competencies both in terms of needs and what can be possibly offered by the personnel available at hand.

For the female JO employees, there is a different trend. Majority of them belong to the 21-30 age bracket (49 total which is equivalent to 64%). Next in distant 2nd is those belonging to the 31-40 bracket (21 employees, equivalent to 27%). This means that most of the JO employees of NNC belong to the younger generations, majority of whom are females.

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2023 NNC GAD Forum

The data from the NNC's GAD Forum conducted in March 2023 is also a rich source of information. Based on the workshop outputs, there are several gender issues that need to be considered as far as the NNC employees or personnel are concerned. The issues range from gender biases to gender stereotypes. It must be noted that these biases and stereotypes are often manifested in terms of the language used in the workplace, the presence and lack of resources, the nature and location of assignments, among others. Most importantly, the issues are reflected on how external clients perceive the work and programs of the NNC.

On the other hand, the gender issues are important determinants of the societal status of the employees and external stakeholders. They relate to the financial capacity and employment opportunity for personnel. Men are often perceived as financially more capable than women and women are having greater employability at the NNC. The gender issues also relate to the work performance between the male and female employees. For instance, for female employees, even the enjoyment of the maternity leave is an ambivalent issue. While it may be perceived as beneficial to women, female employees often feel that when they are on leave, additional works are passed on to their female fellow employees. Moreover, other leaves are taken not because women want to rest or for recreation, but because there are so much to do for them that they need to be take a day away from the office and workstation.

There are also some confusions on how people may be addressed based on their gender preferences. This is quite apparent on how employees address each other, especially those belonging to the LGBTQIA community. This extends to the use of

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facilities, especially the restroom. On the other hand, the presence of other facilities intended for specific gender had been noted during the workshop.

All these open opportunities for NNC to be more responsive. For one, NNC can establish and maintain an open atmosphere where gender bias and stereotypes can be addressed, and eventually corrected and, eventually eliminated. This will redound to more cooperative environment of teamwork and camaraderie. In the end, NNC will have a more participative workforce and human resources that get involved in the decision-making process.

Conclusion

Overall, results of the Gender Analysis show that the agency has implemented the activities that pertain to formation of foundation and installation of strategic mechanism but is yet to catch up on GAD Application and still has to plan for activities to approach the Commitment and Enhancement and Institutionalization Level under the GMEF.

Insights gathered from the GEWEF, Desk review, Analysis of Sex Disaggregated data and GAD Forum can be used in developing the PAPs for the GAD Strategic Plan.

The following document is the proposed working document for the GAD Strategic Framework and GAD Plan with recommended entries based on the results of the Gender Analysis. The working document will be used during the validation workshop for the finalization of the GAD Agenda.

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GAD STRATEGIC FRAMEWORK

AGENCY: National Nutrition Council

MANDATE:

The NNC, as mandated by law, is the country's highest policy-making and coordinating body on nutrition.

NNC Core Functions

1. Formulate national food and nutrition policies and strategies and serve as the policy, coordinating and advisory body of food, nutrition and health concerns;
2. Coordinate planning, monitoring, and evaluation of the national nutrition program;
3. Coordinate the hunger mitigation and malnutrition prevention program to achieve relevant Millennium Development Goals;
4. Strengthen competencies and capabilities of stakeholders through public education, capacity building and skills development;
5. Coordinate the release of funds, loans, and grants from government organizations (GOs) and nongovernment organizations (NGOs); and
6. Call on any department, bureau, office, agency and other instrumentalities of the government for assistance in the form of personnel, facilities and resources as the need arises.

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GAD VISION:

By 2028, NNC is the authority in steering stakeholders for gender-responsive and sustainable nutrition for all Filipinos.

(Nutrisyong Sapat Para sa Lahat)

GAD MISSION:

We commit to formulate, coordinate and monitor gender-responsive nutrition policies and programs through integrated multisectoral action towards sustainable nutrition for empowered Filipinos.

Key Elements of our Vision and Mission:

1. Leadership in Mainstreaming Gender in Nutrition:

- Leadership plays a pivotal role in shaping the direction and priorities of the nutrition sector. Mainstreaming gender involves integrating gender considerations into all aspects of nutrition policies and programs. Leadership that recognizes and actively promotes gender mainstreaming contributes to more inclusive, equitable, and effective nutrition initiatives. It ensures that decision-makers prioritize gender-sensitive approaches and create an organizational culture that values diversity and gender equality.

2. Multisectoral Policies and Programs Addressing Gender in Nutrition:

- Nutrition is influenced by various factors beyond the health sector, including agriculture, education, and employment. Multisectoral collaboration is crucial for addressing the complex and interconnected issues related to gender in nutrition. Policies and programs that involve multiple sectors ensure a holistic approach, recognizing the diverse needs and challenges faced by different genders. This approach enhances the effectiveness and sustainability of interventions by addressing the root causes of gender disparities.

3. Transformative Capacity-Building for NNC and Stakeholders/Clients:

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- Building the capacity of the National Nutrition Council (NNC), stakeholders, and clients is essential for fostering a transformative approach to gender in the nutrition sector. This involves providing education and training that goes beyond traditional knowledge transfer, aiming to instigate a shift in attitudes, beliefs, and practices. Transformative capacity-building empowers individuals to challenge and overcome gender norms and biases, enabling them to implement and support gender-responsive nutrition initiatives effectively.
- 4. Improved Demand and Access to Gender-Responsive Nutrition Interventions:**
- Gender-responsive nutrition interventions aim to address the specific needs of individuals based on their gender, recognizing that biological and social differences influence nutritional requirements. Creating awareness and generating demand for such interventions are crucial for their success. Additionally, ensuring equitable access ensures that individuals of all genders can benefit from these programs, contributing to improved health outcomes and reducing disparities in nutrition-related health issues.
- 5. Gender-Sensitive Monitoring and Evaluation (M&E) System:**
- A gender-sensitive M&E system is vital for assessing the impact of nutrition interventions on different genders. It involves collecting sex-disaggregated data, analyzing outcomes through a gender lens, and incorporating feedback from diverse stakeholders. This system provides valuable insights into the effectiveness of gender-responsive strategies, enabling continuous improvement. A robust M&E framework ensures accountability, transparency, and evidence-based decision-making in the nutrition sector.

In summary, these elements underscore the importance of comprehensive and integrated approaches to address gender disparities in the nutrition sector. Effective leadership, multisectoral collaboration, transformative capacity-building, improved access to interventions, and gender-sensitive M&E collectively contribute to creating a more equitable and inclusive nutrition landscape.

GOALS:

1. To improve nutrition by fostering an enabling environment promoting gender equality and empowerment of Filipinos
2. To strengthen institutional capacity in mainstreaming gender and development

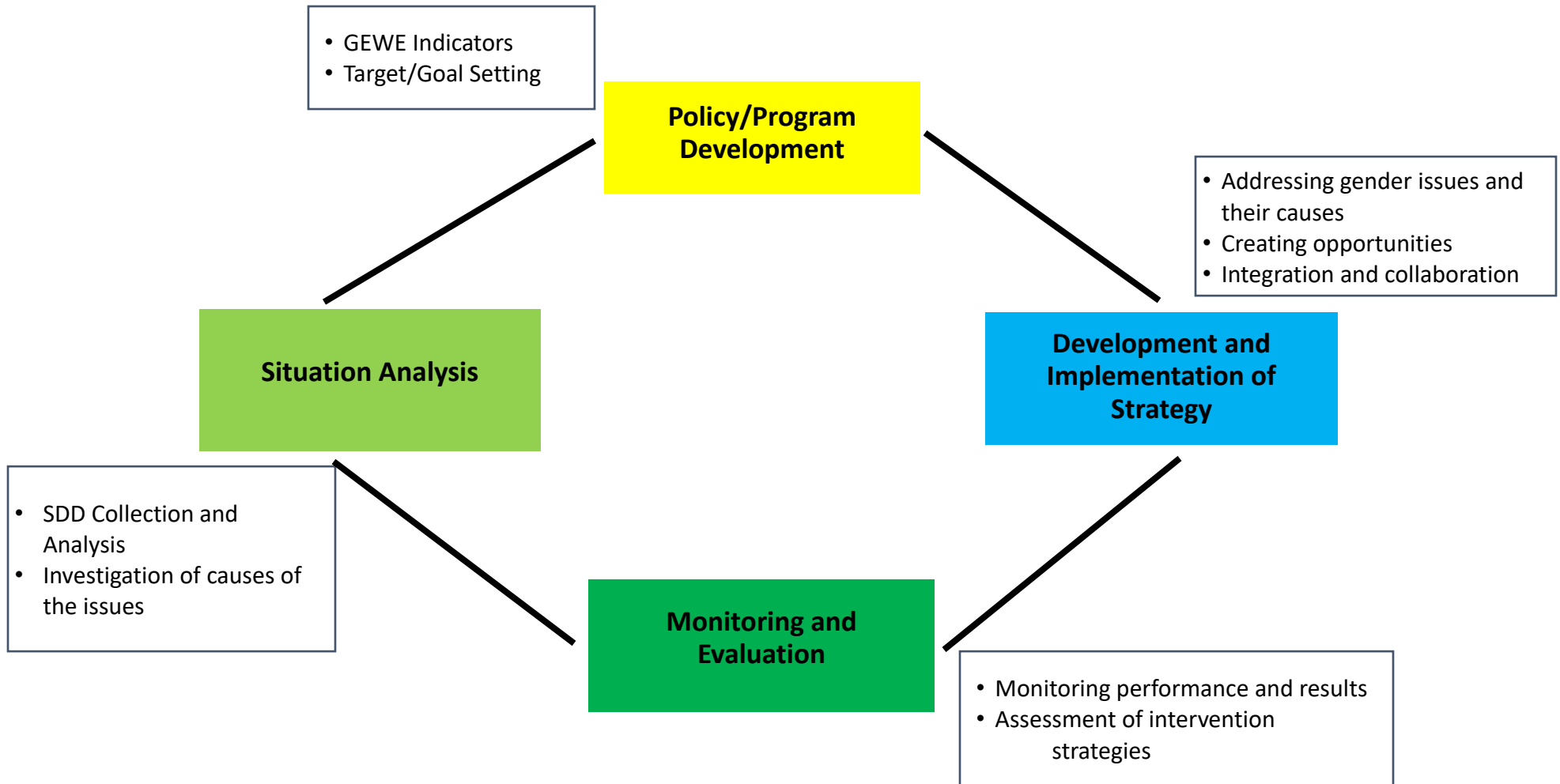
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OBJECTIVES:

1. To build a cadre of competent workers on gender mainstreaming in all aspects of nutrition programs (People)
2. To support a gender-responsive policy environment for improved nutrition (Policy)
3. To improve nutrition status through gender-responsive interventions (PPAs)
4. To institutionalize GAD enabling mechanisms to foster gender-responsiveness (Enabling mechanism)

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Figure 1. GAD Framework for NNC



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The GAD Framework presented above (Figure 1) considers the NNC Process Model. Based on the model, this GAD Agenda may be considered as part of Core and Support Processes. The programs, projects, and activities as implementing mechanisms of the framework capture the mandate of the agency. They also serve as the agency's direction in terms of gender mainstreaming.

The framework takes off from the analysis of the situation where interventions are to be implemented. Analysis focuses on all factors and perspectives that are important in the formulation of the plan. Analysis, in the case of this GAD Agenda, used the GEWE Framework and indicators discussed earlier. In particular, the work includes the collection and analysis of sex-disaggregated data (SDD). The SDD is crucial in the plan because it helps target beneficiaries and the necessary interventions. Fundamental to this process is the investigation of causes of the issues.

The next step or component in the Framework is the development of policies or programs based on the analysis conducted. This means that from the analysis, important reflections are being undertaken. Analysis should lead in the setting of goals or targets to be included in the GAD Plan. This is a critical part of the process because it basically tries to formulate interventions and indicators. In the development of indicators, it is always wise to remember that GEWE indicators can serve as guide. They are straightforward and easily measurable.

The third step is the development and implementation of strategies. At this stage, it is important to note that tasks include the addressing gender issues and their causes, creating opportunities, and integration and collaboration. Fundamental in implementing important interventions is that they must be responsive to the issues that surfaced during the analysis. More importantly, causes of the issues are properly identified and subsequently addressed. On the other hand, interventions must create opportunities for both implementers and beneficiaries and other stakeholders. These opportunities must be those that continually improve the situation of people. Among these opportunities are those that expand collaborations among individuals and organizations; and integration of programs so that there will be a holistic approach of doing things, and people and organizations are not operating in silos or isolations.

The last step is the monitoring and evaluation. It involves monitoring the performance and results, and assessment of intervention strategies. This is a necessary step in terms of addressing implementation gaps and efficiency. In the case of the GAD Agenda of NNC, gender-sensitive indicators are made part of the Framework. Ultimately, the results or insights from monitoring and evaluation must inform the next steps or cycles of the Plan and the Agenda.

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Agency: National Nutrition Council																			
GAD Sub-goal No. 1: Competent personnel to handle gender mainstreaming (People)																			
Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
					Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Organization-focused																			
Personnel have low awareness about gender and GAD	Personnel of the NNC shall be gender-sensitized and are able to articulate or manifest them in their expression or even conversations	100% of personnel undergo basic GST, and gender fair communications		GFPS and HR	40%	Gender sensitivity training		30%	GST GST must also be made part of the onboarding process of the newly-hired staff		10%	GST GST must also be made part of the onboarding process of the newly-hired staff		10%	GST GST must also be made part of the onboarding process of the newly-hired staff		10%	GST GST must also be made part of the onboarding process of the newly-hired staff	
Program and project implementers have limited knowledge about prerequisite gender mainstreaming capabilities	NNC program and project implementers are knowledgeable about required gender mainstreaming competencies	100% program and project implementers undergo Gender Analysis (GA) and Gender Analysis Tools (GAT) and Gender Statistics (GS) Training		GFPS and HR	60%	Training on HGDG and Gender Statistics (GS)		40%	Updating training on HGDG and GS			Retooling on HGDG and GS			Updating training on HGDG and GS			Retooling on HGDG and GS	
GFPS Members have limited knowledge	GFPS Members to have working knowledge	100% of GFPS Members completed GST, and		GFPS and HR	70%	Training on other Gender Sensitivity		30%	Training on other Gender Sensitivity y HGDG,			Updating training on other Gender Sensitivity			Updating training on other Gender Sensitivity			Updating training on other Gender Sensitivity	

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on GS; GA and GAT; and GPB	and capacity on GS' GA and GAT; and GPB	trainings on GA and GAT; and GAD Planning and Budgeting (GPB)				HGDG, GS, and GPB				GS, and GPB				y HGDG, GS, and GPB			y HGDG, GS, and GPB	
NNC has no in-house experts with the required competencies and capacities	NNC shall have identified and trained in-house GAD experts	100% of identified in-house experts train on the required competencies		GFPS and HR	50 %	Training on GAD, Gender Mainstreaming (GMEF); GAT; GS; and GPB		50 %	Training on GAD, Gender Mainstreaming (GMEF); GAT; GS; and GPB					Updating training on GAD, Gender Mainstreaming (GMEF); GAT; GS; and GPB			Updating training on GAD, Gender Mainstreaming (GMEF); GAT; GS; and GPB	
NNC top officials/ ManCom has yet to be fully apprised on GAD and Gender Mainstreaming	The top officials of the NNC have fully embraced the gender mainstreaming work of the agency	100% of ManCom members appreciate the process and benefits of gender mainstreaming in the NNC		GFPS; Office of the ED	100 %	Executive briefing on GAD and gender mainstreaming								Updating				
GFPS members have yet to fully understand their functions	After proper reconstitution, GFPS Members to fully embrace their responsibilities and accountabilitys	100% of GFPS Members understand and appreciate their roles and functions		GFPS and Office of the Executive Director		Orientation/ Training on GFPS functionality												
The NNC as an organization has yet to appreciate the gender mainstreaming	The NNC, through the ManCom and GFPS, to fully understand and appreciate	100% of ManCom and GFPS Members to fully appreciate gender mainstreaming		GFPS and Office of the Executive Director		Benchmarking with other institutions regarding best practices on gender mainstreaming												

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aming process	e the gender mainstreaming process as being undertaken by other government organizations																		
Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
					Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Client-focused																			
						LDS on mainstreaming of gender in nutrition for external stakeholders (e-learning academy)													

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Agency: National Nutrition Council																			
GAD Sub-goal No. 2: Gender- responsive policy environment																			
Institute-focused																			
Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
					Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Lack of integration of gender perspectives in the nutrition policies to be issued by the NNC	Gender perspectives are integrated in NNC's policies	4 nutrition policies with gender perspectives		GFPS and NPPD	1 policy	Policy review/research and advocacy		1 policy	Policy review/research and advocacy		2 NNC-issued policies reviewed	Review of the first 2 policies		1 policy	Policy review/research and advocacy		1 policy	Policy review/research and advocacy	
Lack of integration of gender perspectives in the nutrition policies to be issued by the NNC	Gender perspectives are integrated in NNC's policies	2 gender researches		GFPS and NPPD	1 gender research	Research work focused on child and maternal nutrition					1 gender research	Research work focused on general nutrition							
Lack of integration of gender perspectives in existing nutrition policies of the NNC	Gender issues and perspectives are included in the Local Nutrition Planning Guidelines (LNPG)	1 updated policy (LNPG)		NPPD and GFPS		Review of existing policies (Local Nutrition Planning Guidelines)													
Client-focused																			
Lack of the proper	Stakeholders can make	4 gender-responsi		NPPD and GFPS		Design gender-sensitive			Design gender-sensitive			Review of the			Design gender-sensitive			Design gender-sensitive	

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dissemination of gender-responsive policies	informed nutritional choices and adopt healthy eating behaviors within their cultural context through gender-responsive policies	ve materials				nutrition education and policy materials Conduct of trials for the materials			nutrition education and policy materials Conduct of trials for the materials			usefulness of NNC-developed materials			nutrition education and policy materials Conduct of trials for the materials			nutrition education and policy materials Conduct of trials for the materials	
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Agency: National Nutrition Council																			
GAD Sub-goal No. 3: Improved nutrition through gender-responsive interventions																			
Institute-focused																			
Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
					Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Lack of nutrition - sensitive planning	An enhanced set of guidelines on nutrition-sensitive programming with gender lens	1 Guideline on nutrition-sensitive programming		GFPS		Gender research on nutrition			Development of guidelines										
Lack of equal access to education training and materials	NNC personnel demonstrate enhanced implementation of gender-responsive programs and policies as a result of equal access to necessary materials and training.	75% of program leader and project implementers have the necessary competencies to handle gender-responsive policies and programs		GFPS and HR		Training on gender-responsive program management			Training on sustaining gender-responsive programs				Development of modules on implementing and management of gender-responsive nutrition programs and policies						
Client-focused																			
Lack of equal access to education training and materials	Clients and external stakeholders have equal access to trainings and educational materials provided by the NNC	75% of clients have access to trainings and educational programs		GFPS and NPPD		Preparation / finalization and production of gender-responsive educational materials and trainings			Trainings at the LGU levels catered to both male and female stakeholders or clients										
Low nutritional sufficient	Clients/ stakeholder s and beneficiarie	90% of clientele		GFPS and NPPD		Implementation of Tutok Kainan and													

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cy of critical sectors	s have higher nutrition sufficiency					BNS Program														
Lack of community-based approaches to nutrition services	Establish a working community-based approach to implementing nutrition services	75% of LGUs are actively involved in the promotion and implementation of the NNC's programs and policies		GFPS/ NPPD/ Partners such as LGU and private entities		Establish partnership with LGUs Brainstorming and planning sessions			Implement projects with LGU collaboration			Turnover to LGUs for their implementation								

NOTE: All programs or interventions of the NNC that are considered mandatory shall be included here under this Sub-goal 3 of Improved Nutrition

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Agency: National Nutrition Council																			
GAD Sub-goal No. 4: Institutionalized gender-responsive enabling mechanisms																			
Institute-focused																			
Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
					Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Mandatory creation of functional GFPS	The GFPS shall be restructured and a TWG created and sustained	1 functioning GFPS and 1 functioning TWG		Office of the Executive Director		Restructuring of GFPS and creation of TWG			Enabling training			Enabling training			Enabling training			Enabling training	
Lack of mechanism to address gender or GAD related complaints	A Committee on Decorum and Investigation (CODI) shall be established	CODI		Office of the Executive Director		Establishment of CODI						Review of the							
Lack of database that contains sex-disaggregated data	A sex-disaggregated database (SDDbase) shall be established and used in future planning and programming	1 database with SDD		GFPS and Office of the Executive Director		SDD database establishment and maintenance													
	Intake forms are updated or revised intake forms	100% of forms are updated or revised to capture SDD		GFPS and Office of the Executive Director		Collection of SDD using updated or revised intake forms			Updating of the SDD in the database			Updating of the SDD in the database			Updating of the SDD in the database			Updating of the SDD in the database	
Lack of analysis based on SDD	Programs and policies use analysis of the SDD being maintained by the NNC	100% of the PPAs use gender analysis using the SDD		GFPS and NPPD		Training on gender analysis			Review on gender analysis										

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Lack of gender-responsive Monitoring and Evaluation (M&E) Framework	Gender-responsive Monitoring and Evaluation (M&E) Framework used for nutrition PPAs shall be established	1 gender-responsive M&E Framework with specific indicators		GFPS and NPPD		Research on gender-responsive M&E Framework			Formulate gender-responsive M&E framework								Review and updating of the M&E Framework
Mandatory yearly preparation of the GPB	Annual GPB is prepared and submitted following the mandatory schedule	1 Annual GPB		GFPS and Program and Project Leaders/ Division Chiefs		GPB preparation			GPB preparation			GPB preparation			GPB preparation		GPB preparation
Lack of GAD knowledge management system	GAD knowledge management system/ GAD corner in the website shall be established	1 GAD corner in the website		GFPS and Knowledge Management Division/ website administrator		Preparation of content Populating the GAD corner with developed content			Updating of the GAD Corner			Updating of the GAD Corner			Updating of the GAD Corner		Updating of the GAD Corner
No gender-sensitive knowledge products (KPs) focused on nutrition developed by NNC	Gender-sensitive KPs on nutrition shall be produced by NNC	5 gender-sensitive KPs		GFPS and Knowledge Management Division		Review of existing KPs Development of 2 new KPs			Development of 2 new KPs			Development of 1 new KP					
		5 gender-sensitive KPs tested				Testing of developed KPs			Testing of developed KPs			Testing of developed KP					
		Copies of the 5 gender-sensitive KPs				Dissemination/ distribution of the KPs			Dissemination/ distribution of the KPs			Dissemination/ distribution of the KP					

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Provision of gender-sensitive facilities	Gender-sensitive facilities must be provided by the agency both for its personnel and external stakeholders/clients	100% of facilities must be gender-sensitive		GFPS, Office of the Executive Director, Physical Plant Division		Maintenance of gender-responsive facilities			Maintenance of gender-responsive facilities			Maintenance of gender-responsive facilities			Maintenance of gender-responsive facilities			Maintenance of gender-responsive facilities																					
																				Gender Issue/ GAD Mandate	GAD Outcome/ Result Statement	Indicator	Baseline	Responsible Unit	Year 1			Year 2			Year 3			Year 4			Year 5		
																									Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget	Target	PAPs	Budget
Client-focused																																							
RA 9710	Clients and external stakeholders shall benefit from the mandated activities	100% of NNC's regular external stakeholders		GFPS	50%	Mandatory activities such as Women's Month; 18-Day Campaign to End VAWC		30%	Mandatory activities such as Women's Month; 18-Day Campaign to End VAWC		10%	Mandatory activities such as Women's Month; 18-Day Campaign to End VAWC		10%	Mandatory activities such as Women's Month; 18-Day Campaign to End VAWC		10%	Mandatory activities such as Women's Month; 18-Day Campaign to End VAWC																					