



Supporting accelerated improvements in nutrition in Sarangani Province

Pivotal role of nutrition governance

Supporting accelerated improvements in Sarangani Province: Pivotal role of nutrition governance

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Key messages

- From 2019 to 2022, Sarangani Province posted remarkable improvements in the nutritional status of pregnant women, infants, and children 0-59 months old.
- There is a strong political commitment at the provincial level that supports health and nutrition. This is exemplified in the strong investments made by the province in local health systems as well as the creation and implementation of convergence programs.
- Policy and structural coherence related to nutrition are functional, active, and facilitative. The devolved set-up of the health system and the lack of convergence and integrative mechanisms are still persistent challenges in the horizontal and vertical streamlining of the delivery of nutrition-specific and nutrition-sensitive programs.
- Data and knowledge systems are in place to support the sharing and use of information across different levels.
- Moving forward, local legislation that institutionalizes the full integration of the planning, implementation and monitoring of nutrition-specific and nutrition-sensitive programs must be promulgated. Convergence mechanisms that support and harmonizes the efforts of the different sectors towards achieving food and nutrition security in the province should also be put in place.

Background

Nutritional status reflects how the body meets the nutritive and protective substances obtained from the food consumed which is then manifested by physical, physiological, and biochemical characteristics, functional capability, and health status of an individual. **In the last few decades, malnutrition has become widely acknowledged as a major development concern by both high-burden nations and international actors.** Efforts have been made to include nutrition goals and

indicators in national development plans and international aid plans. Many nations have mainstreamed nutrition into their policies and programs. Determining nutritional status is of prime importance since it identifies people at risk for malnutrition for early intervention or referral. It also detects those who are currently malnourished which needs immediate intervention before ill effects may happen.

From 2019 to 2022, Sarangani Province posted a remarkable declining trend on the prevalence rates of undernutrition, specifically nutritionally-at-risk pregnant mothers as well as stunting, wasting, obesity and overweight among 0-59 months children. These gains achieved bodes well for the province.

- The prevalence of low BMI among pregnant mothers during the first trimester from 2020 to 2022) is exceptionally good considering its difference from the national target in PPAN 2017-2022 (4.57% versus 20%).
- A notable declining trend was also reported on the prevalence rates of stunting and wasting among 0-59 months children from 2019-2022. Defined as having low height-for-age as the result of chronic or recurrent undernutrition, Sarangani province had 9.13% stunting prevalence but went down to 3.96% in 2022.
- The prevalence of wasting (low weight-for-height indicative of recent and severe weight loss) was pegged at 2.59% in 2019 but dropped to 0.74% by 2022 in Sarangani.
- A drastic decline was also observed in the prevalence of overweight and obesity among 0-59 months-old children (from 2.82% in 2021 to 0.82% in 2022) which is good news since prevalence of childhood obesity is continually increasing at the national level.

In a recent study by Silva, Basoy et al. (2023) that analyzed the factors that contributed to the improvement of Sarangani Province's nutritional outcomes from 2018 to 2022, these changes were attributed to the changes in the behavior of the target populations. Together with increased financial and logistical support for health and nutrition, the following factors were identified to have contributed to creating an enabling environment for health and nutrition:

- The strong support and political will of the Local Chief Executives
- The committed human resources at the provincial, municipality and barangay levels,
- The presence and visibility of health and nutrition personnel and other workers in the barangay.
- The Nutrition Roadmap provided a well-defined pathway for the LCEs and their health and nutrition officers.

Implementation constraints centered on budgetary limitations, inadequate HRH and the lack of supplies and commodities. Changing conditions on the ground brought about the full

implementation of the UHC Law and the Mandanas-Garcia ruling affects the operations of the LGU which, ultimately, impacts service delivery.

Governance in Nutrition

Nutrition has traditionally been embedded within the health programs. Thus, it has become an important component in the delivery of health services. However, a multisectoral approach is required to address the multi-factorial drivers of malnutrition (Gillespie, Poole et al. 2019). Multi-sectoral action has been repeatedly highlighted. Several approaches to accelerate improvements in nutritional status globally have gained traction in the past decades. Notable is the "First 1000 Days" or F1KD.

Unfortunately, nutrition has been frequently considered "homeless" within government since it lacks a natural institutional home (Levinson 2002, Rogers 2002, Gillespie, van den Bold et al. 2019). In many cases, nutrition does not fit into a single government organization. In the Philippines, the National Nutrition Council is attached to the Department of Health but co-shares leadership with the Department of Agriculture. Contextual factors at the national level such as the schism between policy and program development and implementation due to the lack of a clear mandate to implement programs as well as devolved nature of health has greatly impacted the implementation of health and nutrition programs.

Nutrition Governance

A critique of the global "nutrition architecture" as "broken, fragmented, and dysfunctional" has highlighted the need for a more systematic measurement of governance (Morris, Cogill et al. 2008). Several studies have shown that strong nutrition governance and good governance for nutrition were associated with lower prevalence of stunting and underweight (Sunguya, Ong et al. 2014, Felismino, Talavera et al. 2018).

Felismino, Talavera et al. (2018) defined nutrition governance as the decision-making processes and institutions in place to solve nutrition problems. Captured in various frameworks, several authors have studied different constructs to capture the intricacies and complexity of nutrition governance (Acosta and Fanzo 2012, Gillespie, Haddad et al. 2013, Felismino, Talavera et al. 2018, Namirembe, Shrestha et al. 2021, Namirembe, Shrestha et al. 2022). These constructs include leadership, knowledge, resources/ capacity, power/ authority, political commitment, accountability, transparency as well as policy and structural coherence. Moreover, the hallmarks of successful nutrition governance include responsiveness and accountability, an open and transparent policy process, citizen participation, and the government's operational ability to plan, manage, and control policy and service delivery (Solon 2006, Forbes, Hill et al. 2007, Siddiqi, Masud et al. 2009, Espinosa-Gonzalez, Delaney et al. 2019, Anaemene 2020).

This policy brief brings together the case of Sarangani Province and how the provincial government has supported the accelerated improvements in nutrition outcomes in the province. This brief describes the governance-related tactics that the provincial government has put in place to help combat malnutrition in Sarangani.

Nutrition Governance in Sarangani

The target nutrition-related outcomes for the provinces have remained the same over the past 3 years (Table 1). Except for one outcome, the baseline value for the target outcomes were already below the national targets which is indicative of the province's good performance. This is consistent with the findings of a recent nutrition study conducted in Sarangani by Silva, Basoy et al. (2023).

Table 1. Outcome targets set in the PPAN 2020-2022 and PPAN 2023-2025.

Outcome Target	National target	PPAN 2020-2022		PPAN 2023-2025	
		From	To	From	To
Reduce the prevalence of stunting among children under 5 years old	21.4%	7.22% (2020)	3.7% (2022)	3.97% (2022)	0.89% (2025)
Reduce the prevalence of wasting among children under 5 years old	<5%	1.94% (2020)	<1.94% (2022)	0.74 (2022)	<0.74% (2025)
Reduce the prevalence of wasting among children 6-10 years old	<5%	7.72% (2019)	4.6% (2022)	24.6% (2022)	20% (2025)
Reduce the prevalence of overweight children under 5 years old	<3.8%	1.36% (2020)	<1.36% (2022)	0.82% (2022)	0.29% (2025)
Reduce the level of overweight children 6-10 years old	<8.6%	1.56% (2019)	<1.56% (2022)	2.83% (2022)	1.5% (2025)

Source of data: Sarangani Integrated Provincial Health Office (2022), Sarangani Integrated Provincial Health Office (2023)

Political commitment

Governance is about the exercise of power and mandate to make choices on decision and actions (Gillespie, van den Bold et al. 2019). Political commitments and decision mold policy processes and institutional arrangements that underlie the agri-food systems and, ultimately, nutrition outcomes (Gillespie, Poole et al. 2019). Later studies have also shown that there is a need to create and transform political and policy momentum to guide implementation and generate sustainable impact (Cunningham, Headey et al. 2017, Felismino, Talavera et al. 2018).

There is a strong political commitment for nutrition in the province. Over the past 3 years, the provincial government of Sarangani has adopted two pathways in improving health and nutrition outcomes in the province.

1. The provincial government has significantly invested in strengthening of the health and nutrition systems at the provincial and municipality levels.

Majority of the province's efforts in health system strengthening was focused on augmenting and complimenting the service delivery on the ground. Since the PNAP 2020-2022, the province's key strategies for nutrition (see below) have been consistent and has remained unchanged.

- a. Ensure the delivery of key health, nutrition and early education and related services that are focused on the first 1,000 days of life
- b. Putting place nutrition-specific and nutrition-sensitive programs
- c. Transform low-intensity nutrition programs to deliver the target nutrition outcomes through LGU mobilization
- d. Reach GIDAs and IP communities
- e. Create an enabling environment to support LGU efforts by putting in place supportive policies and constant capacity building that are available the national and sub-national levels.

In addition, the current PNAP contains a broader menu of nutrition-sensitive programs that brings to fore the importance of nutrition-sensitive programs. The PNAP also serves as an institutional mechanism that supports the flagship initiatives of the province such as Ronda Probinsya/ Ronda Kahimsog, Tutok Buntis and Food and Nutrition Security. By attaching these programs to an existing institutional mechanism, these become clear health and nutrition deliverables of the province in general and the IPHO in particular. It also ensures that resources are available to these programs.

A facilitating factor in getting the PPAs included in the PNAP funded and approved, the IPHO aligned these PPAs as nutrition-specific, nutrition-sensitive and nutrition-supportive. Constraining factors included the reduction in the budget for some nutrition-sensitive projects as well as the challenging working relationship with some MLGU officials. Since these programs are specific to the sitting governor, there is no assurance that a different governor in the future will support these programs as well.

2. The provincial government has created and implemented convergence programs.

These are programs unique to the province and are under the umbrella of the Governor's flagship program, *Ronda Probinsya*. The province has set an ambitious health and nutrition goal of having "No new stunting 2025". The health and nutrition PPAs reflect the current

administration's move to upgrade health services. Although most of identified strategies are focused on medical services, it is worth noting that nutrition is explicitly stated in the population-based strategies which shows the administration's express focus on nutrition, not just health. Current province-led programs include:

- Ronda Kahimsog : A health and nutrition program where all health and nutrition services (routine services and the unique and special programs of the province) are cascaded down to all the barangays as part of the province's Barangay Governance Initiatives and Support.
- Tutok Buntis : A one-stop-shop for MNCHN services that delivers a comprehensive maternal and child package to the province's 56 GIDA barangays. The services it provides include nutrition assessment, dental, ultrasound, identification of high-risk pregnancies, checking of hemoglobin levels and STD/ STI testing. Pregnant women are provided with Buntis Kits as well.

The strength of these programs is their integrated nature. This means that, together with other government services, the package of health and nutrition programs are brought directly to the barangay level. These are also fully funded by the province. However, the downside to this approach is that it creates separate parallel pathways which can lead to duplication of services that the municipality.

Similarly, the agriculture and fisheries PPAs are anchored on addressing food security in the province. To further strengthen the implementation of these agri-fisheries strategies, the province embarked on crafting the Food and Nutrition Security Plan 2024-2028. The plan was funded by the province and co-developed with the Food Security and Nutrition team from the 7 municipalities and the representatives from farmers' groups and cooperatives. With a vision of "Sustainable and Globally Competitive Agri-Fishery Sector Towards Healthy and Well-Nourished Sarangans by 2028", the province's Food and Nutrition Security Plan 2024-2028 outlines the strategies and PPAs that the province's agri-fisheries goals as well as its nutrition goals (Sarangani Office of the Provincial Agriculturist 2023).

While the PPAs included in the Plan are comprehensive and thorough, the plan does not include the conceptual or operational definition of "food security" and "nutrition security". Without the clear operational definition of "food and nutrition security", it is difficult to ascertain the success or failure of the plan. This is a missed opportunity to drive these programs to purposively address food and nutrition security.

Policy coherence

Due to the cross-cutting nature of nutrition and its relevance to multiple sectors, there is a need for policy coherence which is defined as having mutually reinforcing policies vertically (across different sectors) and horizontally (different levels) (Gillespie, van den Bold et al. 2019). **In Sarangani Province,**

the policy environment was found to be supportive of nutrition. Legislation that are aligned with the Ronda Probinsiya program were fully supported by the legislators which contributed to easing the process of passing proposals into law. The process of crafting to the promulgation of proposed legislation was found to be smooth and facilitative with the technical support provided by the Office of Governor.

When asked about the provincial legislation that will be pursued in the coming years, he shared that there are 3 priority legislation that the IPHO is crafting.

1. The Sarangani First 1,000 Days (SarkD) ordinance which will support the implementation of the MNCHN services up to 24 months in the pipeline. This proposed ordinance will support the province's goal of "no new cases of stunting by 2025."
2. An ordinance updating the 2021 BHW and BNS Welfare Ordinance is in the works. This proposed ordinance will be scaling up their benefits, particularly the retirement benefits.
3. An ordinance that integrates all food and nutrition security programs of the province will also be pushed. This proposed ordinance seeks to establish a coordinated system for the different programs such as EPAHP, Hapag Asa, PPAs under the Food and Nutrition Security Plan as well as the other existing health and nutrition services.

Structural coherence and coordination (horizontal and vertical coherence)

The implementation of nutrition programs is a complicated process that requires several factors to be in place at the same time. The structures and institutional arrangements across multiple sectors (horizontal) and levels (vertical) needs to be put in place to catalyze and enable complementary, coordinated, and integrated action (Gillespie, Haddad et al. 2013).

Driven by the current Governor's active role in the PNC, intersectoral (horizontal) coordination is demonstrated in an active and functional Provincial Nutrition Committee. Comprised of 35 members, has brought in different NGOs, such as SEAOil and Mahintana Foundation, into the discussions and decision-making on nutrition matters in the province. With more people on the table, there is a deeper and more thorough discussion on nutrition. However, it is hard to achieve quorum because of conflicts in schedules especially that the PNC meets quarterly.

The PNC has evolved into an institutional mechanism that ensures programs under its purview are discussed and assessed. Nutrition-related programs need to secure the endorsement of the PNC as a prerequisite to the PDC approval. Further, a TWG was created within the PNC to focus on planning, monitoring and evaluation. The TWG is chaired by the Provincial Planning and Development Officer and co-chaired by the Provincial Nutrition Action Officer.

The province's long standing and productive relationships with different NGOs supports the province's ability to engage players from different sectors. This is exemplified in the creation of

the Nutri Bakery Center (NutriBaC) in 2021. Under a tripartite agreement, the IPHO allocated funds for the equipment and Mahintana Foundation renovated the building and trained the human resources while Alabel LGU served as the pilot site. Set up as an economic enterprise, the NutriBaC is positioned to be a supplier of baked goods to the host MLGU and the barangays and to provide nutritious food for the supplementary feeding program in the barangay and schools in Sarangani. It also tapped local suppliers as well as local workers with experience in bakeshops. The economic aspect of the bakery remains a challenge since it needs to increase sales. In the pipeline are plans to expand NutriBaC to every municipality in the province.

The Tugon sa Gutom program initially started as a food security project of SEAOL. Under the IPHO and the OPAG, the Tugon sa Gutom program aims to ensure that there is food on the table. Using the social determinants indicators in the CBMS, target beneficiaries were families whose income is less than PhP5,000/ month and with malnourished children. The package of services to target families includes the establishment of backyard gardens using organic farming techniques and a hunger mitigation mechanism to improve food access. Despite the simplicity of the program, it has shown its effectiveness in ensuring that there is food on the table and, ultimately, reduces hunger in these households. Monitoring is a challenge because of competing workload. A policy to scale up the program by harnessing the province's health information system.

Despite the strengths to its horizontal coherence, the province's Food and Nutrition Security Plan does not identify convergence or integration points between agri-fisheries and nutrition PPAs. It can be problematic since the PPAs for these 2 arms are designed to operate in silos without points for integration or even convergence that allow these 2 parallel systems to coordinate or integrate. The current setup hinges on the willingness of officials from both offices to co-design and co-create specific interventions anchored on the Plan which does not bode well for the creation and sustainability of such interventions.

The plan is also not clear on how it would ensure the consumption of healthier, more nutritious foods happens at the household level. This is commonly referred to as the "missing middle" which connects food production and distribution to household food consumption. Figure 1 is a visualization of the PPAs as elucidated in the Plan.

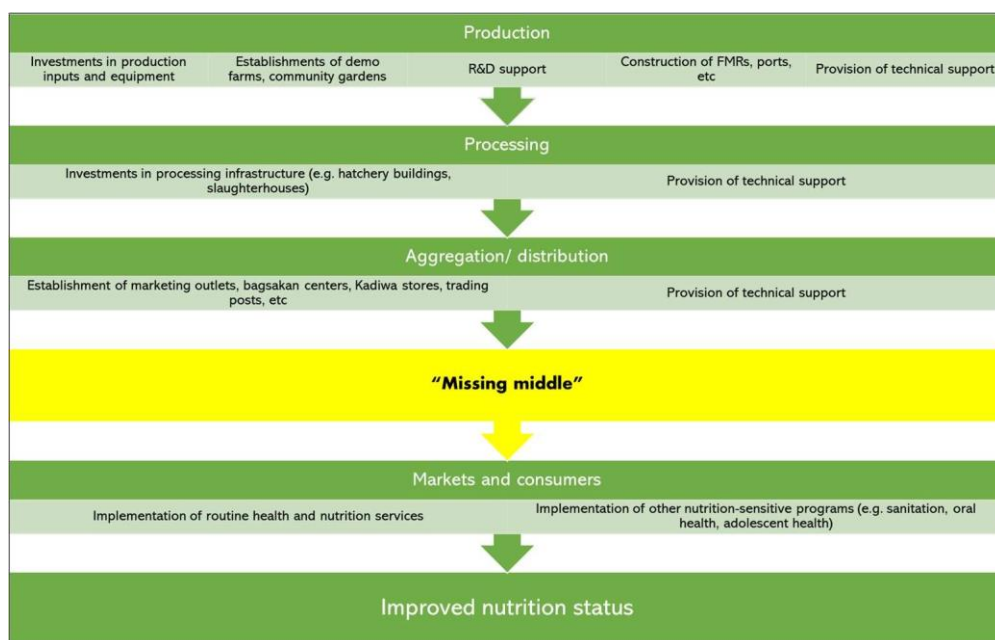


Figure 1. Visualization of the PPAs in the Food and Nutrition Security Plan 2024-2028

Source: Sarangani Office of the Provincial Agriculturist (2023)

There are no specific interventions that ensure that food consumption at the household level is improved since the bulk of routine nutrition-specific programs included in the Plan are focused on addressing malnutrition rather than preventing it. Also, these programs are focused only on specific population groups (pregnant women and children) which misses other equally important population groups such as adolescents, adults and older adults. When these segments are overlooked, they are less likely to be found by the system that the Plan hopes to create.

Unfortunately, the vertical coordination (from province down to the barangay level) is also weak. The devolved set-up of health and nutrition at the local level has fragmented the vertical coordination. Although the province-led and funded programs are directly bought to the barangays, it appears that there is a minimal substantial involvement of the municipality and barangay officials in these programs. Furthermore, there is also no incentive for the provincial and municipal governments to create a mechanism that integrates these services into 1 service delivery process.

Resource Capacity

The province has made significant investments to buttress its resource capacity. The Human Resources for Health has been provided with additional benefits under the Barangay Health and Nutrition Welfare Ordinance of 2021. The ordinance recognizes the services and contributions of the Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS) (Arnado-Benola and

Calancio 2021). Using an earmarking mechanism, the province will provide additional benefits to BHWs and BNSs who regularly perform their duties such as monthly honorarium, hospitalization and medical assistance, burial assistance and service acknowledgement (retirement) benefits. Other significant investments in human resources include additional honoraria to the Municipal Nutrition Action Officers (MNAOs) and the hiring of District Nutrition Program Coordinators. Capacity building efforts were also supported. There is now continuous support for capacity building trainings on health and nutrition since these are already part of the province's annual plans.

When it comes to financing, the budget for the various province-led programs is sufficient. These are also stable since these are charged against earmarked budgets such as the Gender and Development budget of the province. A challenge is the inadequate budget for health and nutrition by the MLGUs. The respondent was also quick to point out that the situation when it comes to budgeting is fluid ("sufficient for now"). Because of the support being given to the current Governor's flagship program, it has become another source of funding for PPAs that fall under its umbrella.

The provincial government has also made significant investments in health and nutrition supplies, commodities and equipment. Different nutritional assessment equipment are regularly funded by the province. The province has also been able to leverage its relationship with Mahitana Foundation, a local NGO, whenever the procurement process is too slow. To support the Tutok Buntis program, the province procured and distributed *Buntis Kit* supplies. It has also provided logistical support for various nutrition activities. In the pipeline are plans to rehabilitate a complementary feeding facility and the scaling up the NutribaC program to other municipalities.

When it came to nutrition commodities, the province's move to provide the various commodities such as manna packs, rice for Hapag Asa and seeds for the Tugon sa Gutom program has resulted in substantial gains. For example, the province is now able to provide supplementary food for nutritionally at-risk pregnant mothers. The provision of seeds for the seed distribution component during the pilot implementation of the Tugon sa Gutom program has provided evidence on the program's effectiveness. Municipal nutrition frontliners shared that the commodities and supplies provided by the province as well as the logistical support given to them during nutrition activities has eased the delivery of health and nutrition services (Silva, Basoy et al. 2023).

Although these investments are indirect in nature, the impact of these investments to the capacity of the municipality to delivery health and nutrition programs and services cannot be discounted. The ordinance is seen as a major driver behind the significant improvements in the delivery of nutrition-specific and nutrition-sensitive programs. According to the respondent, the BHWs and the BNSs became more motivated to work hard and give accurate results and reports. This echoed the findings among frontline respondents where they identified the augmentation of their honoraria and benefits by the provincial government as one of the factors that boosted their morale and improved their working conditions (Silva, Basoy et al. 2023).

Data and knowledge

Initially set up for nutrition using Open Data Kit (ODK), the Sarangani Health Information Management System (SHIMS) is a comprehensive database on health and nutrition. The SHIMS is envisioned to assist in household profiling, particularly in mapping and targetting beneficiaries for interventions and services since it will contain updated family profiles. This system will ease the access to information at the municipality and provincial levels. It is composed of 285 questions, including indicators for social determinants.

Conclusions

The different features of nutrition governance presented in this policy brief highlights some of the important conditions that local government units need to accelerate and support its gains in nutrition. Over and above the improvements in the delivery of health and nutrition programs, these features are lenses through which nutrition governance is exercised.

The case of nutrition governance in Sarangani Province in addressing malnutrition is a roadmap supporting its nutrition gains by harnessing existing mechanisms and arrangement while creating pathways for potential convergence and integration. The provincial government has been able to build on existing institutional arrangements (e.g. PNC) to enhance the structural coherence of the health and nutrition programs. Furthermore, it has also leverage its political commitment to health and nutrition to push for needed investments and reforms (e.g. food and nutrition security).

Policy directions

There should be a synchronized effort between sectors and across different levels in order to sustain and build on its gains from the past 5 years. To further strengthen the enabling environment for nutrition:

1. **Mechanisms and processes that integrates the planning, implementation and monitoring of all nutrition-specific and nutrition-sensitive programs down to the operational level must be created and supported by local legislation.**

This is meant to address existing fragmentation between the different levels of local governance (province, municipality and barangay). The fragmentation is a big challenge since current institutional arrangements and mechanisms support these. Although the upward reporting process goes through these levels, there is only a minimal involvement by these stakeholders in the planning and implementation of:

- i. All province-led programs
- ii. Routine nutrition-specific and nutrition-sensitive programs
- iii. Unique programs being implemented by the province and/or the municipality.

There are two concurrent tactics that can be implemented. **One is to create another TWG within the Provincial Nutrition Committee composed of the different MNAOs and headed by the PNAO.** This TWG will be a mechanism through which the closer coordination between the different municipal nutrition focal persons with the province within a current institutionalized venue (the PNC). The drawback to the creation of a TWG is that it is an ad hoc solution. The promulgation of a provincial ordinance would make this a permanent, institutionalized mechanism. The strong political commitment to nutrition by the sitting governor would be big advantage in pushing for this piece of legislation.

To compliment this, a separate Nutrition Office at the municipality level, with a Municipality Nutrition Action Officer at its helm should also be created. This tactic will ensure that there is an office that will solely focus on the delivery of routine nutrition-specific programs as well as unique program implemented by the province and municipality. Two studies done in the Philippines by Felismino, Talavera et al. (2018) and Silva, Basoy et al. (2023) found that having a separate nutrition office has resulted in better nutrition outcomes. This is also consistent with the provisions of the Nutrition and Dietetics Law of 2016 (R.A. 10862).

This would be a divergence from the common set-up at the local level – an integrated health and nutrition office. To ensure that this is implemented, the province could support the hiring and deployment of MNAOs (not nutrition focal persons) to the different municipalities that do not have one over the short-term. This is easier said than done. This could be seen as an over-reach on the part of the municipality.

Further, to ensure that these become permanent positions, a nutrition office has to be created. Some challenges to the implementation of this tactic include getting the local chief executive (the municipal mayors) to do this since this is under purview and getting the municipal health officers on board since, ideally, they should be the policy champions for this. The current governor's political commitment to nutrition can be leveraged to do this. The implementation of the Universal Health Care law as well as the increased focus on primary care is also another advantage.

2. **To further ensure that the gains that the province has achieved in the past 5 years are sustained and improved, the current health and nutrition leadership needs to re-visit the nutrition-specific and nutrition-sensitive programs with an eye for critical but neglected population groups.** The province cannot keep on doing the same routine programs and expect better results. Remember, these routine programs are focused on pregnant mothers,

newborns and under-5 children. However, the 2023 study of Silva, Basoy et al in Sarangani highlighted the absence of data on the nutritional outcomes among adolescents, adults (non-pregnant) and elderly population which can be attributed to the lack of programs for these groups. This is a big gap in the ensuring the health and well-being of the Sarangans.

Adolescents are considered a neglected population when it comes to nutrition. There are few nutrition interventions for this age group. Adolescent girls only enter the system when they get pregnant which limits the nutrition interventions that can be done at that stage. By intervening early, the province can further accelerate its performance in addressing malnutrition.

3. **Convergence mechanisms that supports and harmonizes the efforts of the different sectors towards achieving food and nutrition security in the province by intensifying the integration of nutrition into the food value chain should be put in place.** This should also include social protection safety nets for the priority populations for the food and nutrition security programs.
4. **The province's priority health and nutrition programs (e.g. SarkD) as well as health systems strengthening interventions (e.g. creation of MNOs, benefits for HRH) must be institutionalized through local legislation.**

Local legislation must be put in place to ensure that these programs and interventions are sustained over time. Since most of these are anchored on the current provincial leadership, there is no assurance that a new leadership would support these programs and interventions.

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