

LOCAL HEALTH SYSTEM
HEALTH PROMOTION PLAYBOOK FOR
DIET AND PHYSICAL ACTIVITY

Karinderya para sa Healthy Pilipinas



Healthy
Pilipinas

Health
is Life!



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About the
playbook
module

Introduction

What is this Health Promotion Program all about?

This **Health Promotion Program: Karinderya Para sa Healthy Pilipinas** mobilizes local karinderya in preparing nutritious food for dietary supplementation beneficiaries, allowing Barangay Nutrition Scholars to focus on nutrition counseling and education, providing beneficiaries with a physically, socially, and culturally close source of dietary supplementation, & reducing food and budget waste.

Why implement this Health Promotion Program?

KEY MESSAGES

1. Nutrition is crucial in an individual's development and lifelong health. Dietary supplementation can help improve the nutritional status of children under five years old, nutritionally-at-risk pregnant women, and undernourished lactating women especially during the first 1,000 days of life.
2. The local karinderya, a familiar source of food in the community, offers a unique opportunity for more engaging implementation of dietary supplementation efforts, other nutrition- or food-related projects.
3. The local karinderya can serve as a champion for nutrition in the community by providing healthy and nutritious food offerings for its customers.

Summary of Evidence

Why implement this Health Promotion Program?

The following summarizes the evidence and proof of effectiveness of the proposed Health Promotion Program which can assist you in lobbying and advocating to decision makers and other target audiences for the importance of the program.

THE CASE FOR MALNUTRITION

Malnutrition and the First 1000 Days

- The first 1,000 days of life — from the mother's pregnancy up to the child's second birthday — **provide a unique opportunity to protect both mother and child** during this period of infant development.
- Globally, about **149 MILLION CHILDREN UNDER THE AGE OF FIVE ARE STUNTED, AND 47 MILLION ARE WASTED.**¹ These conditions can have profound and irreversible impacts on a child's ability to grow, do well in school, earn a good living, and contribute to society.
- In the Philippines, **high levels of stunting and wasting among children under five years of age** have been observed.
 - **Poor infant and young child feeding, worsened by repeated infection and poor psychosocial stimulation**, can explain the high levels of stunting conditions.
 - **Maternal nutrition has also suffered**, with a high prevalence of nutritionally-at-risk women. In particular, adolescent pregnant women and women from poor income groups have higher levels of undernutrition.
- **STUNTING IS A KEY MARKER OF UNDERNUTRITION.** Stunting among Filipino children is due to several factors in the infants' first 1,000 days:²
 - During pregnancy in particular, the mother's poor health and nutritional condition, as well as pregnancy during her teenage years **may lead to stunting of the child.**
 - After birth, **difficulties in compliance with standards for minimum acceptable diet, food insecurity, and lack of access to clean drinking water** also contribute to stunting.

Dietary Supplementation

- To address malnutrition among children under five, the National Nutrition Council (NNC) includes the National Dietary Supplementation Program among several key nutrition-specific programs of the Philippine Plan of Action for Nutrition (PPAN) 2017-2022. **Here, dietary supplementation will be provided for pregnant women, children six to 23 months old, children 24 to 59 months old, and school children.**
- Dietary supplementation programs still have great potential to alleviate the burden of undernutrition, specifically: stunting, wasting, and micronutrient deficiency. But these programs must be well-supervised and well-implemented to **ensure improvements within the recommended 120-day time period, and ensure positive behavior change in terms of food habits over the long term.**
- Local evidence shows that if implemented well, dietary supplementation can significantly reduce the prevalence of undernutrition at the local level. Thus, **innovative ways of implementing dietary supplementation models are needed to improve expected health outcomes.**

The Karinderya Phenomenon

The karinderya provides an opportunity for a **more culturally-acceptable and more engaging implementation of the dietary supplementation program.** It is a community establishment and a familiar source of home cooked meals at very affordable prices, with full, familiar Filipino meals available at more affordable costs to many than cooking food at home. The karinderya is also often part of the micro-community, and serves as a place where local residents can gather.



A recent study also found that four out of 10 Filipinos regularly eat out, most commonly at the familiar and affordable karinderya.³ This is likely to increase with continued urbanization, and is not likely to be hampered by the COVID-19 pandemic.

Karinderyas can be harnessed as partners in nutrition for and beyond the implementation of dietary supplementation activities. First, due to its physical and social closeness with the community, beneficiaries may be more likely to attend dietary supplementation activities implemented by the karinderya. Second, if assisted in the transition from serving generally salty, oily, and fatty food, as well as sugar-sweetened beverages to serving safe, healthy and affordable food, the karinderya could greatly contribute to reducing the prevalence of malnutrition in the community. To make this possible, karinderyas must be capacitated in key areas, including proper food safety and sanitation practices.

Recommendation

The Department of Health recommends that local government units engage with and capacitate local karinderyas as partners for the delivery of community-based nutrition initiatives, one component of which is dietary supplementation for children under five years old, nutritionally-at-risk pregnant women, and undernourished lactating women.

Specifically for dietary supplementation activities, the following basic mechanisms are recommended for the operationalization of the Karinderya Para sa Healthy Pilipinas Project:

1. **Engaging with Partner Karinderya** - The partner karinderya is formally engaged through a service contract agreement between the karinderya owner and LGU for the provision of hot meals or food items as dietary supplementation for mother and child.
2. **Selecting the Partner Karinderya** - The partner karinderya is selected and engaged through a set screening criteria including, but not limited to, history of establishment and duration of service in the community, capacity, and commitment to provide the necessary services.
3. **Target Beneficiary** - Children under five years old, nutritionally-at-risk pregnant women, and undernourished lactating women are to be provided hot meals as part of dietary supplementation activities.
4. **Duration of Intervention** - Dietary supplementation is recommended to run for 120 days. Other components of the project, such as nutrition information and education activities, nutrition counseling, food demonstrations, and satellite markets or talipapa may be routine operations.
5. **Financing** - Funding for the partner karinderya is sourced from the budget allocated by the LGU. Donations and/or partnerships with other organizations may be explored.
6. **Capacity Development** - The partner karinderya is capacitated in areas of food safety and nutrition standards. Mothers, parents, or guardians of the children-beneficiaries are capacitated on safe and nutritious food preparation.

Playbook components

Implementation Plan

How do we ensure effective implementation of this Health Promotion Program?

The following checklist provides steps (not necessarily in chronological order) on implementing the recommended Health Promotion Program with corresponding *recommendatory* persons/offices responsible per step. The local government’s Health Promotion Unit must coordinate with various stakeholders to ensure effective implementation of the Health Promotion Program.

For an editable version of this plan, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>

	Activity	Office/Person Responsible	Target Date
Governance			
<input type="checkbox"/>	Conduct stakeholder onboarding for health promotion <ol style="list-style-type: none"> Orient relevant stakeholders on health promotion, the HPFS, and the Playbook Cooperate with identified relevant stakeholders on work and financial planning 	Health Promotion Unit	
<input type="checkbox"/>	Develop and pass a local Ordinance on the Karinderya Para sa Healthy Pilipinas project <ol style="list-style-type: none"> Use the Playbook’s attached template local Ordinance (See Annex A) and revise it according to the needs and context of your community Identify a champion in the local government that is able to lobby for the policy 	Health Promotion Unit and/or Local Nutrition Action Office	
<input type="checkbox"/>	Activate a local Nutrition Committee <ol style="list-style-type: none"> Identify and designate a lead office or official OR create a new office or point person within the LGU to coordinate nutrition-related efforts Provide additional human, capacity, and financial resources for the aforementioned office to fulfill its mandates Ensure that local partners, such as agricultural workers, karinderya owners, and the academe, are represented or engaged by the Nutrition Committee 	Health Promotion Unit and/or Local Nutrition Action Office	
<input type="checkbox"/>	Prepare for enforcement and roll-out of the Karinderya Para sa Healthy Pilipinas project <ol style="list-style-type: none"> Prior to implementation of activities, ensure that each barangay has Barangay Nutrition Scholars (BNSs) Orient and clearly brief the BNS on the (a) rationale and objectives of the activities, and on (b) their mobilization- and monitoring-related tasks, and other more specific assignments, if any 	Health Promotion Unit and/or Local Nutrition Action Office	

	<ol style="list-style-type: none"> 3. Develop or adopt a cycle menu and prescribed recipes, which partner karinderya owners will use as reference for their day-to-day implementation of dietary supplementation activities (See Annex I). 		
Partnership			
<input type="checkbox"/>	<p>Identify beneficiaries of the Karinderya Para sa Healthy Pilipinas project</p> <ol style="list-style-type: none"> 1. Coordinate OPT+ plans and schedule with the barangay-level LGUs prior to the conduct of measurement activities, so that the BLGU can provide additional assistance such as BHWs, BNPs, or barangay marshals to conduct OPT+ activities or facilitate order 2. Conduct OPT+ activities to determine the prevalence of malnutrition among children under five year old 3. Conduct anthropometric activities to identify nutritionally-at-risk pregnant and lactating women in the community 4. Encode all measurement data 5. Based on data, analyze the nutritional status and prevalence of malnutrition of target populations 6. Validate the accuracy of data by re-weighing the undernourished children and nutritionally-at-risk pregnant and lactating women identified during the earlier conducted measurement activities 7. Report the validated data to the Local Nutrition Committee, and to the National Nutrition Council (NNC) for routine monitoring 	Local Nutrition Action Office	
<input type="checkbox"/>	<p>Plan the implementation of the Karinderya Para sa Healthy Pilipinas project:</p> <ol style="list-style-type: none"> 1. Based on the validated data, develop the plan, with specific details on the following: <ol style="list-style-type: none"> a. Number and addresses of beneficiaries; b. Number and locations of potential partner karinderyas to be engaged; c. Timeline and calendar of activities; and d. Resources needed (human, financial, material/equipment) 2. Ensure that at least one (1) Barangay Nutrition Scholar is deployed to each of the identified locations to facilitate and coordinate the dietary supplementation activities. 3. Develop or prepare a budget proposal, for presentation to the Local City/Municipal Council during its Annual Investment Planning for their approval. 	Health Promotion Unit and/or Local Nutrition Action Office	
<input type="checkbox"/>	<p>Engage with partner karinderya</p> <ol style="list-style-type: none"> 1. In each of the identified locations of target beneficiaries, scout for potential partner karinderya who will serve the healthy and nutritious meals (See Section 17 of Template Policy in Annex A for the screening criteria for partner karinderya) 2. Assist the potential partner karinderya owners in accomplishing the necessary health clearances and 	Barangay Health Worker, Health Promotion Unit, and	

	<p>minimum required forms and documentary requirements, to be submitted to the Nutrition Office:</p> <ol style="list-style-type: none"> Form/s for personal information; Medical certificate and health ID; Sanitation and business permit; Photo identification (i.e., 2x2 photo); and, Community tax certification, or Cedula. <ol style="list-style-type: none"> Capacitate the potential partner karinderya owners on the required skills and capacities prior to the conduct of activities (See Capacity-Development Section) Formalize the engagement and participation of the partner karinderya owners by signing the service contract agreement between the karinderya owners and the LGU (See Annex B) Ensure timely payment of partner karinderya based on the agreed-upon timeline 	Local Nutrition Action Office	
<input type="checkbox"/>	<p>Engage with beneficiaries of the dietary supplementation program</p> <ol style="list-style-type: none"> Subject the identified undernourished children and nutritionally- at-risk pregnant and lactating women to a medical check-up to determine who among them requires specific or additional medical attention. Orient and clearly brief the beneficiaries (guardians of children beneficiaries, and nutritionally-at-risk pregnant and lactating women) on: <ol style="list-style-type: none"> Their current nutritional status; Rationale and objectives of the activities; Intended activities; Importance of complete participation; and What the beneficiaries should expect throughout the implementation of dietary supplementation activities. Confirm their participation to the Karinderya Para sa Healthy Pilipinas project 	Barangay Health Worker, Barangay Nutrition Scholar, and Local Nutrition Action Office	
<input type="checkbox"/>	<p>Engage with the private sector</p> <ol style="list-style-type: none"> Conduct introductory activities for the private sector to get to know the Karinderya Para sa Healthy Pilipinas project Write letters to taxpayers in the LGU requesting for donations for the Karinderya Para sa Healthy Pilipinas project 	Health Promotion Unit and/or Local Nutrition Action Office	
Dietary Supplementation (Day-to-Day Operation)			
<input type="checkbox"/>	<p>Provide nutrition counseling and education to beneficiaries</p> <ol style="list-style-type: none"> Identify nutrition-related topics to be covered during nutrition education and counseling sessions Administer nutrition-related KAP pre-test to beneficiaries and/or their guardians Ensure daily implementation of nutrition counseling and education Administer nutrition-related KAP post-test to beneficiaries and/or their guardian 	Barangay Health Worker, Barangay Nutrition Scholar, and Local Nutrition Action Office	

<input type="checkbox"/>	<p>Coordinate dietary supplementation activities (See Resource Requirements for necessary procurements)</p> <ol style="list-style-type: none"> 1. Prepare the logistics (tables and chairs) of the dietary supplementation activities 2. Prepare healthy and nutritious hot meals based on the cycle menu and recipe provided by the Nutrition Office 3. Regularly conduct house-to-house quick visits or online check-ins to beneficiaries to remind them of the schedule of the activities 4. Demonstrate proper washing of hands to children beneficiaries before eating 5. Ensure that beneficiaries are able to consume their required food portions 6. Ensure signing of attendance sheets by beneficiaries using the standard form provided by the Nutrition Office for routine monitoring 7. Conduct karinderya monitoring to ensure adherence to standards (See Annex E) 8. Conduct attendance monitoring to check beneficiaries' attendance (See Annex F) 	<p>Barangay Health Worker, Barangay Nutrition Scholar, and Local Nutrition Action Office</p>	
Monitoring and Evaluation			
<input type="checkbox"/>	<p>Monitor changes in nutritional status</p> <ol style="list-style-type: none"> 1. Conduct the relevant measurements to beneficiaries every two (2) weeks to monitor periodic changes in nutritional status (See Annex G) 2. At the end of the 120-day cycle of the dietary supplementation activities, weigh all beneficiaries and conduct post-project KAP evaluation (See Annex G and Annex H) 3. Analyze data against the baseline measurements to determine effectiveness of the activities in improving the nutritional status and nutrition-related KAP of the beneficiaries and their guardians 4. Report findings to the Nutrition Committee for their information, and further action, if any 	<p>Barangay Health Worker, Barangay Nutrition Scholar, and Local Nutrition Action Office</p>	
<input type="checkbox"/>	<p>Ensure graduation, re-enrollment, or referral</p> <ol style="list-style-type: none"> 1. Recognize and/or incentivize beneficiaries whose nutritional status has improved, as well as the services of the partner karinderyas 2. Re-enrol children beneficiaries whose nutritional status did not improve, in the next cycle of dietary supplementation activities for continuity of intervention. 3. Refer beneficiaries whose nutritional status did not improve to the local physician or midwife for necessary medical attention, if any. 	<p>Health Promotion Unit and Local Nutrition Action Office</p>	

Policy

What is the Policy Support for this Health Promotion Program?

To ensure sustainability and availability of resources to implement Health Promotion programs, it is recommended that they be institutionalized through local policies such as ordinances. The Playbook includes a template policy (See Annex A) that local governments may adopt in whole or in part, as commitment to their efforts to make the healthy choice the easy choice for every Filipino.

THE KARINDERYA PARA SA HEALTHY PILIPINAS ORDINANCE

Key Terms and Provisions of the Policy

The template Karinderya Para sa Healthy Pilipinas Ordinance seeks to institutionalize community partnerships toward promoting and protecting the nutritional status of pregnant and lactating women and children 2 to 5 years old through:

1. Partnership.

- a. A 120-day dietary supplementation program called the Karinderya Para sa Healthy Pilipinas project shall be rolled out primarily by the local Nutrition Action Office, and the local Health Promotion Unit, alongside partner karinderya and the rest of the community.
- b. Identified partner karinderya shall be engaged for 120 days to provide healthy and nutritious food for identified beneficiaries; and shall be paid in a fair and timely manner for services provided.
- c. The general public, especially local business owners, are encouraged to participate in the Karinderya Para sa Healthy Pilipinas program through cash donations or in-kind donations of fresh, healthy food ingredients.

2. Holistic Dietary Supplementation.

- a. **Beneficiaries.** Identified undernourished and nutritionally-at-risk children and pregnant and lactating women may opt to join the Karinderya Para sa Healthy Pilipinas project.
- b. **Service Provision.** Identified and confirmed beneficiaries are entitled to 120 days of dietary supplementation, and are to be provided healthy and nutritious meals by partner karinderya based on an identified cycle menu.

c. Social Behavior Change. To ensure sustainability of healthy eating habits among beneficiaries, the Karinderya program is to be supplemented with nutrition education and counseling, to be provided by the Nutrition Action Office to beneficiaries.

3. Monitoring and Maintenance. Guidelines, point persons, and funds for the monitoring and maintenance of the Karinderya Para sa Healthy Pilipinas project are included.

The passage of the aforementioned Ordinance will be useful in ensuring the availability of human and financial resources for efforts related to the Karinderya Para sa Healthy Pilipinas project.

Resource Requirements

What will we need in implementing this Health Promotion Program?

You may use this as a guide for your budget proposal and work and financial planning.

Item No.	Description	Object Class
1	<p>Compensation for partner karinderya for services and food items for 120-day dietary supplementation</p> <ul style="list-style-type: none"> For children 2-5 y/o Nutritionally-at-risk pregnant women Undernourished lactating women <p><i>(For further information on food items needed by partner karinderya, please see the List of Ingredients for the Cycle Menu as included in Annex D of this Playbook)</i></p>	Other maintenance and operating expenses
2	<p>Compensation for one Barangay Nutrition Scholar (BNS) per barangay</p> <p><i>(For TORs for BNSs, please see Annex C)</i></p>	Salaries and wages
3	<p><i>(Optional)</i> Compensation for one Barangay Nutrition Patroller (BNP) per barangay</p> <p><i>(For TORs for BNPs, please see Annex C)</i></p>	
4	Bond paper	Office supplies expenses
5	Printer ink	Office supplies expenses
6	IEC materials	Office supplies expenses
7	<i>(Tarpaulins, posters, stickers, leaflets, streamers, manuals, etc.)</i>	Printing & publication expenses
8	<p>Assorted collaterals</p> <p><i>(T-shirts, drinking bottles, baunan, etc.)</i></p>	Other supplies & materials expenses
9	Venue for meetings and trainings	Representation expenses
10	Meals for meetings and trainings	
11	<p>MOA or MOU processing costs</p> <p><i>(Only applicable If the LGU is receiving grants from national or regional government, or from other entities)</i></p>	Accountable forms expenses

Capacity-Development

What do implementers need to learn to successfully implement this Health Promotion Program?

Courses related to Playbook module implementation are uploaded on [DOH Academy \(learn.doh.gov.ph\)](https://learn.doh.gov.ph) for accessible use by the general public.

CAPACITY-BUILDING FOR PARTNER KARINDERYA	
Course Author	DOH Health Promotion Bureau with the National Nutrition Council
Course Description	This course was developed to complement the Local Health System Health Promotion Playbook on Healthy Diet - The Karinderya Para sa Healthy Pilipinas Program. It aims to capacitate local implementers, that is, partner karinderya owners, with the basic skills and competencies needed to appreciate the benefits of good nutrition and healthy diet and demonstrate the ability to apply related skills, so that partner karinderya owners can act as champions of nutrition in the community.
Learning Outcomes	By the end of the course, participants should be able to... <ol style="list-style-type: none">1. Describe the importance of the First 1000 Days and of the dietary supplementation program in achieving the targets of the Philippine Plan of Action for Nutrition (PPAN);2. Understand the key concepts and principles of nutrition, and explain how food can have a direct effect on an individual's health;3. Demonstrate the basics of food safety and sanitation, and food handling and portion control in food preparation; and,4. Describe nutrition-related needs in the community, especially in times of calamity, disasters, or other emergencies in the community.

<p>Capacity-Building Outline</p>	<p>Module 1: Introduksyon sa Nutrisyon, Ang Unang 1000 na Araw, at Dietary Supplementation</p> <ol style="list-style-type: none"> 1. Ang Philippine Plan of Action for Nutrition 2. Ang Unang 1000 na Araw 3. Dietary Supplementation 4. Ang Karinderya Para sa Healthy Pilipinas
	<p>Module 2: Mga Basic na Konsepto Tungkol sa Nutrisyon</p> <ol style="list-style-type: none"> 1. Halaga ng Magandang Nutrisyon 2. Nutrition and Malnutrition 3. Ang mga Sustansya at ang kanilang mga Gamit; Mga prinsipyo ng Malusog na Diyeta 4. Ang kinakailangang Sustansya sa Unang 1000 Araw. Eksklusibong Pagpapasuso at Kumplementaryong Pagpapakain.
	<p>Module 3: Food Preparation at Food Safety</p> <ol style="list-style-type: none"> 1. Kumplementaryong Pagpapakain o Complementary Feeding 2. Kaligtasan at Kalinisan ng Pagkain o Food Safety and Sanitation 3. Water, Sanitation, and Hygiene
	<p>Module 4: Nutrisyon sa Gitna ng Sakuna o Kalamidad</p> <ol style="list-style-type: none"> 1. Nutrisyon at Dietary Supplementation sa gitna ng Sakuna o Kalamidad
<p>Expected Audience</p>	<p>Partner Karinderya</p>
<p>Expected Duration</p>	<p>1 hour 35 minutes</p>

Communication Plan

How do we communicate this Health Promotion Program to our community?

This section provides suggested key messages and corresponding template communication materials to support the social mobilization and community engagement activities of the LGU to increase demand among target audiences for the health promotion program.

AUDIENCE: PARENTS/GUARDIANS OF CHILDREN UNDER FIVE YEARS OLD; NUTRITIONALLY-AT-RISK PREGNANT AND LACTATING WOMEN

Communication Objectives:

Communication materials and activities should...

1. Educate the target audience on nutrition, healthy food purchasing, food preparation, feeding and eating practices
2. Explain the value of dietary supplementation, & complete/active attendance to the Karinderya Para sa Healthy Pilipinas Project

Behavioral Objectives:

The audience should...

1. Practice healthy eating habits
2. Ensure complete and active attendance to the Karinderya Para sa Healthy Pilipinas Project

KEY MESSAGE: GOOD NUTRITION THROUGH HEALTHY EATING PRACTICES IS KEY TO LIVE A HEALTHY LIFE

Good nutrition from the first 1000 days of life has life-long advantages; alternatively, poor nutrition during this period has irreversible effects on life

Practicing healthy food habits is important in achieving good nutrition.

Active participation in the Karinderya Para sa Healthy Pilipinas Project can help you and your child become and stay well-nourished.

<p>Nutrition starts at pregnancy, not when the child is born. If you are pregnant, having good nutrition will ensure that your child will be born healthy and not sick.</p> <p>Exclusive breastfeeding for up to six months is best for babies' growth and development; continued breastfeeding with complementary foods thereafter is advised.</p> <p>Good nutrition helps your children do better at school, and eventually at work which leads to a better future for the child.</p>	<p>How you cook matters: too much oil contributes to development of heart disease and other non-communicable diseases. Try steaming, poaching, baking, or boiling your food instead.</p> <p>What you eat matters: consume fruits and vegetables that are high in micronutrients that help boost your immune system and fibers that aid in digestion to keep yourself healthy.</p> <p>How you eat matters: balance a variety of foods with moderation in the amount of food you eat to ensure you're getting the right amount of nutrients to keep you strong and healthy.</p>	<p>Visit your neighborhood karinderya every day for nutritious and delicious food that will help you stay healthy.</p> <p>Complete the 120-day dietary supplementation cycle to improve your child's nutrition.</p> <p>Your BHW and BNS are your partners in improving your family's nutrition —</p> <ul style="list-style-type: none"> • They will assist you in your journey to better nutritional status; • They give advice on how to prepare healthy foods and on healthy eating practices.
<p>Materials (See Annex D):</p> <ol style="list-style-type: none"> 1. Pinggang Pinoy 2. 10 Kumainments 3. Healthy Diet - Vitamins and Nutrients 4. Teach Your Child to Eat Well 5. Karinderya Para sa Healthy Pilipinas Project 		
<p>Suggested Community Activities:</p> <ol style="list-style-type: none"> 1. Nutrition counseling and education sessions 2. Cooking demos at the local karinderya 3. Selling of affordable and healthy food, particularly fruits and vegetables, at the local karinderya 		

4. Regular check-ups or provision of incentives for attending, or as encouragement to attend the program
5. Awarding of most improved and graduated beneficiaries

AUDIENCE: POTENTIAL AND CURRENT PARTNER KARINDERYAS

Communication Objectives:

Communication materials and activities should...

1. Improve awareness of and encourage support for the Karinderya Para sa Healthy Pilipinas Project and other nutrition-related programs of the LGU
2. Increase knowledge on and application of nutrition-related concepts and nutritious habits and food

Behavioral Objectives:

The audience should...

1. Volunteer to become a partner karinderyas, or express intention to participate in the Karinderya Para sa Healthy Pilipinas Project
2. Cook and offer healthy food options, and/or adopt healthy food practices even for regular clients

KEY MESSAGE: YOU ARE IMPORTANT MEMBERS OF THE COMMUNITY IN ENSURING THAT PREGNANT WOMEN EAT HEALTHY AND THAT CHILDREN ARE WELL-NOURISHED

Help implement the Karinderya Para sa Healthy Pilipinas Project

Help serve healthy and nutritious foods as part of the local government's dietary supplementation programs.

With your skills, you can make healthy food delicious and appealing to beneficiaries of the program.

The LGU will support your efforts toward better nutrition in the community

The LGU will provide partner karinderyas with learning opportunities on community nutrition, and healthy food preparation and sanitation.

Joining the program as a partner karinderya can be an additional source of livelihood. The LGU will:

Promote healthy eating and food in your community

Many people rely on your karinderya to feed their families. You can help people by providing them with healthier food options by:

- Ensuring sanitation in food preparation
- Increase nutritional content in food items served

<p>With your influence, you can encourage beneficiaries to attend and actively participate in the program.</p> <p>With your expertise, you can help the local government prepare and serve healthy food items to the community during disasters such as fires, flooding, and pandemics lockdowns in your community.</p>	<ul style="list-style-type: none"> • Provide regular payment for your service as a partner karinderya; and, • Prioritize your business when it needs other food-related services. <p>The LGU can provide partner karinderyas additional incentives, including prioritization in getting business or sanitary permits.</p>	<p>Your karinderya is an important institution in the community: messages about nutrition are more effective coming from you.</p>
<p>Materials (See Annex D):</p> <ol style="list-style-type: none"> 1. Become a Partner Karinderya 2. Karinderya Para sa Healthy Pilipinas Project 3. Guide for Partner Karinderya (Annex I) 		
<p>Suggested Community Activities:</p> <ol style="list-style-type: none"> 1. Orientations (process, benefits of being a partner karinderya) 2. Nutrition education sessions 3. Learning sessions for sharing of issues, concerns, and best practices 4. Seminar on food preparation and food safety before owner-operators join the Karinderya Para sa Healthy Pilipinas Project 		

AUDIENCE: PRIVATE DONORS AND OTHER MEMBERS OF THE COMMUNITY

<p>Communication Objectives: Communication materials and activities should...</p> <ol style="list-style-type: none"> 1. Improve awareness of and encourage support for the Karinderya Para sa Healthy Pilipinas Project and other nutrition-related programs of the LGU 2. Increase knowledge on and application of nutrition-related concepts and nutritious habits and food
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Behavioral Objectives:

The audience should...

1. Encourage members of the community and regular private donors to mobilize resources in support of the Karinderya Para sa Healthy Pilipinas Project and other LGU programs to improve nutrition in the community

KEY MESSAGE: ACHIEVING GOOD NUTRITION IS A COMMUNITY EFFORT — WE ALL HAVE A ROLE TO PLAY IN IMPROVING THE NUTRITION STATUS OF OUR COMMUNITY

Support the Karinderya Para sa Healthy Pilipinas Project

Donate food or help fund the Karinderya Para sa Healthy Pilipinas Project.
Amplify messages from the LGU and karinderyas about policies and programs that improve nutrition in the community.

Promote healthy diet in your own circles to help reduce malnutrition in community

Practice good nutrition by buying, preparing, and eating a healthy diet yourself.
Initiate and invite your employees, co-workers, or peers to eat healthy.

[For local business and establishments] Good nutrition can improve lives

Good nutrition equips workers with bodies to combat illness, which can translate to reduced healthcare costs.
Good nutrition facilitates better educational outcomes and more productivity

Materials (See Annex D):

1. Pinggang Pinoy
2. 10 Kumainments
3. Healthy Diet - Vitamins and Nutrients
4. Karinderya Para sa Healthy Pilipinas Project
5. Donations for the Karinderya Para sa Healthy Pilipinas Project

Suggested Community Activities:

1. Donation drive with strict rules for what nutritious food can be donated
2. Partnership drives with local markets, groceries, or food establishments (E.g. Sponsor a beneficiary, etc.)
3. Healthy weekend markets
4. Healthy restaurants and workplaces project

Monitoring and Evaluation

How do we keep track of our progress?

Summary of Primary Indicators

Outputs:

- Number of partner karinderya complying with food quality, sanitation, and service quality standards (Improved)
- Percentage of Partner Karinderya compensated based on agreed upon timeline
- Number of days of dietary supplementation provided (120 days)

Expected Behaviors:

- Number of days of dietary supplementation attended (Out of 120; ideally complete attendance)
- Nutritional status of beneficiaries (Improved or normalized)
- Knowledge, attitudes, and practices (KAPs) on nutrition of beneficiaries and/or their guardians (Improved)

Indicators	Monitoring Form	Description	Intended User (to be accomplished by...)
Number of partner karinderya complying with food quality, sanitation, and service quality standards <i>(Improved)</i>	Karinderya Monitoring Form <i>(See Annex E)</i>	The Karinderya Monitoring Form outlines standards required of partner karinderya with regard to food quality, sanitation, and service quality; and required of the LGU with regard to timely compensation.	Nutrition Action Office
Percentage of Partner Karinderya compensated based on agreed upon timeline		It allows for tracking of compliance of both the partner karinderya and the LGU with the aforementioned standards, and is expected to be accomplished daily.	

<p>Number of days of dietary supplementation provided (120 days)</p> <p>Number of days of dietary supplementation attended (Out of 120; ideally complete attendance)</p>	<p>Attendance Monitoring Form (See Annex F)</p>	<p>The Attendance Monitoring Form lists all beneficiaries of the Karinderya Para sa Healthy Pilipinas in a particular partner karinderya, and allows for tracking of their daily attendance to the Karinderya project, and is expected to be accomplished daily..</p>	<p>Nutrition Action Office, partner karinderya</p>
<p>Nutritional status of beneficiaries (Improved or normalized)</p>	<p>Weight Monitoring Form (See Annex G)</p>	<p>The Weight Monitoring Form allows for tracking of changes in nutritional status among all beneficiaries of the Karinderya Para sa Healthy Pilipinas program, and is expected to be accomplished every 15 days.</p>	<p>Nutrition Action Office, partner karinderya</p>
<p>Knowledge, attitudes, and practices (KAPs) on nutrition of beneficiaries and/or their guardians (Improved)</p>	<p>Effectiveness Evaluation for Nutrition Education and Counseling (See Annex H)</p>	<p>The Effectiveness Evaluation for Nutrition Education and Counseling tracks the knowledge, attitudes, and practices (KAP) of beneficiaries of the Karinderya Para sa Healthy Pilipinas project or their guardians in relation to nutrition, to measure the effectiveness of nutrition education or counseling activities conducted. It is expected to be accomplished before and after the 120-day dietary supplementation program.</p>	<p>Health Promotion Unit, beneficiaries of the Karinderya project</p>
<p>General knowledge, attitude and practice of healthy diet</p>	<p>Health Literacy Assessment and Knowledge, Attitudes and Practice on Health Promotion (HLA-KAP) Survey</p>	<p>The HLA-KAP is an annual assessment tool which measures the health literacy levels of Filipinos aged 18 and above in the LGU</p>	<p>Health Promotion Unit</p>

Frequently Asked Questions

FOR LOCAL IMPLEMENTERS

Why should the LGU act on malnutrition in the community?

Malnutrition and poor diet are directly linked to many health concerns (stroke, cardiovascular diseases, hypertension, diabetes, chronic kidney disease, etc.) and are linked with poorer academic performance and work productivity, leading to poorer opportunities and social mobility among the people. The promotion of healthy, balanced diets toward the achievement of good nutrition is more cost-effective than treating diseases later in life. Good nutrition has a positive effect on the overall quality of life of Filipinos.

What is the Karinderya Para sa Healthy Pilipinas Project?

The Karinderya Para sa Healthy Pilipinas Project enlists local karinderyas as partners of the LGU in providing nutrition-related services. The project comprises three components:

1. Nutrition education and counseling where, together with the Nutrition Action Office and BNS, beneficiaries, parents and/or guardians, are provided with one-on-one counseling sessions or nutrition education classes
2. Dietary supplementation for undernourished children aged two to five years old, nutritionally-at-risk pregnant and undernourished lactating women; and
3. Food relief service during disaster emergencies.

Is the Karinderya Project the same as the dietary supplementation activities?

The Karinderya Project is an initiative by the LGU to mobilize local neighborhood karinderyas as partners in implementing nutrition-related services in the community. The dietary supplementation activities, wherein partner karinderyas are tasked to serve hot meals to identified beneficiaries, is just a component of the Karinderya Project. During the dietary supplementation activities, beneficiaries are provided freshly-cooked, nutritious hot meals prepared by local karinderyas, who are paid per beneficiary fed per day.

How is the Karinderya Para sa Healthy Pilipinas Project different or better than the usual forms of supplemental feeding?

Traditional feeding activities are usually done in covered courts, where logistical difficulties, significant budget leakage and food wastage are common issues, as well as poor attendance by beneficiaries owing to poor accessibility of the location. This is contrary to the diet supplementation guidelines set by the NNC which require that dietary supplementation centers and distribution sites should be easily accessible to its beneficiaries.

The Karinderya Para sa Healthy Pilipinas Project allows LGUs to subcontract karinderyas to prepare the food, and assigns beneficiaries to karinderyas within their barangays. This model facilitates easier accessibility for the beneficiaries and increases acceptability of the services because they are provided through an institution that is physically and socially embedded in the community, thus ensuring higher beneficiary attendance, as well as less food and budget waste. The model also provides the karinderyas with a regular stream of clients, the beneficiaries of the program, which allows them to grow their business. Finally, contracting out food preparation services allows for task-sharing, and lets LGU officials focus instead on nutrition counseling and education.

What are the responsibilities of the LGU in implementing the dietary supplementation component of the Karinderya Para sa Healthy Pilipinas Project?

The LGU, through its designated local offices and personnel, is responsible for the following:

1. Identify beneficiaries through the Oplan Timbang Plus (OPT+) operations as well as regular monitoring of pregnant and lactating women in the community;
2. Mobilize potential partner karinderyas to join the Karinderya Para sa Healthy Pilipinas project, as well as provision of training/s on food preparation, food safety, nutrition basics, and LGU processes and mechanisms in relation to the program;
3. Develop the cycle menu to be used by the karinderya. *The LGU may opt to adopt the cycle menu provided in this Playbook;*
4. Provide nutrition counseling and education to beneficiaries; and
5. Facilitate timely payment for the services of the partner karinderyas, keeping in mind the quick turnover of capital needed to run a karinderya.

Where should the LGU get the funding for the Karinderya Para sa Healthy Pilipinas Project?

The LGU may appropriate funding for the Karinderya Para sa Healthy Pilipinas Project from its own Internal Revenue Allotment (IRA). It may also collect cash or in-kind (ingredients or equipment) donations from private entities, provided that the latter are not representatives of tobacco, alcohol, sugar-sweetened beverages, junk food, fast food, breast milk substitute or additive product companies, and that no conditionalities are attached to the donations. Tobacco, alcohol, sugar-sweetened beverages, junk food, fast food, breast milk substitute or additive products may not be donated.

How will the LGU choose beneficiaries for the dietary supplementation component of the Karinderya Para sa Healthy Pilipinas Project?

Target beneficiaries of the dietary supplementation activities are children two to five years old identified as undernourished during the OPT+ operations, and the nutritionally-at-risk pregnant women and undernourished lactating women identified through regular monitoring by the BNS. The LGU will mobilize Partner Karinderyas to serve supplementary meals to target beneficiaries guided by a *uniform* cycle menu and prescribed recipes.

Infants aged six to 24 months require a separate menu for complementary feeding in order to address their specific nutritional needs, which is outside the operational scope of services of the Partner Karinderya. For caregivers or guardians of infants aged six to 24 months, the

Nutrition Action Office and BNS shall instead conduct regular nutrition counseling and education classes to promote appropriate complementary feeding practices and ensure that caregivers and guardians are capacitated to introduce their children to a more varied diet in addition to continuous provision of breastmilk.

How will the LGU choose partner karinderyas for the Karinderya Para sa Healthy Pilipinas Project?

Beneficiaries are grouped according to their barangays of residence. The local karinderyas in barangays or communities with 10 or more beneficiaries will be mobilized to become partner karinderyas of the project. Beneficiaries are then assigned to receive their hot meals in the partner karinderya only. Beneficiaries in barangays with less than 10 beneficiaries may be assigned to a partner karinderya if it is close enough to their home, or may be provided groceries equivalent to the cost of the hot meal provided instead. LGUs shall pay the partner karinderyas for the preparation of hot meals, per beneficiary per day.

Who in the LGU is responsible for monitoring and evaluating the Karinderya Para sa Healthy Pilipinas Project?

The City or Municipality Nutrition Action Office (C/MNAO) is in charge of monitoring and evaluating the Karinderya Para sa Healthy Pilipinas Project. This Playbook's monitoring and evaluation form may be adopted for this purpose.

What safety protocols should the LGU follow when implementing the Karinderya Para sa Healthy Pilipinas Project while the COVID-19 pandemic continues?

Since convening the beneficiaries in the karinderya would be considered a gathering and therefore not safe, beneficiaries may pick up their food one-by-one following an orderly time schedule, or the BNSs or other barangay health workers may deliver the food items to the beneficiaries' residence. The BNSs or other barangay health workers must remember to observe the minimum public health standards when distributing the food items, and remind beneficiaries of the following:

1. Wash and/or sanitize their hands thoroughly
2. Wear a mask and face shield
3. Retain physical distancing

FOR PARTNER KARINDERYAS

What are the benefits if I join the Karinderya Para sa Healthy Pilipinas Project?

The Karinderya Para sa Healthy Pilipinas Project allows you to help your community while growing your own business. Not only will you be helping undernourished children under five years old and pregnant and lactating women become healthier, you will also receive a regular supply of new clients, and payment from the LGU in exchange for your services. Other benefits such as priority status in receiving business or sanitation permits as well as medical certifications may be provided by the LGU as well. Finally, partner karinderyas are prioritized for their services when the LGU is in need of food for evacuees during emergencies such as floods, fires, or pandemics.

What assistance will I be provided when I join the program?

Partner karinderyas will be provided with on-boarding seminars on LGU mechanisms and processes, training on food preparation and nutrition basics, day-to-day assistance in the monitoring of beneficiaries' attendance to the activities, and timely payment per beneficiary fed per day from the LGU.

Who will I be serving supplementary meals to? Who are the beneficiaries?

Target beneficiaries of the dietary supplementation activities are undernourished children two to five years old, and nutritionally-at-risk pregnant women and undernourished lactating women identified by the BNS. You will be preparing and serving supplementary meals to them using a *uniform* cycle menu and prescribed recipes.

Infants aged six to 24 months, on the other hand, require a separate menu of complementary foods in order to address their specific nutritional needs. Hence, they will not be part of your operational scope of service. For caregivers or guardians of infants aged six to 24 months, the Nutrition Action Office and BNS shall instead conduct regular nutrition counseling and education classes to promote proper complementary feeding practices and ensure that they are capacitated to introduce their children to a more varied diet in addition to continuous provision of breastmilk.

What should I feed the beneficiaries of the Karinderya Para sa Healthy Pilipinas Project?

The LGU will provide a cycle menu of food to be served to the beneficiaries (the cycle menu included in this Playbook may be adopted by the LGU). Ingredients used in the preparation of food in the cycle menu can be substituted as long as they are in the same food group or have the same nutritional value as the ingredient being substituted. LGUs and partner karinderyas have a responsibility to ensure that food served is safe, nutritious, economical, and aesthetically pleasing. Partner karinderyas should avoid serving fatty, oily, or salty food, and sugary beverages. You may refer to your guidebook for more tips on ingredient substitution or food preparation

How do I know how many beneficiaries will be assigned to my karinderya?

The number of beneficiaries in an LGU will be determined through OPT+ operations and routine monitoring of pregnant and lactating women in the community. Beneficiaries in your barangay or in barangays close enough to your karinderya will be assigned to you. The LGU will let you know in advance how many beneficiaries you will serve.

What do I do if a beneficiary hasn't been attending the supplementary feeding activities?

As a valued member of the community, you are in a good position to speak with the beneficiary or their legal guardian to convince them to join the program again. You may use what you learned to convince them of the importance of nutrition. You may also speak to your local BNS to help convince the beneficiary to join the program.

What food safety protocols should I follow while preparing beneficiaries' meals?

Partner karinderya owner-operators or those who are handling food must practice basic food safety protocol. This includes washing your hands thoroughly before and after

handling food, keeping your cooking work station and kitchen clean, keeping your hair properly kept (i.e. tied back or covered by a hairnet), cooking meat thoroughly, and separating raw food from cooked food. You may refer to your guidebook for more tips on food preparation and serving.

What safety protocols should I follow while participating in the Karinderya Para sa Healthy Pilipinas Project while the COVID-19 pandemic continues?

Since convening the beneficiaries in the karinderya would be considered a gathering and therefore not safe, beneficiaries may pick up their food one-by-one following an orderly time schedule, or the BNSs or other barangay health workers may deliver the food items to the beneficiaries' residence. Karinderya owner-operators must remember to wash or sanitize their hands thoroughly before and after handling food; wear a mask while distributing or delivering food, and enforce mask wearing and physical distancing among beneficiaries picking up or receiving food.

FOR BENEFICIARIES

How does one become a beneficiary of the Karinderya Para sa Healthy Pilipinas Project?

Beneficiaries of the dietary supplementation activities are children aged two to five years old identified as undernourished during the OPT+ operations, nutritionally-at-risk pregnant and undernourished lactating women identified by the BNS.

Are infants aged six to 24 months included as beneficiaries as well?

The Partner Karinderya follows a uniform cycle menu and prescribed recipes for their preparation of supplementary food items for the children aged two to five, and pregnant and lactating women beneficiaries. Infants aged six to 24 months require a separate menu for complementary feeding to address their specific nutritional needs, which is outside the operational scope of services of the Partner Karinderya.

For caregivers or guardians of infants aged six to 24 months, the Nutrition Action Office and BNS shall instead conduct regular nutrition counseling and education classes to promote appropriate complementary feeding practices and ensure that caregivers and guardians are capacitated to introduce their children to a more varied diet in addition to continuous provision of breastmilk.

Why is good nutrition so important for me and my child?

Good nutrition has lifelong effects on your and your child's health: you and your child will have stronger bodies, stronger immune systems, and fewer chances of developing NCDs which will take a toll on your physical and mental health. Good nutrition is also connected with better academic and work performance, which leads to better opportunities in life. All in all, good nutrition is valuable for good health and overall quality of life.

What is the Karinderya Para sa Healthy Pilipinas Project? Why should I participate?

The Karinderya Para sa Healthy Pilipinas Project enlists local karinderyas as partners of the LGU in providing nutrition-related services. The project comprises three components:

1. Nutrition education and counseling, where together with the Nutrition Action Office and BNS, beneficiaries, parents and/or guardians are provided with one-on-one counseling sessions or nutrition education classes
2. Dietary supplementation for undernourished children aged two to five years old, nutritionally-at-risk pregnant and undernourished lactating women; and
3. Food relief service during disaster emergencies.

For the dietary supplementation activities in particular, you and your child will be provided with nutritious food for free, at a convenient location, to keep you healthy and well-nourished. Finally, the LGU also has incentives such as prizes for beneficiaries who meet the target nutritional status.

What safety protocols should I follow while participating in the Karinderya Para sa Healthy Pilipinas Project while the COVID-19 pandemic continues?

Since convening in the karinderya during the COVID-19 pandemic would be considered a gathering and therefore not safe, you may pick up your food on an orderly time schedule, or the BNSs or other barangay health workers may deliver the food items to your residence. Remember to wash your hands before and after handling your food, and wear a mask and practice physical distancing while picking up your food.

How do I “graduate” from the Karinderya Para sa Healthy Pilipinas Project?

You graduate from the program by reaching the target nutritional status: in other words, you graduate when you are no longer undernourished.

What should I do to maintain my nutritional status even after I graduate from the Karinderya Para sa Healthy Pilipinas Project?

You should do your best to continue to eat healthy. Use the Pinggang Pinoy as your reference for how much you should eat. Eat a good variety of food, especially fruits and vegetables, at the right amounts. Avoid fatty, salty, oily, and sweet foods as much as possible.

FOR THE GENERAL PUBLIC

What is the Karinderya Para sa Healthy Pilipinas Project?

The Karinderya Para sa Healthy Pilipinas Project enlists local karinderyas as partners of the LGU in providing nutrition-related services. The project comprises three components:

1. Nutrition education and counseling, where together with Nutrition Action Office and BNS, beneficiaries, parents and/or guardians are provided with one-on-one counseling sessions or nutrition education classes
2. Dietary supplementation for undernourished children aged two to five years old, nutritionally-at-risk pregnant and undernourished lactating women; and
3. Food relief service during disaster emergencies.

How can I participate in the program?

You can donate to help feed beneficiaries. You may donate cash, or nutritious foods such as fruits and vegetables. Contact your City or Municipal NAO if you wish to donate.

How else can I promote good nutrition in the community?

You may continue to support promotional activities and other policies of your local government in relation to nutrition. In addition, you yourself should endeavor to eat healthy: eat a good variety of food, especially fruits and vegetables, at the right amounts. Avoid fatty, salty, oily, and sweet foods as much as possible.

Case study

Playbook Pilot Site: Albay

As part of its thrust to continually improve and streamline efforts in developing and implementing Health Promotion programs in the communities, the Health Promotion Bureau piloted the **Karinderya Para sa Healthy Pilipinas Playbook** in Albay in the year 2021.



Demographics

Region	Bicol
Area	2,575.77 sq. km
Total Population	1,374,768
Municipalities	15
Component City	3
Income Classification	1st class

With 1.3 million people across 720 barangays, the Province of Albay is best known as home to Mayon volcano. Due to fertile soil developed over time by volcanic eruptions, agriculture is the main industry in Albay.

Problem

Despite this, the Province shows malnutrition rates similar to those nationwide, especially among children aged 2-5 years old. Municipalities with the most malnourished children, namely the Municipalities of Jovellar, Malilipot, and Polangui were targeted by the Provincial LGU to join the Karinderya project.

Assistance Provided

The Province of Albay is the only non-Universal Health Care Integration Site (UHC IS) to be provided assistance from the Health Promotion Bureau (HPB) in relation to the implementation of the Health Promotion Playbooks. In 2021, the HPB provided the Province of Albay with both financial support in the form of a Php 1.36 million sub-allotment grant, and technical assistance in the form of capacity-building for partner karinderya.



In 2022, the HPB visited the Province of Albay for evaluation of piloting via observation, document review, focus group discussions and interviews with local implementers and other stakeholders. The following are the findings after the pilot testing.

Challenges

Persistent malnutrition. The Province of Albay reported persistent malnutrition in its municipalities, particularly among those poverty-stricken and geographically isolated.

These characteristics make it difficult for social and health services to reach malnourished people in the farthest-flung places of the Province of Albay.

Although the Karinderya project eased malnutrition among target beneficiaries, it is imperative that further health and social services penetrate their communities, not only physically, but also socially. The Province of Albay must continue its efforts to increase coverage and trust in its social and health services to see a marked improvement in malnutrition in the Province.

Logistics and attendance. While it was recommended in the Playbook that dietary supplementation be conducted in the karinderya to make the service geographically accessible, this was not always possible in all karinderyas chosen due to lack of space. Thus, many karinderya cooked food that was delivered to barangay-level day care centers, to ensure that there would be enough space for all children to eat their food and participate in additional programs that may be incorporated into the Karinderya project.

The day care centers were within close proximity to the karinderya, or in other cases, closer to communities and beneficiaries than the karinderya were, to ensure accessibility of the project. To further incentivize consistent participation in the program, linkage to primary care services, such as the provision of vitamins or deworming, and activities for children were provided.

Further, the Province of Albay understood that not all project beneficiaries would be able to attend dietary supplementation daily; thus, food was allowed to be picked up by guardians or delivered by barangay health workers or nutrition scholars.

Budgetary constraints. Challenges in the transfer of funds earmarked for the Karinderya project led to severe delays in the payment of participating partner karinderya, who rely on a steady and constantly-circulating stream of funds to operate. In addition, barangays expressed willingness to continue the project but reported debilitatingly low budgets for health, and even lower budgets for the health of children in particular.

It was recommended that the Province explore co-funding across the Province, participating municipalities, and barangays, not only to ensure sufficient funding for future roll-out and

expansion of the project, but also to build co-ownership and accountability for the nutritional status of targeted beneficiaries. To facilitate this co-funding scheme as well as a quick turnover of payment to partner karinderya, it was recommended that these be institutionalized in a Provincial Ordinance that may be adopted by local-level counterparts.



Best Practices

Additional services for children. Despite the challenges seen in implementing the Karinderya project, all stakeholders saw a chance to help uplift the lives of the targeted malnourished children:

1. **Partner karinderya** did not hesitate to provide more than what was asked of them, even going so far as to provide extra *ulam* or fruits for the beneficiaries, as well as *baunan* for the beneficiaries to use for the program.
2. **Barangay health workers** saw an opportunity to integrate additional services and inculcate healthy habits early on. They provided hygiene kits, deworming kits, and vitamins; and demonstrated handwashing and good table manners to children participating in the project.
3. The local **nutrition action office** further integrated Karinderya monitoring into existing OPT+ monitoring, and, through barangay nutrition scholars, provided nutrition education to guardians of children beneficiaries of the Karinderya project.

What resulted was not merely a feeding program, but also a community for guardians and children alike, who have been isolated since the beginning of the COVID-19 pandemic. Through this community, both guardians and children received the support they needed to build healthy habits and grow up healthy.

Annexes

Annex A. Template Policy

For an editable version of this template, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>

[Number] Session

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE [NUMBER] SANGGUNIANG [UNIT] OF THE [LGU] HELD AT [LOCATION] ON [DATE]

Present:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

On official business:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

Absent:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

WHEREAS, the Philippine Plan of Action for Nutrition 2017-2022, as an integral part of the Philippine Development Plan 2017-2022, considers and directs its interventions toward improving maternal, infant, and young child nutrition for the realization of the development pillars of Ambisyon 2040: *malasakit* (protective concern), *pagbabago* (transformation), and *kaunlaran* (development);

WHEREAS, Section 4 of Republic Act 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay Act stipulates the scaling up of health and nutrition interventions in the first one thousand (1,000) days of life, and warrants the allocation of resources in a sustainable manner to improve the nutritional status of, and to address malnutrition in infants and young children from zero to two years old, nutritionally-at-risk adolescent females, and pregnant and lactating women;

WHEREAS, Section 7 of the same law requires implementation of health and nutrition interventions at the level of the barangay, through, or in coordination with the rural health units and/or barangay health centers, and with the Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW) provided with sufficient resources and benefits to carry out the relevant tasks;

WHEREAS, Section 30 of Republic Act No. 11223 or the Universal Healthcare Act (UHC) and its Implementing Rules and Regulations (IRR) similarly direct local government units (LGU) to enact effective policies and programs that promote health literacy and healthy lifestyle, and prevent and control diseases and their risk factors to advance population health and individual well-being;

WHEREAS, Section 16 of the Local Government Code provides that every LGU shall exercise the powers expressly granted, those necessarily implied therefrom as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to

the promotion of the general welfare. Within their respective territorial jurisdictions, LGUs shall ensure and support, among other things, the preservation and enrichment of culture, the promotion of health and safety, the improvement of public morals, the maintenance of peace and order, and the preservation of inhabitants' comfort and convenience;

WHEREAS, Section 17(b)(4) in relation to Section 17(b)(2)(iv) of the Local Government Code further provides that the City Government shall exercise such other powers and discharge such other functions and responsibilities as are necessary, appropriate, or incidental to the efficient and effective provision of basic services and facilities, social welfare services, nutrition services, livelihood and other pro-poor services;

WHEREAS, Section V(1) of the Department of the Interior and Local Government (DILG) Memorandum Circular No. 2018-42 mandates that local governments formulate, revise, or update, and implement, monitor, and evaluate local nutrition active plans in alignment with the Philippine Plan of Action for Nutrition;

WHEREAS, Section 2.2.8 of the Department of Budget and Management (DBM) Local Budget Memorandum No. 80, s. 2020 enjoins local governments to prioritize in the allocation of local funds programs, projects, and activities (PPAs) included in their respective local nutrition action plans formulated in accordance with the Philippine Plan of Action for Nutrition;

NOW, THEREFORE, on motion of **[Name]**, seconded by **[Name]**, be it **RESOLVED** to enact the following:

ORDINANCE NO. _____
Series of _____

AN ORDINANCE ESTABLISHING THE LOCAL KARINDERYA
AS DESIGNATED COMMUNITY KITCHEN FOR IMPLEMENTATION OF DIETARY
SUPPLEMENTATION, FOR FOOD SERVICE DELIVERY DURING DISASTER RELIEF OPERATIONS,
AND OTHER NUTRITION-RELATED INITIATIVES IN THE COMMUNITY

CHAPTER I. GENERAL PROVISIONS

Section 1. Short Title. This Ordinance shall be known as the Karinderya Para sa Healthy Pilipinas Ordinance of 20XX or the Karinderya Project.

Section 2. Declaration of Principles and Policies. It is the policy of the [City/Municipality] to ensure the general health and well-being of all its constituents by protecting their nutritional status and its determinants. Towards this end, the [City/Municipality] shall adopt:

- a. A *participatory approach* to the overall implementation of the Karinderya Para sa Healthy Pilipinas Project, by engaging local karinderya and Barangay-level nutrition patrollers in the promotion, preparation, delivery, monitoring, and follow-up activities;
- b. A *life course approach* that, to more strategically address or prevent malnutrition, focuses on children under five, and prioritizes as well the first 1,000 days of a child's life, beginning from the pregnancy stage which effectively include the nutrition of mothers and women of reproductive age; and
- c. A *settings-based approach* to nutrition interventions, where efforts are not limited to conduct of dietary supplementation, but also include changes in local food environments, specifically in the availability, affordability, and accessibility of healthy food options in the community.

Section 3. General Objectives. This Ordinance seeks to:

- a. Promote proper diet and protect the nutritional status of children under five years old and nutritionally-at-risk pregnant and undernourished lactating women; and
- b. Mobilize and institutionalize engagement with the local karinderya as a site and as partners in the implementation of the Karinderya Para sa Healthy Pilipinas Project. For this purpose, the Karinderya Project shall comprise three components: nutrition counseling and education, dietary supplementation, and food relief operations during disaster emergencies.

Section 4. Definition of Terms. For purpose of this Ordinance, the following are operationally defined:

- a. **Barangay Nutrition Patroller** shall refer to community member-volunteers who will assist the BNS in conducting routine notification, reminder, and follow-up with project beneficiaries on required activities and any information related to the operations of the Karinderya Para sa Healthy Pilipinas Project.
- b. **Dietary supplementation** shall refer to the component of the Karinderya Para sa Healthy Pilipinas Project wherein food, in addition to regular meals eaten at home, are prepared for and provided to identified undernourished children aged 24-59 months and nutritionally-at-risk pregnant women, and undernourished lactating women by the Partner Karinderyas, to help them meet their daily nutritional requirements.

- c. **Minimum Acceptable Diet** is a composite indicator which refers to minimum dietary diversity and minimum feeding frequency, as appropriate for an age group.
- d. **Nutrition counseling** refers to one-on-one sessions between the Nutrition Action Office and nutritionally-at-risk pregnant women and undernourished lactating mothers of children under 2, wherein individual nutritional status is assessed, specific nutritional requirements are analyzed, and appropriate guidance is provided to achieve the intended change in nutritional status.
- e. **Nutrition education** refers to nutrition education classes between the BNS and the guardians of undernourished children aged 2-5 years old, designed to facilitate improvement in relevant knowledge, attitudes, and practices that affect his/her child's nutrition.
- f. **Nutritionally-at-risk pregnant women** refers to pregnant women, including teenage mothers, with a low pregnancy body mass index (BMI) or those who do not gain sufficient weight during pregnancy, with predisposing factors including, but not limited to narrowly-spaced pregnancies and births, situated in families with low income, with large number of dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors such as obesity or anemia, with diseases that influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism, or mental disorder.
- g. **Operation Timbang Plus (OPT+)** shall refer to the annual weighing and height measurement of all preschoolers 0-59 months old or below five years old in a community to identify and locate the malnourished children, and is a program by the National Nutrition Committee (NNC) primarily implemented by the BNS.
- h. **Partner Karinderya** shall refer to a local neighborhood karinderya, formally engaged by the [City/Municipality] for the provision of food- and nutrition-related services in the community.
- i. **Undernourished children** refer to children under five years old who are not receiving the right amount of energy and nutrients, resulting in them being underweight, stunted, or wasted, as identified by the BNS during the OPT+ operations.
- j. **Undernourished lactating women** refers to lactating women who are identified as undernourished by the BNS during the measurement activities.

CHAPTER II. THE LOCAL NUTRITION COMMITTEE

Section 5. The Local Nutrition Committee, hereafter referred to as the Committee, chaired by the Local Chief Executive, shall be designated as the steering and decision-making body, in charge of all policy, implementation, and resource-related decisions pertaining to the operations of the Karinderya Para sa Healthy Pilipinas Project. The minimum composition of the Committee shall include representatives from relevant local departments, such as, but not limited to:

- a. The **Local Chief Executive** or representative as Committee Chairperson;
- b. The **Nutrition Action Officer** as Deputy Committee Chairperson;
- c. The **Health Officer**;
- d. The **Agricultural Officer**;
- e. The **Social Welfare and Development Officer**;
- f. The **Budget Officer**; and
- g. One (1) representative from the **Barangay Nutrition Scholars (BNS)**.

Section 6. The Committee shall oversee the planning and development, implementation, monitoring and evaluation of all components of the Karinderya Para sa Healthy Pilipinas Project, including the nutrition education activities, dietary supplementation, and food relief operations during disaster emergencies.

For the dietary supplementation component of the project, the Committee shall: (a) develop the operational plan for the dietary supplementation activities based on data from the Operation Timbang Plus (OPT+) and other routine monitoring of nutritional status and anthropometric measurement activities in the community; (b) concur with or approve the number of project beneficiaries; (c) concur with or approve the number of partner karinderyas based on the number of and home addresses of the beneficiaries; and (d) prepare budget proposals for presentation and lobbying to the Local [City/Municipality] Council.

Section 7. The [City/Municipality] Nutrition Action Office (C/MNAO) shall act as the secretariat for the Local Nutrition Committee. Specifically, the C/MNAO shall: (a) develop all plans, proposals, and reports related to the implementation of the Karinderya Para sa Healthy Pilipinas Project; (b) develop relevant information, education, and communication materials; (c) develop the cycle menu to be used for the dietary supplementation activities; (d) lead the monitoring and evaluation activities related to the implementation of this Ordinance; and (e) recommend to the Committee additional evidence-based actions for the improvement of nutrition in the community.

Section 8. Barangay Nutrition Scholar. The LGU shall ensure that at least one (1) BNS shall be deployed to or present in each of the local barangays to facilitate and coordinate the operations of the Karinderya Para sa Healthy Pilipinas Project, and other nutrition-related activities in the community. Further, the [City/Municipality] shall ensure proper compensation, dignified working conditions, and an adequate number of BNS. A general scope of work for the BNS is attached in Annex 2A, for reference and use of the [City/Municipality].

CHAPTER III. NUTRITION COUNSELING AND EDUCATION

Section 9. Nutrition Counseling. The [City/Municipality] Nutrition Action Office shall conduct periodic nutrition counseling with the pregnant and lactating women beneficiaries of the Karinderya Para sa Healthy Pilipinas Project to properly monitor their nutritional status and effectively respond to their specific nutritional needs. The [City/Municipality] Nutrition Action Office shall emphasize exclusive breastfeeding for infants up to six months, with appropriate complementary foods up to age two years or beyond, as part of the nutrition counseling sessions.

Section 10. Nutrition Education. The BNS shall conduct active nutrition education classes with guardians of undernourished preschool children aged two to five, to improve food preparation and feeding habits that affect their children's nutritional status.

The BNS shall measure the relative effectiveness of nutrition counseling and education efforts, for the monitoring and evaluation of this component of the Ordinance.

CHAPTER IV. BENEFICIARIES OF THE DIETARY SUPPLEMENTATION ACTIVITIES

Section 11. Identification of Beneficiaries. The beneficiaries of the dietary supplementation component, for whom the Partner Karinderyas will be preparing and serving supplementary hot meals, shall include: (a) children two to five years old identified as undernourished per results of the OPT+ activities, (b) pregnant women identified as nutritionally-at-risk, and (c) lactating women identified as undernourished.

Section 12. Minimum Benefits and Services. All identified beneficiaries of the dietary supplementation activities shall be entitled to receive supplementary food products for the

rehabilitation of their nutritional status. They or their legal guardian/s shall be given regular nutrition counseling, among other services, by the assigned BNS for the duration of the project.

Section 13. Attendance and Participation. Completion of the 120-day attendance among beneficiaries of the dietary supplementation activities shall be ensured and taken note of by the BNS for optimal results. Under no circumstance shall the entitlement of beneficiaries to the minimum benefits and services be withheld by project implementers, as penalty or disincentive for non-attendance or non-participation in the required activities.

Section 14. Barangay Nutrition Patroller (BNP). To maximize community engagement, community member-volunteers shall be mobilized as Barangay Nutrition Patrollers (BNP), who will assist the BNS in conducting routine notification, reminder for, and follow-up with beneficiaries and/or their legal guardian/s on the required activities and any information related to the operations of the Karinderya Para sa Healthy Pilipinas Project.

CHAPTER V. PARTNER KARINDERYA FOR THE DIETARY SUPPLEMENTATION ACTIVITIES

Section 15. Service Contract Agreement. The partner karinderya, by virtue of this Ordinance, shall be engaged as the designated community kitchen, and shall function consistent with the terms of a formal service contract agreement, jointly signed by the karinderya owner- operator and the [City/Municipality]. The partner karinderya, for its services, shall be properly remunerated per beneficiary fed under existing accounting and audit rules of the LGU.

Section 16. Functions of Partner Karinderya. The partner karinderya shall assist the [City/Municipality] in providing services to identified beneficiaries of its food- or nutrition-related programs and activities. Specifically for the dietary supplementation component of the Karinderya Para sa Healthy Pilipinas Project, the partner karinderya shall:

- a. Lead the preparation of healthy and nutritious supplementary food items or hot meals based on the cycle menu and recipes provided by the [City/Municipality];
- b. Provide handwashing stations in their karinderya;
- c. Ensure and maintain food safety and sanitation standards in the karinderya;
- d. Prepare the logistics necessary for the day-to-day activities; and
- e. Assist the BNS in monitoring attendance and ensuring participation of beneficiaries to the required activities.

Section 17. Screening Criteria. The partner karinderyas which shall be formally engaged by the [City/Municipality] for the performance of the tasks set in the previous section shall be selected based on the following screening criteria:

- a. The owner-operator is a resident of the community;
- b. The owner-operator is physically healthy and willing to participate in the project; Partner karinderyas, prior to signing of the service contract agreement shall undergo a medical examination, sponsored by the [City/Municipality], to ensure good health status and avoid possible transmission of food-borne diseases, if any;
- c. There is an existing karinderya stall, operating for at least five (5) years, as well as sanitation and business permits; Partner karinderyas, prior to signing of the service contract agreement, may be assisted by the [City/Municipality] to acquire such permits;
- d. The karinderya has sufficient funds to jumpstart the project;
- e. The karinderya can accommodate at least ten (10) project beneficiaries;

- f. The karinderya can prepare and serve healthy and nutritious meals using the prescribed cycle menu and recipe; and
- g. The owner-operator can commit to the 120-day duration of the project.

Section 18. Minimum Capacity Requirements. Prior to commencement of the Karinderya Para sa Healthy Pilipinas Project activities, the partner karinderyas shall undergo the minimum required capacity and skills development sessions on (a) basic nutrition, including nutrition in emergencies, (b) food safety and sanitation, and (c) food preparation and portion control, to manage the quality and standard of service delivery across all participating partner karinderyas in the [City/Municipality], and ensure comparable results for all beneficiaries.

CHAPTER VI. MONITORING AND EVALUATION OF THE DIETARY SUPPLEMENTATION ACTIVITIES

Section 19. Monitoring and Evaluation of Nutritional Status. Data from the annual OPT+, or other anthropometric measurement activities for children and pregnant and lactating women shall be the basis for determining the baseline data, against which periodic and post-implementation weight status of project beneficiaries will be analyzed to determine the relative effectiveness of the dietary supplementation activities in improving the nutritional status of the beneficiaries. For this purpose, the [City/Municipality] shall provide the necessary resources for the conduct of related measurement activities including, but not limited to, measuring equipment, human resources, and referral assistance for beneficiaries needing additional medical attention, if any.

Section 20. Re-enrolment. Beneficiaries who fail to meet the intended change/s in nutritional status after the 120-day cycle of the dietary supplementation activities shall automatically be re-enrolled in the immediately succeeding cycle. Guardians of the children beneficiaries and nutritionally-at-risk pregnant and lactating women referred to in the section shall be provided with additional nutrition counseling.

The BNS assigned to the location of said beneficiaries shall conduct a rapid probing on the settings, environmental, and/or behavioral conditions to determine other potential barriers affecting their nutritional status. Findings shall be reported to the Committee and the BLGU for their information and action.

Section 21. Incentives for Participation. To provide further incentive for the satisfactory participation of both partner karinderyas and beneficiaries, the LGU shall endeavor to develop and provide incentives for:

- a. Beneficiaries in each category with most improved nutritional status, and the karinderya owner-operators who served them;
- b. Karinderya owner-operators with the highest percentage of beneficiaries with improved nutritional status;
- c. Beneficiaries in each category with perfect attendance;
- d. Karinderya owner-operators with the highest percentage of beneficiaries with perfect attendance.

CHAPTER VII. PARTNER KARINDERYA DURING DISASTER RELIEF OPERATIONS

Section 22. The partner karinderya, as designated community kitchen, shall form part of the [City/Municipality]'s Disaster Risk Reduction and Management plan and protocol as preparer and/or

provider of food- and nutrition-related relief services to individuals and families affected by natural or man-made disasters and fragile environments including, but not limited to (a) families and individuals with limited or no access to healthy food due to pandemic protocols and related barriers, (b) victims of flooding, landslide, and typhoons in evacuation centers, (c) victims of fire incidents, and (d) refugees or survivors from conflict areas, among others. For this purpose, the partner karinderya owner-operators shall be capacitated on food- and nutrition-related knowledge and principles specific for the abovementioned fragile environments in order to ensure the quality and standard of service to be provided. The partner karinderya shall also be compensated fairly for all disaster relief services provided.

CHAPTER VIII. AUXILIARY NUTRITION-RELATED ACTIVITIES

Section 23. To complement the minimum benefits and services provided as part of the Karinderya Para sa Healthy Pilipinas Project, the [City/Municipality] or Barangay level LGUs, shall endeavor to:

- a. Ban the sale of junk foods, sugar sweetened beverages, and the like inside and within the immediate radius of the school premises, to limit children's access to unhealthy food products;
- b. Encourage BLGUs to implement separate dietary supplementation activities, parallel and in coordination with the [City/Municipality] level implementers, to ensure the achievement of minimum acceptable diet and the improvement of the overall nutrition status;
- c. Implement nutrition standards and mainstream healthy food options (i.e. no trans fat, salt, and/or refined sugars in meals served) across local karinderyas and street food owner-operators in the [City/Municipality];
- d. Create and dedicate bicycle lanes, ample pedestrian walkways, and open spaces in the community to encourage active lifestyle and promote physical activity among the community members;
- e. Institutionalize and provide assistance in the establishment of satellite fresh produce markets in the local barangays, to improve the availability and accessibility of healthy food options in the local neighborhoods; and
- f. Set up and mainstream a supply chain between local agricultural workers and partner karinderyas, to support the development of both these small-scale enterprises.

CHAPTER IX. APPROPRIATIONS

Section 24. Appropriations. The funding and other resources necessary to implement the provisions of this Ordinance may be sourced from the local government's annual Internal Revenue Allotment or IRA; national government subsidy to related programs, projects, and activities through the relevant agencies; and/or funding support or grants from other external development partners or non-government organizations.

Section 25. Donations. Cash or in-kind donations for the Karinderya Para sa Healthy Pilipinas Project, from private citizens or organizations, or from the private sector may be accepted, provided that:

- a. The donor is not a representative of, or associated with any company or organization from the tobacco, alcohol, sugar-sweetened beverage, junk food, fast food, breast milk substitute, or additives industries;
- b. Cash donations are made with no conditionalities attached;
- c. In-kind donations may include equipment for use of the BNS or partner karinderyas, and/or fresh food ingredients; provided that tobacco, alcohol, sugar-sweetened beverage, junk food,

fast food, breast milk substitute or additive products may not be donated, and that donations will be equitably distributed.

CHAPTER X. MISCELLANEOUS PROVISIONS

Section 26. Implementing Rules and Regulations (IRR). The [City/Municipality] Mayor may issue appropriate and relevant rules and regulations, as necessary for the proper implementation of any and all provisions of this Ordinance.

Section 27. Repealing Clause. All other orders and issuances, or parts thereof, inconsistent herewith are repealed, amended, or modified accordingly.

Section 28. Effectivity. This Ordinance shall take effect three (3) consecutive weeks after its publication in a newspaper of local or general circulation, or posting in at least two (2) conspicuous places within the [City/Municipality].

CARRIED [UNANIMOUSLY OR ON A MAJORITY VOTE].

(If on a majority vote:

In favor:

Abstention:

Against:)

CERTIFIED TRUE AND CORRECT:

[NAME]

Secretary

ATTESTED:

[NAME]

Vice Mayor, Presiding Officer

[NAME]

Mayor

Date of Approval : _____
Date of Posting : _____
Date of Publication : _____
Date of Effectivity : _____

Annex B. Template Service Contract

For an editable version of this template, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>

KNOW ALL MEN BY THESE PRESENT:

This Agreement executed and entered into this ____ day of _____, 2021 in **[Name of City/Municipality]**, Philippines by and between:

THE [NAME OF CITY/MUNICIPALITY], with principal office address at **[Address of the City/Municipal Office]**, represented herein by its Local Chief Executive, **[NAME OF MAYOR]**, hereinafter referred to as the LOCAL GOVERNMENT,

- and -

THE KARINDERYA OWNERS AND OPERATORS, represented by the following proprietors including their business addresses, hereinafter referred to as the PARTNER KARINDERYAS;

Proprietor	Name of Karinderya	Karinderya Address
Partner Karinderya 1		
Partner Karinderya 2		
Partner Karinderya 3		

WITNESSETH:

WHEREAS, the Philippine Plan of Action for Nutrition 2017-2022, as an integral part of the Philippine Development Plan 2017-2022, considers and directs its interventions toward improving maternal, infant, and young child nutrition for the realization of the development pillars of Ambisyon 2040: *malasakit* (protective concern), *pagbabago* (transformation), and *kaunlaran* (development);

WHEREAS, Section 4 of Republic Act 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay Act stipulates the scaling up of health and nutrition interventions in the first one thousand (1,000) days of a child's life, and warrants the allocation of resources in a sustainable manner to improve the nutritional status and to address malnutrition in infants and young children from zero to two years old, nutritionally-at-risk adolescent females, and pregnant and lactating women;

WHEREAS, Section 7 of the same law requires implementation at the level of the barangay through or in coordination with the rural health units and/or barangay health centers, and with the Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW) provided with sufficient resources and benefits to carry out the relevant tasks;

WHEREAS, Section 30 of Republic Act No. 11223 or the Universal Healthcare Act (UHC) and its Implementing Rules and Regulations (IRR) similarly direct local government units (LGU) to enact effective policies and programs that promote health literacy and healthy lifestyle and prevent and control diseases and their risk factors to advance population health and individual well being;

WHEREAS, Section 16 of the Local Government Code provides that every LGU shall exercise the powers expressly granted, those necessarily implied therefrom as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare. Within their respective territorial jurisdictions, LGUs shall ensure and support, among other things, the preservation and enrichment of culture, the promotion of health and safety, the improvement of public morals, the maintenance of peace and order, and the preservation of inhabitants' comfort and convenience;

WHEREAS, Section 17(b)(4) in relation to Section 17(b)(2)(iv) of the Local Government Code further provides that the City Government shall exercise such other powers and discharge such other functions and responsibilities as are necessary, appropriate, or incidental to the efficient and effective provision of basic services and facilities, social welfare services, nutrition services, livelihood and other pro-poor services;

NOW, THEREFORE, for and in consideration of the foregoing and the terms and conditions hereinafter set forth, it is hereby agreed and declared as follows:

I. GENERAL PROVISIONS

1. The dietary supplementation component of the Karinderya Para sa Healthy Pilipinas Project shall run for a period of 120 days, including weekends and holidays;
2. Engagement with the Partner Karinderya as designated community kitchen shall primarily apply to the Local Government's dietary supplementation activities, and may extend, as need arises, to food relief missions during times of calamities including, but not limited to, typhoon, flooding, and landslide incidents, fire incidents, and war or conflict crises;
3. The total amount payable to the Partner Karinderya shall correspond to the total number of individual beneficiaries provided with food items and services. Payment shall be guided by the payment calendar below; *Provided* that complete attendance of assigned beneficiaries have been ensured, otherwise, payment shall be subject to re-computation based on the number of attendees per day;

Name of Karinderya	No. of Assigned Beneficiaries	Cost per day in Php	Payment in 10 days	Total in 120 Days
<i>Partner Karinderya 1</i>				
<i>Partner Karinderya 2</i>				
<i>Partner Karinderya 3</i>				

4. All identified beneficiaries shall be entitled to receive supplementary food items and services from the Local Government, through the Partner Karinderya. Failure of said beneficiaries to complete attendance for the duration of the 120-day project cycle shall not prevent their access and entitlement to said food items and services; and
5. Communication lines and mechanisms between the Local Government and Partner Karinderya shall be established and maintained, to facilitate functional reporting of monitoring data and feedback gathering.

II. RESPONSIBILITIES OF THE LOCAL GOVERNMENT

The Local Government shall:

1. Capacitate Partner Karinderyas on the minimum skills and capacities required to ensure quality in the preparation and delivery of healthy and nutritious food including, but not limited to, food safety and sanitation, food preparation and portion control;
2. Provide Partner Karinderyas with a well-planned cycle menu and prescribed meal recipes, other relevant materials and references for the conduct of dietary supplementation activities;
3. Facilitate processing of budget and accounting requirements within [number of days agreed for the processing of payments] of receipt of such requirements from the Partner Karinderya, to compensate the services provided;
4. Develop financial or non-financial incentive mechanisms to encourage and recognize outstanding delivery of services among Partner Karinderyas;
5. Develop and implement auxiliary interventions such as, but not limited to, banning of unhealthy food options inside and within the immediate radius of school premises, establishing and dedicating open spaces for physical activities, institutionalizing satellite fresh markets in local barangays; and
6. Lead the overall monitoring and evaluation of the implementation of the Karinderya Para sa Healthy Pilipinas Project.

III. RESPONSIBILITIES OF THE PARTNER KARINDERYAS

The Partner Karinderyas shall:

1. Undergo training sessions on the minimum required skills and competencies such as, but not limited to, food safety, sanitation, food preparation and portion control;
2. Prepare and serve food items and services for the identified beneficiaries of the dietary supplementation activities for the duration of 120 days, and ensure safety and sanitation with regard to the food items and services;
3. Provide the logistics for the delivery of food items (i.e. cutlery, tables and chairs);
4. Ensure the availability of a handwashing and/or sanitation station in the karinderya for beneficiaries to use before and after eating;
5. Ensure signing of attendance among beneficiaries of the dietary supplementation activities; and,
6. Ensure timely and complete submission of signed attendance sheets and necessary attachments, if any, for the immediate processing of payment.

IN WITNESS WHEREOF, the parties, through their duly authorized representatives, have hereunto entered into this Service Contract Agreement and affixed their signatures on the date and place herein above mentioned.

Local Government:

LOCAL CHIEF EXECUTIVE

Designation

Name of City/Municipality

Partner Karinderya:

PROPRIETOR

Karinderya Owner
Address
City/Municipality

PROPRIETOR

Karinderya Owner
Address
City/Municipality

PROPRIETOR

Karinderya Owner
Address
City/Municipality

PROPRIETOR

Karinderya Owner
Address
City/Municipality

SIGNED IN THE PRESENCE OF:

NAME

Nutrition Action Officer
Name of City/Municipality

NAME

Medical Nutrition Coordinator
Name of City/Municipality

Annex C. Template Terms of Reference for BNS and BNP

Terms of Reference Barangay Nutrition Scholar

Background:

The Barangay Nutrition Scholar (BNS) is any person from the community who is trained and deployed to help deliver nutrition and nutrition-related services to community members, especially the malnourished and the nutritionally vulnerable — children, pregnant and lactating women. For this purpose, Presidential Decree No. 1569 mandates that the BNS be mobilized in every barangays to monitor the nutritional status of the community members, assist in the provision of relevant interventions, and link them with necessary primary care services as needed.

Major responsibilities:

The Barangay Nutrition Scholar shall be tasked to perform the following responsibilities:

1. Locate and identify the malnourished children by conducting Operation Timbang Plus (OPT+); Locate and identify nutritionally-at-risk pregnant women and undernourished lactating mothers;
2. Assist in the collection and processing of nutrition-related data and information;
3. Promote and facilitate whole-of-community participation in nutrition and nutrition-related interventions:
 - a. Organize and deliver nutrition education classes
 - b. Facilitate and coordinate dietary supplementation activities
 - c. Manage community gardening, and distribute seeds
 - d. Promote and disseminate information on health activities (i.e. immunization, deworming, etc.)
4. Facilitate access of wasted, stunted, under- and overweight children, pregnant and lactating mothers to essential and appropriate service providers.

Qualifications:

Minimum qualifications to become a BNS include:

- A resident of the community for at least four years, and can speak the local language;
- Physically and mentally fit;
- Aged 19-60 years old;
- At least elementary school graduate (preference for high school level graduate);
- Willing to serve the barangay, part-time or full time for at least one year; and
- With leadership potential, evidenced by membership or leadership in community organizations.

Terms of Reference

Barangay Nutrition Patroller

Background:

The Barangay Nutrition Patroller (BNP) is any person from the community who is engaged and deployed to assist the Barangay Nutrition Scholar (BNS) in the delivery of nutrition and nutrition-related services to community members, especially the malnourished and the nutritionally vulnerable — children, pregnant and lactating women. The BNP shall assist the BNS in day-to-day administrative tasks in relation to the Karinderya Para sa Healthy Pilipinas project.

Major responsibilities:

The Barangay Nutrition Patroller shall be tasked to perform the following responsibilities:

1. Assist the BNS in routine reminder, notification, and follow-up of the beneficiaries of the Karinderya Para sa Healthy Pilipinas project; and
2. Assist the BNS in promoting and facilitating whole-of-community participation in nutrition and nutrition-related interventions.

Qualifications:

Minimum qualifications to become a BNS include:

- A resident of the community for at least four years, and can speak the local language;
- Physically and mentally fit;
- Aged 19-60 years old;
- At least elementary school graduate (preference for high school level graduate);
- Willing to serve the barangay, part-time or full time for at least one year; and
- With leadership potential, evidenced by membership or leadership in community organizations.

Annex D. Table of Related Communication Materials

Topic	Type	Originator	Link	
Pinggang Pinoy	Poster/ SMC	DOST- FNRI	https://bit.ly/PinggangPinoyPoster	
10 Kumainments	Poster/ Flyer/ SMC	NNC	https://bit.ly/NNC-10KumainmentsCollat	
Healthy Diet - Vitamins and Nutrients	Brochure	DOH	https://bit.ly/DOH-HPPlaybook-KarinderyaMaterials	
	Flyer	DOH		
Donations for the Karinderya Para sa Healthy Pilipinas Project	Flyer	DOH		
Karinderya Para sa Healthy Pilipinas Project	Flyer	DOH		
Become a Partner Karinderya	Flyer	DOH		
Teach Your Child to Eat Well	Flyer	DOH		
<i>Reference: List of Ingredients for the Cycle Menu</i>	<i>Reference</i>	<i>DOH</i>		https://bit.ly/DOH-HPPlaybook-KarinderyaReference

Annex E. Monitoring Form: Karinderya Monitoring Sheet

For an editable version of this template, please visit <https://bit.ly/DOH-HPPIaybook-KarinderyaReference>

[Name of LGU]

Karinderya Para sa Healthy Pilipinas Project

INDIVIDUAL KARINDERYA MONITORING

Karinderya: _____ Address/Location: _____

Owner-Operator: _____ BNS Assigned: _____

Reporting Period: Example: January 1-15, 2021

Areas of Monitoring	Compliance to Area/s of Monitoring per Day (BNS will mark ✓ if area of monitoring is complied with by the Partner Karinderya)															Remarks	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Food Quality																	
1. Ingredients are fresh and of good quality																	
2. Cycle menu is followed																	
3. Portion control is implemented																	
4. Meals are served and consumed within two hours																	
5. Clean service water is provided to beneficiaries																	
Sanitation																	
1. Food handler wears clean clothes, apron, and hair net																	
2. Food handler practices proper hygiene																	

3. Food station or countertop is clean																				
4. Food preparation equipment and utensils are sanitized																				
Service Quality																				
1. Clean chairs and tables are provided																				
2. Service is on-time																				
3. Handwashing station is available																				
4. Signing of attendance is orderly facilitated																				
Compensation																				
1. Compensated on time																				

Assessed by:

 Barangay Nutrition Scholar
 Signature over printed name

Noted by:

 Nutrition Action Officer
 Signature over printed name

- end of karinderya monitoring sheet -

Annex F. Monitoring Form: Attendance Monitoring Sheet

For an editable version of this template, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>

[Name of City/Municipality]
Karinderya Para sa Healthy Pilipinas Project

ATTENDANCE MONITORING SHEET

Karinderya: _____ Address/Location: _____

Owner-Operator: _____ BNS Assigned: _____

Reporting Period: Example: January 1-15, 2021

Name of Beneficiary/ Legal Guardian (If applicable)	Address	Attendance of Beneficiary per Day (Requires signature of beneficiary per day; Noted by the BNS)															Total of Days Attended (To be filled out at the end of the 15-day reporting period)
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Undernourished children aged 2-5 years old																	
1. Name																	Ex. 15/15
2. Name																	
3. Name																	
4. Name																	
5. Name																	
Total of attendees per day		Ex. 9/10															
Nutritionally-at-risk pregnant women																	
1. Name																	
2. Name																	

3. Name																					
4. Name																					
5. Name																					
<i>Total of attendees per day</i>																					
Undernourished lactating women																					
1. Name																					
2. Name																					
3. Name																					
4. Name																					
5. Name																					
<i>Total of attendees per day</i>																					
<i>Noted by the assigned BNS per day</i>																					

Prepared by:

 Partner Karinderya Owner-Operator
 Signature over printed name

Noted by:

 Barangay Nutrition Scholar
 Signature over printed name

Approved by:

 Nutrition Action Officer
 Signature over printed name

- end of attendance sheet -

Annex G. Monitoring Form: Weight Monitoring Sheet

For an editable version of this template, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>. Implementers may opt to use the following Weight Monitoring Sheet or may use OPT+ documents as provided for by the NNC

[Name of LGU]
Karinderya Para sa Healthy Pilipinas Project
 WEIGHT MONITORING SHEET

Karinderya: _____

Address/Location: _____

Owner-Operator: _____

BNS Assigned: _____

Name of Beneficiary/ Legal Guardian (If applicable)	Baseline Weight	Weight of Beneficiary after each Reporting Period (To be accomplished by BNS every two weeks)																Remarks
		1 (Ex. Jan 1-15)		2 (Ex. Jan 16-31)		3		4		5		6		7		8		
		Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	Weight	Provided counseling?	
Undernourished children aged 2-5 years old																		
Name																		
Name																		
Name																		
Name																		
Name																		
Nutritionally-at-risk pregnant women																		
Name																		

Name																						
Name																						
Name																						
Name																						
Undernourished lactating women																						
Name																						
Name																						
Name																						
Name																						
Name																						

Prepared by:

Barangay Nutrition Scholar
Signature over printed name

Noted by:

Nutrition Action Officer
Signature over printed name

- end of weight monitoring sheet -

Annex H. Monitoring Guide: Effectiveness Evaluation for Nutrition Education Activities

For an editable version of this template, please visit <https://bit.ly/DOH-HPPlaybook-KarinderyaReference>

The effectiveness of the nutrition education and counseling component of the Karinderya Para sa Healthy Pilipinas Project shall be evaluated by measuring the improvement in the beneficiaries' nutrition-related knowledge, attitudes, and practices (KAP) before and after the conduct of the nutrition education and counseling activities.

Operational definition

- **Knowledge** refers to the degree with which beneficiaries understand essential nutrition-related information. This will be measured using a quiz-type knowledge assessment, wherein beneficiaries will provide answers to the knowledge area being asked.
- **Attitudes** refer to beneficiaries' emotional, motivational, and perceptive beliefs on nutrition-related matters that positively or negatively influence their behavior. This will be measured using a three-point scale — for every item, beneficiaries will indicate their perceived belief or level of agreeability to the statement given.
- **Practices** refers to the beneficiaries' observable actions, habits, or routines that could affect their or their children's nutritional status. This will be measured in terms of frequency with which the practices are being observed: Always, sometimes, or never.

Design of effectiveness evaluation

To determine the change in KAP, implementers will conduct a pre-test and post-test in the **two target groups**: (1) pregnant mothers and mothers of children aged 0-23 months, and (2) guardians of children aged 24-59 months or two to five years old. The pre-test results will be considered the baseline KAP. The post-test results will comprise the outcome KAP. The difference between the pre- and post-test results may indicate whether nutrition education and counseling activities have been helpful in improving the KAP of the target beneficiaries.

Sampling method

Since it will be operationally difficult for the BNS to administer the pre- and post-KAP test to all the beneficiaries of the Karinderya Project, the City/Municipality may opt to evaluate the effectiveness of the nutrition education classes and counseling sessions on just a sample of the beneficiaries. The City/Municipality may randomly select a sample of at least **100 beneficiaries PER target group** to serve as respondents.

The pre- and post-test evaluation will adopt a *proportional stratified sampling method*, where the number of selected respondents in each barangay will be proportional to the total number of beneficiaries in each barangay. (If Barangay X has more beneficiaries than Barangay Y, then Barangay X will have more respondents than Barangay Y.)

The example below should guide the local implementers in determining the sample size and distribution of respondents for each of the barangays:

Box 1. Sample distribution of respondents for the pre- and post-KAP tests

For target group 1: Pregnant mothers and mothers of children aged 0-23 mos

- Total number of beneficiaries: 200 pregnant and mothers of children 0-23 months
- Number of barangays: 4 barangays
- Distribution of beneficiaries in each barangay
 1. Brgy 1: 50 beneficiaries
 2. Brgy 2: 70 beneficiaries
 3. Brgy 3: 60 beneficiaries
 4. Brgy 4: 20 beneficiaries
- Sample size/Number of respondents: 100
- Formula:

$$\frac{\text{Total sample size}}{\text{Total beneficiaries}} \times \text{Beneficiaries per each brgy}$$

- Distribution of respondents in each barangay:
 1. Brgy 1: 25 respondents
 2. Brgy 2: 35 respondents
 3. Brgy 3: 30 respondents
 4. Brgy 4: 10 respondents

For target group 2: Guardians of children 24-59 months or two to five years old

- Number of beneficiaries: 300 pregnant and mothers of children 0-23 months
- Number of barangays: 4 barangays
- Distribution of beneficiaries in each barangay
 1. Brgy 1: 90 beneficiaries
 2. Brgy 2: 60 beneficiaries
 3. Brgy 3: 120 beneficiaries
 4. Brgy 4: 30 beneficiaries
- Sample size/Number of respondents: 100
- Formula:

$$\frac{\text{Total sample size}}{\text{Total beneficiaries}} \times \text{Beneficiaries per each brgy}$$

- Distribution of respondents in each barangay:
 1. Brgy 1: 30 respondents
 2. Brgy 2: 20 respondents
 3. Brgy 3: 40 respondents
 4. Brgy 4: 10 respondents

Survey instrument

A survey instrument will be used to measure the baseline and outcome KAP. Specific instruments were developed for two target groups: (1) pregnant mothers and mothers of children aged 0-23 months, and (2) guardians of children aged 24-59 months or two to five years old. For each of the respective target groups, the same survey instrument will be administered for the pre- and post-test implementation.

The first section of the instrument will measure the beneficiaries' level of knowledge. Questions relevant to nutrition will be provided, and beneficiaries will be tested on whether or not they are knowledgeable of the statements by providing an answer.

The second section of the instrument will measure the beneficiaries' attitudes towards nutrition. The beneficiaries will indicate their perceived level of importance or level of confidence for each of the provided statements or questions.

Finally, the last section of the instrument will collect data specific to the beneficiaries' practices or patterns of nutrition-related behavior. Relevant statements will be provided and the beneficiaries will indicate whether they practice the said statements Always, Sometimes, or Never.

Simple analysis of results

Implementers will assess whether beneficiaries answered correctly or incorrectly in the knowledge section of the survey instrument. The level of knowledge will be scored as "High" if the beneficiary gets eight or more correct answers, "Medium" level with five to seven correct answers, and "Low" with fewer than five correct answers.

For the attitudes section, beneficiaries who responded with Important/Confident will be analyzed as having "Positive" attitude, while beneficiaries who responded with Not Important/Not Confident will be analyzed as having "Negative" attitude. Respondents who are Not Sure will be analyzed as having a "Neutral" attitude.

Similarly, for the practices section, beneficiaries who responded with Always will be analyzed as having "Positive" behavior, beneficiaries who responded with Never will be analyzed as having "Negative" behavior, and those with Sometimes as their response will be analyzed as "Neutral" or with potential to change behavior.

Instrument for pre- and post-project KAP test

Cover letter

Good day! The Local Government of **[City/Municipality]** will be launching the Karinderya Para sa Healthy Pilipinas Project, an initiative that mobilizes the local neighborhood karinderya to help undernourished or nutritionally-at-risk children and pregnant and new mothers to improve their nutritional status and become healthy. To complement the dietary supplementation component of the Karinderya Project, we will be conducting a series of nutrition counseling and nutrition education classes to improve parents' feeding and food preparation practices that affect their children's nutrition and health.

As a beneficiary of the Karinderya Project, **you are requested to answer this short survey.** The survey intends to determine the relevant knowledge, attitudes, and practices that implementers, such as your Barangay Nutrition Scholar, will need to focus on and emphasize as we conduct the counseling and education activities.

Rest assured that the information which you will be sharing will be treated with care and confidentiality, and used solely to improve and better conduct the nutrition counseling and education activities.

Thank you very much.

Socio-Demographic Questions

What is your name?	_____
What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female
How old are you?	_____ years old
How many children do you have?	_____ children
<i>(For pregnant women)</i> Is this your first pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Number of times the mother has been pregnant: __)
Where do you live?	Street name: _____ Subdivision (if any): _____ Barangay: _____ City/Municipality: _____
What is the highest level of school you attended?	<input type="checkbox"/> None <input type="checkbox"/> Elementary <input type="checkbox"/> Junior high school <input type="checkbox"/> Senior high school <input type="checkbox"/> College or higher
<i>(For guardians of children beneficiaries)</i>	<input type="checkbox"/> Parent (mother/father) <input type="checkbox"/> Grandparent (grandmother/grandfather)

<p>What is your relationship with the beneficiary of the Karinderya Para sa Healthy Pilipinas Project</p>	<p><input type="checkbox"/> Other relative (Specify: _____)</p> <p><input type="checkbox"/> Other (Specify: _____)</p>
<p><i>(For guardians of children beneficiaries)</i> What is your child's name?</p>	<p>_____</p>
<p>What is your child's sex?</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>How old is your child:</p>	<p>In months: ____ In years: ____</p>
<p>How many times has the beneficiary participated in the Karinderya Para sa Healthy Pilipinas Project?</p>	<p>_____ times</p>

SET 1: Instrument for Effectiveness Evaluation of Nutrition Counseling

General directive for the BNS: The target respondents for the pre- and post-test instrument for nutrition counseling are the pregnant mothers and mothers of children up to 23 months old. The instrument shall be administered by the BNS, during their first one-on-one session with the respondent.

PART 1. Knowledge About Essential Nutrition-related Information

These questions are **open-ended** questions. Allow the respondent to formulate their own answers after you have asked each question. Mark with check (✓) the answer provided by the respondent.

	Item	Response
1	When a pregnant woman is undernourished, she is at risk for having a low-birth-weight baby, meaning that the baby is small or has a low birth weight. What are the health risks for these babies?	<input type="checkbox"/> Correct answer: (Any) <ul style="list-style-type: none"> - Slow growth and development; - risk of becoming undernourished; - risk of becoming sick/developing chronic diseases such as heart disease, high blood pressure, obesity, or diabetes; - risk of dying <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
2	What is the first food a newborn baby should receive?	<input type="checkbox"/> Correct answer: Breast milk or colostrum <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
3	What does exclusive breastfeeding mean?	<input type="checkbox"/> Correct answer: Feeding a baby with only breastmilk and no other liquids or foods, with the exemption of vitamin and mineral supplements <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
4	Until what age should infants receive exclusive breastfeeding?	<input type="checkbox"/> Correct answer: Until they turn six months old; Breast milk provides all the nutrients and liquids a baby needs in its first six months. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
5	How often should a baby younger than six months be breastfed or fed with breast milk?	<input type="checkbox"/> Correct answer: On demand, or whenever the baby wants <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know

6	Until what age is it recommended that children receive breastmilk?	<input type="checkbox"/> Correct answer: Up to two years or beyond <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
7	At what age should babies start eating foods in addition to breastmilk?	<input type="checkbox"/> Correct answer: At six months old; Breast milk alone cannot supply all the nutrients needed from six months and beyond <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
8	What do foods rich in vitamin A do?	<input type="checkbox"/> Correct answer: They strengthen the immune system and maintain good eyesight <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
9	What do foods rich in vitamin C do?	<input type="checkbox"/> Correct answer: They strengthen the immune system and help the body heal <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
10	What do foods rich in iron do?	<input type="checkbox"/> Correct answer: They strengthen the blood which circulates oxygen and other nutrients in the body <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
11	What do foods rich in calcium do?	<input type="checkbox"/> Correct answer: They strengthen bones and teeth. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know

PART 2. Attitudes Toward Nutrition

These questions are **scale or rating questions**. Allow the respondent to choose only from the scale of responses. Ideally, the BNS should probe when provided with a negative answer (i.e. “Not confident” or “Not important”) by asking why. Mark with check (✓) the answer provided by the respondent.

	Item	Response
1	1.1 How important is a mother's nutritional status to the nutritional status of the child?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	1.2 How confident are you in your ability to maintain your nutritional status for the benefit for your child?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident

2	2.1 How beneficial do you think it is to breastfeed infants right after the mother gives birth?	<input type="checkbox"/> Beneficial <input type="checkbox"/> Not sure <input type="checkbox"/> Not beneficial
	2.2 (<i>For pregnant women</i>) How confident are you in your ability to feed your child with breastmilk as soon as your child is born?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
3	3.1 How important do you think it is to feed infants with <i>only</i> breast milk until they are six months old?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	3.2 How confident are you in your ability to feed your child with <i>only</i> breast milk until they are six months old?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
4	4.1 How important do you think it is to feed your child with breastmilk alongside other types of food until they are two years old?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	4.2 How confident are you in your ability to feed your child with breastmilk alongside other types of food until they reach two years old?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
5	5.1 How important do you think it is to introduce solid food to your child once they reach six months old?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	5.2 How confident are you in your ability to introduce solid food to your child once they reach six months old?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
6	6.1 How important do you think it is to feed your child with food rich in various vitamins and micronutrients?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	6.2 How confident are you in your ability to feed your child with food rich in various vitamins and micronutrients?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
7	7.1 How important is it to feed your child several times a day?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	7.2 How confident are you in your ability to feed your child several times each day?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
8	8.1 (<i>For pregnant women</i>) How important do you think it is to avoid smoking and drinking coffee or alcohol while you are pregnant?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important

	8.2 (For pregnant women) How confident are you in your ability to avoid smoking and drinking coffee or alcohol while you are pregnant?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
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PART 3. Nutrition-related Practices

These questions are **scale or rating questions**.. Allow the respondent to choose only from the available three responses. Ideally, the BNS should probe when provided with a negative answer (i.e. “Never”) by asking why. Mark with check (✓) the answer provided by the respondent.

	Item	Response
1	(For pregnant and breastfeeding mothers) I eat healthy and nutritious food to help keep my child healthy and well-nourished	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
2	(For mothers of children under six months old) I feed my child with only breastmilk.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
3	(For mothers of children under six months old) I feed my child with other food and/or liquids aside from breastmilk (Ex. water).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
4	(For mothers of children 6-23 months old) I continue to feed my child breastmilk alongside other foods even after they turn six months old.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
5	(For mothers of children 6-8 months old) I feed my child with solid foods 2-3 times a day.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
6	(For mothers of children 9-12 months old) I feed my child with solid foods 3-4 times a day.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
7	(For mothers of children 12-24 months old) I feed my child with solid foods 3-4 times and solid snacks 1-2 times a day.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
6	Yesterday I ate orange foods (ex. Papaya, mango, carrots, squash), bitter leaves, or malunggay.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Yesterday I ate citrus fruits (ex. oranges, lemon, dalandan, calamansi), bell peppers, tomatoes, mangoes, papaya, cabbage, cauliflower, or broccoli.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Yesterday I ate pork, beef, chicken liver, fish, nuts, or leafy vegetables.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Yesterday I ate dairy products, broccoli, spinach, or nuts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<i>(For pregnant women)</i> I do not smoke or drink coffee and alcohol while I'm pregnant.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

SET 2: Instrument for Effectiveness Evaluation of Nutrition Education

General directive for the BNS: The target respondents for the pre- and post-test instrument for nutrition education are the guardians of children aged 24 to 59 months or two to five years old. The instrument shall be administered by the BNS, during their one-on-one session with the respondent.

PART 1. Knowledge about essential nutrition-related information

These questions are **open-ended** questions. Allow the respondent to formulate their own answers after you have asked each question. Mark with check (✓) the answer provided by the respondent.

	Item	Response
1	What are the benefits of good nutrition for children two to five years old?	<input type="checkbox"/> Correct answer: (Any) <ul style="list-style-type: none"> - Optimized physical growth - Less likely to get sick or develop chronic diseases when they are older - Better performance in school and work <input type="checkbox"/> Other answers <input type="checkbox"/> I don't know
3	What guide can you use to help you feed your child with the right food in the right proportions?	<input type="checkbox"/> Correct answer: Pinggang Pinoy <input type="checkbox"/> Other answers <input type="checkbox"/> I don't know
4	What do foods rich in vitamin A do?	<input type="checkbox"/> Correct answer: They strengthen the immune system and maintain good eyesight <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
5	What do foods rich in vitamin C do?	<input type="checkbox"/> Correct answer: They strengthen the immune system and help the body heal <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
6	What do foods rich in iron do?	<input type="checkbox"/> Correct answer: They strengthen the blood which circulates oxygen and other nutrients in the body <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
7	What do foods rich in calcium do?	<input type="checkbox"/> Correct answer: They strengthen bones and teeth. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
8	What do foods rich in zinc do?	<input type="checkbox"/> Correct answer: They maintain and strengthen appetite. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know

9	How many full meals are children aged two to five recommended to have?	<input type="checkbox"/> Correct answer: Three full meals are recommended. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know
10	Why is it important to have breakfast?	<input type="checkbox"/> Correct answer: It makes children alert and energetic, and provides them with proper nutrients. <input type="checkbox"/> Other answer <input type="checkbox"/> I don't know.

PART 2. Attitudes Toward Nutrition

These questions are **scale or rating questions**. Allow the respondent to choose only from the scale of responses. Ideally, the BNS should probe when provided with a negative answer (i.e. “Not confident” or “Not important”) by asking why. Mark with check (✓) the answer provided by the respondent.

	Question	Response
1	1.1 How important do you think nutrition is for your children who are two to five years old?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	1.2 How confident do you feel in your ability to maintain or improve your child's nutritional status?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
2	2.1 How important do you think the Pinggang Pinoy is as a guide?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	2.2 How confident do you feel in your ability to use Pinggang Pinoy as a guide?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
3	3.1 How important do you think it is for your child to have a variety of foods in every meal?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	3.2 How confident do you feel in your ability to provide your child with a variety of foods in every meal?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
4	4.1 How important do you think it is for your child to have the right amount of food (i.e. not too much and not too little) in every meal?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	4.2 How confident do you feel in your ability to provide your child with the right amount of food (i.e. not too much and not too little) in every meal?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident

5	5.1 How important do you think it is for your child to eat foods rich in vitamin A, vitamin C, calcium, iron, and zinc?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	5.2 How confident do you feel in your ability to provide your child with foods rich in vitamin A, vitamin C, calcium, iron, and zinc?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
6	6.1 How important do you think it is for your child to eat breakfast every day?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	6.2 How confident do you feel in your ability to provide your child with breakfast every day?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
7	7.1 How important do you think it is for your child to eat three full meals (i.e. breakfast, lunch, and dinner) every day?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	7.2 How confident do you feel in your ability to provide your child with three full meals every day?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident
8	8.1 How important is it for your child's food to have the freshest and most nutritious ingredients possible?	<input type="checkbox"/> Important <input type="checkbox"/> Not sure <input type="checkbox"/> Not important
	8.2 How confident do you feel in your ability to choose the freshest and most nutritious ingredients for your child's meals?	<input type="checkbox"/> Confident <input type="checkbox"/> Not sure <input type="checkbox"/> Not confident

PART 3. Nutrition-related Practices

These questions are **scale or rating questions**.. Allow the respondent to choose only from the available three responses. Ideally, the BNS should probe when provided with a negative answer (i.e. "Never") by asking why. Mark with check (✓) the answer provided by the respondent.

	Item	Response
1	I use the Pinggang Pinoy as a guide when feeding my child.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
2	I feed my child with foods rich in Vitamin A (i.e. papaya; carrots; mango; squash; bitter leaves; or malunggay)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
3	I feed my child with foods rich in Vitamin C (i.e. citrus fruits like oranges, lemon, dalandan, calamansi; bell peppers; tomatoes; mangoes; papaya; cabbage; cauliflower; or broccoli).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

4	I feed my child with foods rich in iron (i.e. pork; beef; chicken liver; fish; nuts; or leafy vegetables).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
5	I feed my child with foods rich in calcium (i.e. dairy products like milk or cheese; salmon; sardines; broccoli; cauliflower; spinach; or nuts).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
6	I feed my child with foods rich in zinc (i.e. pork; chicken liver; leafy vegetables).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
7	I encourage my child to eat vegetables.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
8	I feed my child with the right amount of food (i.e. not too much and not too little).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
9	My child eats breakfast every day.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
10	My child eats three meals a day.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

[Name of City/Municipality]
Karinderya Para sa Healthy Pilipinas Project

KNOWLEDGE, ATTITUDES, AND PRACTICES (KAP) MONITORING SHEET

Location: _____

BNS Assigned: _____

Score Scale

Knowledge about essential nutrition-related information	Attitudes toward nutrition	Nutrition-related practices
<ul style="list-style-type: none"> ● Low = 0-4 points ● Medium = 5-7 points ● High = 8-10 points 	<ul style="list-style-type: none"> ● Positive = If “Confident” and “Important” are the most common answers ● Neutral = If “Not Sure” is the most common answer ● Negative = If “Not Confident” and “Not Important” are the most common answers 	<ul style="list-style-type: none"> ● Positive = If “Always” is the most common answer ● Neutral = If “Sometimes” is the most common answer ● Negative = If “Never” is the most common answer

Legend

IMP (Improved)	For scores which have moved upward from pre- to post-test (Ex. Low to medium, medium to high, low to high, negative to neutral, neutral to positive, negative to positive)
N/C (No change)	For scores which have remained in the same range from pre- to post-test (Ex. Low to low, medium to medium, high to high, neutral to neutral, negative to negative, positive to positive)
REG (Regressed)	For scores which have moved downward from pre- to post-test (Ex. High to medium, medium to low, high to low, positive to negative, positive to neutral, neutral to negative)

Example of KAP monitoring sheet:

Name of Beneficiary/ Legal Guardian	PRE- AND POST-PROJECT KAP TEST RESULTS								
	Knowledge about essential nutrition-related information			Attitudes toward nutrition			Nutrition-related practices		
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff
Pregnant and Lactating Mothers and/or Guardians of Children up to 23 Months Old									
Name	Medium	High	IMP	Negattove	Positive	IMP	Neutral	Positive	IMP
Name	Low	Medium	IMP	Negattove	Negattove	N/C	Negattove	Negattove	N/C

Name	Medium	High	IMP	Negattove	Positive	IMP	Neutral	Negattove	REG
Name	Medium	High	IMP	Negattove	Positive	IMP	Negattove	Negattove	N/C
Name	Low	High	IMP	Negattove	Positive	IMP	Negattove	Neutral	IMP
Name	Low	Medium	IMP	Negattove	Neutral	N/C	Negattove	Positive	IMP
Name	Low	Low	N/C	Negattove	Positive	IMP	Negattove	Positive	IMP
Name	Medium	Medium	N/C	Negattove	Positive	IMP	Negattove	Positive	IMP
Name	High	Medium	REG	Negattove	Negattove	N/C	Negattove	Positive	IMP
Name	Low	Medium	IMP	Positive	Neutral	REG	Neutral	Neutral	N/C
% with improved (IMP) KAP			70%			60%			60%
Guardians of Children 24 to 59 Months Old									
Name	Medium	High	IMP	Negattove	Positive	IMP	Negattove	Positive	IMP
Name	Low	Medium	IMP	Negattove	Negattove	N/C	Negattove	Positive	IMP
Name	Medium	High	IMP	Neutral	Positive	IMP	Positive	Negattove	REG
Name	Medium	High	IMP	Negattove	Positive	IMP	Negattove	Negattove	N/C
Name	Low	High	IMP	Negattove	Positive	IMP	Negattove	Positive	IMP
Name	Low	Medium	IMP	Negattove	Negattove	N/C	Negattove	Positive	IMP
Name	Low	High	IMP	Neutral	Positive	IMP	Negattove	Positive	IMP
Name	Medium	Medium	N/C	Negattove	Neutral	IMP	Negattove	Positive	IMP
Name	High	Medium	REG	Negattove	Negattove	N/C	Negattove	Positive	IMP
Name	Low	Medium	IMP	Positive	Positive	IMP	Negattove	Negattove	N/C
% with improved (IMP) KAP			80%			70%			70%

Prepared by:

Noted by:

Barangay Nutrition Scholar
Signature over printed name

Nutrition Action Officer
Signature over printed name

- end of KAP monitoring sheet -

Annex I. Guide for Partner Karinderya

- I. Introduction
- II. Code of Practice for the Karinderya
- III. Dietary guide
 - A. Nutrition requirements per life stage
 - B. Nutrients, their functions, and food sources
 - C. List of ingredients and substitutes
 - D. Sample three-week cycle menu
- IV. Recipes
- V. Nutrition during Disasters

INTRODUCTION

Dietary supplementation can be an effective short-term intervention for correcting undernutrition, especially when done alongside long-term interventions that address the root causes of undernutrition. As owner-operators of partner karinderyas, you are important members of the community who can champion the importance of nutrition and good health. Thus, your food safety and personal hygiene practices, and your knowledge on nutrition are crucial in ensuring the success of dietary supplementation efforts.

This guide contains everything you need to know about nutrition, dietary supplementation, food safety, and food preparation. Informed by this guide, your karinderya too can become a Karinderya Para sa Healthy Pilipinas.

CODE OF PRACTICE FOR THE KARINDERYA

Adapted from DOST-FNRI's Steps to Safe Supplementary Feeding (2014)

From market to table, food to be used for dietary supplementation must be handled with care to maximize the benefits of dietary supplementation while preventing food- and water-borne diseases.

1. **BUYING INGREDIENTS.** *In general, the better quality and the fresher foods are, the safer and more nutritious they are.*
 - a. Always follow a schedule of purchasing raw materials to ensure freshness of ingredients.
 - b. Always check food labels and expiration dates.
 - c. Fish, meat, and poultry must smell fresh with no visible signs of discoloration.
 - d. Vegetables and fruits should not have bruises or discoloration.
 - e. Avoid buying dented, swollen and or leaking canned containers or similar packaging.

2. PERSONAL HYGIENE FOR FOOD HANDLERS. *Having good personal hygiene will keep both you and those you feed safe.*

- a. Attire
 - i. Keep clothes clean to prevent carrying contaminants into the kitchen.
 - ii. Do not wear jewelry, nail polish, or artificial fingernails as they may contaminate the food.
 - iii. Keep your hair tied back or under a hair net to prevent hair from falling into food.
 - iv. As much as possible, use different aprons when working in different stations to prevent cross contamination.
 - v. Use non-slip and full covered shoes that protect you from burns, spills, and splatters.
- b. Hygiene practices
 - i. Do not handle food if you are sick. Never cough or sneeze over the food.
 - ii. Wash hands with soap for at least 20 seconds before and after handling food.
 - iii. Keep the working surfaces and countertops clean with hot and soapy water or with any antibacterial sanitizer.
 - iv. Cover all cuts and wounds with bandages.

3. PREPARING FOOD. *Dirty utensils, work stations, or hands can carry microorganisms which can contaminate food and make people sick, so keep your station and your hands clean.*

- a. Always wash your hands before and while preparing food, especially after handling raw meat, fish, or poultry, after coughing or sneezing, after using the restroom, and after handling pets.
- b. Preparation areas (i.e. counters, cutting boards, utensils, and sinks) must be cleaned, well-maintained and pest-free.
- c. Do not set out eggs, meat, poultry, seafood, or milk at room temperature for long.
- d. Separate raw meat, fish, and poultry from cooked food.
- e. As much as possible, use separate cooking tools (chopping board, knife, etc.) for raw and cooked food when preparing food.
- f. Use separate towels for specific workstations.
- g. Utensils used for handling or tasting food must be washed thoroughly with soap and water before they can be reused.

4. SERVING FOOD. *Good serving practices keep food both delicious and safe, leading to the best possible eating experience for beneficiaries.*

- a. Cooked food should be consumed within two hours.
- b. Before and after portioning of food, temperature and time of dishing out should be recorded.
- c. Use different utensils for cooking and for serving food. Ensure that utensils to be used for serving are clean before using them.
- d. The table to be used for serving should be wiped clean of any dirt or covered with a clean tablecloth.
- e. Make sure everyone washes their hands before and after they eat.

5. STORING FOOD. *Unused or uneaten food can still be used or eaten again later — prolong their freshness and keep them safe to use or eat by following proper storage practices.*

- a. Cooked leftovers should be placed in the refrigerator within two hours of being cooked.
- b. Cover leftover raw ingredients, wrap them in airtight packaging, or seal them with plastic wrap.
- c. Store raw food at the bottom of the refrigerator to prevent raw juices from dripping to other food.
- d. Label ingredients with name, date, and time of purchase before storing. Apply First In, First Out (FIFO) and First Expiry First Out (FEFO).
- e. Only take out refrigerated raw food when needed.

DIETARY GUIDE

Through dietary supplementation, those who are at risk of undernutrition and those already undernourished are provided additional meals to augment their existing nutritional intake. It is important to note that meals provided during dietary supplementation are meant not to replace meals, but to provide meals in addition to what is already being eaten.

Dietary supplementation can be both preventive and rehabilitative for pregnant and lactating women and children under five years old. It can prevent low birth weight and its associated effects on health and development among babies by providing nourishment to their mothers. It can also prevent or rehabilitate undernourishment for children under five years old through the provision of additional meals. Because nutritional status has effects beyond those on health, dietary supplementation can help improve both short- and long-term health and social outcomes for beneficiaries.

Nutrition Requirements per Life Stage

Different groups will have different needs for dietary supplementation. These are:

Group	Dietary Supplementation Needs
Pregnant mothers	To increase their caloric and nutrient intake to support themselves and the growth of their babies
Lactating mothers	To encourage and support the production of milk to feed their babies with
Children six to 24 months old	To support the weaning process and introduce children to a more varied diet, with their growing nutritional needs in mind
Children 25 to 59 months old	To promote optimal growth for the child, and to encourage healthy eating habits and food preferences

Complementary feeding

Complementary Feeding Guide taken from Nutritionist-Dietitians' Association of the Philippines Diet Manual Recommended for Use in the Philippines 5th Edition (2010)

For the first six months of life, all the nutritional requirements of a baby can be provided through breast milk. In fact, health experts recommend that babies be fed exclusively with breast milk until the baby is six months old.

However, from six months onward, children's nutritional requirements begin to change and grow, and breastmilk may no longer be enough to fulfill their needs. Although feeding children with breastmilk is recommended until they are 24 months or two years old, children between six to 24 months old must also be introduced to solid and more varied foods, to support their growth and development.

To ensure that complementary feeding is effective and successful, it must be **TASA**:

1. **Timely.** Solid or semi-solid foods should not be given to babies before six months old because their digestive systems are not yet fully capable of digesting these foods. However, if complementary feeding is begun too late, babies could become undernourished and suffer from its effects.
2. **Adequate.** The right amount, frequency, consistency, and variety of foods must be fed to the child. The World Health Organization (WHO) recommends that complementary foods be given two to three times a day for children between six to eight months; and three to four times a day for children between nine to 23 months. Children can also be given one to two nutritious snacks between meals, depending on their appetite. For more information, see the table below.
3. **Safe.** Food for children should be prepared and served in a safe manner. For more information, see the above Code of Practice for the Karinderya.
4. **Active.** Parents or caregivers should play an active role in feeding their children. Parents should provide children foods when they signal that they're hungry, and not force feed their children. They should sit down with their children during mealtimes. They should help their children eat until they can eat on their own, and encourage their children to use their fingers or spoon when they can. They should also encourage their children to eat vegetables without resorting to punishment. Children should also have their own separate plates.

Age of Introduction (in Months)	Method of preparation	Appropriate Food(s)*	Example	Amounts
After 6 months	Cooked, well strained	Cereals (first semi-solid foods given to the baby)	Thin rice gruel, oatmeal	½ cup thin rice gruel
			Cooked mashed root crops (potatoes, sweet potatoes, etc)	2-3 tbsp
After 6-11 months		Fats and Oil	Margarine, cooking oil*	4 teaspoons
		Sugar		3 teaspoons

	Deboned, cooked, well mashed or ground	Meat/Fish/ Poultry or Legumes, dried beans	Minced meat, fresh or dried fish or minced chicken, mashed monggo	1 ⅓ servings 1 serving cooked meat = 30 g or 3 cm cube ; Fish = 2 pcs, medium size (55-60 g each), about 16 cm long; 1 ⅓ cups cooked
7 months	Cooked, very soft, chopped	Vegetables	Carrots, sayote, squash, abitsuelas, potatoes, kamote tops, pechay, kangkong tops, malunggay leaves	1 tbsp
	Cooked	Meat, and alternatives, Egg	Chicken egg	½ egg yolk
8 months	Cooked	Cereals	Thick gruel, soft cooked rice	¾ cup thick gruel
	Mashed	Fruits	Ripe bananas, ripe papaya, ripe mango	3 tbsp
	Cooked and finely chopped	Vegetables	Any vegetable	1 tbsp
	Steamed, baked	Other Foods	Custards, simple puddings, plain gulaman, or jello	1 tsp
10-12 months	Cooked	Cereals	Soft cooked rice	1 cup
			Sliced bread, biscuits	1 piece
	Cooked, coarsely chopped	Vegetables	Any vegetable	1-2 tbsp
	Deboned Cooked flaked or chopped	Meat/Fish/ Poultry	Meat, fresh or dried fish, or chicken, monggo	1 ⅓ servings 1 serving cooked meat = 30 g or 3 cm cube ; Fish = 2 pcs, medium size (55-60 g each), about 16 cm long; 1 ⅓ cups cooked
11 months	Cooked	Egg	Chicken Egg	½ egg
12 months		Milk		2 cups

* Fats and oils may be incorporated to the prepared diet by adding to the rice gruel or mashed vegetables or served in either sauteed or fried dishes for the baby after 6 months of age

Nutrients, Their Functions, and Food Sources

Nutrient	Function	Food Sources
Vitamin A	<ul style="list-style-type: none"> ● Strengthens the immune system ● Maintains good eyesight ● Forms and maintains skin, hair, and mucus membranes 	<ul style="list-style-type: none"> ● Dairy products (Cheese, milk, yogurt) ● Eggs ● Oily fish (salmon, sardines, mackerel) ● Liver and liver products ● Yellow, red, and green vegetables (spinach, carrots, sweet potatoes), and yellow fruit (mango, papaya)
Vitamin C	<ul style="list-style-type: none"> ● Strengthens the immune system ● Helps the body heal ● Strengthens bones, cartilage, muscles, and blood vessels 	<ul style="list-style-type: none"> ● Fruits and vegetables such as citrus (oranges), strawberries, broccoli, tomatoes and tomato juice, potatoes, red and green peppers
Vitamin D	<ul style="list-style-type: none"> ● Regulates amount of calcium and phosphate in the body ● Keeps bones, teeth, and muscles healthy 	<ul style="list-style-type: none"> ● Direct sunlight (<i>non-food</i>) ● Oily fish (salmon, sardines, mackerel) ● Red meat ● Liver and liver products ● Egg yolks ● Fortified foods
Iron	<ul style="list-style-type: none"> ● Strengthens the blood, which circulates oxygen and other nutrients in the body ● Enhances metabolism 	<ul style="list-style-type: none"> ● Red meat ● Liver and liver products ● Beans (red kidney beans, chickpeas) ● Nuts ● Dried fruits ● Fortified breakfast cereals ● Soybean flour
Calcium	<ul style="list-style-type: none"> ● Strengthens bones and teeth ● Strengthens nerve and muscle functions 	<ul style="list-style-type: none"> ● Milk, cheese, other dairy products ● Green leafy vegetables ● Bread or anything with fortified flour ● Fish where you eat the bones such as sardines ● Soya drinks with added calcium
Zinc	<ul style="list-style-type: none"> ● Strengthens the immune system ● Strengthens the blood, which circulates oxygen and other nutrients in the body 	<ul style="list-style-type: none"> ● Oysters ● Red meat ● Poultry, dairy products ● Beans and nuts

List of Substitute Ingredients

Ingredient	Substitute
Pork	Chicken
Sardines in tomato sauce	Mackerel in tomato sauce
Malunggay	Kamote tops, green Kulitis (Spinach)
Potato	Kamote, yellow
Kalabasa	Kamote, yellow or orange

Measurement Conversions

Household Measure	Metric
¼ tsp	1.25 mL
½ tsp	2.5 mL
1 tsp	5 mL
1 tbsp	15 mL
1 fluid ounce (2 tbsp)	30 mL
¼ cup	60 mL
⅓ cup	80 mL
1 cup	240 mL
1 pint (2 cups)	480 mL
1 quart (4 cups)	960 mL
1 gallon (4 quarts)	3.84 L
1 ounce (by weight)	28 g
¼ pound (4 ounces)	114 g
1 pound (16 ounces)	454 g
2.2 pounds	1 kg

Recommended Three Week Cycle Menu

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Chicken Sotanghon	Sardine-Kalabasa Patties	Chicken Lumpia	Ginataang Sigarilyas	Chicken Afritada	Misua, Patola, at Kulitis	Pancit
2	Chicken Tinola	Sauteed Pork Veggies	Chicken Lugaw with Egg	Sweet and Sour Pork	Chicken Mami	Tortang Talong	Pork Sinigang
3	Pork with Tomato Sauce	Chicken Sopas	Ginataang Kalabasa	Ginisang Monggo with Dilis	Pork Menudo	Chicken Lomi	Dumplings

RECIPES

CHICKEN SOTANGHON WITH CARROT, SAYOTE, AND MALUNGGAY

Guided by: [Chicken Sotanghon Soup with Malunggay and Sayote - Panlasang Pinoy](#)

Recipe Yield: 5 Servings

Serving Size: 1 Cup

Cost per serving: Php 25.30 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	293.6 kcal
Pregnant	1 cup	Total Vitamin A	603 µg
Lactating	1 ½ cup	Total Vitamin C	53.8 mg
		Total Iron	2.4 mg
		Total Calcium	114.8 mg

Procedure:

1. Boil water in a cooking pot. Add chicken. Cover and continue boiling for 18 minutes. Remove chicken from the pot and let it cool down. Save the chicken stock for later.
2. Separate the bone from the meat and then shred. Set shredded chicken aside.
3. Heat oil in a cooking pot. Add crushed garlic right away. Continue cooking the garlic until it turns light brown.
4. Add onion. Sauté until it softens.
5. Add sayote. Cook for 1 minute.
6. Add Chicken Cube. Stir and add the sotanghon noodles. Cook until noodles are soft.
7. Add malunggay leaves. Cook for 1 minute.
8. Season with patis and ground black pepper. Transfer to a serving bowl. Share and enjoy!

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Chicken Breast	30 g	150 g	½ cup
Sotanghon	30 g	150 g	
Malunggay	20 g	100 g	
Carrot	20 g	100 g	
Sayote	40 g	200 g	
Cooking Oil	5 mL	25 mL	5 tsp
Water			To taste
Onion			To taste
Garlic			To taste
Patis			To taste
Ground Black Pepper			To taste

SARDINES-KALABASA PATTIES

Guided by: [DOST-FNRI 2020 Menu Guide Calendar](#)

Recipe Yield: 10 Servings

Serving Size: 2 pieces

Cost per serving: Php 21.68 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	180 kcal
Pregnant	1 cup	Total Vitamin A	428 µg
Lactating	1 ½ cup	Total Vitamin C	41.6 mg
		Total Iron	5.4 mg
		Total Calcium	265 mg

Procedure:

1. Prepare the patties:
 - a. Steam the squash in a steamer for 15 minutes. Mash in a bowl and set aside.
 - b. In another bowl, combine egg, oil, salt, and pepper.
 - c. In another bowl, combine sardines, steamed squash, kulitis, garlic, onion, and flour. Add the egg mixture and blend well.
 - d. Divide the mixture by 10, approximately 2 tablespoons. Shape each portion into patties.
 - e. In a pan, heat oil. Fry the patties for three minutes each side, or until brown.
 - f. Transfer into a strainer or bowl with paper towels to drain excess oil.
2. In another pan, heat oil. Saute garlic, onion, ginger, sardine sauce and ketchup. Cover and simmer for three minutes.
3. Serve patties with sauce on the side.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Kalabasa	40 g	200 g	
Egg	15 g	75 g	2 eggs
Sardines in can with Tomato Sauce	45 g	225 g	1 can
Kulitis	40 g	200 g	
Cooking Oil	5 mL	25 mL	5 tsp
AP Flour	5 g	25 g	5 tsp

CHICKEN LUMPIA

Guided by: [DOST-FNRI 2020 Menu Guide Calendar](#)

Recipe Yield: 10 pieces

Serving Size: 2 pieces

Cost per serving: Php 38.81 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	130.8 kcal
Pregnant	1 cup	Total Vitamin A	1059 µg
Lactating	1 ½ cup	Total Vitamin C	9.7 mg
		Total Iron	3.3 mg
		Total Calcium	89.3 mg

Procedure:

1. In a bowl, combine egg, salt, and pepper.
2. In another bowl, combine ground chicken, carrots, kinchay, onion, and garlic. Add the egg mixture and blend well.
3. Place a tablespoon of the mixture, one inch from the bottom of the wrapper. Fold both sides in and roll the wrapper tightly. Seal the end by moistening with water. Repeat with the rest of the mixture.
4. In a pan, heat oil. Fry lumpia for five minutes or until golden brown.
5. Transfer into a strainer or into a bowl with paper towels to drain excess oil.
6. Slice each lumpia into two pieces.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Egg	5 g	25 g	1 egg
Chicken Breast	30 g	150 g	
Carrot	20 g	100 g	
Kinchay	20 g	100 g	
Lumpia Wrapper	5 g	25 g	
Cooking Oil	2.5 mL	12.5 mL	2.5 tsp

GINATAANG SIGARILYAS

Guided by: [Ginataang Sigarilyas - Filipino Style Recipe](#)

Recipe Yield: 5 Servings

Serving Size: 1 Cup

Cost per serving: Php 24.11 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	241.8 kcal
Pregnant	1 cup	Total Vitamin A	112.5 µg
Lactating	1 ½ cup	Total Vitamin C	42.9 mg
		Total Iron	2.8 mg
		Total Calcium	7.0 mg

Procedure:

1. Heat oil and fry pork until color turns to light brown.
2. In the same pan, saute onion and garlic.
3. Season with fish sauce. Mix well.
4. Add dried shrimp and cook for one minute.
5. Pour in the coconut cream and bring to a boil.
6. Add winged beans and cook until the vegetables are tender but not overcooked.
7. Add water if necessary. Adjust seasoning according to taste. Remove from heat.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Pork Kasim	40 g	200 g	
Cooking Oil	5 mL	25 mL	5 tsp
Kalabasa	20 g	100 g	
Sigarilyas	20 g	100 g	
Coconut Cream	15 g	75 g	
Garlic			2 tbsp
Onion			2 tbsp
Water			½ cup

CHICKEN AFRITADA

Guided by: [DOST-FNRI 2017 Menu Guide Calendar](#)

Recipe Yield: 5 Servings

Serving Size: 1 Cup

Cost per serving: Php 26.97 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	105.1 kcal
Pregnant	1 cup	Total Vitamin A	359.4 µg
Lactating	1 ½ cup	Total Vitamin C	20 mg
		Total Iron	1.4 mg
		Total Calcium	48.4 mg

Procedure:

1. In a bowl, marinate chicken in patis and pepper for 30 minutes to one hour.
2. In a pan, heat oil. Saute garlic, onion, and chicken. Cover and cook until chicken is tender.
3. Add potato and carrot. Cover and simmer for 10 minutes.
4. Add bell pepper. Simmer for another five minutes.
5. Add tomato sauce and season with salt and sugar. Cover and simmer for 10 minutes.
6. Add water. Cover and bring to a boil.
7. Add green peas. Blend well.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Chicken Breast	30 g	150 g	
Potato	40 g	200 g	
Carrot	20 g	100 g	
Bell Pepper	20 g	100 g	
Sugar	2 g	10 g	2 tsp
Tomato Sauce	20 g	100 g	
Garlic			2 tbsp
Onion			2 tbsp

MISUA, PATOLA, AT KULITIS

Guided by: DOST-FNRI 2013 Developed Recipes using Indigenous Vegetables

Recipe Yield: 5 servings

Serving Size: 1 cup

Cost per serving: Php 23.30 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	259 kcal
Pregnant	1 cup	Total Vitamin A	205 µg
Lactating	1 ½ cup	Total Vitamin C	18.2 mg
		Total Iron	3.8 mg
		Total Calcium	100.5 mg

Procedure:

1. In a pan, heat oil. Saute garlic, onion, and ground pork
2. Season with patis and pepper
3. Add water, pork cube, and carrots. Simmer until the pork is cooked.
4. Add the misua and patola, stirring continuously. Cover and cook for 3 minutes.
5. Add the kulitis. Simmer covered for 2 minutes. Remove from heat.
6. Serve with half piece of egg per serving.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Ground Pork	40 g	200 g	
Misua	20 g	100 g	
Cooking Oil	5 mL	25 mL	5 tsp
Patola	20g	100 g	
Kulitis	20 g	100 g	
Garlic			2 tbsp
Onion			2 tbsp
Water			8 cups
Pork Cube			1 pc
Patis			To taste
Black pepper			To taste

PANCIT BIHON

Guided by: [Pancit Bihon - Panlasang Pinoy](#)

Recipe Yield: 5 servings

Serving Size: 1 cup

Cost per serving: Php 27.04 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	283.3 kcal
Pregnant	1 cup	Total Vitamin A	352.8 µg
Lactating	1 ½ cup	Total Vitamin C	13.6 mg
		Total Iron	1.9 mg
		Total Calcium	46.3 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Chicken Breast	30 g	150 g	
Cabbage	20 g	100 g	
Bell Pepper	20 g	100 g	
Carrot	20 g	100 g	
Pancit Bihon	50 g	250 g	
Cooking Oil	5 mL	25 mL	5 tsp
Garlic			2 tbsp
Onion			2 tbsp
Salt			To taste
Pepper			To taste

Procedure:

1. In a large pot, saute garlic and onion.
2. Add the pork and chicken then let cook for two minutes.
3. Add the chicken cube and water then simmer for 15 minutes.
4. Put in the carrots, pea pod, cabbage, and celery leaves and simmer for a few minutes.
5. Remove all the ingredients in the pot except for the liquid and set them aside.
6. In the pot with the liquid in, add the soy sauce and mix well.
7. Add the pancit bihon (make sure to first soak it in water for about 10 minutes) and mix well. Cook until liquid evaporates completely.
8. Put in the vegetables and meat that were previously cooked and simmer for a minute or two.
9. Serve hot.

CHICKEN TINOLA

Guided by: [DOST-FNRI 2017 Menu Guide Calendar](#)

Recipe Yield: 5 servings

Serving Size: 1 cup

Cost per serving: Php 23.48 (as of 2021)

Procedure:

1. In a pan, heat oil. Saute ginger, onion, garlic, and chicken. Cover and cook until chicken is tender.
2. Season with salt.
3. Add papaya. Cover and cook.
4. Add water. Bring to a boil and simmer for 10 minutes.
5. Add malunggay. Simmer for another minute.

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	131.3 kcal
Pregnant	1 cup	Total Vitamin A	525.2 µg
Lactating	1 ½ cup	Total Vitamin C	100.4 mg
		Total Iron	2.2 mg
		Total Calcium	171.3 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Cooking Oil	5 mL	25 mL	5 tsp
Chicken Breast	30 g	150 g	
Papaya, Green	40 g	200 g	
Malunggay Leaves	40 g	200 g	
Onion			2 tbsp
Garlic			2 tbsp
Salt			To taste
Black Pepper			To taste

SAUTEED PORK VEGGIES

Guided by: [DOST-FNRI](#)

Recipe Yield: 5 Servings

Serving Size: 1 cup

Cost per serving: Php 33.07 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	283 kcal
Pregnant	1 cup	Total Vitamin A	640.2 µg
Lactating	1 ½ cup	Total Vitamin C	50.6 mg
		Total Iron	3.1 mg
		Total Calcium	114.5 mg

Procedure:

1. In a pan, heat oil. Saute garlic, onion, and ground pork. Cover and simmer for 5 minutes
2. Season with salt and pepper
3. Add carrot. Simmer for 5 minutes
4. Add water. Cover and bring to a boil
5. Add misua and malunggay. Blend well. Simmer for 1 minute.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Cooking Oil	5 mL	25 mL	5 tsp
Pork Kasim	40 g	200 g	
Carrot	20 g	100 g	
Patola	40 g	200 g	
Misua	20 g	100 g	
Malunggay Leaves	20 g	100 g	
Garlic			2 tbsp
Onion			2 tbsp
Salt			To taste
Pepper			To taste
Water			5 cups

LUGAW

Guided by: [Chicken Arroz Caldo - Panlasang Pinoy](#)

Recipe Yield: 6 servings

Serving Size: 1 cup

Cost per serving: Php 15.15 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	276 kcal
Pregnant	1 cup	Total Vitamin A	99.8 µg
Lactating	1 ½ cup	Total Vitamin C	2.3 mg
		Total Iron	1.6 mg
		Total Calcium	42.8 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Rice, Uncooked	40 g	200 g	
Chicken Breast	30 g	150 g	
Egg	30 g	150 g	3 eggs
Calamansi	5 g	25 g	
Cooking Oil	5 g	25 g	5 tsp
Garlic			2 tbsp
Onion			2 tbsp
Kasubha (Safflower)			To taste
Chicken Cube			1 piece
Salt			To taste
Pepper			To taste

Procedure:

1. Heat oil in a deep cooking pot.
2. Saute garlic, onion, and ginger.
3. Once the onion gets soft, add the chicken. Saute for two to three minutes.
4. Add the glutinous rice. Cook for 1 minute.
5. Pour the water into the pot. Let boil.
6. Add the chicken cube. Stir.
7. Cover and cook in medium heat until the rice absorbs the water and the texture becomes porridge-like. Note: Stir the mixture once in a while concentrating on the bottom of the pot to make sure that the rice does not stick. Add more water if needed.
8. Add ground black pepper, fish sauce, and kasubha. Stir and cook for three minutes.
9. Transfer to a serving bowl. Top with scallions, boiled eggs, and roasted garlic. Serve with calamansi.

SWEET AND SOUR PORK

Guided by: [DOST-FNRI 2017 Menu Guide Calendar](#)

Recipe Yield: 5 servings

Serving Size: 1 cup

Cost per serving: Php 28.54 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	206.2 kcal
Pregnant	1 cup	Total Vitamin A	82 µg
Lactating	1 ½ cup	Total Vitamin C	3.6 mg
		Total Iron	0.8 mg
		Total Calcium	29.9 mg

Procedure:

1. Marinate pork with soy sauce and egg for one hour.
2. Dredge pork in cornstarch and deep fry in hot oil until golden brown.
3. Drain to remove excess oil. Set aside.
4. In a pan, heat oil. Saute garlic and onion. Add soy sauce, ketchup, vinegar, sugar, and water. Bring to a boil. Add pineapple and bell pepper. Simmer for 10 minutes.
5. Add pork and blend well with sauce.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Pork Kasim	50 g	250 g	
Egg	5 g	25 g	1 egg
Cornstarch	5 g	25 g	1 ½ tbsp
Sugar	2 g	10 g	¾ tbsp
Bell Pepper	20 g	100g	
Onion			2 tbsp
Soy Sauce			2 tbsp

CHICKEN MAMI

Guided by: [Chicken Mami - Panlasang Pinoy](#)

Recipe Yield: 5 servings:

Serving Size: 1 cup

Cost per serving: Php 33.67 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	158.1 kcal
Pregnant	1 cup	Total Vitamin A	433.8 µg
Lactating	1 ½ cup	Total Vitamin C	10 mg
		Total Iron	4.3 mg
		Total Calcium	131.5 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Chicken Breast	30 g	150 g	
Egg Noodle	75 g	375 g	
Cabbage	20 g	100 g	
Egg	30 g	150 g	3 eggs
Carrot	20 g	100 g	
Onion			2 tbsp
Green Onion			For garnish
Garlic			2 tbsp
Chicken Cube			1 piece

Procedure:

1. Combine chicken breast, onion, and eight cups of water.
2. Add chicken cube. Continue to boil for 40 minutes between low to medium heat.
3. While the chicken is cooking, prepare the toasted garlic. Combine crushed garlic and cooking oil in a small pan. Cook slowly while stirring until the garlic browns. Filter the garlic using a kitchen sieve.
4. Heat four cups of water in a small pot. Let boil. Add fresh noodles, and cook for one minute, then discard the water.
5. Arrange the noodles in serving bowls, including the napa cabbage, carrot, and egg.
6. Once the chicken cooks completely, remove from the pot. Separate the meat from the bone and let it cool down. Slice the chicken into serving pieces.
7. Arrange the noodles, vegetable, and chicken in a serving bowl. Pour hot broth and top with green onions and toasted garlic to serve.

TORTANG TALONG WITH SARDINAS

Guided by: [Eggplant and Sardine Omelet - Panlasang Pinoy](#)

Recipe Yield: 10 pieces

Serving Size: 2 pieces

Cost per serving: Php 19.16 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	230.7 kcal
Pregnant	1 cup	Total Vitamin A	47 µg
Lactating	1 ½ cup	Total Vitamin C	20.1 mg
		Total Iron	0.7 mg
		Total Calcium	189 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Eggplant	20 g	100 g	
Sardines	45 g	225 g	1 can
Cooking Oil	5 mL	25 mL	5 tsp
Tomato	20 g	100 g	
Calamansi	5 g	25 g	
Garlic			2 tbsp
Onion			2 tbsp

Procedure:

1. Prepare sardine topping by heating oil in a pan. Saute garlic, onion, and tomato, until the onion and tomato soften.
2. Add the canned sardines and a quarter of the sauce from the can. Cook for two minutes.
3. Season with salt and ground black pepper.
4. Squeeze a piece of calamansi or a quarter lemon and add some chopped green onions. Stir. Remove from the pan. Then set aside.
5. Crack the eggs into a bowl. Whisk until smooth and well-blended. Set aside.
6. Prepare the eggplant by grilling until it softens. Make sure to flip it once in a while until steam comes out from the cracks of the skin. Remove from the grill. Let cool down, then peel off the skin.
7. Lay a piece of eggplant on a plate. Using a fork, flatten the eggplant by sliding the fork downwards.
8. Heat remaining oil in a clean pan. While heating, dip a piece of eggplant into the whisked eggs. Lay it flat on the pan.
9. Scoop a portion of the sauteed sardines and place over the eggplant on the pan. Top with chopped green onions, then pour some whisked egg over the toppings. Continue cooking until the bottom turns golden brown.
10. Gently flip the eggplant. Continue cooking until the bottom part is completely cooked.
11. Remove from the pan and serve with rice.

PORK SINIGANG

Guided by: [DOST-FNRI 2020 Menu Guide Calendar](#)

Recipe Yield: 5 Servings

Serving Size: 1 cup

Cost per serving: Php 25.16 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	198.9 kcal
Pregnant	1 cup	Total Vitamin A	153.4 µg
Lactating	1 ½ cup	Total Vitamin C	21.7 mg
		Total Iron	1.7 mg
		Total Calcium	49.2 mg

Procedure:

1. In a pot, heat oil. Saute onion, tomato, and pork.
2. Add water. Cover and bring to a boil. Simmer for 20 minutes or until pork is tender.
3. Add gabi, sitaw, sinigang mix, patis, and salt. Cover and bring to a boil. Simmer for three minutes.
4. Add kangkong. Simmer for two more minutes.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Pork Kasim	40 g	200 g	
Kang Kong	20 g	100 g	
Sitaw	20 g	100 g	
Tomato	15 g	75 g	
Chili Pepper, Green	5 g	25 g	
Onion			2 tbsp
Cooking Oil	5 mL	25 mL	5 tsp
Patis			To taste
Sinigang Mix			1 pack
Water			8 cups
Salt			To taste

PORK WITH TOMATO SAUCE

Recipe Yield: 5 Servings

Serving Size: 1 Cup

Cost per serving: Php 30.00 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	217.8 kcal
Pregnant	1 cup	Total Vitamin A	107.8 µg
Lactating	1 ½ cup	Total Vitamin C	23.9 mg
		Total Iron	1.7 mg
		Total Calcium	71.8 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Pork Kasim	40 g	200 g	
Tomato Sauce	20 g	100 g	
Banana, saba	10 g	50 g	
Potato	10 g	50 g	
Pechay	20 g	100 g	
Cooking Oil	5 mL	25 mL	5 tsp
Onion			2 tbsp
Garlic			2 tbsp

Procedure:

1. Heat oil in a cooking pot.
2. Saute garlic, onions, and tomatoes.
3. Add pork and cook until the color turns light brown.
4. Put in fish sauce, whole pepper corn, and tomato sauce. Then stir.
5. Add water and let boil. Simmer for about 30 to 40 minutes until pork is tender.
6. Put in tomato, saba, and chickpeas. Cook for five to seven minutes.
7. Add cabbage and long green beans. Cook for five minutes.
8. Stir in the bok choy/ pechay. Cover the pot and turn off the heat. Let the residual heat cook the bok choy for about five minutes.

CHICKEN SOPAS

Guided by: [DOST-FNRI 2014 Menu Guide Calendar](#)

Recipe Yield: 20 servings

Serving Size: 1 cup with 2 quail eggs

Cost per serving: Php 32.81 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	244.3 kcal
Pregnant	1 cup	Total Vitamin A	704.3 µg
Lactating	1 ½ cup	Total Vitamin C	13.0 mg
		Total Iron	2.4 mg
		Total Calcium	156.1 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Chicken Breast	30 g	150 g	
Cabbage	20 g	100 g	
Kinchay	20 g	100 g	
Carrots	20 g	100 g	
Milk	70 mL	350 mL	
Macaroni, Uncooked	25 g	125 g	
Cooking Oil	5 mL	25 mL	5 tsp
Onion			2 tbsp
Garlic			2 tbsp

Procedure:

1. Cook macaroni as directed:
 - a. Boil water. Add a pinch of salt and cooking oil.
 - b. Add macaroni in the briskly boiling water.
 - c. Cook uncovered, maintain temperature at rolling boil.
 - d. Stir occasionally to prevent macaroni from sticking together.
 - e. Cook for 10-12 minutes or until al dente.
 - f. Drain cooking water, rinse with tap water.
 - g. Drain well.
2. In a pan, heat oil. Sauté garlic, onion, and chicken.
3. Season with patis and pepper.
4. Add chicken stock. Cover and cook for 8 minutes
5. Add potato. Cover and simmer for 10 minutes.
6. Add milk. Simmer uncovered.

GINATAANG KALABASA WITH PORK

Guided by: [DOST-FNRI 2017 Menu Guide Calendar](#)

Serving Size: 1 cup

Recipe Yield: 5 servings

Cost per serving: Php 29.35 (as of 2021)

Rice		Nutrient Content	
Serving Suggestion			
Children (2-5 y/o)	½ cup	Total Energy	280.6 kcal
Pregnant	1 cup	Total Vitamin A	342 µg
Lactating	1 ½ cup	Total Vitamin C	54.6 mg
		Total Iron	1.9 mg
		Total Calcium	109.5 mg

Procedure:

1. In a pan, heat oil. Saute garlic, onion, and pork.
2. Add squash and sitaw. Cover and simmer for 5 minutes.
3. Add second extraction coconut milk. Season with salt. Cover and bring to a boil. Let simmer for 10 minutes.
4. Add pure coconut milk and blend well. Stir to avoid scorching. Continue simmering uncovered.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Cooking Oil	5 mL	25 mL	5 tsp
Squash	20 g	100 g	
Sitaw	20 g	100 g	
Coconut Cream	20 mL	100 mL	
Pork Kasim	40 g	200 g	
Malunggay	20 g	100 g	
Onion			2 tbsp
Garlic			2 tbsp

GINISANG MONGGO WITH DILIS

Guided by: [DOST-FNRI 2017 Menu Guide Calendar](#)

Serving Size: 1 Cup

Recipe Yield: 5 Servings

Cost per serving: Php 21.82 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	162.4 kcal
Pregnant	1 cup	Total Vitamin A	309 µg
Lactating	1 ½ cup	Total Vitamin C	57 mg
		Total Iron	2.7 mg
		Total Calcium	406 mg

Procedure:

1. In a pot, combine munggo and water. Cover and bring to a boil. Simmer for 45 minutes or until tender. Set aside.
2. In a pan, heat oil. Saute garlic, onion, tomato, and dilis.
3. Add cooked munggo and water. Cover and bring to a boil.
4. Season with salt.
5. Add ampalaya fruit and simmer for five minutes.
6. Add ampalaya leaves. Simmer for another two minutes.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Munggo, Uncooked	50 g	250 g	
Cooking Oil	5 mL	25 mL	5 tsp
Dilis, dried	10 g	50 g	
Tomato	20 g	100 g	
Kalabasa	20 g	100 g	
Malunggay Leaves	20 g	100 g	
Garlic			2 tbsp
Onion			2 tbsp

PORK MENUDO

Guided by: [DOST-FNRI 2020 Menu Guide Calendar](#)

Recipe Yield: 5 Servings

Serving Size: 1 cup

Cost per serving: Php 28.28 (as of 2021)

Rice		Nutrient Content	
Serving Suggestion			
Children (2-5 y/o)	½ cup	Total Energy	195.9 kcal
Pregnant	1 cup	Total Vitamin A	385.1 µg
Lactating	1 ½ cup	Total Vitamin C	16.1 mg
		Total Iron	1.2 mg
		Total Calcium	45 mg

Procedure:

1. In a pan, heat oil. Saute garlic, onion, ground pork, salt, and pepper. Cover and cook for 20 minutes.
2. Add water, tomato sauce, potato, bell pepper, and sugar. Cover and bring to a boil. Simmer for five minutes.
3. Add green peas and raisins. Cover and simmer for three minutes.

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Pork Kasim	30 g	150 g	
Calamansi	5 g	25 g	
Cooking Oil	5 mL	25 mL	5 tsp
Potato	20 g	100 g	
Carrot	20 g	100 g	
Bell Pepper	20 g	100 g	
Tomato Sauce	20 mL	100 mL	
Sugar	2 G	10 G	2 tsp

CHICKEN LOMI

Guided by: [Chicken Lomi - Panlasang Pinoy](#)

Recipe Yield: 5 servings

Serving Size: 1 cup

Cost per serving: Php 28.28 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	173.7 kcal
Pregnant	1 cup	Total Vitamin A	1,727.6 µg
Lactating	1 ½ cup	Total Vitamin C	15.3 mg
		Total Iron	3.3 mg
		Total Calcium	94.9 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Lomi Noodles	50 g	250 g	
Cooking Oil	5 mL	25 mL	5 tsp
Chicken Liver	15 g	75 g	
Chicken Breast	30 g	150 g	
Carrot	20 g	100 g	
Cabbage	20 g	100 g	
Cornstarch	5 g	10 g	2 tsp
Onion			2 tbsp
Garlic			2 tbsp
Chicken Cube			1 piece

Procedure:

1. Heat oil in a cooking pot.
2. Saute garlic, onion, and carrots.
3. Add the sliced chicken. Cook until the chicken turns light brown.
4. Pour the water into the pot. Let boil.
5. Add chicken cube. Stir. Cover the pot. Cook the chicken between low to medium heat for 15 minutes.
6. Add cabbage and miki noodles. Cook for eight to 10 minutes.
7. Add scallions. Stir.
8. Pour the egg. Continuously stir to prevent the egg from forming.
9. Add 1/4 cup of water to cornstarch and stir to mix. Pour into the pot, and stir until the soup thickens.
10. Add salt to a serving bowl.

PORK-VEGETABLES EMBUTIDO

Guided by: [DOST-FNRI 2020 Menu Guide Calendar](#)

Recipe Yield: 10 pieces

Serving Size: 2 pieces

Cost per serving: Php 24.37 (as of 2021)

Rice Serving Suggestion		Nutrient Content	
Children (2-5 y/o)	½ cup	Total Energy	235.8 kcal
Pregnant	1 cup	Total Vitamin A	279.1 µg
Lactating	1 ½ cup	Total Vitamin C	20.8 mg
		Total Iron	3.3 mg
		Total Calcium	112.8 mg

Ingredients:

Ingredient	Per Serving	Per Recipe	Household Measure
Egg	15 g	75 g	2 eggs
Pork, Ground	40 g	200 g	
Kalabas	20 g	100 g	
Kulitis	20 g	100 g	
Raisins	5 g	25 g	
Cooking Oil	5 mL	25 mL	5 tsp
Onion			2 tbsp

Procedure:

1. Prepare the boiled eggs.
 - a. In a pot, combine water and eggs. Cover and boil for 10 minutes.
 - b. Drain and soak eggs in tap water.
 - c. Peel and slice into quarters. Set aside.
2. Prepare the meat mixture.
 - a. In a bowl, combine eggs, salt, and pepper.
 - b. In another bowl, combine ground pork, kalabasa, kulitis, onion, and raisins. Add the egg mixture. Blend well.
 - c. Divide meat mixture into 10 portions.
3. Assemble the embutido.
 - a. Place one portion of the meat mixture in a 12 x 12 inch aluminum foil square.
 - b. Flatten the mixture to form a rectangle.
 - c. Place four slices of boiled eggs in the center.
 - d. Wrap the foil around the meat mixture, ensuring the eggs are in the center.
 - e. Seal the ends tightly. Repeat with the other portions.
4. Transfer to a steamer. Steam the embutido for 25 minutes.
5. Let the embutido cool and chill for 30 minutes. Remove the aluminum foil.
6. In a pan, heat oil. Fry the embutido until brown on all sides.
7. Remove from heat. Slice each embutido into eight pieces.
8. Serve with ketchup on the side.

NUTRITION DURING DISASTERS

Disasters like flooding, landslides, typhoons, war or conflicts, and pandemic lockdowns worsen malnutrition. Interventions that promote and protect the nutritional status of persons in these fragile environments are critical to sustain life, raise morale, and ensure that adverse effects are minimized and that recovery is faster.

The City/Municipality, with the Partner Karinderya as designated community kitchen, must be capacitated to deliver food relief and nutrition interventions in an organized and safe manner, to ensure that vulnerable populations have continuous access to food. While actions need to be flexible enough to be responsive to a variety of disaster situations, prompt and effective response to urgent food needs may be guided by the following basic principles:

Basic Principles:

- a. **Assess the potential need for food.** To plan for effective and appropriate action, estimate how much food is available and how much more food is needed to sufficiently protect the nutritional status of the population.
- b. **Prioritize vulnerable groups.** While in disasters everybody can be at risk of malnutrition, infants, young children, and pregnant and lactating women are particularly vulnerable. Food supplementation efforts in times of disaster should prioritize and be responsive to the specific food requirements of these population groups.
- c. **Make sure food relief reaches the intended households.** War and civil conflicts interrupt food supplies which induce man-made hunger for affected families, communities, and displaced persons. Designated community kitchens and food relief implementers should ensure that logistics are functional and that appropriate food assistance reaches these households and locations.
- d. **Provide safe and uncontaminated food and water.** Chemical disasters (i.e. explosions, leakages of toxic materials) and biological disasters (i.e. pests, outbreaks) threaten nutrition due to shortage and contamination of food available in the affected area. Ensuring food safety and sanitation is as important as ensuring the availability of food.
- e. **Inform the target beneficiaries that food assistance will be available.** Open and two-way communication through public awareness campaigns is important to build trust, support, and compliance to food distribution activities. Implementers also need to get feedback from people receiving the food rations to make adjustments, as needed.

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