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LOCAL LEVEL FOOD, HEALTH AND NUTRITION SURVEY (LFHNS) 2016: **A PILOT SURVEY**

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Background

The Department of Science and Technology-Food and Nutrition Research Institute (DOST-FNRI) has been conducting National Nutrition Surveys (NNSs) and Updating Surveys which generate national and regional level estimates. With the devolution of health and nutrition programs and services to local government units (LGUs), there has been strong clamor for local level data by LGUs, Senate, Congress and stakeholders. In response, the Local Level Food, Health and Nutrition Survey (LFHNS) was conducted.

Significance

Aside from providing reliable local level estimates of food, health and nutrition statistics, this pilot study will also serve as basis for the conduct of the 2018 Expanded NNS. Moreover, the LFHNS results may be used as baseline in attaining several components of the Sustainable Development Goals (SDGs): SDG 2- on Zero Hunger, SDG 3- Ensuring Healthy Lives and Promoting Well-being for all and SDG 12 on Responsible Consumption and Production. For SDG 3 on health and well-being, LGU- level data on health risk factors would provide pragmatic bases for local level Maternal and Child Health (MCH) and Noncommunicable Diseases (NCD) policies and programs.

Objective

The LFHNS pilot survey aimed to generate reliable local level estimates of food, health and nutrition statistics in the selected pilot areas.

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> **Study Sites** Sampling Design Components



MATERIALS AND METHODS

The 2016 LFHNS was conducted in seven (7) pilot areas: Municipality of Pulilan in Bulacan, City of Taguig and the Provinces of Aurora, Davao Occidental, **Occidental Mindoro, Biliran and Batanes.**

The 2013 Master Sample (MS) design for household-based surveys was utilized for the city of Taguig and provinces of Aurora, Davao Occidental, Occidental Mindoro and Biliran. The 2014 Community-Based Monitoring System (CBMS) listing was used for the Municipality of Pulilan. For Batanes, spot maps were utilized for a subsample of all households. A separate sampling frame was constructed for pregnant women for all pilot areas.

Anthropometry, Biochemical (in selected areas only), Clinical and Health (blood pressure, risk factors to noncommunicable diseases such as smoking and alcohol intake, physical activity), Dietary, Socioeconomic, Household Food Security, Government Program Participation, Infant and Young Child Feeding, Maternal Health and Nutrition.

Methods of Data Collection

Face-to-face interviews, anthropometric and blood pressure measurements, blood extraction, food weighing following standard techniques and procedures.







	PULILAN	TAGUIG CITY	AURORA	DAVAO OCC.	MINDORO OCC.	BILIRAN	BATANES
Household	75.1%	68.1%	92.0%	92.0%	91.1%	87.4%	94.0%
0-60 months (0-5.0 y.o.)	94.6%	91.6%	99.3%	92.9%	95.1%	96.4%	98.2%
61-120 months (5.08-10.0 y.o.)	96.3%	93.5%	98.5%	91.4%	95.0%	98.1%	97.1%
121-228 months (10.08-19.9 y.o.)	86.2%	80.9%	92.9%	74.8%	75.0%	91.7%	92.2%
20.0-59.9 у.о.	78.7%	74.2%	91.8%	81.1%	82.1%	85.8%	91.3%
60.0 y.o. and above	86.5%	89.2%	95.8%	87.1%	89.3%	94.6%	94.3%
Lactating Women	100%	95.0%	100%	95.3%	97.0%	92.5%	98.7%
Pregnant Women* *separate sampling frame	92.5%	89.2%	100%	94.4%	95.5%	100%	97.0%

HOUSEHOLDS NOT MEETING THE **RECOMMENDED ENERGY INTAKE**



FOOD INSECURE HOUSEHOLDS

UNDERWEIGHT AND STUNTED SCHOOL CHILDREN, 5.08 - 10.0 y.o.



PULILAN 24.2% (CV=45.4%) TAGUIG CITY 32.0% (CV=35.0%) AURORA 57.8% (CV=10.6%) BILIRAN 73.0% (CV=7.7%) BATANES 73.2% (CV=6.2%) MINDORO OCC. 73.4% (CV=7.5%) DAVAO OCC. 76.4% (CV=7.7%)

EXCLUSIVELY BREASTFED INFANTS,

Note: estimates reliable at CV < 20.0%



RESULTS



CONCLUSION AND RECOMMENDATION

The results can serve as basis for crafting local policies and prioritizing addressing of nutrition and health issues in accordance with the needs of the area. As such, local development plans can be formulated in accordance with the nutrition and health situation and health level estimates. The use of this method is recommended for the conduct of the Expanded National Nutrition Survey.



Note: estimates reliable at CV < 20.0%





