



NCP 2017 ANNUAL REPORT

Message from the Management Team

We ended a three-year program cycle in 2017. We revisited our vision, mission and goals in 2015 through a process of priority setting based on national health and nutrition challenges, and our own strengths. As a result of this process, we define our vision as that of achieving nutrition security for all. For NCP, this vision means that 1) there must be food security (accessible, affordable, available food); 2) healthcare must be addressed (prevention and treatment of communicable and non-communicable diseases; and 3) societal factors leading to poverty, food insecurity and poor healthcare must be tackled.

1
Reduce
Micronutrient
Deficiencies

2
Improve infant and
young child feeding
practices

3
Address
malnutrition in
communicable and
non-communicable
disease

4
Improve Maternal
and Neonatal
Health

Our mission evolved into working with partners to achieve nutrition security, especially for the disadvantaged. Equity plays an important role in the mix of projects we work on.

We defined four strategic goals:

1. Reduce micronutrient deficiencies
2. Improve infant and young child feeding practices
3. Address nutritional requirements for the prevention and treatment of communicable and non-communicable diseases
4. Improve maternal and neonatal health

Historically, NCP's work has been focused on micronutrient deficiencies and infant and child health. These two strengths became the first two strategic goals. To this, we added what we felt

were equally important, under-resourced areas that are critical to achieving nutrition security and within the reach of our strengths. We made a conscious decision to start working in the areas of communicable and non-communicable diseases (goal 3) and maternal and neonatal health (goal 4). In that 3-year time frame, we have been successful in implementing projects in these 2 program areas.

In addition to goal-specific activities, we invested in developing staff capacity through formal education and skills training. Through these we hope to strengthen our capacity to conduct novel and informative research and implement meaningful programs effectively. We trained our staff in HIV counselling and nutrition education specific to diabetes. In 2017, a program officer obtained her Masters of Science in Nutrition and Rural Development from the University of Ghent. One physician is currently enrolled in a Masters of Science in Epidemiology at the London School of Hygiene and Tropical Medicine. A researcher is completing her Doctor of Public Health (DrPH Epidemiology) at the University of the Philippines Manila. Two physicians were trained at the WHO/Cochrane/Cornell Summer Institute for Systematic Reviews in Nutrition for Global Policy Making in 2017. They are currently actively involved in conducting several Cochrane Systematic Reviews.

We maintain the same goals for the next implementation cycle (2018-2020) and we will put more effort into developing the breadth of our work in communicable diseases, non-communicable diseases and maternal and neonatal health.


Mary Christine Castro, MD
Executive Director


Juan Antonio Solon, MD PhD
President

TABLE OF CONTENTS

1	Message from the Management Team	7	Improving Maternal and Neonatal Health
3	Reduce Micronutrient Deficiencies	8	Cross-cutting Projects
5	Improve Infant and Young Child Feeding Practices	9	Systematic Reviews
6	Addressing nutrition in communicable and non-communicable diseases	11	2017 Financial Report

1 Reduce Micronutrient Deficiencies

Micronutrient deficiencies are complex problems with multiple micronutrient deficiencies affecting different populations in different ways. The most well-studied deficiencies are anemia, vitamin A deficiency and iodine deficiency disorders. Progress has been made in reducing these deficiencies, but there are still populations that are disproportionately affected. Moreover, we have seen that gains can easily be lost as when by the increase in vitamin A deficiency by 30% among children less than 5 years of age.

Four in ten infants
are anemic

One in 3 infants are
vitamin A deficient

Micronutrient powders (MNP). The NCP invested in the capacity of its food subsidiary, the PNFC, to manufacture micronutrient powders for infants. The PNFC, is the only Philippine company that manufactures micronutrient powders (MNPs) locally, providing supplements and supporting the manufacturing sector at the same time. Over a 3 year period, we have produced **100,251,900 sachets of MNP for government and non-government organizations. This product reaches 1,670,865 infants < 24 months.**



Mother and child hold a box of MNP,
at an NCP nutrition information and
distribution session, Cebu, 2015

Vitamin A
deficiency
increased by
30% in children

Vitamin A in Oil Quality Assurance. The data reported by FNRI, that VA deficiency increased is worrisome. NCP demonstrated the utility of two alternative methods of measuring Vitamin A in oil, allowing easier monitoring of vitamin A in oil. We found that oil sold in public markets by "takal" or the dip-out method had no measurable vitamin A, when by law, oil should be fortified.



Vitamin A Test Kit manufactured and marketed by Bagco, Inc.



A research assistant uses the iCheck machine to test vitamin A levels in vegetable oil samples

1 Reduce Micronutrient Deficiencies

The **Nutri-Pan sa Eskwelahan** Project that we started in 2005 aims to establish a sustainable food based program by ensuring access to affordable fortified baked products for school children and children in the community. In 2017, seven (7) Nutri-Pan trainings were conducted in partnership with ABS-CBN Lingkod Kapamilya Foundation, Inc. (Operation Sagip and Bantay Kalikasan). Six (6) were school-based bakeries (Bulacan, Batangas, Tacloban City, Leyte, Eastern Samar, and Davao Oriental). ASGAD Bakers Livelihood Association, a community-based bakery was also included in the training.



To date, there are 72 operational bakeries in 21 provinces covering 43 municipalities.



In 2017, seven (7) Nutri-Pan trainings were conducted



Nutri-Pan sa Eskwelahan Training in Baganga Central Elementary School, Davao Oriental



Nutri-Pan sa Eskwelahan Training in Masaguitsit Banalo National High School, Lobo, Batangas

Around 1 in 3 pregnant or lactating Filipina is iodine deficient.



Rows of salt pans

Publication: Survey of Food Processors Utilizing Salt. NCP participated in a multi-country study that surveyed the utilization of iodized salt by food processors in 2013 to 2014. This study was funded by the Global Alliance for Improved Nutrition (GAIN). We reported that in the Philippines, among the producers that were surveyed, iodised salt was used for processed foods and condiments that are known to contribute to salt intake across a range of consumer groups. However, only two of six product lines tested show adequate quality of iodisation. The publication can be read in full in the journal Nutrients ([Iodine Intake through Processed Food: Case Studies from Egypt, Indonesia, the Philippines, the Russian Federation and Ukraine](#)). This article presents that the average intake of bread and frequently consumed foods and condiments can potentially contribute 10% to 80% of the recommended iodine intake for adults.

2 Improve Infant and Young Child Feeding Practices

The 1000 days of life (from a woman's pregnancy to her child's second birthday) is a very critical window of opportunity. It is very important that women and children during this period get proper nutrition. Suffering from malnutrition can lead to irreversible damage, such poor mental and physical development, affecting their adulthood as well. NCP has long been working on research about infant and young child feeding in collaboration with different local and international organizations.

Less than half of infants 0-5 mos. are exclusively breastfed

Two in ten infants have adequately diverse diets

3 out of 10 children under 5 yrs. are stunted

Baseline Assessment on Improving Nutritional Outcomes among Pregnant Women, Infants and Young Children in the Municipalities of Gamay, Northern Samar and Looc, Romblon.

NCP was contracted by the Zuellig Family Foundation (ZFF) to determine the nutritional status, anemia status, infant and young child feeding practices, coverage of maternal and child health and nutrition programs, micronutrient intervention coverage, household water, sanitation and hygiene, food security and leadership and governance in the said areas.

Baseline Data Generation on Maternal and Child Nutrition Specific Services in the First 1,000 Days in Selected Areas in the Philippines.

NCP was contracted by the Nutrition International - Philippines to collect baseline data on knowledge and practices on nutrition-specific services for the First 1,000 Days among women 0-5 months postpartum, mothers or caregivers of 6-23 month old children, and health service providers in selected project sites. This project includes the provinces of Bohol, Iloilo, Cebu, Antique, Masbate, and Camarines Norte. Preparatory project activities such as courtesy calls and submission for ethics review were conducted in 2017.



NCP Data Collector interviewing one of the mothers with children 0-23 months old for the ZFF Baseline Survey



NCP Data Collector interviewing one of the mothers with children 0-23 months old for the ZFF Baseline Survey

3 Addressing nutrition in communicable and non-communicable diseases

Roughly one million Filipinos have tuberculosis. It is widely accepted that tuberculosis infection can lead to malnutrition and malnutrition may predispose to tuberculosis. However, governments are less aware of the magnitude of the problem and the interventions that we can have to address malnutrition in TB. In addition, other diseases, such as diabetes, predispose to tuberculosis and may also occur as a result of tuberculosis. NCP has started work on tuberculosis, nutrition and diabetes, describing the epidemiology of malnutrition and diabetes in the context of tuberculosis patients. We have also started doing surveys related to tuberculosis and limited advocacy in this field as well.

Malnutrition and Tuberculosis in the Philippines: prevalence of undernutrition and diabetes in TB control program. In partnership with the University of Nagasaki, we estimated the prevalence of undernutrition and diabetes among adult outpatients enrolled in selected TB DOTS clinics in Metro Manila and Western Visayas Region. Results show that nearly half of TB DOTS patients are undernourished and 20% are severely undernourished. The prevalence of diabetes based on Hba1c is 10.0%.

Field Interviews for the Assessment of the Quality of Diagnostic Care for Tuberculosis in the National Capital Region. The World Health Organization - Philippines contracted NCP to perform the field work to assess the quality of diagnostic care for tuberculosis in NCR through interviews of TB physicians and review of TB treatment cards with the view of informing an assessment of the diagnosis of tuberculosis.



The Global Fund/ Ryan Quinn Mattingly

In Ho Chi Minh City, Viet Nam, a weightlifter is treated for multidrug-resistant tuberculosis at a dedicated hospital supported by grants from The Global Fund to Fight AIDS, Tuberculosis and Malaria.

TB Public Engagement. The London School of Hygiene and Tropical Medicine funded small grant to Dr. Sharon Cox to encourage public engagement in tuberculosis. This project for NCP was to develop short films to contribute to an increased understanding and awareness of the issues faced by households affected by TB, by TB patients themselves, health professionals, and the general public.



Dr. Castro of NCP interviewing Dr. Santiago of the National Tuberculosis Control Program of DOH

National Tuberculosis Survey 2016 Findings:

- Around 1 million Filipinos are expected to have tuberculosis
- Around 760,000 Filipinos ≥ 15 years are estimated to have pulmonary TB

Reference: Department of Health. 2016 National TB Prevalence Survey

4 Improving Maternal and Neonatal Health

In partnership with the Department of Health, NCP previously demonstrated through an operational research study that empowering health workers to dispense iron and folic acid tablets increases hemoglobin levels and antenatal care visits of expecting mothers. Thus, empowering the peripheral arms of the health care system improves nutritional outcomes. However, the supply and financing of iron and folic acid supplementation on a large scale, remains a challenge and the 2013 National Nutrition Survey showed that only about half (56%) of pregnant women reported taking ferrous sulfate during their last pregnancy. In addition, only 16% took iron-folic acid supplements.

Publication: Antenatal Corticosteroids for Preterm Birth. NCP participated in a multi-country study that determined if a quality improvement initiative consisting of a technical update on preterm birth and use of dexamethasone, monthly audit, and feedback sessions will result in increased use of antenatal corticosteroids among pregnant women with high probability of preterm birth. Antenatal corticosteroids help to develop the baby's lungs. We reported that the coverage of at least one dose of dexamethasone increased from 34% at baseline to 56% at endline.

The publication can be accessed in the *International Journal for Quality in Health Care* ("[Providing antenatal corticosteroids for preterm birth: a quality improvement initiative in Cambodia and the Philippines](#)"). It was concluded that "a simple quality improvement strategy was feasible and effective in increasing use of dexamethasone in the management of preterm birth in 12 hospitals in Cambodia and Philippines".

The baseline survey conducted by NCP as contracted by Zuellig Family Foundation (ZFF) included the determination of nutritional status, anemia status, intake of supplements, consumption of iron-rich foods, and number of antenatal care visits of the pregnant women.

Relevant to this work, other investigators have published a [Cochrane systematic review \(March 2017\)](#) showing that a single course of corticosteroids in women in preterm labor helps in developing the baby's lungs, reduced complications such as breathing problems, and resulted in fewer neonatal deaths. However, data are mainly from high-income countries and hospital settings. Therefore, results of this review may not be applicable in low and middle income countries with low-resource hospital settings. Neonatal mortality rates in the Philippines have decreased much more slowly (from 18 to 13 per 1,000 live births from 1993 to 2013).



Dr. Castro during the training at the WHO/Cochrane/Cornell Summer Institute for Systematic Reviews in Nutrition for Global Policy Making in 2017

One of the aims of the RightStart project of the Nutrition International is to increase the iron with folic acid supplementation of pregnant women. NCP is charge of the baseline survey for this project, which includes the survey of 0 to 5 months postpartum women about antenatal care and intake of iron supplements during their recent pregnancy.

Cross-cutting projects

Pabasa sa Nutrisyon (PSN) is a nutrition education program that seeks to empower caregivers so that they can reduce their families' vulnerability to malnutrition through the adoption of proper nutrition practices and a healthy lifestyle. Pabasa trainings consist of discussions on how to conduct the program and role-playing wherein the participants who will be the Pabasa Leaders in their communities assume the role of the mothers in actual Pabasa programs. Four (4) PSN trainings were done in 2017 for DSWD School Feeding Program - MIMAROPA and Compassion International - Philippines with a total of 276 participants. To date, there have been a total of 63 PSN trainings conducted by NCP from 2005 to 2017 for a total of 4,064 training participants. This program continues to be implemented separately as part of the government's nutrition programs using the same materials and methodology.



To date, there have been a total of 63 PSN trainings conducted by NCP from 2005 to 2017 for a total of 4,064 training participants.



PSN Training with DSWD MIMAROPA



Participants of the PSN Training playing the Pabasa games

Systematic Reviews



The logo to the left is that of Cochrane, a global independent network of researchers, professionals, patients, carers, and people interested in health and mainly work on systematic reviews. Systematic reviews and meta-analyses summarize data from different studies to come up with a combined result to show whether a treatment is effective or not.

The Cochrane logo includes two 'C' shapes representing their global collaboration. The lines inside the logo is a 'forest plot' of an important systematic review. Each horizontal line represents one study while the diamond represents the combined result, showing whether a treatment is beneficial or harmful. The diamond in this forest plot is located clearly on the left side of the vertical line, which represents "no difference", thus the evidence shows that the intervention is effective. The study here shows that corticosteroids given to women at risk of preterm birth can save the life of the newborn child.

This is one good example the potential of systematic reviews in improving the quality of healthcare. Even if there were several trials showing the effectiveness of corticosteroids, the adoption of obstetricians on this intervention was slow. This systematic review was instrumental in increasing the use of corticosteroids, which probably saved thousands of lives of infants.

2017 Financial Report

BALANCED STATEMENT

ASSETS	
Current Assets	11,446,699
Long-Term Investment	25,531,292
Property, Plant and Equipment - Net	100,558
Long-Term Receivables	0
Intangible Assets	1,345
Other Assets	24,574
TOTAL ASSETS	37,103,123
LIABILITIES AND EQUITY	
Current Liabilities	3,965,059
Long-Term Liabilities	2,357,473
Deferred Credits	0
Other Liabilities	0
TOTAL LIABILITIES	6,322,532
Capital Stock	30,780,591
Additional Paid-in Capital	0
Retained Earnings	0
TOTAL EQUITY	30,780,591
TOTAL LIABILITIES AND EQUITIES	37,103,123

2017 Financial Report

STATEMENT OF FINANCIAL ACTIVITIES

	2017	2016
Receipts		
Grants and Donations	3,890,938.28	667,059
Other Income	191,289.72	1,108,426
TOTAL	4,082,228	1,775,485
Expenses		
Administrative	2,310,508.71	6,815,783.00
Program	5,784,876.96	1,322,093.00
Depreciation	342,446.22	36,811.00
TOTAL	8,437,831.89	8,174,687.00
Excess (Deficiency) of Receipts Over Expenses Before Income Tax	(4,355,603.89)	(6,399,202.00)
Excess (Deficiency) of Receipts Over Expenses	(4,355,603.89)	(4,641,114.00)
TOTAL COMPREHENSIVE INCOME	(8,806,755.70)	(5,079,393.00)

2017 Financial Report

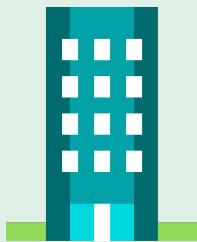
STATEMENT OF CASH FLOWS

	2017	2016
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES ADD (DEDUCT): ADJUSTMENTS FOR	(4,355,603.89)	(6,399,202.00)
Prior Period Adjustments		
2016 Project Fund Balance	2,365,771.21	0.00
Cash in Bank	1,204,126.57	0.00
Deferred Tax Assets	(7,630,350.12)	0.00
Creditable Withholding Taxes	(2,035,474.31)	0.00
Deferred Tax Liabilities	290,835.30	0.00
Security Bank Time Deposit	4,044,226.27	0.00
Investment in Subsidiaries	3,799,983.00	0.00
Different due to rounding off	(0.59)	0.00
Depreciation	342,446.22	475,018.00
Realized Gain on Redemption of Investment	0.00	(50,429.00)
Unrealized foreign exchange (gain) loss	0.00	(5,430.00)
Gain on Sale of property and equipment	0.00	(28,682.00)
Loss on write-off of property and equipment	0.00	504,560.00
Provision for retirement	246,314.00	126,735.00
Provision for Doubtful Accounts	0.00	1,877,992.00
Dividend Income	0.00	(1,663.00)
Interest Income	0.00	(39,519.00)
Interest Received	0.00	39,519.00
Income Tax Paid	0.00	(7,765.00)

2017 Financial Report

STATEMENT OF CASH FLOWS

	2017	2016
DECREASE (INCREASE) IN:		
Advances and other Receivables	(1,097,381.81)	1,180,057.00
Prepayments and other current assets	2,067,970.62	(55,913.30)
Investment in Subsidiaries	(3,799,983.00)	0.00
Deposit on Future Stocks Subscription	2,499,999.77	0.00
Project Fund Assets	6,391,091.00	0.00
Deferred Tax Assets	7,630,350.00	0.00
Other Assets	(0.39)	0.00
Accounts and Other Payables	(983,602.29)	(1,427,843.30)
Funds held in Trust	3,519,451.95	0.00
Project Fund Liabilities	(6,391,091.00)	0.00
Deferred Tax Liabilities	(74,546.00)	0.00
Increase in Unrestricted Funds	0.00	1,579,010.00
Effects of exchange rate changes in restricted assets	0.00	5,430.00
Net cash provided by (used in) operating activities	7,984,532.51	(2,228,125.60)
CASH FLOWS FROM INVESTING ACTIVITIES	0.00	625,048.00
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	7,984,532.51	(1,603,077.60)
CASH AND CASH EQUIVALENTS, BEGINNING	953,913.00	2,556,990.60
CASH AND CASH EQUIVALENTS, END	8,938,445.51	953,913.00



Nutrition Center of the Philippines
Rm 605, Coherco Financial Tower,
Investment Drive cor. Trade St.
Madrigal Business Park,
Ayala Alabang, Muntinlupa City
Philippines 1780



00 632-8074982, 00 632-8463331,
00 632-9251876, 00 632-9251887



[https://www.facebook.com/
Nutrition.Center.Philippines/](https://www.facebook.com/Nutrition.Center.Philippines/)



info@ncp.org.ph



www.ncp.org.ph