



Republic of the Philippines  
Province of Cavite  
CITY OF BACOOR

Office of the Sangguniang Panlungsod



DISTRICT I

HON. CATHERINE SARINO-EVARISTO  
City Councilor

HON. MIGUEL N. BAUTISTA  
City Councilor

HON. ADRIELITO G. GAWARAN  
City Councilor

HON. MANOLO S. GALVEZ JR.  
City Councilor

HON. RICARDO F. UGALDE  
City Councilor

HON. LEVY M. TELA  
City Councilor

DISTRICT II

HON. ROBERTO I. ADVINCULA  
City Councilor

HON. REYNALDO D. PALABRICA  
City Councilor

HON. ROGELIO M. NOLASCO  
City Councilor

HON. REYNALDO M. FABIAN  
City Councilor

HON. SIMPLICIO G. DOMINGUEZ  
City Councilor

HON. HORACIO M. BRILLIANTES JR.  
City Councilor

HON. RANDY C. FRANCISCO  
City Councilor-ABC President

HON. PALM ANGELS S. BUNCIO  
City Councilor- SK Federation President

Attested by:  
ATTY. KHALID A. ATEGA, JR.  
Sangguniang Panlungsod Secretary

Certified by:  
HON. ROYVENA BAUTISTA-MENDIOLA  
City Vice Mayor/Presiding Officer

Approved:  
HON. STRIKE B. REVILLA  
City Mayor



CITY RESOLUTION NO. 2026-993  
Series of 2026

**A RESOLUTION APPROVING THE CONSOLIDATED PROGRAMS, PROJECTS AND ACTIVITIES (PPAS) FOR THE THREE-YEAR LOCAL NUTRITION ACTION PLAN (LNAP) 2026-2028.**

Sponsored by:  
Hon. Reynaldo D. Palabrica

Co-Sponsored by:  
Hon. Roberto L. Advincula, Hon. Palm Angel S. Buncio, Hon. Simplicio G. Dominguez, Hon. Catherine S. Evaristo, Hon. Reynaldo M. Fabian, Hon. Randy C. Francisco, Hon. Manolo S. Galvez, Jr. Hon. Adrielito G. Gawaran, Hon. Rogelio M. Nolasco, Hon. Levy M. Tela, and Hon. Ricardo F. Ugalde.

**WHEREAS**, a letter dated 08 April 2026 from the Office of the City Mayor was received by the Sangguniang Panlungsod, requesting for a resolution approving the consolidated Programs, Projects and Activities (PPAs) for the Three-Year Local Nutrition Action Plan (LNAP) 2026-2028. The LNAP 2026-208 is incorporated hereto and will be made a part of this Resolution as **Annex "A"**.

**WHEREAS**, the LNAP 2026-2028 consolidates evidence-based interventions and multi-sectoral initiatives aligned with the national nutrition policies and frameworks. It ensures the integration of nutrition-sensitive and nutrition-specific programs across various departments and stakeholders with corresponding targets, timelines and resource requirements.

**WHEREAS**, the City Nutrition Council (CNC) of the City of Bacoor formulated the Local Nutrition Action Plan (LNAP) 2026-2028 to serve as the first line of defense against malnutrition in the city and contains the programs and projects expected to improve the quality of life of nutritionally challenged Bacooreños.

**NOW THEREFORE**, on motion of Hon. Reynaldo D. Palabrica, and duly seconded by all the City Council members present, **BE IT RESOLVED, AS IT IS HEREBY RESOLVED**, by the 6<sup>th</sup> Sangguniang Panlungsod of the City of Bacoor, Cavite to pass a resolution approving the consolidated Programs, Projects and Activities (PPAs) for the Three-Year Local Nutrition Action Plan (LNAP) for fiscal years 2026-2028.



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City Councilor-ABC President

HON. PALM ANGELS S. BUNCIO  
City Councilor- SK Federation President

Attested by:

ATTY. KHALID A. ATEGA, JR.  
Sangguniang Panlungsod Secretary

Certified by:

HON. ROWENA BAUTISTA-MENDIOLA  
City Vice Mayor/Presiding Officer

Approved:

HON. STRIKE B. REVILLA  
City Mayor

**RESOLVED FURTHER**, to furnish the Office of the City Mayor, the CSWD Nutrition Unit, and other government agencies concerned with copies of this resolution.

**APPROVED** this 20<sup>th</sup> day of April 2026 by the 6<sup>th</sup> Sangguniang Panlungsod at the City of Bacoor, Cavite.

*I hereby certify that the foregoing Resolution was approved and that the contents hereof are true and correct.*

Certified Correct:

HON. ROWENA BAUTISTA-MENDIOLA  
City Vice Mayor/Presiding Officer

Attested:

ATTY. KHALID A. ATEGA, JR.  
Sangguniang Panlungsod Secretary

Approved:

HON. STRIKE B. REVILLA  
City Mayor





# CITY NUTRITION ACTION PLAN

## 2026-2028

CITY OF BACOOR  
PROVINCE OF CAVITE  
REGION IV – A (CALABARZON)



## Table of Contents

<b>Page Title</b>	<b>Page Number</b>
COVER PAGE	1
ACRONYMS	3
STATEMENT OF SUPPORT FROM CNC CHAIRPERSON	4
STATEMENT OF SUPPORT FROM CNC VICE-CHAIR	5
STATEMENT OF SUPPORT FROM CNC COMMITTEE ON HEALTH & NUTRITION	6
STATEMENT OF SUPPORT FROM CITY NUTRITION ACTION OFFICER/TWG	7
LOCAL NUTRITION ACTION PLAN RESOLUTION	8
EXECUTIVE SUMMARY	9
ACKNOWLEDGMENT	10
INTRODUCTION	11
BACoor CITY NUTRITION COUNCIL VISION, MISSION, GOAL & OBJECTIVES	13
BACoor CITY BRIEF HISTORY	15
BACoor CITY NUTRITION SITUATION	19
BACoor CITY NUTRITION SPOT MAP	38
MALNUTRITION PROBLEM TREE	39
WORK & OPERATIONAL PLAN	40
CITY NUTRITION PROGRAMS, PROJECTS & ACTIVITIES	54
CITY NUTRITION COMMITMENT PAGE	71
ORGANIZATIONAL CHART	75



## Acronyms

- BNS – Barangay Nutrition Scholar
- DILG – Department of the Interior and Local Government
- DOH – Department of Health
- FHSIS – Field Health Service Information System
- FNRI – Food and Nutrition Research Institute
- F1K – First 1,000 Days
- GIDA – Geographically Isolated and Disadvantaged Areas
- IFA – Iron Folic Acid
- IP – Indigenous People
- LGU – Local Government Unit
- LNAP – Local Nutrition Action Plan
- NDHS – National Demographic and Health Survey
- NEDA – National Economic and Development Authority
- NGO – Non-government Organizations
- NiEm – Nutrition in Emergencies
- NAO – Nutrition Action Officer
- NNC – National Nutrition Council
- NNS – National Nutrition Survey
- PDP – Philippine Development Plan
- PNC – Provincial Nutrition Committee
- PPAN – Philippine Plan of Action for Nutrition
- RPAN – Regional Plan of Action for Nutrition



## Statement of Support

CGBCR-MO-02-F05.03  
01/15/2025



Republic of the Philippines  
Province of Cavite

**CITY OF BACOOR**

*Office of the City Mayor*



### MESSAGE

**From the Honorable Strike B. Revilla**  
City Mayor, City of Bacoor

It is with great pride and firm resolve that I convey my wholehearted support for the Local Nutrition Action Plan (LNAP) 2026–2028 - a comprehensive framework that embodies the City of Bacoor's unwavering commitment to building a healthier, more resilient, and well-nourished community.

This plan charts our collective path toward strengthening nutrition governance and service delivery, scaling up barangay-based nutrition programs, supporting optimal infant and young child feeding practices, enhancing micronutrient interventions, and promoting a whole-of-government and whole-of-society approach to nutrition. The LNAP represents not merely a set of strategies, but a shared vision - one that places the well-being of every Bacooreño at the heart of our development agenda.

As we move forward, I call upon all stakeholders, partner agencies, barangay officials, community leaders, and the private sector to actively participate and collaborate in this vital endeavor. The success of our nutrition program depends on our collective dedication, synergy, and compassion. Together, let us ensure that every child grows strong and healthy, every mother receives the support she deserves, and every family enjoys access to adequate, nutritious food.

Let this plan inspire us to work with renewed vigor and unity of purpose. May it guide us in creating a Bacoor where no one is left behind - where good nutrition becomes not only a right, but a way of life.

With steadfast partnership and shared determination, we can realize our vision of a Healthy, Nourished, and Progressive Bacoor - a city where the strength of our people becomes the foundation of our continued growth and prosperity.

*As we Strike As One! Dahil sa Bacoor,  
At Home Ka Dito!*

**STRIKE B. REVILLA**  
City Mayor of Bacoor



Address: Bacoor Government Center, Bacoor Blvd.,  
Brgy. Bayanan, City of Bacoor, Cavite;  
Trunkline: 454-1111  
Website: [www.bacoor.gov.ph](http://www.bacoor.gov.ph)



Cert. no. 24/181809



## Statement of Support

### MESSAGE

Every page of the Local Nutrition Action Plan (LNAP) for 2026-2028 serves as proof of our LGU's strong belief that proper nutrition is the foundation of a vibrant, smart, and productive population. In our collective journey toward a more prosperous City of Bacoor, we must not forget that the quality of life of our citizens rests on their health.

Therefore, we stand firm in the vigorous fight against all forms of malnutrition—from nutrient deficiency to the problem of excess weight. These challenges are not just health issues; they are obstacles to reaching our full potential as a community. This plan is our formulated strategy to promote healthy eating, strengthen nutrition programs, and ensure that no one is left behind, especially our children and pregnant women, and those belonging to the more vulnerable sector, our senior citizens and PWDs.

We recognize the LNAP 2026-2028 as an important initiative and concrete action by the Local Government, headed by Mayor Strike B. Revilla, to address these critical issues. It is the result of meticulous and dedicated planning. At this time, I want to salute and thank all the individuals and agencies—our CSDW, City Nutrition Council, the Technical Working Group, and the Nutrition Action Officers, BNS—who dedicated their time, knowledge, and heart to create this comprehensive and practical plan. Your efforts are truly worthy of admiration. Ultimately, the success of this plan depends not only on its pages but on our collective action and implementation in every barangay.

*Taos-puso akong umaasa at nagdarasal na ang Lokal na Planong ito ay maging matagumpay at epektibong maisakatuparan para sa mas masigla at malusog na kinabukasan ng ating mga mamamayan.*

*Maraming salamat po at mabuhay!*

**HON. ROWENA BAUTISTA-MENDIOLA**  
Vice Mayor





## Statement of Support



# MESSAGE

### Mabuhay!

Good nutrition is the foundation of a healthy, productive, and resilient community. As we present our City Nutrition Action Plan, we reaffirm our strong commitment to combat malnutrition in all its forms and to promote the well-being of every family in our city.

Malnutrition—whether under nutrition, micronutrient deficiencies, overweight, or obesity—remains a significant public health concern that affects not only individual health but also educational performance, workforce productivity, and long-term economic growth. Addressing these challenges requires a unified, strategic, and evidence-based approach.

This City Nutrition Action Plan serves as our road map. It outlines clear priorities, measurable targets, and coordinated strategies focused on the first 1,000 days of life, maternal nutrition, school-based programs, food security, nutrition education, and strengthened community engagement.

Through multi-sectoral collaboration among government agencies, barangays, health workers, schools, private partners, and civil society, we aim to create sustainable and impactful interventions.

We call on every stakeholder to actively participate in the implementation of this plan. Nutrition is not solely a health concern—it is a shared responsibility. Together, we can ensure that every child grows to their full potential, every mother receives proper care, and every family has access to safe, nutritious, and affordable food.

Let us work hand in hand toward a healthier and more nourished city.

For a stronger and brighter future for all.

**HON. REYNALDO D. PALABRICA**

City Councilor- District 2  
Chairman- Health and Sanitation





## Statement of Support



Ms. CRISTINA O. ELALTO, RND, MSc  
City Nutrition Action Officer  
Nutrition Officer IV  
CNC Technical Working Group - Lead

The **Local Nutrition Action Plan (LNAP) of Bacoor City for CY 2026–2028** reaffirms the City's unwavering commitment to addressing malnutrition and improving the nutritional well-being of all Bacooresños. Anchored on the **Philippine Plan of Action for Nutrition (PPAN) 2023–2028**, this Plan serves as Bacoor City's localized, evidence-based roadmap in responding to persistent and emerging nutrition challenges across the life course.

Guided by the **four pillars of the PPAN 2023–2028**, the LNAP integrates **nutrition-specific and nutrition-sensitive interventions** to address the immediate, underlying, and basic causes of malnutrition:

- Healthier Diets**, by ensuring access to adequate, safe, nutritious, and sustainable food options that promote food security, dietary diversity, and healthy eating across all age groups.
- Better Nutrition Practices**, by promoting positive nutrition-related behaviors, including optimal maternal nutrition, infant and young child feeding, breastfeeding, adolescent nutrition, and healthy lifestyles.
- Improved Access to Quality Nutrition Services**, by strengthening the delivery of coordinated, inclusive, and responsive nutrition and nutrition-related services across the health, education, and social protection systems; and
- An Enabling Environment**, by reinforcing nutrition governance, policies, partnerships, financing, and monitoring systems that support sustained and measurable nutrition outcomes.

Through these pillars, the LNAP prioritizes strategic actions to **reduce stunting and wasting among infants and young children, address anemia among pregnant women and adolescents, and prevent the rising prevalence of overweight and obesity among children and adults**, while promoting resilience, equity, and well-being in our communities.

The formulation of this Plan was made possible through the strong collaboration of the **Local Chief Executive**, the **City Nutrition Committee** and **Technical Working Group (CNC-TWG)**, city departments and offices, barangay officials, **Barangay Nutrition Committees**, **Barangay Nutrition Scholars**, national government agencies, civil society organizations, and development partners. I extend my deepest appreciation and gratitude to all who contributed their time, technical expertise, data, and commitment throughout the planning process. Your collective efforts exemplify Bacoor City's shared responsibility and dedication to effective nutrition governance.

As the **City Nutrition Action Officer**, I commit to providing sustained technical leadership in the coordination, implementation, monitoring, and evaluation of the LNAP 2026–2028. I will continue to advocate for the integration of nutrition priorities into local development and investment plans, ensure adequate resource mobilization, and promote evidence-informed and results-driven implementation.

With unity, shared accountability, and collective action, we are confident that this LNAP will significantly contribute to the attainment of **PPAN 2023–2028 targets** and to the realization of a healthier, more resilient, and more productive Bacoor City.

**Together, let us STRIKE AS ONE for NUTRITION—*apagkat "AT HOME KA DITO" sa Bacoor City.***



## LNAP Resolution 2026-2028



## Executive Summary

Bacoor City, a highly urbanized coastal city in Cavite, continues to experience rapid population growth and urban expansion, driven by its strategic location as a gateway to Metro Manila. With a population exceeding 664,000 as of 2020 and projected to reach approximately 774,000 by 2025, the city faces increasing pressure on food systems, health services, and infrastructure. Its predominantly urban and densely populated landscape, combined with limited local food production, contributes to persistent challenges in achieving optimal nutrition outcomes.

The nutrition situation in Bacoor City reflects the triple burden of malnutrition, where undernutrition (stunting, wasting, and underweight), overnutrition (overweight and obesity), and micronutrient deficiencies coexist across different population groups. Based on the 2025 Operation Timbang Plus (OPT Plus) results, among preschool children aged 0–59 months, stunting affects 8.24% (4,429 children), wasting 7.96% (4,280), underweight 4.94% (2,658), and overweight/obesity 7.96% (4,278), indicating both chronic and acute forms of malnutrition. Among school-age children, prevalence rates are lower but still present, while maternal nutrition data reveals significant concerns, particularly iron deficiency (23.55%) and calcium deficiency (18.14%) among pregnant women. Low birth weight (5.35%) and nutritionally at-risk pregnancies further highlight gaps in maternal and child nutrition.

Malnutrition in Bacoor is driven by a complex interplay of factors. Immediate causes include inadequate dietary intake and poor diet quality, often linked to food insecurity and reliance on low-cost, nutrient-poor foods. Underlying causes include insufficient caregiving practices, limited nutrition knowledge among caregivers, and the impact of recurrent illnesses. At the systemic level, poverty, rapid urbanization, migration, cultural food practices, and environmental vulnerabilities—such as flooding and typhoons—further exacerbate nutritional risks. Constraints in program implementation, including limited manpower, varying community participation, and logistical challenges, also affect service delivery.

Despite these challenges, Bacoor City has demonstrated strong commitment to improving nutrition through a wide range of programs and investments. In 2024, the city allocated ₱249.57 million for health and nutrition, supporting both nutrition-specific interventions (e.g., feeding programs, supplementation, maternal care) and nutrition-sensitive initiatives (e.g., livelihood, infrastructure, disaster preparedness). Key programs such as the Supplemental Feeding Program, Complementary Feeding Program, dietary supplementation for pregnant women, and community-based nutrition education have reached thousands of beneficiaries. The city also benefits from an established network of Barangay Nutrition Scholars, health workers, and health facilities, including barangay health stations and a Super Health Center.

However, data indicates that certain barangays—including Zapote III, Queens Row East, Niog, Maliksi I, and Habay II—consistently bear a higher burden of malnutrition, necessitating targeted and intensified interventions. The critical window of vulnerability is most evident among children aged 12–59 months, where malnutrition sharply increases due to gaps in complementary feeding and increased exposure to illness.

The Bacoor City Nutrition Action Plan 2026–2028 aims to address these challenges through a comprehensive, multi-sectoral, and evidence-based approach. It prioritizes improving the nutritional status of vulnerable populations, strengthening food and nutrition security, enhancing service delivery systems, and promoting sustainable behavior change. The plan emphasizes capacity building for frontline workers, improved data systems, and stronger governance and coordination mechanisms across sectors.

Ultimately, the plan envisions a nutritionally empowered Bacoor, where all residents have equitable access to safe, adequate, and nutritious food, supported by resilient systems and informed communities. Through sustained investment, inclusive strategies, and collaborative action, Bacoor City seeks to significantly reduce all forms of malnutrition and improve the overall health and quality of life of its people by 2028.



## Acknowledgement

Deepest appreciation is hereby conveyed to the various stakeholder and institute in our city for the support and participation in the preparation of the City Nutrition Action Plan (CNAP) 2026-2028 as completed and packaged by the:

Sangguniang Panglunsod  
Office of the Accounting & Internal Audit Services  
Office of the Agricultural Services  
City Budget Office  
City Disaster Risk Reduction & Management Office  
City Engineering Office  
City Environment Services Department  
Office of the City Health Services  
City Livelihood & Development Department  
City Local Government Operation Office - Bacoor  
City Planning & Development Coordinating Office  
Public Employment Service Office (PESO)  
City Information and Community Relations Department  
Office of Social Welfare and Development  
Office of Social Welfare and Development - Nutrition Unit  
Sports Development Unit  
Bacoor City Culture, History, Arts and Tourism Office  
City Treasury Office  
Office of the Population & Development  
Department of Education-Bacoor City  
Liga ng mga Barangay  
Sangguniang Kabataan Federation  
Barangay Health Workers  
Barangay Nutrition Scholars  
Jesus Reigns (JR) Community Nutrition  
Masisipag na Bacoorenong NGOs (MABANGO) Pederasyon Inc.  
Strike Foundation Inc.  
Community Nutrition Volunteers/Breastfeeding Support Groups

We are truly grateful as we recognize and commend the involvement of all concerned focal functionaries and Technical Working Committee by way of sharing their time, efforts and knowledge. Likewise, we are very thankful to the City Nutrition Council (CNC) , especially the Chairperson and Member for exerting tireless and selfless efforts that made possible the successful completion of the formulation process and to Provincial Nutrition Office Technical Working Group for guiding us in the formulation of the plan.

Above all, let us praise and thank the Almighty for His guidance as we are all His stewards in bringing about excellence in local governance.



## Introduction

### GEORAPHICAL PROFILE

Bacoor City is a coastal city in Cavite, located on the southeastern shore of Manila Bay, about 15 km southwest of Manila. It has land area of approximately 52.4 square kilometers and is divided into 73 barangays, with a population of over 664,000 as of the 2020 census, making it the most populous city in Cavite. The terrain is mostly flat, though some coastal areas are below sea level, while other areas are hilly.

#### *Location and size*

- Location: Situated on the southeastern shore of Manila Bay, at the gateway to Metro Manila.
- Area: 52.4 square kilometers (20.2 sq mi).
- Barangays: Composed of 73 Barangays.

#### *Topography and bodies of water*

- Terrain: The city is mostly flat, consisting of formerly agricultural land, but some areas are hilly.
- Coastal features: Coastal barangays in Zapote, Talaba, Niog, and Panapaan are below sea level.
- Rivers:
  - The Zapote River separates Bacoor from Las Piñas.
  - The Bacoor River separates it from Imus and Kawit.

#### *Climate*

- Tropical climate: With distinct wet and dry seasons.
- Wet season: From June to December.
- Dry season: From January to May.
- Average annual rainfall: Approximately 1,683.8 mm.

#### *Population and density*

- Population: 664,625 as of the 2020 Census.
- Population density: Approximately 14,395 inhabitants per square kilometer.

#### *Accessibility*

- Strategic location: Its position makes it a strategic suburban area connecting to Metro Manila.
- Transportation: 57% of public utility vehicles connect to Metro Manila, 22% to other parts of Cavite, and 22% ply routes within the city.



## SOCIO-DEMOGRAPHIC

Bacoor City is a rapidly urbanizing, first-class component city in the province of Cavite, known for its high population density and role as a residential and commercial hub for workers commuting to Metro Manila.

### *Demographics*

- **Population:** As of the 2020 Census, Bacoor's population was 664,625. The 2025 metro area population is projected to be around 774,000, reflecting continuous growth driven by urbanization and in-migration from Metro Manila and other provinces.
- **Population Density:** The city is densely populated, with approximately 14,395 inhabitants per square kilometer (as of 2020), significantly higher than the provincial average, due to extensive housing developments.
- **Urbanization:** Bacoor is highly urbanized, with a large majority of the population living in urban areas.
- **Ethnic Background:** The primary ethnic group in the province of Cavite, and by extension Bacoor, is Tagalog, comprising about 85% of the population.
- **Language:** The major languages spoken are Filipino and English, with Tagalog as the dominant native language.

### *Socio-Economic Profile*

- **Economy:** Bacoor is transitioning from an agriculture/fishery-based economy to a commercial and residential urban center. The service and sales sectors are major sources of employment, as are technical and associate professional roles. The city's proximity to Metro Manila makes it a strategic location for businesses, including IT-BPM, shopping centers, and other micro, small, and medium enterprises (MSMEs).
- **Housing and Migration:** A significant portion of the population growth is due to in-migration, including workers seeking employment in the province and relocatees from informal settlements in Metro Manila. This has spurred numerous residential housing projects.
- **Infrastructure:** The city has adequate power and communication services, but faces challenges with traffic congestion, a need for additional connector roads, and establishing a fully piped potable water supply system in all areas.
- **Food Security:** The city has a deficit in local food production (including rice, vegetables, and fish) due to the conversion of agricultural lands into residential and commercial areas and therefore imports food items to meet local demand.
- **Social Aspects:** There is a strong sense of community, and the local government's socio-economic agenda focuses on poverty alleviation, education, and increased economic development.



## Bacoor City Nutrition Council Mission, Vision, Goal & Objectives

### VISION

A transformative City leading as catalyst of health and well-being, implementing comprehensive and sustainable nutrition program that ensures food secure environment towards a nutritionally empowered Bacoorenos.

### MISSION

Maximizing sustainable and comprehensive nutrition programs for a brighter future of bacoor residents empowering the community towards lasting health and well-being encompassing a holistically inclusive and collective action, ensuring food security, fostering resilience within the community.

Dahil sa bacoor at home ka dito!

### GOAL

Improved quality of life through:

#### **SUSTAINABLE NUTRITION**

Ensure development of health by promoting nutrition programs that support long-term health and well-being for all Bacoorenos, focusing on access to adequate, affordable nutritious food and sustainable food systems.

#### **BRIDGING NUTRITIONAL DISPARITIES**

Work towards implementing initiatives that address disparities in nutrition, considering the needs of vulnerable and underserved communities, promoting equal access to nutrition resources leading to holistic well-being and influencing individuals to adapt to better lifestyle habits and practices.

#### **RESILIENCE IN NUTRITION**

Foster nutritional resilience within the city by establishing strategies that enhance the population's ability to adapt and recover from nutritional challenges, especially during emergencies.



## GENERAL OBJECTIVES

To improve the nutritional status, health, and well-being of the residents of Bacoor City, particularly nutritionally at-risk and vulnerable groups, through integrated, sustainable, and evidence-based nutrition interventions implemented through strong multi-sectoral collaboration.

# Specific Objectives

1. To reduce the prevalence of all forms of malnutrition in Bacoor City, including stunting, wasting, underweight, micronutrient deficiencies, overweight, and obesity among infants, young children, school-age children, adolescents, pregnant and lactating women, older persons, and other vulnerable populations.
2. To strengthen household food and nutrition security in Bacoor City, particularly among urban poor and low-income households, by improving access to safe, affordable, and nutritious food.
3. To enhance the delivery, coverage, and quality of nutrition-specific and nutrition-sensitive programs implemented by the city government, barangays, and partner agencies in the areas of health, education, social protection, agriculture, and disaster preparedness.
4. To promote healthy eating habits and positive nutrition behaviors among Bacoor City residents through sustained nutrition education, social and behavior change communication, and community-based interventions.
5. To prevent and manage nutrition-related non-communicable diseases in Bacoor City, including overweight, obesity, hypertension, and diabetes, through healthy lifestyle promotion and supportive food and physical activity environments.
6. To build and strengthen the technical and operational capacity of nutrition workers and stakeholders, including Barangay Nutrition Scholars (BNS), Barangay Health Workers (BHW), and city nutrition implementers, through continuous training and capability development.
7. To strengthen nutrition governance and multi-sectoral coordination mechanisms in Bacoor City, ensuring effective planning, implementation, monitoring, and evaluation of nutrition programs at the city and barangay levels.
8. To improve the nutrition information, monitoring, and evaluation systems of Bacoor City, ensuring timely, accurate, and evidence-based data for planning, policy formulation, and program improvement.
9. To ensure the sustainability and institutionalization of nutrition programs in Bacoor City, through adequate funding, policy support, and integration into the city's development plans and annual investment programs.



## Brief History of City of Bacoor

The origin of Bacoor's name is debated, with theories suggesting it comes from the Tagalog words "bakod" (fence) or "bakood" (highlands/plateau). A common story recounts Spanish settlers asking locals for the name of their village while they were building a fence, leading to the name "Bacoor" from the word "bakood". The city's historical importance is highlighted by its founding in 1671, its role during the Philippine Revolution, and its brief service as the first capital of the revolutionary government.

### Theories for the name's origin:

- "Bakod" (Fence): A widely told story says that when Spanish troops first arrived, they encountered locals building a fence. When asked the name of the place, the locals responded "bakood" (referring to what they were building), which the Spaniards mispronounced as "Bacoor".
- "Bakood" (Highlands/Plateau): Another theory suggests the name comes from the ancient Filipino word "bakood," meaning "highlands" or "plateau". This explanation notes that other places with similar names, like Bacolod and Bacolor, also refer to elevated terrain.
- Bacoor Bay: The name "Bacoor" may have originally referred to Bacoor Bay itself, which was called "Vacol" in old documents, possibly relating to a feature like a "hook".
- Foundation: Bacoor was founded as a *pueblo* (town) in 1671.
- Revolutionary Hub: It was a significant center during the Philippine Revolution against Spain.
- GOMBURZA: The town's parish priest at the time, Fr. Mariano Gómez, was one of the three priests executed in 1872, an event that later inspired José Rizal's novel *El Filibusterismo*.
- First Capital: In 1898, Bacoor briefly served as the first capital of Emilio Aguinaldo's revolutionary government.

Bacoor City landmarks include the St. Michael the Archangel Parish Church, the oldest church in the area, and the Rizal Museum. The city is known for its culinary scene, with delicacies like Crispy Dinuguan and Digman Halo-Halo, and is famous for its fresh seafood, particularly mussels (tahong). The main annual festival is the Bakood Festival, which celebrates the city's founding anniversary and the feast day of its patron saint, St. Michael the Archangel, in September.

### Landmarks

- **St. Michael the Archangel Parish Church:** Established in 1669, this is the oldest church in Bacoor. It is known for having hosted Fr. Mariano Gomes of the GOMBURZA martyrs and for its historical significance.
- **Rizal Museum:** A museum for history enthusiasts, located in a historical park that also features underground tunnels from WWII.



### *Delicacies*

- Crispy Dinuguan: A popular local dish featuring crispy pork blood stew.
- Digman Halo-Halo: A refreshing version of the classic Filipino dessert, made with crushed ice, milk, and various sweet toppings.
- Seafood: As a city known for its fresh seafood, Bacoor offers a variety of dishes, with mussels (tahong) being a particularly popular and nutritious product.
- Other local dishes: Other specialties include Sizzling Pork Chop, Pancit Malabon, Bulalo, and Sinigang na baboy.

### *Festival and Occasions*

- Bakood Festival: Held annually in September, this festival combines the celebration of Bacoor's founding anniversary and the feast day of St. Michael the Archangel. It is the city's biggest cultural event and is known for its lively parade of marching bands.
- First Marching Band Festival: A key highlight of the Bakood Festival and a significant event, showcasing the city's rich musical heritage and musical education through performances by its numerous marching bands.
- Bacoor Cityhood Anniversary: Celebrated every June 23, commemorating the day Bacoor became a city.

## **PRIMARY PLACES IN THE CITY**

### **Barangay Health Stations (BHS)**

- Bacoor City has multiple barangay health stations (BHS), which are staffed by barangay health workers and Barangay Nutrition Scholars (BNS).
- These BHS provide essential services including maternal & child health, nutrition education, and basic health checkups.
- The City Ordinance of Bacoor explicitly prioritizes children in healthcare and nutrition programs and designates the barangay health centers (BHS) as "at the forefront" for delivering these services.
- The City also organizes training for Barangay Health Workers (BHWs) through the City Health Office to strengthen primary care capacity.

### **Super Health Center – Barangay Maliksi 2**

- A "Super Health Center" was recently opened in Barangay Maliksi 2.
- This center offers a broad range of healthcare services (laboratory, pharmacy, outpatient, etc.) and is likely to support nutrition-related interventions as part of its primary care package.



### **Sagip Buhay and Recovery City Health Center**

- Renovated by the SM Foundation, this health center in Bacoor houses a children's clinic, pharmacy, immunization services, and cold storage — all of which can contribute to nutrition programs (e.g., vaccine cold-chain, vitamin supplementation)
- It also provides free consultations, which help in early detection and management of nutrition-related health issues.

### **Supplemental Feeding Program (SFP) – Bacoor City Government**

- The city government runs a Supplemental Feeding Program for underweight and severely underweight children aged 0-6.
- The program includes Operation Timbang (OPT) (weight validation), deworming, medical check-up, and Nutrition Education (Mothers' Classes) (14 sessions for parents).
- The Bulil'Eats Feeding Program is another initiative: a 50-day feeding program launched by Bacoor LGU for children in several Child Development Centers (CDC) to address malnutrition.

### **Schools Involved in Nutrition Activities**

- Eastern Bacoor National High School conducts deworming programs, which is a nutrition intervention as deworming improves nutrient absorption and child health.
- Statefields School, Inc. – a private school in Molino, Bacoor, could be a potential site for nutrition education or feeding interventions (though specific programs there may need to be confirmed)
- St. Thomas More Academy — another school in Bacoor. While not explicitly documented in public nutrition interventions, schools like this often partner with local government for feeding programs, health checks, etc.

### **Barangay Nutrition Scholars (BNS)**

- Bacoor City has BNS in all 47 barangays, which is a structural way to support nutrition programs in the community
- These BNS are community-level actors who implement nutrition education, monitor child growth, assist in feeding programs, and more.

## **OTHER PLACES IN THE CITY**

### **St. Michael the Archangel Parish Church**

Also known as Simbahan ng Bacoor.

Declared an Important Cultural Property by the National Museum

Historical marker for Padre Mariano Gómez is nearby in Plaza de Padre Mariano Gómez.

### **Aglipayan Church (Iglesia Filipina Independiente)**

Listed among Bacoor's heritage churches



### **Bacoor United Church**

Protestant church in Bacoor.

### **Our Lady Queen of Peace and Good Voyage Church**

Also listed in Bacoor's tourism/heritage sites.

### **Sto. Niño de Molino Parish Church**

Located in Molino 5, Bacoor

### **Senyong's Museum**

A local museum dedicated to Arsenio "Senyong" Soriano, highlighting the agricultural heritage and farming tools/techniques.

Part of Bacoor's officially listed historical places.

### **Cuenca Ancestral House (Bahay na Tisa)**

Historic Spanish-era house in Bacoor

Served as the seat of the revolutionary government during Emilio Aguinaldo's period.

### **Bacoor Assembly Historical Marker**

Marker commemorating the Bacoor Assembly ("Pagpupulong sa Bacoor") on General Evangelista Street.

### **St. Ezekiel Moreno Park**

Park dedicated to St. Ezekiel Moreno, who served Bacoor during cholera outbreaks.

There is a historical marker for him near Molino Dam.

Saint Ezequiel Moreno Historical Marker

Located in Barangay Mambog, Bacoor, near the Molino Dam.

### **Bacoor Eco-Park**

An eco-park in Molino 4.

According to tourism sources: features walking trails, huts, a lagoon, playgrounds, etc.

### **Mangrove Plantation**

Listed as a heritage/eco site in Bacoor.

### **Zapote Bridge**

Historic stone bridge connecting Bacoor and Las Piñas

The bridge is a National Historical Landmark

### **Gomburza Monument**

A monument to GOMBURZA (Fathers Gómez, Burgos, and Zamora) — there is a replica or monument in Bacoor.



## City of Bacoor Nutrition Situation

### FORMS OF MALNUTRITION EXIST IN BACOOR CITY

Operation Timbang (OPT) Plus is an annual community-based nutrition assessment program implemented nationwide. The program measures the weight, height, and Mid-Upper Arm Circumference (MUAC) of children aged 0–59 months to determine their nutritional status. In the local setting, this activity is carried out primarily by Barangay Nutrition Scholars (BNS), who ensure accurate data gathering in every barangay. The results serve as a vital basis for planning, implementing, monitoring, and evaluating nutrition-related interventions at the local government level.

In Bacoor City, the conduct of OPT Plus in 2025 has provided crucial insights into the city's nutritional situation. The data revealed the continued presence of multiple forms of malnutrition among preschool-aged children, including stunting, wasting, underweight, overweight, obesity, and micronutrient deficiencies. This reflects the triple burden of malnutrition, where undernutrition and overnutrition coexist within the population. Undernutrition is evident in the prevalence of stunting (low height for age), wasting (low weight for height), and underweight (low weight for age), while overnutrition is reflected in cases of overweight and obesity, often associated with excessive caloric intake and unhealthy dietary habits. Micronutrient deficiencies further highlight gaps in essential nutrient consumption among young children.

Several barangays consistently ranked among the top 20 in terms of malnutrition burden. Notably, Barangay Zapote III recorded the highest prevalence across all forms of malnutrition for 2025, making it the most nutritionally at-risk barangay in the city. Queensrow East, P.F. Espiritu II, Maliksi I, Niog, and Habay II also emerged prominently in the rankings, emphasizing the need for intensified and sustained nutrition interventions in these communities.

The Nutritional Assessment for School Year (SY) 2024–2025 among school-age children (6–12 years old) in Bacoor City demonstrated substantial progress in addressing child malnutrition across all public schools. With the city achieving 100% OPT Plus coverage, the assessment successfully captured a complete nutritional profile of learners enrolled in Bacoor's expanding public-school system. The Division of Bacoor City consists of twenty-eight (28) public elementary schools, two (2) national high schools with eight (8) annexes, and five (5) standalone senior high schools. The baseline assessment identified four primary forms of malnutrition among school-age children: stunting, wasting, underweight, and overweight/obesity.

In addition to the nutritional status of school-age children, Bacoor City also recorded several cases of micronutrient deficiencies and other forms of malnutrition among pregnant women and infants for the year 2024–2025. Among pregnant women, Iron Deficiency remained the most significant concern, indicating a high burden of anemia that may adversely affect maternal health and birth outcomes. Iodine Deficiency was observed at a lower rate compared to Calcium Deficiency, highlighting nutritional gaps essential for fetal development and maternal well-being. Complementing these findings, the city identified nutritionally-at-risk (NAR) pregnant women and documented cases of low-birth-weight infants, underscoring the importance of timely prenatal care, maternal nutrition interventions, and continuous monitoring of high-risk pregnancies.



To address these deficiencies, Vitamin A supplementation was consistently provided to eligible 0–59-month-old children through routine and campaign-based initiatives. Meanwhile, iron and iodine supplementation for pregnant women continued to be administered during prenatal visits across all health centers. These combined efforts reflect Bacoor City’s ongoing commitment to reducing micronutrient deficiencies and improving maternal and child health outcomes across the city.

## NUMBER OF MALNUTRITION IDENTIFIED

### ***On pre-school children (0-5 years old)***

Total Number of PS children weighed: **57,086**

OPT Plus Coverage: **91.1%**

Year of OPT: **2025**

Form of Malnutrition	Prevalence (%)	Actual Number	Public Health Significance
1. stunting	8.24	4,429	Low
2. wasting	7.96	4,280	Medium
3. underweight	4.94	2,658	-
4. overweight + obesity	7.96	4,278	Medium

*\*indicate N/A if not applicable*

*\*indicate zero "0" or "none" if no identified form of malnutrition*

### ***On school age children (6-12 years old)***

Total Number of SC children weighed: **53,770**

OPT Plus Coverage: **100%**

Year: **2024-2025**

Form of malnutrition	Prevalence (%)	Actual Number	Public Health Significance
1. Stunting	1.48	843	Low
2. Wasting	0.77	442	Low
3. Underweight	0.94	541	Low
4. Overweight & Obesity	0.95	545	Low

*\*indicate N/A if not applicable*

*\*indicate zero "0" or "none" if no identified form of malnutrition*



### Cases of Micronutrient Deficiency (Pregnant Women)

Year: 2024 - 2025

Micronutrient Deficiency	Affected	Prevalence (%)	Actual Number	Population
Vitamin A	3,027	5.61	53,949	0-5 years old
Iron	2832	23.55	12,026	Pregnant Women
Iodine	103	0.86	12,026	Pregnant Women
Calcium	2181	18.14	12,026	Pregnant Women

*\*Indicate : N/A if not applicable*

*\*Indicate : zero "0" or "none" if no identified cases*

### Other Cases and Forms of Malnutrition

Year: 2024 - 2025

Cases	Prevalence (%)	Actual Number
Nutritionally-at-Risk (NAR) Pregnant Women	0.12	169
Low Birth Weight	5.35	349

*\*indicate N/A if not applicable*

*\*indicate zero "0" or "none" if no identified cases*

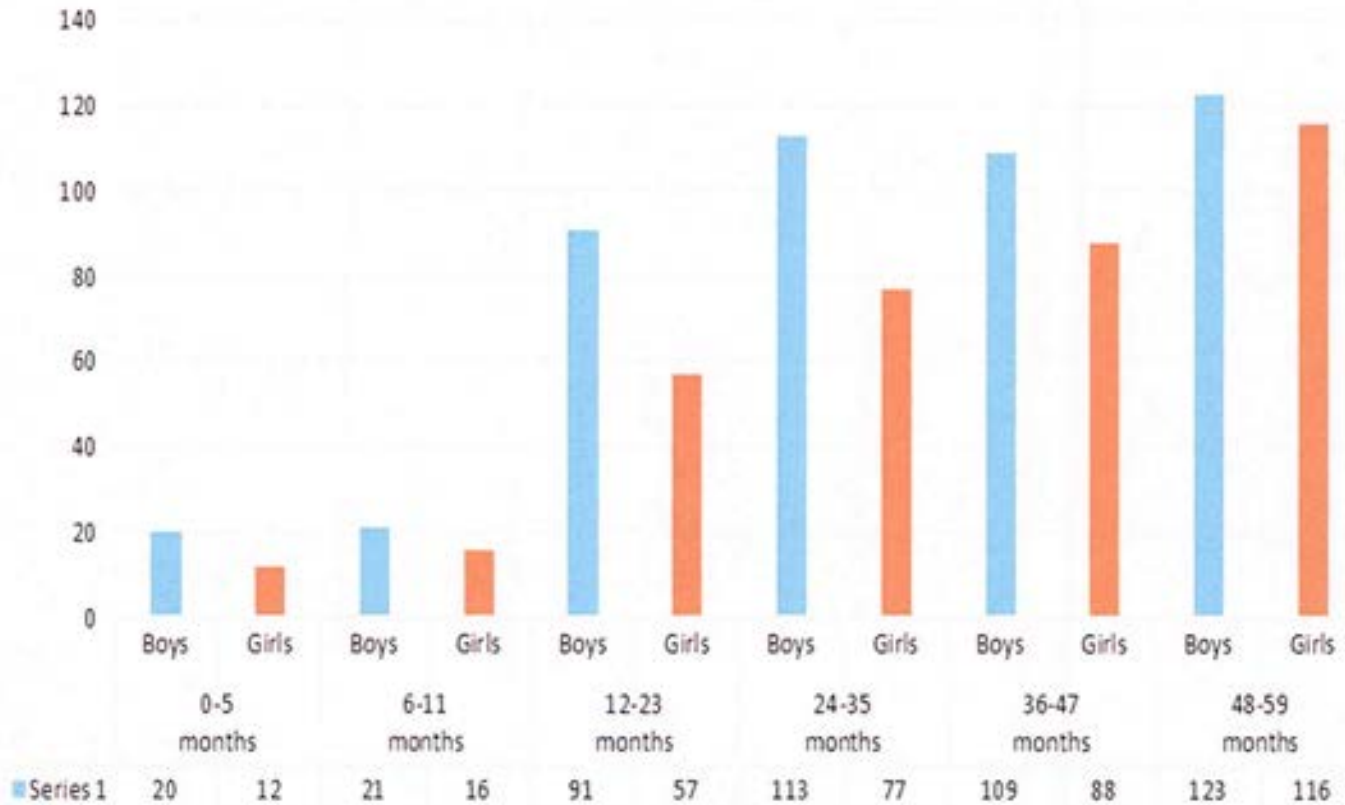
Cases	Prevalence (%)	Actual Number
CED: Underweight/Wasted Teens/Kabataan 13-19y.old	No Data	No Data
Overweight/Obese Teens/Kabataan 13-19y.old	No Data	No Data
CED: Underweight/Wasted Adults 20-59y.old	No Data	No Data
Overweight/Obese Adults 20-59y.old	No Data	No Data
CED: Underweight/Wasted Elderly 60y.old above	No Data	No Data
Overweight/Obese Elderly 60y.old above	No Data	No Data

Remarks: No data due to lack of workforce; possible future collection



## Status of Stunting and Severely Stunting in Bacoor City (0-59 Months)

### STUNTING



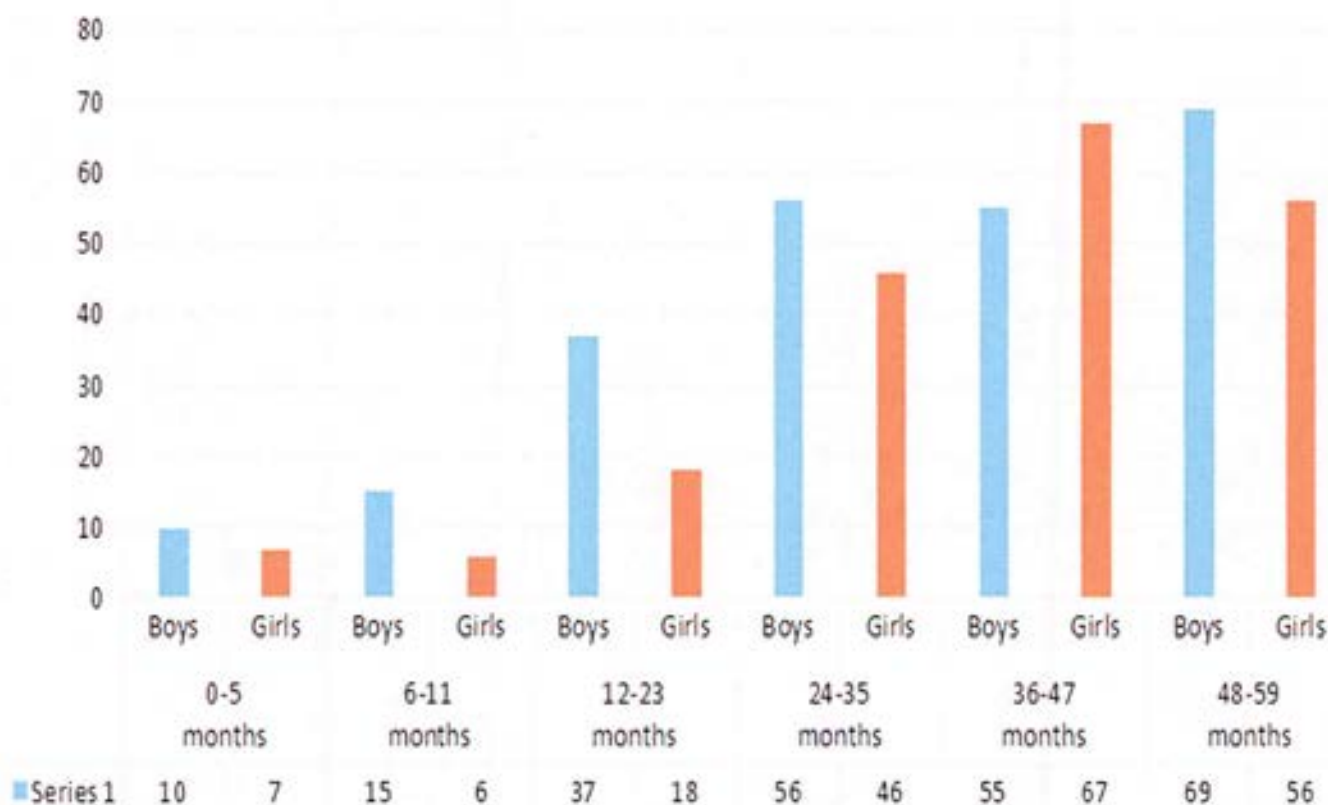
The data presents the number of children aged 0 to 59 months (under five years old) identified as stunted or severely stunted across the 47 barangays in Bacoor City, categorized by age group and sex. A crucial finding is the sharp increase in stunting cases beginning at 12 months of age, indicating a failure to sustain adequate nutrition after the first year. The total count for infants 0–11 months is 69 cases, which then jumps significantly to 148 cases in the 12–23 months age bracket, and peaks at 190 cases in the 24–35 months group. This data strongly suggests that inadequate complementary feeding (which starts at 6 months) and high rates of illness in the second and third years of life are the primary drivers of stunting in Bacoor, as the irreversible damage occurs after children leave the protective umbrella of exclusive breastfeeding and early maternal care.

Furthermore, the data reveals a clear disparity by sex: in every single age group, the number of stunted boys is higher than the number of stunted girls. Overall, boys account for 577 cases compared to 336 cases for girls across all ages (0-59 months). This pattern is consistent with global trends, where boys are often observed to be more biologically vulnerable to nutritional stress. The immense burden of stunting is concentrated in the older age groups, with children aged 12–59 months accounting for over 92% of all cases.



### Status of Wasting and Severely Wasting in Bacoor City (0-59 Months)

#### WASTING

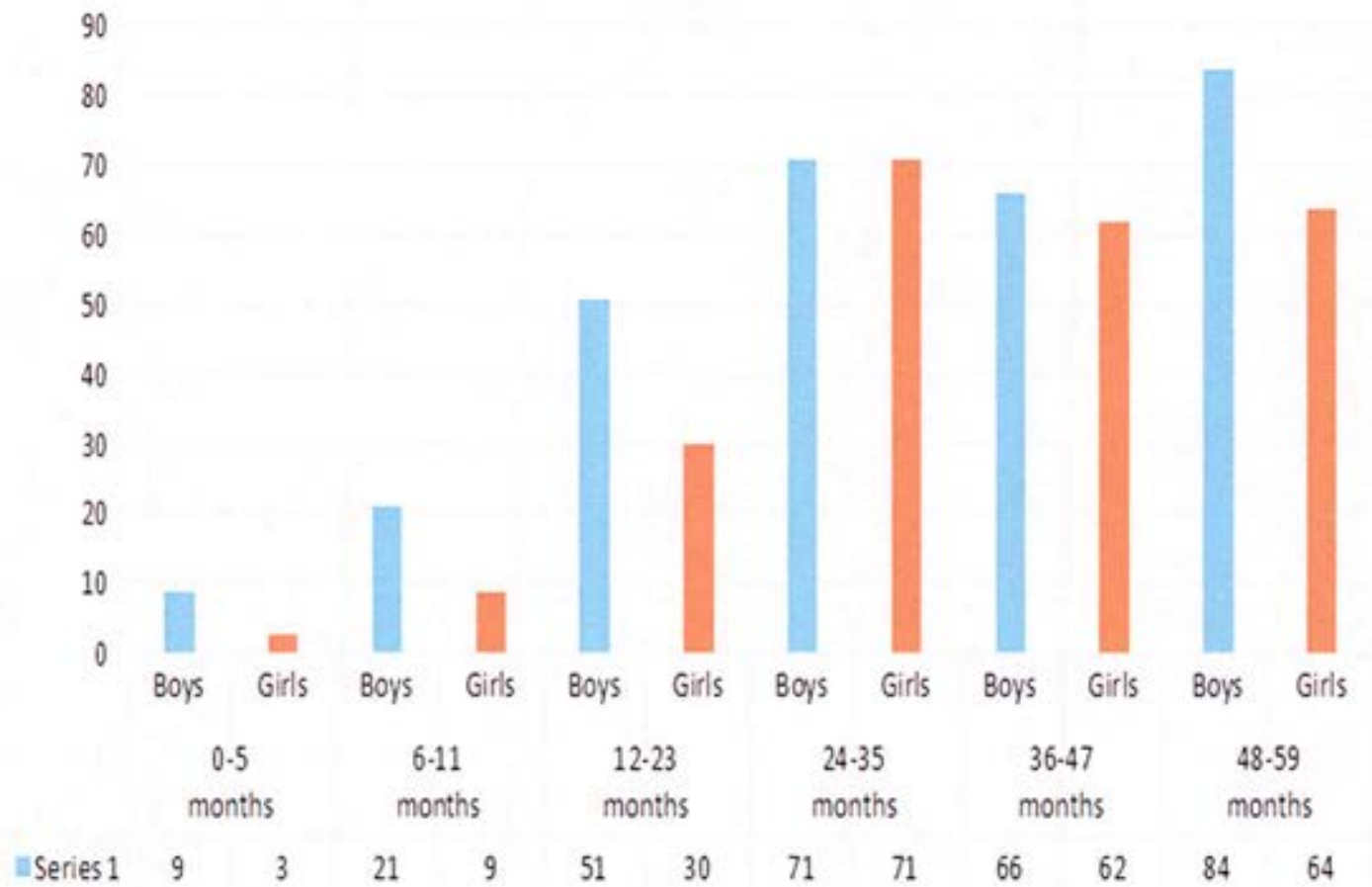


The data reflects the current situation of wasting and severe wasting (acute malnutrition) among children aged 0–59 months in Bacoor City, with a total of 445 reported cases. This acute form of malnutrition—often resulting from recent illness or significant food deprivation—demonstrates a distinct distribution across age groups. The number of cases rises notably after infancy, increasing from 38 cases among infants aged 0–11 months to 55 cases in the 12–23 months group, and reaching its highest levels among children aged 36–59 months (122 and 125 cases, respectively). Although boys represent a greater overall number of cases (242 compared to 193 among girls), this pattern reverses in the 36–47 months group, where girls record a higher count (67 girls versus 55 boys).



### Status of Underweight and Severely Underweight in Bacoor City (0-59 Months)

## UNDERWEIGHT

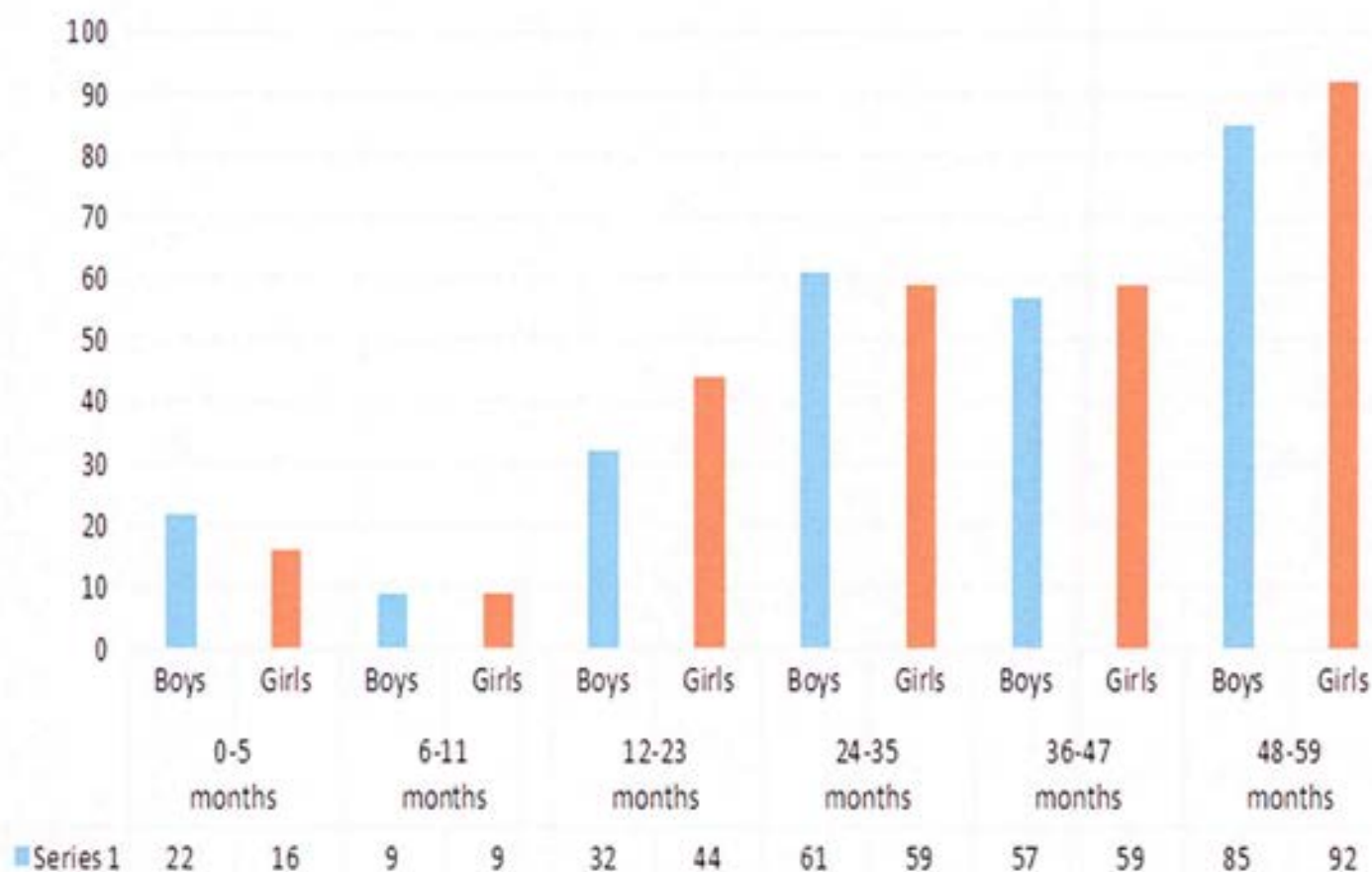


The data provides the status of Underweight and Severely Underweight (low weight-for-age) among children aged 0-59 months in Bacoor City. This condition is a composite measure, reflecting the influence of both chronic (stunting) and acute (wasting) malnutrition over a child's life. The data reveals a total of 601 cases across all age groups. Similar to stunting, the case count dramatically increases after the first year, rising from a total of only 42 cases in the 0–11 months infancy period to 81 cases in the 12–23 months bracket, and peaking in the 48–59 months group with 148 cases. This pattern confirms that the nutritional deficits driving underweight are cumulative, primarily taking root during the crucial complementary feeding stage and worsening thereafter. A significant observation is made in the 24–35 months age group, where the case counts for boys and girls are equal (71 cases each), a shift from the stunting data (where boys were significantly higher) and the wasting data (where girls were higher in the 36-47 months group).



## Status of Overweight and Obesity in Bacoor City (0-59 Months)

### OVERWEIGHT AND OBESITY



The data details the status of Overweight and Obesity (excessive weight-for-height) among children aged 0-59 months in Bacoor City reveals a significant and complex burden of overnutrition, with a total of 596 cases reported. This chronic issue, which can lead to non-communicable diseases later in life, shows a distinct pattern across the age spectrum compared to undernutrition.

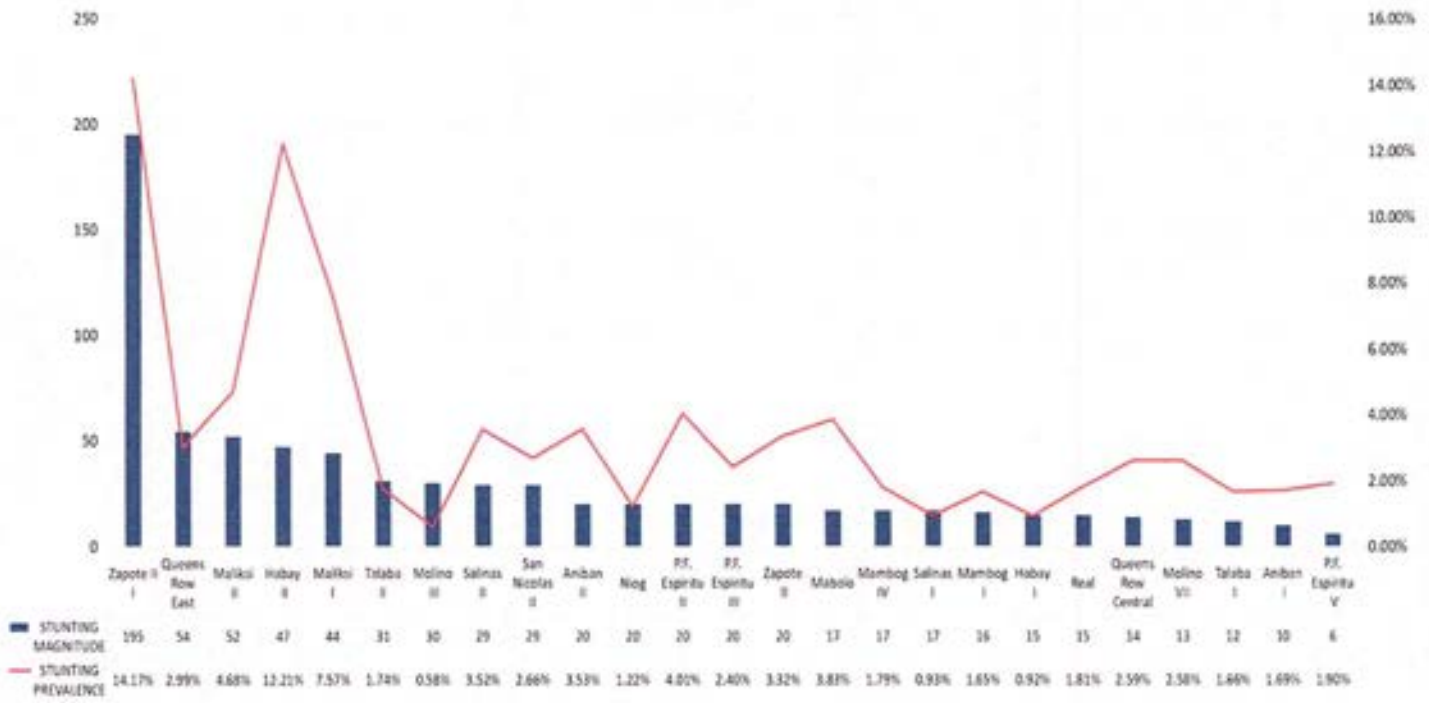
In infancy (0–11 months), cases start relatively high, totaling 56, with boys having more cases than girls (31 boys vs. 25 girls), indicating that overnutrition begins early. However, there is a massive increase and shift in the older age groups. The magnitude significantly increased in the 48–59 months old, reporting the highest count of 177.

Crucially, the gender disparity reverses starting at 12 months of age, in the 12–23 months old age group, girls surpass boys (44 girls vs. 32 boys). This female-dominant trend continues in the 48–59 months group, where girls have the highest single-group count (92 cases) compared to boys (85 cases).

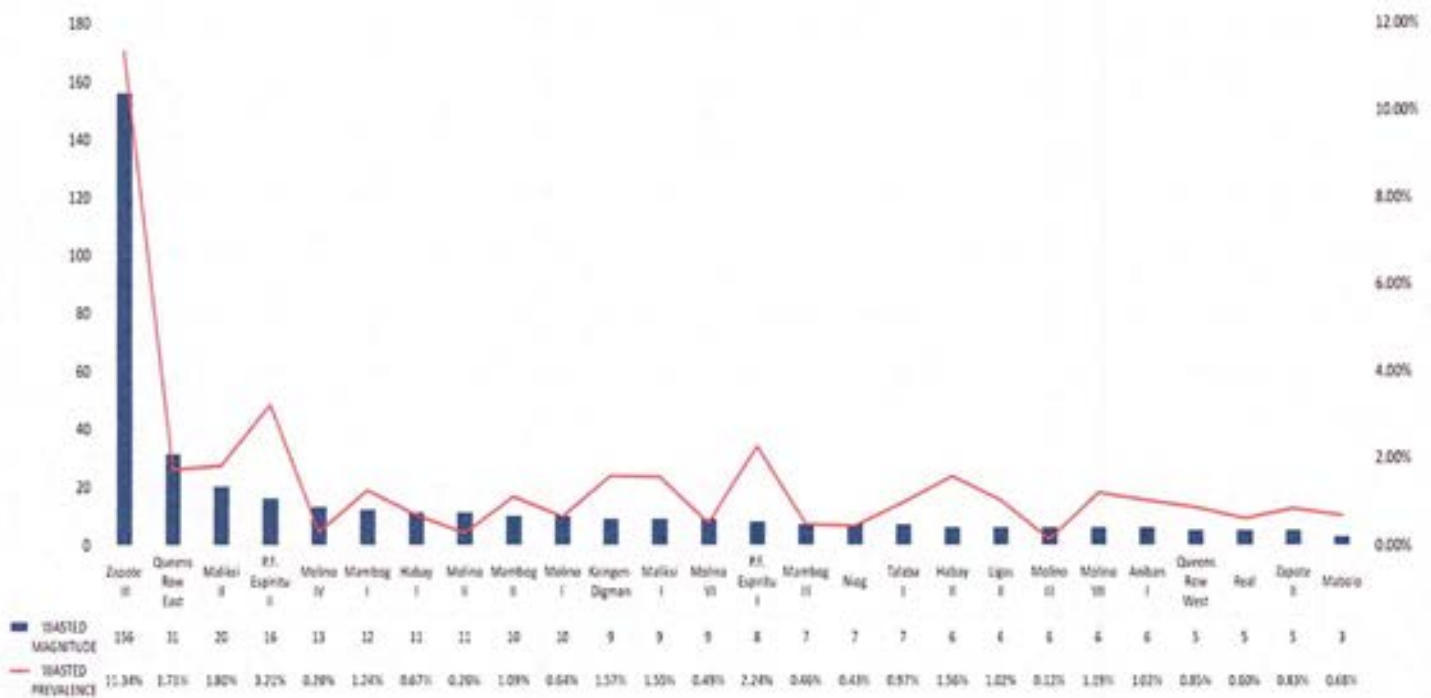


## NUTRITIONAL STATUS IN BACOOR CITY

TOP 20 HIGHEST STUNTING AND SEVERE STUNTING BARANGAYS 2025

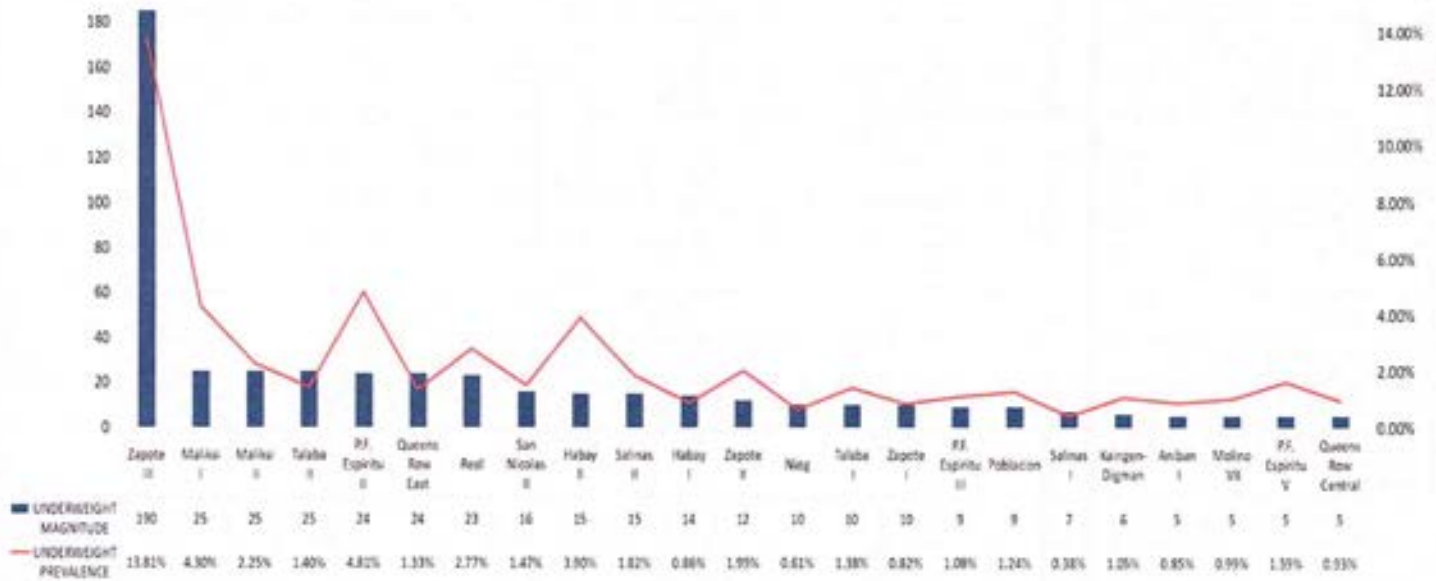


TOP 20 HIGHEST WASTED AND SEVERELY WASTED BARANGAYS 2025

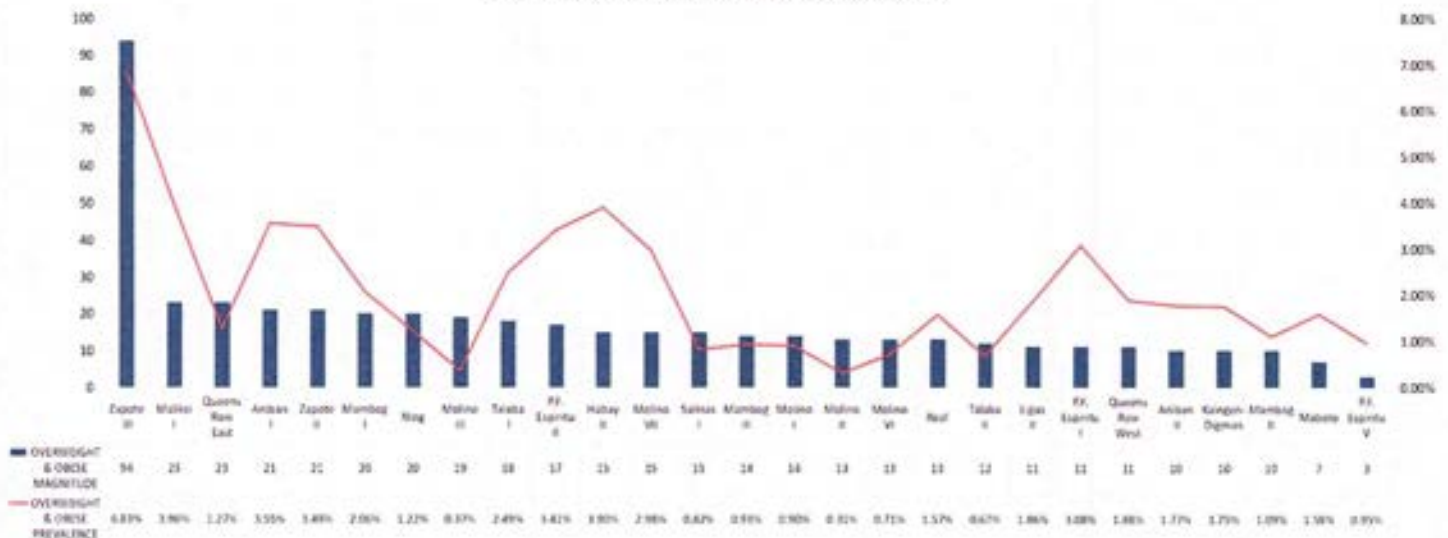




TOP 20 HIGHEST UNDERWEIGHT AND SEVERE UNDERWEIGHT BARANGAY 2025



TOP 20 HIGHEST OVERWEIGHT AND OBESITY BARANGAYS 2025

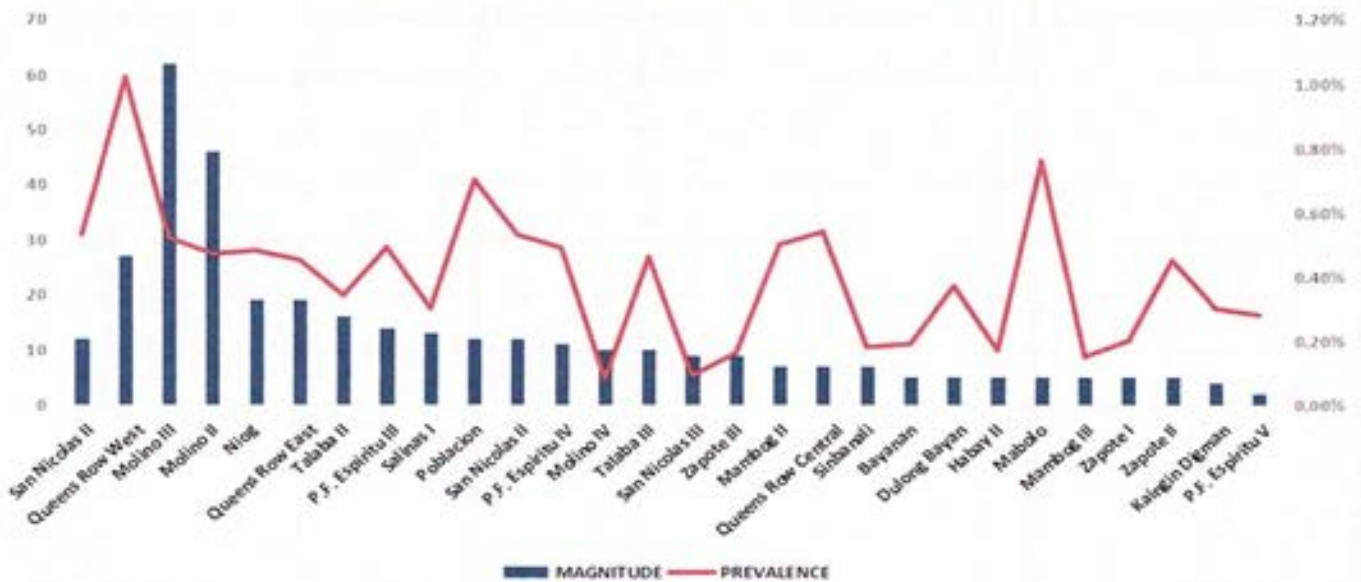


The OPT Plus 2025 data for children aged 0–59 months in Bacoor City highlights a significant nutritional burden, with Barangay Zapote III emerging as the most affected area across all measured categories. In terms of magnitude, Zapote III records the highest number of cases for stunting (195), underweight (190), wasting (156), and overweight/obesity (94). When examining prevalence, the data shows that Zapote III also leads in underweight cases at 14.17%, while Habay II records the highest prevalence for stunting at 12.21%. Acute malnutrition, or wasting, is most prevalent in P.F. Espiritu II at 3.21%, and overnutrition is most concentrated in Maliksi I, which has a 3.96% prevalence of overweight and obesity. Other barangays consistently appearing in the top rankings for these nutritional risks include Queens Row East, Maliksi I, Niog, and Habay II, emphasizing a widespread need for intervention across these specific locations.

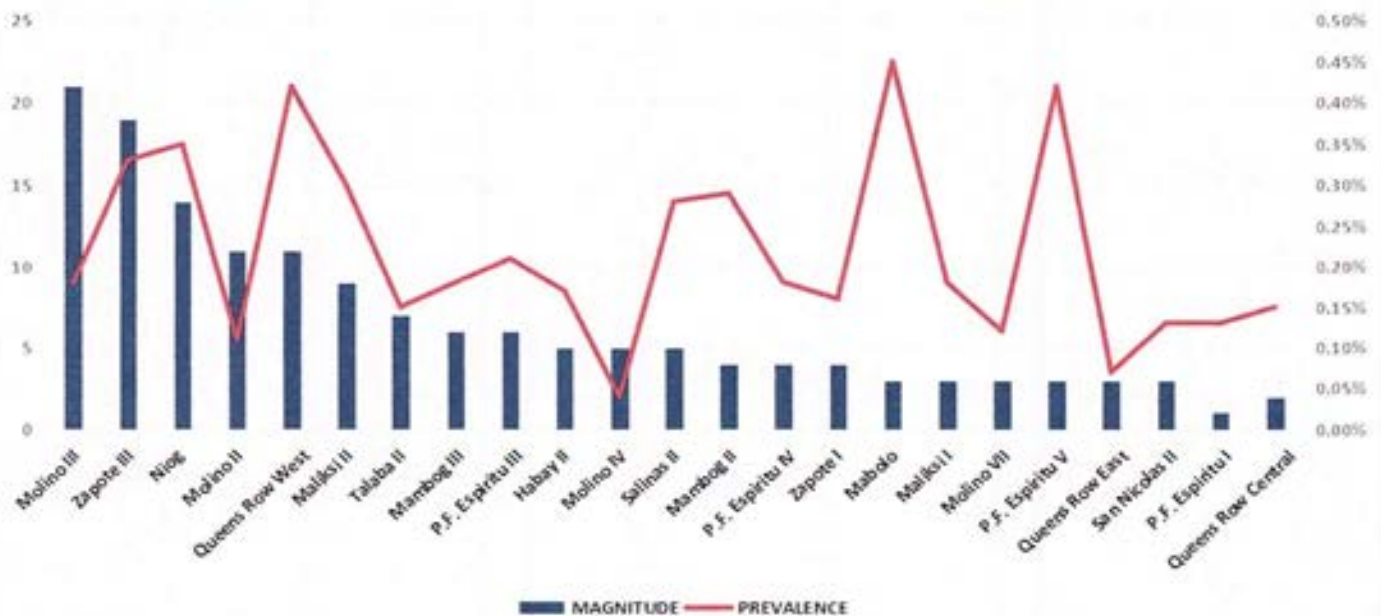


## HIGHEST PREVALENCE OF NUTRITIONALLY-AT-RISK PREGNANT WOMEN IN BACOOR CITY

PREGNANT WOMEN SEEN IN THE FIRST TRIMESTER WHO HAVE HIGH BMI



PREGNANT WOMEN SEEN IN THE FIRST TRIMESTER WHO HAVE LOW BMI



The 2024 data on pregnant women seen in the first trimester in Bacoor City shows a clear coexistence of high BMI and low BMI, indicating a dual maternal nutrition burden across barangays. High BMI cases are more prominent in both magnitude and prevalence compared to low BMI, particularly in densely populated areas. Molino III (62 cases), Molino II (46), and Queens Row West (27) record the highest magnitudes of high BMI, reflecting a substantial number of pregnant women entering pregnancy with excess weight. In terms of prevalence, Queens Row West posts the highest rate at 1.02%, followed by Mabolo (0.76%), Poblacion (0.70%), Queens Row Central (0.54%), San Nicolas II (0.53%), and Molino III (0.52%), indicating barangays where a larger proportion of pregnant women are affected by high BMI.

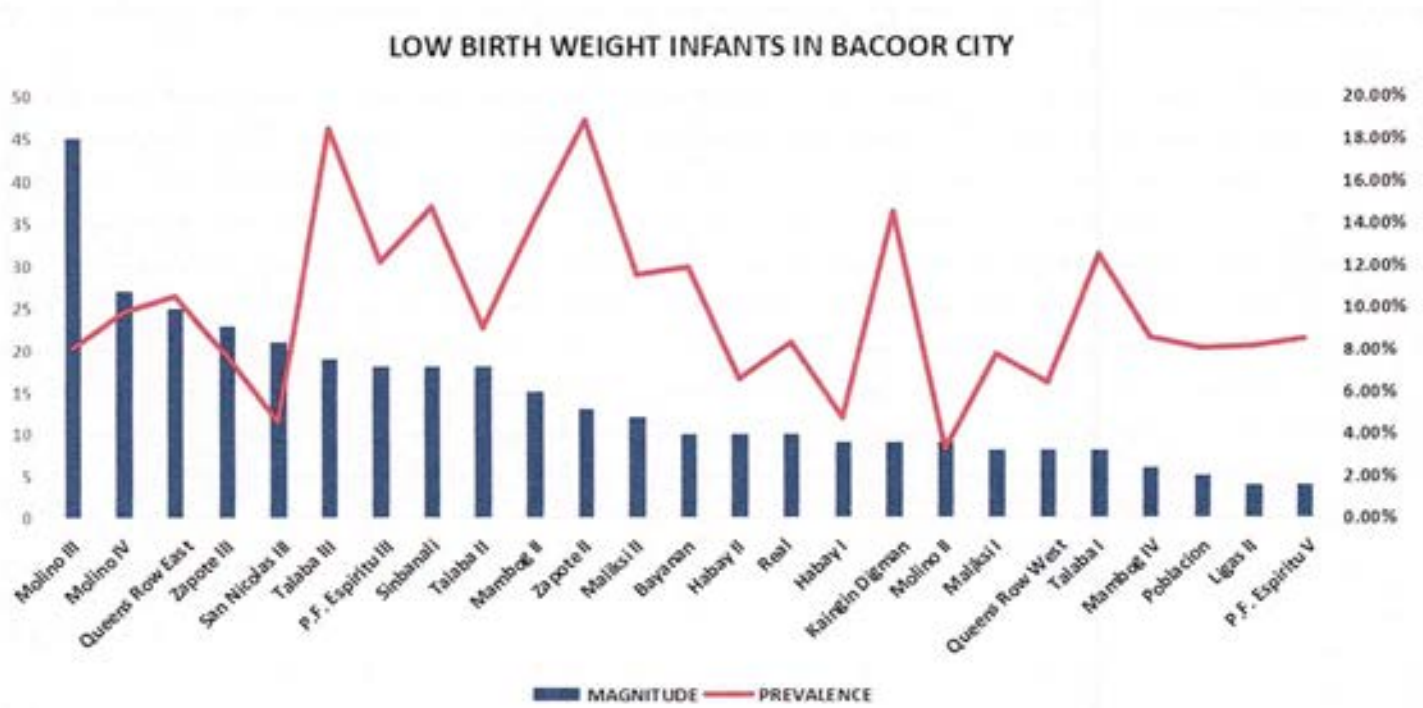


Several other barangays, including Niog, P.F. Espiritu III, P.F. Espiritu IV, Talaba III, Mambog II, and Zapote II, show prevalence levels close to or above 0.45%, further highlighting the widespread nature of maternal overweight and obesity.

In contrast, low BMI cases are fewer in magnitude and prevalence but remain present across many barangays. Molino III (21 cases), Zapote III (19), Niog (14), Molino II (11), and Queens Row West (11) record the highest numbers of low-BMI pregnant women. Prevalence of low BMI is generally lower than that of high BMI, with the highest observed in Mabolo (0.45%), Queens Row West and P.F. Espiritu V (0.42%), Niog (0.35%), and Zapote III (0.33%). Many barangays, such as Molino IV, Queens Row East, San Nicolas II, and Molino VII, show very low prevalence of low BMI despite recorded cases.

Overall, the data indicates that high BMI is more prevalent than low BMI among pregnant women in Bacoor City, though undernutrition persists in specific barangays. This pattern reflects uneven maternal nutritional status across communities, with some barangays experiencing a greater burden of excess weight in early pregnancy while others continue to face challenges related to maternal undernutrition.

## HIGHEST PREVALENCE OF LOW-BIRTH-WEIGHT INFANTS IN BACOOR CITY



The 2024 data on low birthweight (LBW) deliveries in Bacoor City highlights significant variations in both magnitude and prevalence across barangays. In terms of magnitude, Molino III (45 cases), Molino IV (27), and Queens Row East (25) recorded the highest numbers of LBW infants, reflecting both higher populations and more deliveries monitored in these areas. Several other barangays, including Zapote III (23), San Nicolas III (21), Talaba III (19), and P.F. Espiritu III (18), also shows notable numbers of LBW cases, indicating that low birthweight is a widespread concern across multiple communities.



When prevalence is considered, the highest proportions of LBW deliveries are seen in Zapote II (18.84%), Talaba III (18.45%), Sinbanali (14.75%), Mambog II (14.15%), and Kaingin Digman (14.52%), signaling barangays where a significant share of newborns are underweight relative to the total births. Other barangays, including P.F. Espiritu III (12.16%), Talaba I (12.50%), Maliksi II (11.54%), and Bayanahan (11.90%), also show prevalence rates above 11%, suggesting concentrated maternal or fetal nutritional risks in these communities.

Overall, the data indicates that low birthweight remains a persistent public health concern in Bacoor City, with certain barangays experiencing disproportionately high prevalence. These findings underscore the need for targeted maternal nutrition, prenatal care, and monitoring interventions, especially in areas like Zapote II, Talaba III, Sinbanali, and Mambog II, to reduce the incidence of low birthweight and improve neonatal health outcomes.



## CAUSES OF MALNUTRITION IN BACOOR CITY

The causes of malnutrition in Bacoor City and other areas in Cavite arise from a combination of immediate, underlying, and basic factors that significantly influence how family's access, choose, and consume food. According to the Philippine Plan of Action for Nutrition (PPAN) 2023–2028, one of the most immediate causes is inadequate food intake, where children and adults do not receive the proper amount and quality of nutrients necessary for healthy growth, development, and normal body function. This problem is closely linked to widespread food insecurity, which is often caused by low wages, unstable employment, and the rising cost of living—issues commonly observed in both urban and coastal communities in Bacoor. The DOH CALABARZON Health and Nutrition Situation Reports indicate that households with limited income often rely on inexpensive but nutrient-poor foods, including processed or instant meals, which results in poor diet quality, reduced dietary diversity, and a higher risk of deficiencies in essential vitamins and minerals. The lack of access to fresh and nutritious foods further compounds the problem, as families struggle to balance affordability with nutritional needs, often prioritizing satiety over dietary value.

Underlying causes of malnutrition are also significant and include insufficient caregiving practices, particularly among infants and young children who require specialized attention and feeding. The FNRI Expanded National Nutrition Survey (ENNS) 2021 highlights that nutrition outcomes are strongly influenced by a mother's level of education and her knowledge about proper feeding practices. In some parts of Bacoor, mothers may not have completed higher levels of schooling or may have limited access to health education sessions, reducing their awareness of how to provide a balanced diet and appropriate feeding routines. Frequent illnesses, such as diarrhea, measles, and acute respiratory infections, further exacerbate malnutrition by decreasing nutrient absorption and lowering appetite, which negatively affects the growth and immune system of children. These health-related challenges often interact with household and environmental factors, creating a cycle where illness leads to poor nutrition, and poor nutrition increases vulnerability to disease.

At a broader level, basic and systemic factors play a critical role in perpetuating malnutrition. Poverty and economic instability remain pervasive, with many families struggling to meet basic needs. Migration of parents for work often leaves children in the care of relatives who may not fully prioritize or understand the importance of balanced nutrition. Additionally, unhealthy eating behaviors, personal vices such as smoking and alcohol use, and ingrained cultural beliefs or food preferences strongly influence household food choices. Local observations from Barangay Nutrition Scholars (BNS) during community weighing activities in 2024 further indicate challenges in beneficiary acceptance and cooperation. Some families decline participation in nutrition interventions due to personal attitudes, cultural beliefs, or a lack of awareness about the significance of nutrition programs. These interconnected factors demonstrate that malnutrition in Bacoor is not simply a medical or biological issue but a multidimensional concern that requires a comprehensive approach, including coordinated planning, strong nutrition education, livelihood support, and active community participation, as advocated in joint statements on nutrition by UNICEF and the National Nutrition Council (NNC).

Furthermore, addressing malnutrition effectively also requires understanding and mitigating the barriers to implementing nutrition programs in the community. Limited manpower, particularly the shortage of trained nutritionists and health personnel, poses a significant challenge to delivering nutrition education, conducting growth monitoring, and providing individualized counseling. Geographical and environmental factors, including Bacoor's coastal location and vulnerability to typhoons, flooding, and monsoon rains, disrupt access to health facilities, delay the transportation



of food supplies, and negatively affect household livelihoods, particularly those dependent on fishing or agriculture. Cultural practices, personal beliefs, and social norms further complicate program implementation, as traditional food habits and caregiver practices may limit acceptance of recommended dietary changes. Resistance to participation in community-based nutrition activities—such as weighing, counseling, or supplementary feeding—can also result from a lack of understanding, mistrust, or limited prioritization of nutrition interventions. These overlapping challenges highlight that malnutrition is influenced by economic realities, cultural identity, environmental risks, and social behavior, and that interventions must be culturally sensitive, community-focused, and supported by multi-sector collaboration to ensure sustainability, accessibility, and long-term impact.

### INTERVENTIONS PREVIOUSLY IMPLEMENTED TO ADDRESS MALNUTRITION

Intervention / PPA	Description	How Effective
Infant and Toddler Early Development Program (ITED)	Food and cash distribution to support early childhood nutrition and development; includes child minding services and financial support.	Assisted hundreds of nutritionally at-risk beneficiaries, enabling them to purchase food, supplements, and essentials.
Supplementary Feeding Program (SFP)	Daily nutritious meals and snacks for preschool children (36–59 months), NAT, daycare, and school children; includes milk feeding for preschool and school-aged children.	Actively supporting 1,083 children across barangays, improving nutritional status and monitoring growth.
Complementary Feeding Program (CFP)	Supplementary food and nutrition support for children aged 6–35 months.	Reaching 888 children in 32 barangays to improve undernutrition.
Dietary Supplementation Program	Nutrition counseling, health monitoring, and dietary supplements for nutritionally at-risk pregnant women; includes iron supplementation for teens.	Supporting 200 pregnant women to improve birth weights and prevent malnutrition.
Distribution of Ready-to-Use Supplementary Food (RUSF)	Provision of specialized supplementary food to undernourished individuals across all barangays.	Helps prevent further health decline among at-risk groups.
Provision of Meals & Kits for Internally Displaced Persons (IDPs)	Emergency relief with meals, hygiene kits, and sleeping kits for families affected by fire incidents.	Provided immediate relief to 451 individuals across affected barangays.



Mass Feeding Program ("Strike sa Malnutrisyon")	City-wide feeding program targeting all ages, including 4Ps beneficiaries.	Serves 20,000 participants across 47 barangays, improving nutritional status citywide.
Household Nutrition Programs	Nutri-Kiddie Class, Pabasa sa Nutrisyon, Idol Ko Si Nanay, Nutrition Education for mothers	Promotes healthy growth, nutrition literacy, and skills for proper childcare.
Pre-Marriage Orientation & Counseling (PMOC)	Nutrition counseling for couples about maternal/child health and family planning.	Direct guidance to couples for establishing healthy habits.
BF Counseling / Revisitation of Lactation Stations	Monitoring breastfeeding stations and providing counseling on RA 10028.	Ensures proper setup and promotes breastfeeding advocacy.
Teen Center Operations (POP Dev)	Programs for adolescents at the Teen Digital Center, including personal development activities.	Provides safe spaces and skill-building for teenagers.
Sports Services	Kiddie Olympics, teen sports, Zumba for adults, healthy adult programs in coordination with LYDO & SK.	Promotes active lifestyle and health across all age groups.
Nutrition Promotion & Advocacy	Nutrition counseling, healthy lifestyle promotion, awareness campaigns, Nutri-Quiz Bee, and tarpaulins for Nutrition Month.	Reaches all age groups, promoting nutrition literacy and behavior change.
Food Augmentation / Provision of Food Packs	Distribution of food packs to adults, elderly, solo parents, PWDs; includes rice distribution.	Reduces food insecurity and ensures consistent nourishment.
Kalinga sa Solo Parents, Seniors, PWD	Targeted support programs for vulnerable groups.	Provides financial, nutritional, and educational assistance to vulnerable populations.
Urban Nutrition & Organic Garden (UNO Garden)	Promotes urban gardening for improved access to fresh produce.	Encourages self-sufficiency and access to healthy foods.
HAPAG Implementation	Community-based nutrition interventions to support household nutrition.	Helps improve nutrition at the household level.
PIMAM Program	Counseling, RUTF distribution, financial and food pack augmentation for malnourished individuals.	Supports recovery and prevention of malnutrition.



Free Use of Strike Fitness Gym	Access to city gym facilities for physical activity.	Encourages regular exercise and wellness among residents.
Skills Enhancement Training for BNS	Training on anthropometric measurements, EO51 (Milk Code), PIMAM, PPAN, and other nutrition policies.	Equips Barangay Nutrition Scholars to implement nutrition programs effectively.
SAM Case Revisitation	Follow-up of Severe Acute Malnutrition cases for nutrition counseling.	Ensures sustained recovery and strengthens local monitoring.
ITED Child Minding Services Program	Supervised care for children while parents participate in nutrition programs.	Enables parents to attend nutrition and health programs without childcare barriers.
Cooking Demonstration Sessions	Practical training on preparing nutritious meals for children and families.	Promotes adoption of healthy cooking and dietary habits.

#### AVAILABLE RESOURCES IN THE CITY

The city has 75 Barangay Nutrition Scholars (BNS), 151 Barangay Health Workers (BHW), 30 midwives, 30 nurses, and 10 doctors who support community health and nutrition programs. For equipment, the city is equipped with 20 mechanical hanging weighing scales, 20 mechanical weighing scales, 21 height/length boards, 16 infantometers, and 34 steel rulers.

The city is surrounded by natural resources that include rice fields covering **34.30 hectares**, municipal waters spanning **957.25 hectares** that serve as sources of fish and other seafood, and **2,134 fruit-bearing trees**, among other resources such as mangroves, small-scale farms, and coastal areas that support local livelihoods.

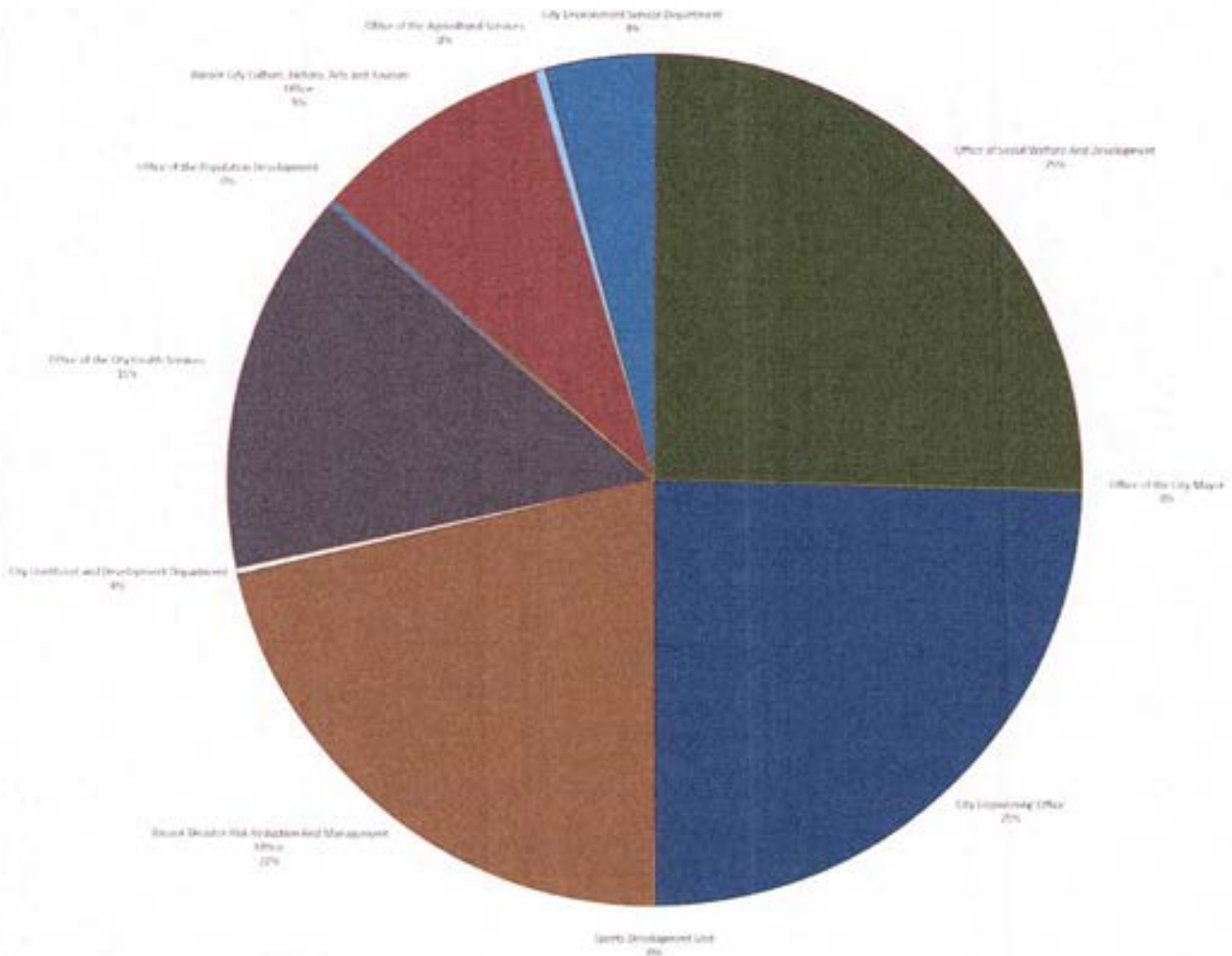


## CITY OF BACOOR HEALTH AND NUTRITION BUDGET

The city has allocated the amount of ₱249,569,435.00; of the previous year (2024).

- ✓ Php 249,569,435.00 for Health and Nutrition Programs,
- ✓ Php 137,937,585.00 Nutrition Specific Programs under Office of the Social Welfare and Development, Department of Education Bacoor, City Environment Service Department, Office of the City Health Services and;
- ✓ Php 111,631,850.00 for Nutrition Sensitive PPAs under Office of the Social Welfare and Development, Department of Education Bacoor, City Environment Service Department, Office of the City Health Services, Office of the Agricultural Services, Office of the City Mayor, City Livelihood And Development Department, City Information And Community Relations Department, City Engineering Office, Sports Development Unit, Office Of The Population Development, Bacoor Disaster Risk Reduction And Management Office, and Bacoor City Culture, History, Arts And Tourism Office

Amount Allocated of Bacoor City for Health and Nutrition Programs (2024)





In 2024, the City of Bacoor allocated a total of ₱249,569,435.00 for Health and Nutrition Programs, reflecting the City Government's strong commitment to both nutrition-specific and nutrition-sensitive interventions. This total budget was divided into two main categories: ₱137,937,585.00 for *Nutrition-Specific Programs* and ₱111,631,850.00 for *Nutrition-Sensitive Programs, Projects, and Activities (PPAs)*.

The Nutrition-Specific Programs, managed by five key departments—including the Office of the Social Welfare and Development (OSWD), Department of Education–Bacoor, City Environment Services Department, and the Office of the City Health Services—focused on direct nutritional support and capacity building. The 2024 allocations highlight a dual strategy of immediate relief and long-term poverty alleviation, with four major programs: Mass Feeding, Supplementary Feeding Program, Supplementary Feeding for Daycare Children, and the Provision of Capital Seed Fund (SLP). These programs provide immediate nutritional aid while supporting sustainable livelihoods among vulnerable families.

Meanwhile, the Nutrition-Sensitive PPAs, managed by twelve departments and offices, addressed broader determinants of health and nutrition. The Office of Social Welfare and Development received the largest share at ₱63,190,935.00, emphasizing welfare and support services. The City Engineering Office (₱61,235,000.00) and the Bacoor Disaster Risk Reduction and Management Office (₱53,500,000.00) followed closely, underscoring investments in nutrition-sensitive infrastructure (such as sanitation and water systems) and emergency preparedness. The Office of the City Health Services was allotted ₱36,250,000.00 for direct clinical and health interventions, while the Bacoor City Culture, History, Arts, and Tourism Office received ₱22,500,000.00, illustrating an integrated approach that links community wellness with cultural engagement.

Overall, Bacoor City's 2024 Health and Nutrition budget demonstrates a multi-sectoral, balanced, and sustainable strategy—combining direct feeding and health interventions with long-term investments in livelihood, education, and infrastructure to ensure a healthier, more resilient, and well-nourished Bacooreño community.

## **CONSTRAINTS THAT MAY AFFECT THE IMPLEMENTATION OF THE NUTRITION INTERVENTIONS**

The implementation of nutrition interventions in the community may be influenced by several constraints that affect both the reach and effectiveness of programs. One of the major challenges is the limited manpower, particularly the shortage of nutritionists and trained health personnel who are responsible for delivering nutrition education, growth monitoring, and counseling. According to the Philippine Plan of Action for Nutrition (PPAN 2023–2028), insufficient staffing at the local level remains a key barrier in sustaining nutrition services, especially in rapidly growing and densely populated areas. Additionally, geographical factors affect implementation. Bacoor, being partly a coastal and disaster-prone city, is highly vulnerable to typhoons, flooding, and strong monsoon rains. The DOH CALABARZON Risk Vulnerability Assessments note that such conditions disrupt daily routines, hinder access to health facilities, and delay the transportation of food supplies and essential commodities. This also affects families' livelihood, especially those depending on fishing, since rough seas and weather disturbances limit work and income, reducing household food availability and purchasing power.

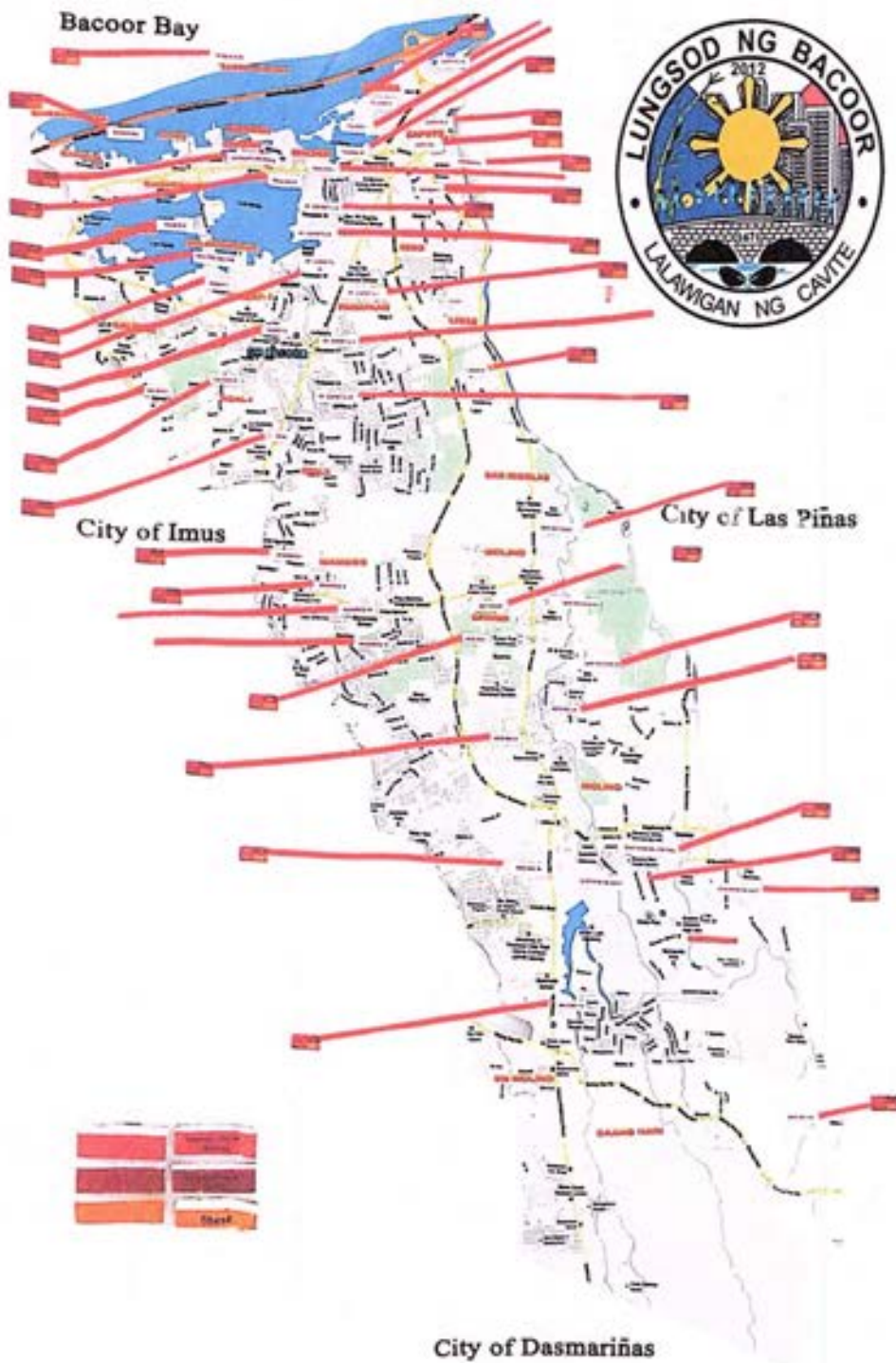


Another significant constraint involves cultural practices, personal beliefs, and the level of community acceptance. The FNRI Expanded National Nutrition Survey highlights that food habits and feeding practices are often shaped by tradition and the perceived value of certain foods, which means families may resist changes even when presented with healthier choices. In some households, limited knowledge on proper nutrition and childcare, combined with the educational attainment of mothers or caregivers, can result in inconsistent feeding routines and reliance on cheap, processed, or instant foods. The acceptance and cooperation of beneficiaries also vary; some individuals may be unwilling to participate in weighing activities, nutrition counseling sessions, or supplementary feeding due to attitudes, mistrust, lack of prioritization, or limited awareness of the importance of nutrition programs. Local feedback from Barangay Nutrition Scholars (BNS) in Bacoor further indicates that personal beliefs and social influences sometimes lead to refusal or hesitation to engage in community-based interventions.

These overlapping constraints show that malnutrition is not solely a health issue, but one that is shaped by economic realities, cultural identity, environmental risks, and social behavior. Therefore, effective nutrition programming requires not only service delivery but also consistent community engagement, culturally sensitive communication strategies, capacity building of local nutrition workers, and multi-sector coordination to ensure that interventions are accepted, accessible, and sustained.



## Bacoor City Nutrition Spot Map





## Malnutrition Problem Tree

