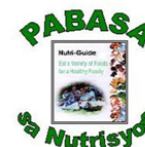




2018 Pabasa sa Nutrisyon Awards Diamond Application Form



Instructions

1. Print your answers.
2. Do not use acronyms when accomplishing the form.
3. Do not leave a space blank. Print **“Not Applicable”** if item is not applicable to your organization.
4. A copy of the Application Form may be downloaded from the NCP website (www.ncp.org.ph).
5. Accomplished Application Form, together with the required and supporting documents, must be **submitted online** at NCP’s website. **Paper copies will no longer be accepted.**
6. Submission of accomplished Application Form, together with the required and supporting documents, is on or before **May 31, 2018**. Failure to submit **accomplished Application Form and required and supporting documents** on the said deadline will result to disqualification of applicants from the *PSN Awards*. The submission portal will already be closed after the deadline.
7. A notification of receipt of submitted complete documents will be issued by NCP upon receipt of Application Form and the supporting documents.

Organization’s Profile

Organization’s Name

Indicate the official name of your organization.

Organization Type

Put a mark (x) on the appropriate box

- Government Unit, please choose from list:
 Province
 City
 Municipality
 Non-Government Organization

Organization Description. In 5 to 7 sentences, briefly describe what your organization do and the services it provides.



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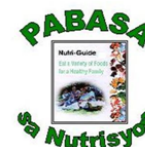


Contact Information	
Primary Contact Person Last Name, First Name, Middle Initial	
Position at Organization	
Unit Within Organization the Primary Contact Person Belongs To	
Address Street No., Street Name, Barangay, City/Municipality, Province, Region, Postal Code	
Telephone Number Include area code and local number.	
Fax Number Include area code and local number.	
Mobile Number	
Email Address	

Program Scope			
PSN Coverage			
Coverage	City	Municipality	Barangay
Organization's Coverage Refers to total number of areas covered by the organization.			
PSN Program Coverage Refers to total number of areas with PSN.			
2017			
2016			
2015			
% PSN Program Coverage Compute percentage using the given formula.			
$\% \text{ PSN Program Coverage} = \frac{\text{PSN Program coverage}}{\text{Organization's coverage}} \times 100$			
2017			
2016			
2015			



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Target Saturation			
Number of mothers per year <small>Must include mothers from PSN covered areas only.</small>	2015	2016	2017
Total (with and without underweight children, pregnant and lactating)			
With underweight children			
With severely underweight children			
Pregnant			
Lactating			

Number of Mothers	2015	2016	2017
Total Targeted for PSN			
Total Enrolled in PSN <small>with & without underweight children pregnant and lactating mothers</small>			
with Underweight Children enrolled in PSN			
with Severely Underweight Children enrolled in PSN			
Pregnant Enrolled in PSN			
Lactating Enrolled in PSN			
PSN Graduates <small>Only PSN participants who have attended 7 sessions are qualified for graduation.</small>	2015	2016	2017
Total Enrolled in PSN <small>with & without underweight children, pregnant and lactating mothers</small>			
with Underweight Children enrolled in PSN			
with Severely Underweight Children enrolled in PSN			
Pregnant Enrolled in PSN			
Lactating Enrolled in PSN			



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% of Mothers	2015	2016	2017
Enrolled in PSN Compute percentage using the given formula			
	$\% \text{ mothers enrolled in PSN} = \frac{\text{total \# of mothers enrolled in PSN}}{\text{total \# of targeted mothers}} \times 100$		
with Underweight Children enrolled in PSN Compute percentage using the given formula			
	$\% \text{ mothers with underweight child enrolled in PSN} = \frac{\text{total \# of mothers with underweight children enrolled in PSN}}{\text{total \# of mothers with underweight children}} \times 100$		
with Severely Underweight Children enrolled in PSN Compute percentage using the given formula			
	$\% \text{ mothers with severely underweight child enrolled in PSN} = \frac{\text{total \# of mothers with severely underweight children enrolled in PSN}}{\text{total \# of mothers with severely underweight children}} \times 100$		
Pregnant enrolled in PSN Compute percentage using the given formula			
	$\% \text{ pregnant mothers enrolled in PSN} = \frac{\text{total \# of pregnant mothers enrolled in PSN}}{\text{total \# of pregnant mothers}} \times 100$		
Lactating enrolled in PSN Compute percentage using the given formula			
	$\% \text{ lactating mothers enrolled in PSN} = \frac{\text{total \# of lactating mothers enrolled in PSN}}{\text{total \# of lactating mothers}} \times 100$		
% PSN Graduates in 2017 Compute percentage using the given formula.			
Total Enrolled Compute percentage using the given formula			
	$\% \text{ PSN Graduates} = \frac{\text{total number of mothers who are PSN graduates}}{\text{total number of enrolled mothers in PSN}} \times 100$		
With underweight children Compute percentage using the given formula			
	$\% \text{ PSN Graduates} = \frac{\text{number of mothers with underweight children who are PSN graduates}}{\text{total number of mothers with underweight children enrolled in PSN}} \times 100$		
With severely underweight children Compute percentage using the given formula			
	$\% \text{ PSN Graduates} = \frac{\text{no. of mothers / severely underweight children who are PSN graduates}}{\text{total no. of mothers w/ everely underweight children enrolled in PSN}} \times 100$		
Pregnant Compute percentage using the given formula			
	$\% \text{ PSN Graduates} = \frac{\text{number of pregnant mothers who are PSN graduates}}{\text{total number of pregnant mothers enrolled in PSN}} \times 100$		
Lactating Compute percentage using the given formula			
	$\% \text{ PSN Graduates} = \frac{\text{number of lactating mothers who are PSN graduates}}{\text{total number of lactating mothers enrolled in PSN}} \times 100$		



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Program Management Efficiency

Describe process of identifying and gathering targets. List the steps taken to encourage targets to come to the venue and participate in the *PSN* sessions. (maximum of 100 words only).

How are *Pabasa sa Nutrisyon* sessions conducted? Describe the venue, time and frequency of *PSN* sessions. Explain why these are appropriate in your situation. Who conducts the session? How many participants per session? (maximum of 200 words only).



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Program Management Efficiency

How do you measure the impact of *PSN* program? Describe the methods and indicators used to measure success of the program. If evaluation tests such pre-test and post-test are done, present the summary of the results. Present consolidation of OPT results for the past 3 years. (maximum of 200 words only)

List the best practices observed in the implementation of *PSN* program (up to 100 words only). What specific characteristics/activities employed has contributed to the success of the projec



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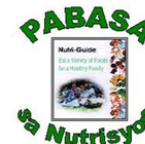


Program Impact				
Program Output Indicators				
Indicators	2015	2016	2017	% reduction / increase
Proportion of women who exclusively breastfeed their child				
Proportion of 0 to <6 year old children who took vitamin A supplements				
Proportion of pregnant women who are taking iron-folic acid supplements				
Proportion of household with own fruits/vegetable garden				
Proportion of household using iodized salt and/or fortified food				
To compute for % reduction / improvement, use the formula per indicator: $\% \text{ Reduction} = \frac{(\% \text{ at } 2016) - (\% \text{ at } 2017)}{\% \text{ at baseline}} \times 100$				

Underweight Prevalence			
OPT Results	% Underweight	% Severely Underweight	% Total
2015			
2016			
2017			
% Reduction in Prevalence of Undernutrition Compute percentage using the given formula.	$\% \text{ Reduction} = \frac{(\% \text{ children at } 2016) - (\% \text{ children in } 2017)}{\% \text{ children at baseline}} \times 100$		



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Statement of Authentication	
<p>I hereby certify that the information I have provided in this <i>Pabasa sa Nutrisyon</i> Awards Application Form of the Nutrition Center of the Philippines, to the best of my knowledge are true and correct. I understand that any false statements contained herein is sufficient ground for disqualification on the said award. I also authorized the Nutrition Center of the Philippines to conduct background information regarding any information I have provided here in connection with our application.</p>	
Name of person who accomplished the Form	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature above printed name</p> <p>Position at Organization: _____</p>
Noted by an authorized representative of the Organization <small>If person is different from the person who accomplished this Form</small>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature above printed name</p> <p>Position at Organization: _____</p>

Attachments	
<p>Attach documents as ANNEX to this Application Form. Mark (X) the box opposite the Annex Number and Name of the list of documents submitted with this Application Form. Kindly follow the recommended format of ANNEXES 3 to 5 attached at the end of this Application Form. Documents may either be original copy or certified true copy of the original (when applicable) and must be submitted together with the accomplished Application Form. Accomplished Application Form submitted without the marked supporting documents will be considered incomplete and will not be evaluated.</p>	
<input type="checkbox"/> [] <input type="checkbox"/> []	Annex 1 Endorsement Letter from the Regional Nutrition Committee (optional) Annex 2 Endorsement Letter from the Provincial Nutrition Committee (optional)
<input type="checkbox"/> [] <input type="checkbox"/> [] <input type="checkbox"/> [] <input type="checkbox"/> []	Annex 3 List of Cities / Municipalities / <i>Barangays</i> / Communities covered by the organization. The list must include the malnutrition rate among 0 to 5 year old children per area and if covered by <i>PSN</i> Program. Annex 4 Family Profile Summary Annex 5 Attendance or Registration Sheet for <i>PSN</i> Leaders Training Annex 6 Photo Documentation with description about the Who, Where, When and What of each picture submitted. (Maximum of 6 Pictures)

NCP <i>PSN</i> Awards Committee Member Contact Information	
NCR/Luzon	Ms. Eusebeia Joy Mendoza Programme Officer Room 605 ALPAP II Building Trade Street corner Investment Drive Madrigal Business Park, Ayala, Alabang, Muntinlupa City, 1799 Tel No: (02) 807-4982 / (02) 846-3331 Mobile No: 09154981793 E-mail: emendoza@ncp.org.ph
Visayas/Mindanao	Ms. Clarinda Berido Programme Officer BLISS, Pajac Lapu-lapu City, Cebu 6075 Tel No: (032) 238-6429 Mobile No: 09987926234 Email: cberido@ncp.org.ph

