



Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
NATIONAL NUTRITION COUNCIL
MIMAROPA REGION
6th Floor Avire Tower, P. Tuazon cor. Lakandula Street,
Project 4, 1109 Quezon City



PROGRAM

2022 Regional Bantay Asin Task Force Program Implementation Review

21-22 November 2022 | 8:30 AM – 5:00 PM

Venue : within Metro Manila

Time	Topic	Person-in-Charge
Day 0		
2:00 PM onwards	Arrival and check-in	
4:30 PM	Registration	NNC Secretariat
5:00 PM	Preliminaries - Invocation - National Anthem - MIMAROPA Hymn - NNC Hymn	NNC Secretariat
5:20 PM	Introduction of Participants	Ms. Jhanna Camela C. Torres, RND Development Management Officer II (PNFP)
5:30 PM	Welcome Remarks and Overview of the RBATF PIR	Ms. Ma. Eileen B. Blanco, RND, MPA RNPC, NNC-MIMAROPA
5:50 PM	Leveling of Expectations	Ms. Keren Faye M. Gaya, RND Nutrition Officer III
6:00 PM	Dinner	
Day 1		
09:45 AM	<u>Part I: Program Implementation Review</u> A. Overview of Iodine Status and IDD in the Philippines and MIMAROPA region B. Workshop Proper: Presentation of 2022 Accomplishments and Challenges Encountered - RBATF Members - LBATF Team Leaders	Ms. Jhanna Camela C. Torres, RND Development Management Officer II (PNFP) Ms. Keren Faye M. Gaya, RND Nutrition Officer III
12:00 NN	<u>Lunch</u>	
01:00 PM	Continuation of PIR Proper	
03:30 PM	<u>Part II: Presentation of Recommendations to Overcome Challenges Encountered in the Past</u>	Ms. Jhanna Camela C. Torres, RND
04:45 PM	<u>Closing Remarks</u>	Ms. Ma. Eileen B. Blanco, RND

“New normal na nutrisyon, sama-samang gawan ng solusyon!”

(02) 8252-0069 ▪ region4b@nnc.gov.ph ▪ nncmimaropa@gmail.com ▪ www.nnc.gov.ph/regional-offices/luzon/region-iv-b-mimaropa bit.ly/nncmimaropa ▪ www.facebook.com/NNCMiMaRoPaRegion





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CONFIRMATION SLIP

Regional Bantay Asin Task Force Program Implementation Review
21-22 November 2022

Instruction: Please accomplish the following and send back to our email nncmimaropa@gmail.com

Please put a check (✓) mark on the blank below:

_____ I will attend the RBATF PIR.

_____ I will not attend the RBATF PIR.

Please fill out the following:

Name of Attendee: _____

Designation: _____

Office Address: _____

Contact Number: _____

Signature: _____

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