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SENATE

Senate Bill No. 1537

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(In substitution of Senate Bills No. 136, 161, 831, 1114, 1133, 1145 and 1257)

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Prepared and submitted jointly by the Committees on Health and Demography; Women, Children, Family Relations and Gender Equality; and Finance with Senators Angara, Poe, Recto, Villar, Ejercito, Hontiveros, Villanueva, Binay and Legarda as authors thereof

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AN ACT

PROVIDING FOR THE SCALING UP OF NUTRITION FOR THE FIRST 1,000 DAYS OF LIFE THROUGH A STRENGTHENED INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION, RECONSTITUTING FOR THE PURPOSE THE NATIONAL NUTRITION COUNCIL (NNC), APPROPRIATING FUNDS THEREFORE AND FOR OTHER PURPOSES

*Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:*

1        **SECTION. 1. Short Title.** – This Act shall be known as the ***“The Healthy Nanay***  
2        ***and Bullit Act.”***

3        **SEC. 2. Declaration of Policy.** – The State under Article II, Section 15 and  
4        Article XII, Section 11 of the 1987 Constitution protects and promotes the right to health  
5        of the people, and makes available health and social services to all people, prioritizing  
6        the needs of the underprivileged, women and children.

7        Pursuant to various international human rights agreements and commitments,  
8        the State guarantees the right to adequate food, care, nutrition, and development of  
9        children, especially those from age zero to two years and of pregnant and lactating  
10       mothers.

11       The State declares its determination to eliminate hunger and reduce all forms of  
12       malnutrition. The State further maintains that ensuring healthy lives, promoting well-  
13       being, ending hunger and food insecurity, and achieving good nutrition for all at all ages  
14       are essential to the attainment of sustainable development.

1 As such, the State prioritizes nutrition for pre-pregnant, pregnant and lactating  
2 women, infants and young children, to be implemented in an integrated manner by all  
3 branches of government, using a whole-of-government approach in collaboration with  
4 civil society organizations and the private sector, using the whole-of-society approach.

5 Towards this end, the State scales up nutrition intervention programs in the first  
6 1,000 days of a child's life, and allocates resources in a sustainable manner to improve  
7 the nutritional status and to address the malnutrition of infants and young children from  
8 zero to two-years old, adolescent girls, pregnant and lactating women, as well as, to  
9 ensure growth and development of young children..

10 **SEC. 3. Objectives.**—This Act specifically aims to:

11 (a) Provide a comprehensive, sustainable and multisectoral strategy to address  
12 health and nutrition problems of newborns, infants and young children, pregnant and  
13 lactating women and adolescent females, as well as issues that negatively affect the  
14 development of young children, integrating the short, medium and long term plans of the  
15 government to end hunger, improve health and nutrition, and reduce malnutrition;

16 (b) Provide evidence-based nutrition interventions and actions which integrate  
17 responsive caregiving and early stimulation in a safe and protective environment over  
18 the First 1000 days as prescribed by the the United Nations Children's Fund (UNICEF)  
19 and the World Health Organization (WHO), as well as nutrition-specific and nutrition-  
20 sensitive mechanisms, strategies, programs and approaches in implementing programs  
21 and projects to improve nutritional status, and to eradicate malnutrition and hunger;

22 (c) Institutionalize and scale up nutrition in the First 1000 days in the Philippine  
23 Plan of Action for Nutrition the Early Childhood Care and Development Intervention  
24 Packages developed' by the National Nutrition Council (NNC), the Philippine  
25 Development Plan and the National Plan of Action for Children, and in the regional  
26 development, local government units' investment plans for health and nutrition;

27 (d) Strengthen the role of the Department of Health (DOH), the NNC and other  
28 government agencies tasked to implement nutrition programs in the First 1000 days;



1 (e) Ensure the meaningful, active and sustained participation, partnership and  
2 cooperation of NNC-member agencies, other National Government Agencies (NGAs),  
3 Local Government Units (LGUs), civil society organizations (CSOs), and the private  
4 sector, in an integrated and holistic manner, for the promotion of the health and  
5 nutritional well-being of the population, prioritizing interventions in areas with high  
6 incidence and magnitude of poverty, geographically isolated and disadvantaged areas  
7 (GIDA), and in hazard and conflict zones;

8 (f) Strengthen enforcement of the Executive Order No. 51, otherwise known as  
9 the National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement and  
10 Other Related Products or the "Milk Code", and Republic Act No. 10028, otherwise  
11 known as the "Expanded Breastfeeding Promotion Act of 2009" to protect, promote,  
12 and support optimal infant and young child feeding and maternity protection, adopting  
13 the new recommendations from the World Health Assembly (WHA) Resolution 69.9 to  
14 end the inappropriate promotion of food for infants and young children;

15 (g) Strengthen the implementation of other nutrition-related laws, programs,  
16 policies and guidelines including multisectoral integration, gender equality and  
17 promotion of the U.N. Convention on the Rights of the Child (CRC); and

18 (h) Strengthen the family support system and community support system with the  
19 active engagement of both the father and mother with support from LGUs, the NGAs,  
20 CSOs, and other stakeholders.

21 **SEC. 4. Definition of Terms.** – For the purposes of this Act, the following  
22 terms are defined as follows:

23 a) "Breastmilk Substitute" – refers to any type of milk in either liquid or  
24 powdered form, including soy milk and follow-up formula, that are specifically marketed  
25 for feeding infants and young children up to the age of 3 years;

26 b) *Civil Society Organizations* (CSOs) - refer to non-state actors whose aims  
27 are neither to generate profits nor to seek governing power such as non-government  
28 organizations (NGOs), professional associations, foundations, independent research  
29 institutes, community-based organizations (CBOs), faith-based organizations, people's

1 organizations, social movements, networks, coalitions, and labor unions which are  
2 organized based on ethical, cultural, scientific, religious or philanthropic considerations;

3 c) "*Early Stimulation*" – refers to the process where infants and young children  
4 receive external stimuli to interact with others and their environment. It provides different  
5 opportunities for the child to explore, develop skills and abilities in a natural way and  
6 understand what is happening around them. Examples of early stimulation are  
7 language, motor and sensory stimulation with the aim of optimizing their cognitive,  
8 physical, emotional and social, to avoid undesired states in development;

9 d) "*First 1,000 days of life*" – refers to the period of a child's life, spanning the nine  
10 months in the womb starting from conception to the first 24 months of his/her life, which  
11 is considered to be the critical window of opportunity to prevent malnutrition and its life-  
12 long consequences;

13 e) "*Geographically isolated and disadvantaged areas (GIDA)*" – refer to areas  
14 that are isolated due to distance or geographical isolation, weather conditions and lack  
15 of modes of transportation. This also refers to unserved and underserved communities  
16 and other areas identified to have access or service delivery problems, high incidence  
17 of poverty, presence of vulnerable sector, communities in or recovering from situation of  
18 crisis or armed conflict, and those recognized as such by a government body;

19 f) "*Low birth weight*" - refers to weight at birth of less than 2500 grams;

20 g) "*Malnutrition*" refers to deficiencies, excesses or imbalances in a person's  
21 intake of protein, energy (carbohydrates and fats) and/or nutrients covering both  
22 undernutrition which includes suboptimal breastfeeding, stunting, wasting or thinness,  
23 underweight and micronutrient deficiencies or insufficiencies, as well as overnutrition,  
24 which includes overweight and obesity;

25 h) "*Moderate Acute Malnutrition (MAM)*" – refers to low weight-for-length/height  
26 defined as between 2 and 3 SD below the median (<-2 up to -3 SD) of the WHO growth  
27 standards or a MUAC measurement of < 125mm and ≥ 115mm (< 12.5cm and ≥  
28 11.5cm).



1 i) "*Overweight*" and "*obesity*" – refers to the abnormal or excessive fat  
2 accumulation that may impair health. It is measured by Body Mass Index (BMI), which is  
3 a simple index of weight-for-height commonly used to classify overweight and obesity  
4 among adults. BMI is calculated by dividing a person's weight in kilograms by the  
5 square of his height in meters ( $\text{kg}/\text{m}^2$ ). According to the WHO, adults with a BMI greater  
6 than or equal to 25 are overweight and a BMI greater than or equal to 30 is obese. For  
7 children, it is defined as the percentage of children aged 0 to 59 months whose weight  
8 for height is above two standard deviations (overweight and obese) or above three  
9 standard deviations (obese) from the median of the WHO Child Growth Standards;

10 j) "*Responsive caregiving*" – refers to the method where the caregiver pays  
11 prompt, and close attention with affection to what the child is signalling and then  
12 provides a response that is appropriate to the to the child's immediate behavior, needs  
13 and developmental state;

14 k) "*Severe Acute Malnutrition (SAM)*" – refers to very low weight-for height  
15 defined as less than 3 standard deviations below the median ( $< -3\text{SD}$ ) of the WHO  
16 growth standards, characterized by visible severe wasting, or by the presence of  
17 bipedal pitting edema (WHO), or a Mid-Upper Arm Circumference (MUAC)  
18 measurement of  $< 115$  millimeters ( $< 11.5\text{cm}$ );

19 l) "*Stunting*" - reflects chronic undernutrition during the most critical periods of  
20 growth and development in early life. It is defined as the percentage of children aged 0  
21 to 59 months whose height for age is below minus two standard deviations (moderate  
22 and severe stunting) and minus three standard deviations (severe stunting) from the  
23 median of the WHO Child Growth Standards;

24 m) "*Underweight*" - is a composite form of undernutrition that includes elements  
25 of stunting and wasting. It is defined as the percentage of children aged 0 to 59 months  
26 whose weight for age is below minus two standard deviations (moderate and severe  
27 underweight) and minus three standard deviations (severe underweight) from the  
28 median of the WHO Child Growth Standards;

1 n) "*Wasting*" or "*thinness*" - reflects acute malnutrition and is defined as the  
2 percentage of children aged 0-59 months with low weight-for-height which is less than  
3 negative 2 SD of the WHO Child Growth Standard median. This occurs when an  
4 individual suffers from current, severe nutritional restrictions, a recent bout of illness,  
5 inappropriate childcare practices or their combination resulting to sudden weight loss or  
6 the development of bilateral pitting edema. This can be reversed with appropriate  
7 treatment.

8 **SEC. 5. *Scaling Up Nutrition for the First 1000 days of Life.*** – The DOH, the  
9 NNC, in coordination with other NGAs, the LGUs, the CSOs, and other stakeholders  
10 shall develop a comprehensive and sustainable strategy for the First 1000 days of life to  
11 address the health nutrition, and developmental problems affecting infants, young  
12 children, pregnant and lactating women, and adolescent girls. It shall operationalize the  
13 latest Philippine Plan of Action for Nutrition (PPAN), integrating the short, medium and  
14 long term plans of the government in response to the global call to eradicate hunger,  
15 improve nutrition, and prevent and manage malnutrition, as one of the 17 Sustainable  
16 Development Goals (SDGs).

17 The First 1000 Days strategy as part of the PPAN shall prioritize urban and rural  
18 populations who reside in disaster-prone, geographically isolated and disadvantaged  
19 areas (GIDA), areas with high prevalence of undernutrition, hazard/conflict-prone areas,  
20 and with poor families identified by the National Household Targeting System.

21 The NNC shall identify priority LGUs based on the presence of priority populations  
22 which shall be the focus of budgetary support from NGAs as provided in Section 15 of  
23 this Act.

24 **SEC. 6. *Program Implementation.*** - The Municipal, City, and Provincial LGUs  
25 shall be primarily responsible for the implementation of this Act through the  
26 strengthening of the integrated strategy for maternal, neonatal, child health and  
27 nutrition. It shall be implemented at the barangay level through the rural health units  
28 and/or barangay health centers, in coordination with the Sangguniang Barangay, with  
29 the mobilization of the Barangay Nutrition Scholars (BNS) and Barangay Health



1 Workers (BHWs) as frontline community-based health and nutrition service providers  
2 who shall be provided with resources and benefits to carry out their tasks.

3 The LGUs shall institutionalize the maternal, neonatal, child health and nutrition  
4 program and integrate it in the local nutrition action plans and investment plans for  
5 health. For this purpose, each provincial, municipal, and city LGU shall convene a local  
6 committee in charge of consolidating plans and coordinating and monitoring program  
7 interventions at the LGU level, to be headed by the local chief executive, and composed  
8 of the officers representing the planning and development office, agriculture, health,  
9 social welfare, education, labor and employment, budget office, and others as may be  
10 appropriate, as well as representatives from CSOs engaged in health and/or nutrition  
11 interventions,.

12 The NNC and related NGAs shall provide appropriate technical assistance to  
13 respective LGU counterparts in the development, formulation, and implementation of  
14 this Act.

15 **SEC. 7. Program Components.** - The program shall include health and  
16 nutrition services and interventions provided at the different life stages. The LGUs  
17 (Municipal, City, and Provincial), appropriate NGAs, CSOs, and other stakeholders shall  
18 work together to ensure the delivery of these services and interventions.

19 **1) Prenatal Period (First 270 Days)** – Prenatal care services at the facility and  
20 community level shall include but not be limited to the following:

- 21 a) Pregnancy tracking and enrollment to antenatal care services (ANC);
- 22 b) Regular follow up to complete the recommended minimum number of  
23 quality ANC care visits with proper referral for high-risk pregnancies;
- 24 c) Provision of maternal immunizations including tetanus and diphtheria  
25 toxoid vaccine for the prevention of neonatal tetanus;
- 26 d) Preparation of birth and emergency plans and appropriate plans for  
27 breastfeeding and rooming-in;

- 1 e) Counselling on maternal nutrition, appropriate infant and young child  
2 feeding practices (e.g. exclusive breastfeeding for six months, continued  
3 with complementary feeding of diverse, indigenous food until 24 months),  
4 smoking cessation, and adoption of healthy lifestyle practices;
- 5 f) Early identification and management of nutritionally-at-risk pregnant  
6 women and pregnant adolescent girls and provision of ready-to-use  
7 supplementary food (RUSF) in addition to dietary supplementation, as  
8 appropriate;
- 9 g) Provision of micronutrient supplements such as iron, folic acid, calcium,  
10 iodine in areas with low utilization of iodized salt and high incidence of  
11 iodine deficiency disorders, and other micronutrients deemed necessary  
12 based on recent evidence;
- 13 h) Promotion of the consumption of iodized salt and foods fortified with  
14 micronutrients including folic acid, iron, Vitamin A and other micronutrients  
15 deemed necessary based on recent evidence;
- 16 i) Assessment of risk for parasitism and provision of anti-helminthic  
17 medicines;
- 18 j) Provision of oral health services including oral health assessment;
- 19 k) Counselling on proper hand-washing, environmental sanitation, and  
20 personal hygiene;
- 21 l) Counselling on and utilization responsible parenthood and family health  
22 services;
- 23 m) PhilHealth enrollment and linkages to facility and community-based health  
24 and nutrition workers and volunteers;
- 25 n) Social welfare support to improve access to health and nutrition services  
26 such as but not limited to dietary supplementation, healthy food products  
27 and commodities for nutritionally-at-risk pregnant women belonging to  
28 poorest of the poor families;
- 29 o) Maternity protection during pregnancy;



1 p) Counselling and support to parents/ caregivers on parent/ caregiver-  
2 infant/child interaction for responsive care and early stimulation for early  
3 childhood development;

4 q) Provision of counselling and psychosocial support to both mother and  
5 father with priority to highly at-risk pregnant women and adolescent girls  
6 belonging to poorest of the poor families; and

7 r) Others as may be determined based on international and national  
8 guidelines and evidence generated locally.

9 **2) *Women about to give birth and immediate postpartum period.*** - Health  
10 and nutrition services at the facility and community level shall include but not be limited  
11 to the following:

12 a) Adherence to the couple's birth, breastfeeding, and rooming-in plans;

13 b) Provision of mother-friendly practices during labor and delivery in line with  
14 and in compliance to the Mother and Baby-Friendly Health Facility Initiative  
15 (MBFHF) and current essential maternal and newborn care protocols of the  
16 DOH;

17 c) Monitoring of the progress of labor and the well-being of both the mother and  
18 the fetus and provision of interventions to any health issue that may arise;

19 d) Identification of high-risk newborns that will be delivered, the premature, small  
20 for gestational age (SGA), and/or low birth weight infants, and the provision of  
21 preventive interventions to reduce complications of prematurity or low birth  
22 weight;

23 e) Coverage and utilization of PhilHealth benefit packages for maternal care;

24 f) Nutrition counselling and provision of nutritious food and meals at the facility,  
25 most especially for women who gave birth to babies who are pre-term, small for  
26 gestational age, or low birth weight, until discharge;

27 g) Provision of lactation management services to support breastfeeding initiation  
28 and exclusive breastfeeding for six months, most especially for caesarean  
29 deliveries, and thereafter until discharge;

1 h) Counselling on proper hand-washing, environmental sanitation, and personal  
2 hygiene;

3 i) Counselling on and utilization of responsible parenthood and family health  
4 services;

5 j) Maintenance of non-separation of the mother and her newborn and rooming-  
6 in for early breastfeeding initiation;

7 k) Assurance of women and child friendly-spaces during calamities, disasters,  
8 or other emergencies where health and nutrition services for women and children  
9 shall be provided and expectant mothers will be able to give birth following  
10 prescribed maternal and intrapartum protocol;

11 l) Provision of support to fathers to ensure their commitment to support the  
12 mother and child on proper health and nutrition care and provide necessary  
13 counselling and positive parenting support interventions (PSI);

14 m) Counselling and support to parents/ caregivers on parent/ caregiver-  
15 infant/child interaction for responsive care and early stimulation for early  
16 childhood development; and

17 n) Others as may be determined based on international and national guidelines  
18 and evidence generated locally.

19 3) ***Post-partum and lactating women.*** - Health and nutrition services at the  
20 facility and community level shall include but not be limited to the following:

21 a) Follow-up visits to health facilities where they gave birth;

22 b) Home visits for women in difficult-to-reach communities especially if located in  
23 a GIDA;

24 c) Lactation support and counselling from birth up to two years and beyond,  
25 including those women who will return to work and for women in the informal  
26 economies;

27 d) Nutrition assessment and counselling to meet the demands of lactation in  
28 health facilities and workplaces;



- 1 e) Identification and management of malnutrition of chronically-energy deficient  
2 and nutritionally at risk postpartum and lactating women including adolescent  
3 mothers and provision of ready-to-use supplementary food (RUSF) in addition to  
4 dietary supplementation, as appropriate;
- 5 f) Organization of community-based mother support groups and peer  
6 counsellors for breastfeeding in cooperation with other health and nutrition  
7 workers;
- 8 g) Lactation breaks for women in the workplaces including micro, small and  
9 medium enterprises;
- 10 h) Availability of lactation stations in the workplaces, both in government and  
11 private sector, informal economy workplaces, and in public places and public  
12 means of transportation as stipulated in Republic Act 10028, otherwise known as  
13 the "*Expanded Breastfeeding Promotion Act of 2009*" and its implementing rules  
14 and regulations;
- 15 i) Organization of breastfeeding support groups in workplaces, in cooperation  
16 with occupational health workers and human resource managers trained in  
17 lactation management for the workplace;
- 18 j) Provision of micronutrient supplements including, iron, folic acid, Vitamin A  
19 and other micronutrients deemed necessary based on recent evidence;
- 20 k) Promotion of the consumption of iodized salt and foods fortified with  
21 micronutrients including folic acid, iron, Vitamin A, and other micronutrients  
22 deemed necessary based on recent evidence;
- 23 l) Provision of oral health services;
- 24 m) Counselling on and utilization of responsible parenthood and family health  
25 services;
- 26 n) Social welfare support to improve access to health and nutrition services such  
27 as but not limited to dietary supplementation, healthy food products and  
28 commodities for chronically-energy deficient postpartum and/or lactating women  
29 belonging to poorest of the poor families;

1 o) Assurance of women-friendly and child-friendly spaces where mothers and  
2 their infants will be able to continue breastfeeding during calamities, disasters, or  
3 other emergencies;

4 p) Provision of support to fathers to ensure their commitment to support the  
5 mother and child on proper health and nutrition care and provide necessary  
6 counselling and positive parenting support interventions (PSI);

7 q) Counselling and support to parents/ caregivers on parent/ caregiver-  
8 infant/child interaction for responsive care and early stimulation for early childhood  
9 development; and

10 r) Others as may be determined based on international and national guidelines  
11 and evidence generated locally.

12 4) **Birth and newborn period (28 days).** - Health and nutrition services at the  
13 facility and community level shall include but not be limited to the following:

14 a) Provision of baby-friendly practices during delivery in line with and in  
15 compliance to the Mother and Baby-Friendly Health Facility Initiative (MBFHF)  
16 and essential newborn care protocol of the Department of Health in all facilities  
17 providing birthing services;

18 b) Provision of continuous skin-to-skin contact, kangaroo mother care for small  
19 babies born preterm and low birth weight;

20 c) Maintenance of non-separation of the mother and her newborn from birth for  
21 early breastfeeding initiation and exclusive breastfeeding;

22 d) Provision of routine newborn care services such as eye prophylaxis, vitamin K  
23 supplementation, and immunizations;

24 e) Administration of newborn screening and newborn hearing screening;

25 f) Availment and utilization of appropriate PhilHealth benefit packages for the  
26 newborn;

27 g) Provision of early referral to higher level facilities to manage illness and/ or  
28 other complications;



1 h) Availability of human milk pasteurizer for strategic Level 2 and Level 3  
2 facilities with neonatal intensive care units to ensure breastmilk supply for small  
3 babies born preterm and low birth weight within its facility, the service delivery  
4 network it serves, and for use of infants and young children during emergencies  
5 and disasters;

6 i) Assurance of a child-friendly space where exclusively breastfed infants will be  
7 able to continue breastfeeding during calamities, disasters or other emergencies;

8 j) Social welfare support to improve access to health and nutrition services for  
9 newborns belonging to poorest of the poor families;

10 k) Facilitated and prompt birth registration including restoration and  
11 reconstruction of birth registration documents destroyed during disasters;

12 l) Counselling and support to parents/ caregivers on parent/ caregiver-  
13 infant/child interaction for responsive care and early stimulation for early  
14 childhood development;

15 m) Provision of support to parents on early stimulation and responsive care for  
16 infants; and

17 n) Others as may be determined based on international and national guidelines  
18 and evidence generated locally.

19 **5) First 6 months of infancy (180 days).** - Health and nutrition services at the  
20 facility and community level shall include but not be limited to the following:

21 a) Provision of continuous support to mother and her infant for exclusive  
22 breastfeeding including referral to trained health workers on lactation  
23 management and treatment of breast conditions;

24 b) Provision of appropriate and timely immunization services integrated with  
25 assessment of breastfeeding, early child development, growth monitoring and  
26 promotion and IYCF counselling;

27 c) Growth and development monitoring and promotion of all infants <6 months  
28 especially those who had low birth weight, are stunted, or had acute malnutrition;

1 d) Counselling household members on hand washing, environmental sanitation,  
2 and personal hygiene;

3 e) Provision of early referral to higher level health facilities to manage common  
4 childhood illnesses including acute malnutrition;

5 f) Identification and management of moderate or severe acute malnutrition  
6 among infants less than 6 months old and provision of lactation management  
7 services and management of medical conditions contributing to malnutrition;

8 g) Counselling and support to parents/ caregivers on parent/ caregiver-  
9 infant/child interaction for responsive care and early stimulation for early  
10 childhood development;

11 h) Social welfare support to improve access to health and nutrition services for  
12 newborns belonging to poorest of the poor families;

13 i) Provision of support to fathers to ensure their commitment to support the  
14 mother and child on proper health and nutrition care and provide necessary  
15 counselling and positive parenting support interventions (PSI);

16 j) Assurance of women and child friendly–spaces during calamities, disasters,  
17 or other emergencies where health and nutrition services for women and children  
18 shall be provided; and

19 k) Others as may be determined based on international and national guidelines  
20 and evidence generated locally.

21 **6) Infants 6 months up to 2 years of age** - Health and nutrition services at the  
22 community level shall include but are not limited to the following:

23 a) Timely introduction of safe, appropriate, and nutrient-dense quality  
24 complementary food with continued and sustained breastfeeding for all infants  
25 from six months up to 2 years of age, with emphasis on the use of suitable,  
26 nutrient-rich, home-prepared, and locally available foods that are prepared and  
27 fed safely;

28 b) Provision of nutrition counselling on complementary food preparation and  
29 feeding to mothers and caregivers;



- 1 c) Growth and development monitoring and promotion in health facilities and at  
2 home;
- 3 d) Provision of routine immunizations based on the latest DOH guidelines;
- 4 e) Provision of micronutrient supplements including vitamin A, iron, iodine, and  
5 other micronutrients deemed necessary based on recent evidence;
- 6 f) Management of common childhood illnesses based on WHO and DOH  
7 guidelines;
- 8 g) Management of moderate and severe acute malnutrition using national  
9 guidelines and proper referral to higher level health facilities as appropriate  
10 treatment and management especially those with serious medical complications
- 11 h) Provision of oral health services including application of fluoride varnish to  
12 prevent dental caries;
- 13 i) Provision of anti-helminthic tablets for children 1-2 years old as appropriate;
- 14 j) Availability of potable source of water, counselling of household members on  
15 hand washing, environmental sanitation, and personal hygiene, and support for  
16 sanitation needs of households;
- 17 k) Counselling on parent-infant interaction for child stimulation, early childhood  
18 development, assessment and referral for development delays for early  
19 prevention, treatment and rehabilitation;
- 20 l) Counselling and support to parents/ caregivers on parent/ caregiver-  
21 infant/child interaction for responsive care and early stimulation for early  
22 childhood development;
- 23 m) Social welfare support to improve access to health and nutrition services such  
24 as but not limited to dietary supplementation, complementary food, other healthy  
25 food products and commodities, assessment and referral for development delays  
26 for early prevention, treatment and rehabilitation for infants 6 months and above  
27 who belong to poorest of the poor families;
- 28 n) Support for home kitchen gardens wherever feasible;

1 o) Provision of locally available grown crops, vegetables and fruits in addition to  
2 other agricultural products to be used in complementary feeding and dietary  
3 supplementation;

4 p) Protection against child abuse, injuries and accidents including the provision  
5 of first aid, counselling and proper referrals; and,

6 q) Others as may be determined based on international and national guidelines  
7 and evidence generated locally.

8 **SEC. 8. Health and Nutrition of Adolescent Girls.** – To address the cyclical  
9 nature of malnutrition among the population, delivery of health and nutrition services for  
10 adolescent girls (age 10 to 18 years old) at facility and community levels shall include  
11 but not be limited to the following:

12 a) Assessment of health and nutrition status and identification of nutritionally-at-  
13 risk adolescent girls, as well as provision of ready to use supplementary food or  
14 ready to use therapeutic food for nutritionally at-risk adolescent girls, as  
15 appropriate;

16 b) Provision of age-appropriate immunizations based on the latest DOH  
17 guidelines;

18 c) Provision of oral health services including oral health assessment;

19 d) Provision of anti-helminthic drugs for deworming;

20 e) Counselling on proper hand-washing, environmental sanitation, and personal  
21 hygiene;

22 f) Provision of micronutrient supplements including iron, folic acid, iodine, and  
23 other micronutrients according to guidelines of the DOH, in partnership with the  
24 Department of Education (DepEd);

25 g) Promotion of the consumption of iodized salt and foods fortified with  
26 micronutrients such as iron, folic acid, vitamin A, and other micronutrients that  
27 may be deemed necessary based on recent evidence;

28 h) Referral to higher-level health facilities to manage complicated illnesses  
29 including moderate and severe acute malnutrition;



- 1 i) Counselling on proper nutrition, smoking cessation, adoption of healthy  
2 lifestyle practices, and family health; and  
3 j) Others as may be determined based on international guidelines and evidence  
4 generated locally.

5 **SEC. 9. *Other Program Components*** – The LGUs (Municipal, City, and  
6 Provincial), appropriate NGAs, CSOs, and other stakeholders shall likewise consider  
7 the following cross cutting components in the implementation of the program:

- 8 a) National and local health and nutrition investment planning and financing;  
9 b) Advocacy, social mobilization and community participation;  
10 c) Service delivery;  
11 d) Health and nutrition human resources capacity development;  
12 e) Sectoral collaboration and partnerships;  
13 f) Logistics and supply management;  
14 g) Knowledge management and information; and  
15 h) Monitoring and evaluation;

16 **SEC. 10. *Capacity-Building Barangay Health and Nutrition Volunteers***. The  
17 DOH and the NNC, in coordination with the LGUs, shall provide practical and effective  
18 training courses to Barangay Nutrition Scholars (BNSs), Barangay Health Workers  
19 (BHWs), and other appropriate human resources to upgrade their skills and  
20 competence in the implementation of the services and interventions for the health and  
21 nutrition of women and children.

22 **SEC. 11. *The National Nutrition Council (NNC)***. – The NNC, an attached body  
23 to the DOH created under Presidential Decree No. 491, shall be reconstituted and  
24 strengthened to ensure an integrated approach and multi-sectoral participation in the  
25 scaling up of nutrition programs. The composition of the NNC Governing Board is  
26 hereby amended and the same shall now be composed of the following members:

- 27 a. Secretary of the Department of Health (Chairperson);  
28 b. Secretary of the Department of Agriculture (Vice-Chairperson);  
29 c. Secretary of the Department of Social Welfare and Development;

- 1 d. Secretary of the Department of Education;
- 2 e. Secretary of the Department of Science and Technology;
- 3 f. Secretary of the Department of Budget and Management;
- 4 g. Secretary of the Department of Trade and Industry;
- 5 h. Secretary of the Department of the Interior and Local Government;
- 6 i. Secretary of the Department of Labor and Employment;
- 7 j. The Director General of the National Economic and Development
- 8 Authority;
- 9 k. Chairperson of the Philippine Commission on Women;
- 10 l. The Executive Director of the Early Childhood Care and Development
- 11 Council;
- 12 m. Presidents of the League of Cities, League of Municipalities, League of
- 13 Provinces; and
- 14 n. Three representatives from the private sector or CSOs, to be appointed by
- 15 the President of the Philippines who shall represent any of the following: 1)
- 16 health and nutrition professional organizations; 2) women; 3) children's rights
- 17 and welfare advocacy, 4) farmer and fisher folk; 5) urban poor; 6) organization
- 18 or association of community health workers; 7) academe and research
- 19 institutions.

20 Said representatives shall serve for a term co-terminus with the appointing  
21 authority.

22 The heads of Departments may be represented by their duly designated  
23 representatives who shall be of a rank not lower than an Assistant Secretary.

24 Representatives from the private sector with conflicts of interests especially as  
25 stated in Executive Order No. 51 will be inhibited from being members of the Council.

26 **SEC. 12. Functions, Roles, and Responsibilities of the NNC** - The NNC, the  
27 highest policymaking and coordinating body on nutrition, shall have the following  
28 functions and powers:



1 a) Formulate national nutrition policies, plans, strategies and approaches for  
2 nutrition improvement including strategies on women, infant and young child, and  
3 adolescent nutrition;

4 b) Oversee and serve as a focal point in the integration of nutrition policies and  
5 programs of all member agencies and instrumentalities charged with the implementation  
6 of existing laws, policies, rules and regulations concerning nutrition;

7 c) Coordinate, monitor and evaluate nutrition programs and projects of the  
8 public and private sectors and LGUs to ensure their integration with national policies;

9 d) Receive grants, donations and contributions, in any form, from foreign  
10 governments, private institutions and other funding entities for nutrition programs and  
11 projects: Provided, that no conditions shall be made contrary to the policies or  
12 provisions of this Act;

13 e) Coordinate the joint planning and budgeting of member agencies to ensure  
14 funds for relevant nutrition programs and projects, to secure the release of funds in  
15 accordance with the approved programs and projects, and to monitor implementation  
16 and track public expenditure on these programs; and

17 f) Call upon any government agency and instrumentality for such assistance as  
18 may be required to implement the provisions of this Act.

19 **SEC. 13. *Role of NNC Member Agencies, other NGAs and LGUs.*** Member  
20 agencies shall be responsible for ensuring the implementation of programs and  
21 projects, development of promotive, preventive and curative nutrition programs, and  
22 integration of health and nutrition concerns into their respective policies and plans. It  
23 shall provide additional resources in any form including technical assistance sourced  
24 from its budget in support of the local nutrition programs as a continuing involvement of  
25 the national government to local programs.

26 **SEC. 14. *Nutrition in the Aftermath of Natural and Human-Induced Disasters***  
27 ***and Calamities.*** - Areas that are affected by disasters and emergency situations, both  
28 natural and man-made must be prioritized in the delivery of health, nutrition, and  
29 psychosocial services and interventions. The national, and local governments are

1 mandated to facilitate and ensure immediate delivery of basic necessities and services  
2 including access to basic health services, nutrition services, and food supplies for  
3 proper nourishment of children specifically those from zero to two (2) years old and  
4 pregnant and lactating women.

5 Donations of milk formula, breastmilk substitutes, and or products covered by  
6 the Milk Code shall be prohibited in order to protect the health and nutrition of pregnant  
7 and lactating women, infants and young children before, during and after a disaster.

8 In emergency situations, donations or assistance from the private sector, with no  
9 conflicts of interest or those not involved with manufacture, marketing, and sales of  
10 products covered by the scope of the Milk Code, shall be allowed immediately in the  
11 aftermath of natural disasters and calamities. Strict compliance with the Milk Code and  
12 its revised implementing rules and regulations shall be observed and options for  
13 mothers with breastfeeding problems will be provided, such as, but not limited to the  
14 mobilization of breastfeeding support groups or strategic establishment of local milk  
15 banks.

16 The DOH and other departments, in coordination with the National Disaster Risk  
17 Reduction & Management Council (NDRRMC), shall formulate guidelines and  
18 mechanisms in pursuit of this Section, taking into consideration humanitarian, inclusive,  
19 gender and culture-sensitive standards for the protection of children, pregnant and  
20 lactating mothers stated stated in Republic Act 10821, otherwise known as the  
21 "*Children's Emergency Relief and Protection Act*", its implementing rules and  
22 regulations and the Comprehensive Emergency Program for Children.

23 **SEC. 15. *Implementing Rules and Regulations*** – Within ninety (90) days from  
24 the effectivity of this Act, the DOH shall, in coordination with the DepEd, Department of  
25 Agriculture, (DA), Department of Social Welfare and Development (DSWD), and  
26 Department of the Interior and Local Government (DILG) through the NNC governing  
27 board in consultation with stakeholders in the public and private sectors, promulgate the  
28 implementing rules and regulations necessary for the effective implementation of this  
29 Act.



1           **SEC. 16. Appropriations.** – The amount needed for the initial implementation  
2 of this Act shall be charged against the appropriations for the DOH and NNC.  
3 Thereafter, such sums as maybe necessary for the continued implementation of this Act  
4 shall be included in the annual General Appropriations Act (GAA).

5           The Department of Budget and Management (DBM), in coordination with the  
6 Department of Finance (DOF) and the DOH, shall consider the prevalence of  
7 malnutrition in determining the annual appropriations for the implementation of this Act.  
8 A separate budget item in the annual appropriations of LGUs shall be allocated for their  
9 action plans specified in this Act.

10           Priority LGUs identified by the NNC Secretariat shall be eligible to receive from  
11 appropriate NGAs supplementary funds necessary for the implementation of this Act.  
12 Said subsidy shall be included in the GAA.

13           **SEC. 17. Joint Congressional Oversight Committee**     — A Joint  
14 Congressional Oversight Committee is hereby created to conduct a regular review of  
15 the program which shall entail an evaluation of the program's performance, impact or  
16 accomplishments with respect to its objectives or goals. The Oversight Committee shall  
17 be composed of five (5) members from the Senate and five (5) members from the  
18 House of Representatives, to be appointed by the Senate President and the Speaker of  
19 the House of Representatives, respectively. The Oversight Committee shall be jointly  
20 chaired by the Chairpersons of the Senate Committee on Health and Demography and  
21 the House of Representatives Committee on Health.

22           **SEC. 18. Separability Clause.** - If any provision of this Act or the application of  
23 such provision to any instrumentalities or entities or circumstances is held invalid or  
24 unconstitutional for any reason or reasons, the remainder of this Act or the application  
25 of such other provisions shall not be affected thereby.

26           **SEC. 19. Repealing Clause.** – All laws, decrees, executive orders,  
27 administrative orders or parts thereof inconsistent with the provisions of this Act are  
28 hereby repealed, amended or modified accordingly.

1           **SEC. 20. Effectivity.** This Act shall take affect fifteen (15) days after its  
2 publication in the *Official Gazette* or in a newspaper of general circulation.

3           Approved.