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Introduced by **HONORABLE BELLAFLOR J. ANGARA-CASTILLO**

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**EXPLANATORY NOTE**

A child's first 1,000 days – the period covering the 9 months of a mother's pregnancy and her child's first two (2) years – has been dubbed a "window of opportunity." This period is extremely crucial to a child's fair start in life. As a 2015 Philippine Legislators Committee on Population and Development (PLCPD) policy brief emphasized:


*"... [The first 1,000 days] is when nutrition trumps genetics and a person's potential is maximized. Getting proper nutrition in the first 1,000 days is crucial for physical growth of children, a pathway out of poverty for poor households, and a driver of growth for countries. It prevents more than one-third of child deaths per year, improves school attainment by at least one year, increases wages by 5 to 50 percent, reduces poverty because well-nourished children are 33 percent more likely to escape poverty as adults, empowers women to be 10 percent more likely to run their own business and break the intergenerational cycle of poverty."*

Unfortunately, many are unaware of this. Programs for antenatal and postnatal care – as well as for newborn health and nutrition – may be in place, but more priority and policy focus must be dedicated to ensuring that our pregnant mothers and newborns receive proper nutrition. Thus, a more comprehensive policy regime is needed.

According to UNICEF, such a policy regime should 1) ensure the nutrition of pregnant mothers and adolescent girls; 2) mainstream improved breastfeeding practices and 3) improved complementary feeding practices; 4) provide improved protection against undernutrition and disease to children between 6 and 24 months; and 5) ensure proper feeding of children who are sick and undernourished. Support to barangay health volunteers including training courses are likewise sought to be put in place to help ensure the effective implementation the interventions during the child's first 1,000 days.

The foregoing measure outlines and aims to establish a *First 1,000 Days Program* in every barangay. Such program lays the proper foundation for the country's future growth and development.

In view of the foregoing, the passage of this bill is earnestly sought.

  
**BELLAFLOR J. ANGARA-CASTILLO**  
Representative  
Lone District, Province of Aurora

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Introduced by HONORABLE BELLAFLOR J. ANGARA-CASTILLO

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AN ACT  
FOR SCALING UP NUTRITION DURING THE FIRST 1000 DAYS OF LIFE  
AND FOR OTHER PURPOSES

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

**SECTION 1. Title.** – This Act shall be known as the “**First 1,000 Days Act.**”

**Sec. 2. Declaration of Policy.** – The right to health is a fundamental principle guaranteed by the State. Section 15, Article II of the 1987 Constitution emphasizes that “The State shall protect and promote the right to health of the people and instill health consciousness among them.” Furthermore, as party to international human rights agreements such as the Universal Declaration of Human Rights, International Covenant on the Economic, Social and Cultural Rights, the United Nations Convention on the Rights of a Child and to the Scaling Up Nutrition Movement, the State commits to its obligations that guarantee the right to adequate food, care and nutrition to pregnant and lactating mothers and children, especially those from zero (0) to two (2)-years old.

Moreover, the State commits to the Philippine Development Plan and the Philippine Plan of Action on Nutrition (PPAN) to contribute to the improvement of the quality of human resource in the country, and the reduction of child and maternal mortality.

The State likewise declares its determination to eliminate hunger and to reduce all forms of malnutrition. The State further maintains that nutrition is both an end-goal and a means to achieve sustained development. It is a multi-faceted issue requiring committed inputs from all sectors. As such, nutrition shall be a priority of the government to be implemented by all its branches in collaboration with non-government organizations and the private sector, in an integrated manner.

The State undertakes to allocate its resources in a sustainable manner thereby eradicating malnutrition of adolescent girls, pregnant and lactating women, and children from zero (0) to two (2)-years old.

The State finally refocuses the intervention program on malnutrition to the first 1,000 days of a child’s life, *i.e.* the nine months in the womb and the first 24 months of his/her life which is considered to be the critical window of opportunity to prevent malnutrition and life-long consequences.

**Sec. 3.Objectives.** – This Act specifically aims to:

- a) Provide a more comprehensive, sustainable and multi-sectoral approach to address malnutrition.
- b) Ensure adherence to the commitments and obligations such as the International Covenant on the Economic, Social and Cultural Rights international Convention on the Rights of the Child (CRC), A Promise Renewed, Scaling Up Nutrition (SUN), and the 2016 Sustainable Development Goals, particularly Goal 2 which states that it aims to end hunger, achieve food security and improved nutrition for all. And also



- Goal 3 which states that it aims to ensure healthy lives and promote well-being for all.
- c) Provide nutrition specific and nutrition sensitive mechanisms, strategies, programs and approaches in implementing programs and projects to improve nutritional status and to eradicate malnutrition and hunger.
  - d) Strengthen the role of the Department of Health, the National Nutrition Council (NNC) and other agencies tasked to implement this Act.
  - e) Ensure the meaningful, active and sustained participation, partnership and cooperation of NNC-member agencies, other National Government Agencies (NGAs), Local Government Units (LGUs), Non-Government Organizations (NGOs), and the private sector, in an integrated and holistic manner, for the promotion of the nutritional well-being of the population.
  - f) Strengthen enforcement of the Milk Code (Executive Order Number 51, Series of 1986), and the Expanded Breastfeeding Promotion Act (Republic Act Number 10028), so as to protect, promote, and support optimal infant and young child feeding.
  - g) Strengthen other nutrition related policies, guidelines and laws such as the ASIN Law and Food Fortification Laws, promote good nutrition under the Accelerated Hunger Mitigation program and the DOH Administrative Order 2015-055, entitled as the National Guidelines on the Management of Acute Malnutrition Under 5 years old.

**Sec. 4. Definition of Terms.** – For the purposes of this Act, the following shall refer to:

- a) **Geographically isolated and disadvantaged areas (GIDA)** are areas that are isolated due to distance, weather conditions and transportation, unserved and underserved communities and other areas identified to have high incidences of poverty, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict and recognized as such by a government body
- b) **Low birth weight** refers to weight at birth of less than 2500 grams;
- c) **Micronutrient deficiency** refers to a deficiency of nutrients required by the body in small amounts for vital physiological functions. These include vitamin A, iron, folic acid, iodine, zinc and other nutrients. The deficiency of these micronutrients may result in: vitamin A deficiency (VAD), iron deficiency anemia (IDA), iodine deficiency disorders (IDD) among others;
- d) **Overweight and obesity** are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>). According to the WHO, a BMI greater than or equal to 25 is overweight. While a BMI greater than or equal to 30 is obesity.
- e) **Stunting** refers to low height-for-age which is less than negative 2 standard deviations (SD) of the WHO Child Growth Standard median and which is an indicator of long standing or chronic malnutrition;
- f) **Underweight** refers to low weight-for-age which is less than negative two (2) SD of the WHO Child Growth Standard median;
- g) **Wasting or thinness** indicates in most cases a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may also be the result of a chronic unfavorable condition. Wasting refers to low weight-for-height which is less than negative 2 SD of the WHO Child Growth Standard median.
- h) **Anemia**, as defined by the World Health Organization is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status. Iron deficiency is thought to be the most common cause of anemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anemia. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Pregnant women and children are particularly vulnerable.
- i) **Chronic Energy Deficiency or CED or acute undernutrition**, as defined by the World Health Organization, results from negative energy balance due to inadequate

food and nutrient intake, problems in absorption (relatively rare) or excessive nutrient loss (e.g. due to infections and malignancies). Undernutrition can be acute as in famine, natural disasters or man-made. This is one of the major public health problems in SEA Region countries.

j) **Severe Acute Malnutrition (SAM)**, as defined by World Health Organization, having a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition.

k) **Nutrition-specific interventions and programmes**, as termed by the Scaling Up Nutrition Movement, refer to interventions or programmes that address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases.

l) **Nutrition-sensitive interventions and programmes**, as termed by the Scaling Up Nutrition Movement, refer to interventions or programmes that address the underlying determinants of fetal and child nutrition and development – food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment – and incorporate specific nutrition goals and actions. Nutrition-sensitive programmes can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.

**SEC. 5. *Scaling Up Nutrition in the first 1000 days.*** – There shall be a comprehensive and sustainable strategy to address the health and nutrition problems in the country affecting pregnant and lactating women, infants and young children. This shall be formulated by the Department of Health (DOH) and the NNC as a program to operationalize the latest Philippine Plan of Action for Nutrition (PPAN) which integrates short, medium and long term plan of the government in response to the global call to eradicate hunger and malnutrition.

The strategy shall be formulated, within three (3) months from the effectivity of this Act, in consultation and cooperation with other agencies, LGUs, relevant health professionals, civil society and the private sector excluding milk companies and their representatives, in accordance with the Revised Implementing Rules and Regulations of the Milk Code. The health and nutrition programs shall focus on pregnant and lactating women as well as the health and nutrition of newborns, infants and young children.

**Sec. 6. *Coverage.*** – This Act covers all children covered in the First 1,000 days of life from conception to age 24 months, including adolescent girls, pregnant and lactating women, particularly teenage mothers.

This coverage prioritizes those who reside in geographically isolated and disadvantaged areas (GIDA) and hazard/conflict-prone areas identified by the Department of Social Welfare and Development and the Department of Science and Technology or the National Disaster Risk Reduction & Management Council, respectively.

**Sec. 7. *Health and Nutrition Services and Interventions for Women, Infants and Young Children in the First 1000 Days.*** – Health and nutrition services and interventions offered are the following:

a. **First 270 days (Pregnancy until birth)**

i. **Antenatal care services at the barangay level of each local government unit, which shall include, among others:**

- a) Pregnancy tracking and enrollment to prenatal care services;
- b) Regular follow up to complete minimum of four (4) prenatal care visits;
- c) Identification of nutritionally-at-risk pregnant women;

- d) Provision of nutrition counseling to pregnant women and their family especially on their nutrition needs and preparation for early initiation of breastfeeding;
- e) Social welfare support for access to nutritious and healthy food products and commodities for nutritionally-at-risk pregnant women belonging to poorest of the poor families;
- f) Provision of micronutrient supplements with ferrous sulfate-folic acid;
- g) use Of iodized salt and fortified-rich foods;
- h) use Of iodized oil capsules in areas with low utilization of iodized salt and high incidence of iodine deficiency disorders;
- i) Routine deworming;
- j) Provision of tetanus toxoid vaccine for the prevention of neonatal tetanus; oral health assessment;
- k) Empowering women on the preparation of birth, breastfeeding and rooming-in plans; breastfeeding counselling;
- l) Counseling on avoidance of tobacco smoke exposure, illicit drug use and alcohol intake, and high-risk behavior; and
- m) PhilHealth enrollment and linkage to community health workers and volunteers.

ii. **Women about to give birth – Health and nutrition services at the facility level, which shall include, among others:**

- a) Provision of mother-friendly practices during labor and delivery in compliance with the Mother-Baby-Friendly Health Facility Initiative (MBFHFI) and current “Unang Yakap” protocols of the DOH;
- b) Uninterrupted skin-to-skin contact and non-separation of the mother and her newborn for early breastfeeding initiation with family support;
- c) Nutrition counselling and provision of nutritious food and meals at the facility; support at birth on breastfeeding initiation, most especially for caesarian deliveries; and
- d) PhilHealth benefit packages for delivery.

b. **Next 180 days**

i. **Postpartum and lactating women – Health and nutrition services at the community level, which shall include, among others:**

- a) Follow-up visits to health facilities of the mother with her new born;
- b) Home visits for women in difficult to reach communities;
- c) Lactation support and nutrition counseling from birth up to two (2) years and beyond, including those women who will return to work;
- d) Paid lactation breaks for women in the workplace;
- e) Availability of lactation stations in the workplace and in public places;
- f) Social welfare support for access to nutritious and healthy food products and commodities for nutritionally at-risk post-partum and lactating women belonging to poorest of the poor families; and
- g) Organization of community-based mother support groups and/or peer counselors for breastfeeding in cooperation with other health and nutrition workers.

ii. **1st day to 6 months – Health and nutrition services at the facility level, which shall include, among others:**

- a) The provision of baby-friendly practices during delivery in compliance with the Mother-Baby-Friendly Health Facility Initiative (MBFHFI) and current newborn care protocols of the DOH in all birthing facilities;
- b) Maintenance of non-separation and observance of rooming-in of the mother and her newborn for early breastfeeding initiation and exclusive



- breastfeeding; provision of kangaroo mother care for small babies born preterm and low birth weight;
- c) Provision of routine newborn care services such as eye prophylaxis, vitamin K, and birth doses of vaccines after the first breastfeed is completed;
- d) Availability of human milk storage facilities for health facilities with special newborn care units to ensure breastmilk supply for the small babies born preterm and low birth weight;
- e) PhilHealth newborn care packages, appropriate immunization services integrated with assessment of breastfeeding, growth and development promotion; provision of early referral to higher level facilities to manage illness or malnutrition;
- f) Provision of social welfare services to marginalized and impoverished families of infants in need of health and nutrition services and interventions; and
- g) Assurance of a women-infant-child-friendly and safe space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies.

**c. Next 550 Days (6 to 24 months) – Health and nutrition services at the community level, which shall include, among others:**

- a) Timely introduction of safe, appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants at completion of six (6) months up to two (2) years of age or beyond;
- b) Micronutrient supplementation with vitamin A capsules, iron sulfate drops or syrups, and/or micronutrient powder;
- c) Management of childhood illnesses including acute malnutrition and severe acute malnutrition using national protocols and special feeding during illness at facility and community level;
- d) Immunization, growth and development monitoring and promotion;
- e) Provision of oral health services including application of fluoride varnish to prevent dental caries;
- f) Provision of deworming tablets for children at one (1) to two (2) years of age;
- g) Availability of potable source of water;
- h) Local government support for sanitation needs of households to reduce food-and-water-borne diseases;
- i) Provision of nutrition counselling and support services on age-appropriate, safe and adequate complementary food to mothers and caregivers;
- j) Social welfare support for access to nutritious and healthy food products and commodities for families belonging to marginalized and impoverished families;
- k) Support for home kitchen gardens; and
- l) Livelihood assistance for parents of marginalized and impoverished families.

**Sec. 8. Program Components.** – The strategy or program on Health and Nutrition shall include the following components:

- a) Health human resource and capacity development;
- b) Health and nutrition investment planning and financing;
- c) Service Delivery;
- d) Sectoral collaboration and partnerships;
- e) Logistics and supply management;
- f) Knowledge management and information technology;
- g) Health promotion and education, social mobilization and community organization;
- h) Monitoring, evaluation, accountability and learning; and
- i) Advocacy and Policy development.

**Sec. 9. The National Nutrition Council.** – The composition of the NNC Governing Board as stipulated in Executive Order No. 234, Series of 1987, is hereby amended and the same shall now be composed of the following:

- a) Secretary of Health (Chairperson);
- b) Secretary of the Department of Interior and Local Government (Vice Chairperson)
- c) Secretary of Agriculture
- d) Secretary of the Department of Social Welfare and Development;
- e) Secretary of the Department of Education;
- f) Secretary of the Department of Science and Technology – Food and Nutrition Research Institute (FNRI);
- g) Secretary of the Department of Budget and Management;
- h) Secretary of the Department of Trade and Industry;
- i) Secretary of the Department of Finance;
- j) Secretary of the Department of Labor and Employment;
- k) Chairperson of the Philippine Commission on Women
- l) Secretary of Economic Planning and Director General of the National Economic and Development Authority;
- m) President of the Union of Local Authorities of the Philippines (ULAP)
- n) Chair, National Anti-Poverty Commission;
- o) Five (5) representatives from the private sector appointed by the President of the Philippines who shall come from any of the following: (1) Civil Society Organizations coalitions, (2) academe, (3) Women or youth groups, (4) food and nutrition industry sector, (5) urban poor, or (6) national federation of barangay health workers or barangay nutrition scholars. Said representatives shall only serve for a term of two (2) years.

Representatives from the private sector with conflict of interest, as stated in the Revised Implementing Rules and Regulations of the Milk Code, will be inhibited from being members of the Council.

The heads of departments may be represented by their duly designated representatives who shall be of a rank not lower than an Assistant Secretary or officials with the second highest relevant position in the organization or agency.

The composition of the NNC's Secretariat and Technical Committee as defined in Executive Order No. 234, Series of 1987, shall be maintained.

**SEC. 10. Functions of NNC.** – The NNC shall have the following functions and powers:

- a) Formulate national nutrition policies, plans, strategies and approaches for nutrition improvement in accordance this act with the latest Philippine Plan of Action for Nutrition which include the strategy on women of reproductive age, infant and young child nutrition;
- b) Oversee and serve as a focal point in the integration of nutrition policies and programs of all member agencies and instrumentalities charged with the implementation of existing laws, policies, rules and regulations concerning nutrition;
- c) Coordinate, monitor and evaluate programs and projects of the public and private sectors and LGUs relative to women, infant and young child nutrition, hunger-mitigation, food fortification and national salt iodization programs, among others, and ensure their integration with national policies;
- d) Receive grants, donations and contributions, in any form, from foreign governments, private institutions and other funding entities for nutrition programs and projects: *Provided*, That no conditions contrary to the policies or provisions of the Milk Code shall be made;
- e) Coordinate the release of public funds for the promotion of the nutritional well-being of vulnerable groups in accordance with the approved programs and projects; and
- f) Call upon any government agency and instrumentality for any assistance as may be required to implement the provisions of this Act.

**Sec. 11. Role of Member-Agencies.** – Member agencies based on their respective mandates shall establish the framework for the overall implementation of the program and ensure the following:

- a) Full enforcement of the Milk Code by strengthening the Monitoring and Reporting Mechanism of the Food and Drug Administration; strengthening the technical capacity of the members of the Inter-Agency Committee of the Milk Code; expediting resolution by the Food and Drug Administration of cases on violations of the Milk Code; and ensure that it is not subjected to needless and potentially harmful amendments;
- b) Distribute information, education and communication materials, distribute supplements, administer check-ups and vaccinations in the different barangays nationwide;
- c) Create a plantilla position for frontline health service delivery providers such as Municipal/City Nutrition Action Officer, Barangay Health workers and Barangay Nutrition Scholars. LGUs shall engage other community-based volunteers, civil society organizations and faith-based organizations and provide adequate honoraria;
- d) Provide sustained human resource development to health human resources, including BHWs and BNSs, in support of local health and nutrition programs;
- e) Intensify health and nutrition-related training, research and extension support activities to support the First 1,000 Days Program through the Barangay Integrated Development Approach for Nutrition Improvement (BIDANI) Network Program of the Rural Poor and other relevant approaches, thereby strengthening delivery systems in partnership with the LGUs;
- f) Align related programs to the priorities and directions of the Philippine Plan of Action for Nutrition and the Strategy for Women, Infant, and Young Child Nutrition. NGOs shall also be encouraged to undertake health and nutrition-related researches in line with the First 1,000 Days in collaboration and coordination with the Philippine Council for Health Research and Development of the DOST, and to recommend procedures and guidelines which promotes the same to encourage good health and nutrition practices among employees of agencies or members of NGOs; and
- g) Improve quality of data collection, data analysis and disaggregation of data and include other available data for analysis such as Operation Timbang Plus.

The business community, with no conflict of interest with respect to good nutrition including optimum infant and young child feeding, shall also be encouraged to provide technical and financial assistance to facility- and community-based health and nutrition projects through their corporate social responsibility (CSR) programs, as part of their social accountability and participation in the country's bid to enhance human development and human capital formation. This type and level of participation shall be subject to review and approval of the NNC governing board.

To guarantee the highest integrity and public confidence in NNC and its activities, member agencies and entities shall disclose and manage any circumstance that can give rise to any potential conflict of interest related to their functions and the activities in which they are involved in. In case a declared interest shall be determined as potentially or clearly significant, the NNC, governing board shall deliberate and decide on the appropriate course of action.

A summary of all declarations and actions taken by the NNC governing board to manage any declared interest will be published in a subsequent report.

**Sec. 12. Nutrition in the Aftermath of Natural and Human-Induced Disasters and Calamities.** – Areas that are struck by disasters must be prioritized in the delivery of health and nutrition services and interventions. National, regional, and local governments are mandated to immediately provide emergency services, food supplies for proper nourishment of children specifically those from zero (0) to two (2) years old, and pregnant and lactating women.



1 No milk formula donations or products covered by the Milk Code shall be allowed in areas  
2 that are struck by disasters in order to protect the health and nutrition of pregnant, lactating  
3 women, infants and young children before, during and after a disaster. A joint statement by  
4 the DOH through the Nutrition Cluster shall be issued to the effect and distributed,  
5 exhibited, and broadcasted to inform the public.

6  
7 In emergency situations, donations or assistance from the private sector, with no conflict of  
8 interest or those not covered by the Milk Code, shall be allowed immediately in the  
9 aftermath of natural disasters and calamities. Strict compliance with the Milk Code and its  
10 Revised Implementing Rules and Regulations shall be observed, and options for mothers  
11 with breastfeeding problems will be provided.

12  
13 The DOH and other departments, in coordination with the National Disaster Risk Reduction  
14 and Management Council (NDRRMC), shall formulate guidelines and mechanisms in  
15 pursuit of this section taking into consideration the provisions of Republic Act 10821,  
16 otherwise known as the Children's Emergency Relief and Protection Act.

17  
18 **Sec. 13. Implementing Rules and Regulations.** – Within ninety (90) days from the  
19 effectivity of this Act, the Secretary of the DOH shall, in coordination with the Secretaries of  
20 the DILG, the DSWD and the Executive Director of the NNC, in consultation with  
21 stakeholders in the public and private sectors, promulgate rules and regulations necessary  
22 for the effective implementation of this Act.

23  
24 **Sec. 14. Appropriation.** –The amount necessary to carry out the provisions of this Act shall  
25 be included in the General Appropriations Act of the year of its enactment into law.  
26 Thereafter, the expenses for its continued implementation shall be included in the  
27 subsequent General Appropriations Act.

28  
29 **Sec. 15. Repealing Clause.** – All laws, decrees, executive orders, administrative orders or  
30 parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or  
31 modified accordingly.

32  
33 **Sec.16. Effectivity.** – This Act shall take affect fifteen (15) days after its publication in the  
34 Official Gazette or in a newspaper of general circulation.

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36 Approved,