


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1340

HOUSE OF REPRESENTATIVES	
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Introduced by HONORABLE LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

EXPLANATORY NOTE

The Philippines has made significant strides in putting in place a holistic and institutionalized approach in ensuring the overall well-being of mothers and their children. In fact, within the last seven years alone, Congress has legislated laws that seek to comprehensively improve the lives of women and their children.

The Responsible Parenthood and Reproductive Health Act which guarantees universal access to methods on contraception, fertility control, sexual education, and maternal care was passed in 2012¹. The Expanded Breastfeeding Promotion Act was passed in 2009². The Mandatory Infants and Children Health Immunization Act was passed in 2010³.

Despite these pieces of legislation and other interventions devised by the national government, the Philippines still fell short in achieving the erstwhile Millennium Development Goal⁴ especially those pertinent to reducing maternal casualty and death in childbirth⁵.

¹ Republic Act No. 10354

² Republic Act No. 10028

³ Republic Act No. 10152

⁴ In September 2000, member states of the United Nations (UN) gathered at the Millennium Summit to affirm commitments towards reducing poverty and the worst forms of human deprivation. The Summit adopted the UN Millennium Declaration which embodies specific targets and milestones in eliminating extreme poverty worldwide.

To help track progress in the attainment of the 8 goals and 18 targets of the Millennium Development Goals (MDG) over the period 1990 to 2015, experts from the United Nations Secretariat and International Monetary Fund (IMF), Organisation of Economic Cooperation and Development (OECD) and the World Bank identified and selected a set of time-bound and measurable indicators. Data series on the 48 MDG indicators are

In fact, the UNFPA Philippines published that the country's goal of achieving its target in terms of reducing death during pregnancy seems *unachievable*.⁶

This glaring fact is the *raison d'être* of this proposed measure.

The first 1,000 days of a child's life is most critical for growth and development. Consequently, hunger and poor nutrition during this period can have irreversible consequences. Talking during the Maldives National Nutrition Conference 2015, WHO Representative Dr. Arvind Mathur said that the worst damages of malnutrition happen during pregnancy and early childhood – from conception to two years, i.e. the first 1000 days. The WHO Representative highlighted that malnutrition during this period produces long term and inter-generational problem with major economic and developmental implications⁷.

As abovementioned, the first 1,000 days is the period that begins with day one of a woman's pregnancy until her child's 2nd birthday. The brain and nervous system development begins early in pregnancy and is largely complete by the time the child reaches the age of 2. The damage to health, physical growth and brain development of infants affected by chronic under-nutrition can cause stunting. Smaller than their non-stunted peers, stunted children are more susceptible to sickness and have lower chances of finishing school. They enter adulthood more prone to non-communicable disease and are less productive.

Malnutrition is responsible for almost half of all deaths of children under age 5; virtually all of these deaths are preventable. Nearly 170 million children have had the growth of their young bodies and brains stunted by chronic malnutrition. Women who are poorly nourished throughout their lives are at greater risk of complications during pregnancy and death during childbirth. The damage caused by poor nutrition early in life can be irreversible⁸.

In the Philippines alone, data show a large numbers of Filipino children are undernourished: 3.6 million of children 0-59 months are underweight; and 4 million are stunted.

The latest National Nutrition Survey showed that overall malnutrition or stunting rate for Filipino children aged 0 to 2 was at its worst in the last 10 years at 26.2 percent in 2015—an indication that growth was not inclusive and that inequality between the rich and the poor continued to widen. The 2015 data from the Food and Nutrition Research Institute (FNRI) also revealed that one in every two children in the poorest quintiles was stunted or whose height was below the World Health

compiled to provide the basis for the preparation of progress reports by member states of the United Nations (UN) on the implementation of the UN Millennium Declaration.

⁵ MDG 4 on Reducing Child Mortality and MDG 5 on Improving Maternal Health

⁶ <http://www.unfpa.org.ph/index.php/mdg-5>

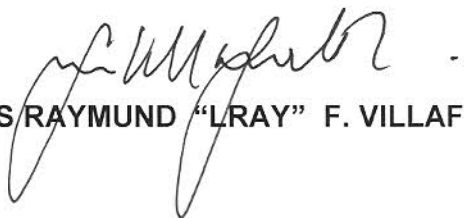
⁷ <http://www.searo.who.int/maldives/mediacentre/national-nutrition-conference-2015/en/>

⁸ <http://www.hmhb.org/2014/03/1000-days-matter/>

Organization (WHO) reference for his age. The rate also jumped by almost three percentage points from 30.5 percent in 2013 among those under 5 years old.⁹

This bill seeks to establish a mother and child health care program in every barangay, in order to protect mothers and children from malnutrition. Maternal nutrition is vital because the health of the mother while pregnant, affects the development of the fetus. It is an imperative to provide prenatal and postnatal maternity care services to a pregnant woman in order to protect her health as well as ensure the nutritional diet of her newborn child. The program shall include early and exclusive breastfeeding; timely, safe, appropriate and high-quality complementary food; and appropriate micronutrient interventions.

The program content of this proposed measure is key to reducing if not totally eliminating malnutrition in the country. Hence, immediate approval of this bill is earnestly sought.



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

⁹ <http://opinion.inquirer.net/95066/stunting-worsens-despite-gdp-growth#ixzz4AiLTxkt>

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Introduced by HONORABLE LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

AN ACT TO PROTECT FILIPINO MOTHERS AND THEIR CHILDREN FROM MALNUTRITION BY ESTABLISHING A MATERNAL AND CHILD HEALTH CARE PROGRAM IN EVERY BARANGAY APPROPRIATING FUNDS FOR THE PURPOSE

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

SECTION 1. *Short Title.* - This Act shall be known as the "First 1,000 Days Act."

SECTION 2. *Declaration of Policy.* -It is hereby declared the policy of the State:

- a) To equally protect the life of the mother and the life of the unborn from conception.
- b) To recognize the right of the child to the enjoyment of the highest attainable standard of health and the duty of the State to ensure that no child is deprived of his or her right of access to such health care services

For purposes of this Act, the "First 1,000 days" refers to the period starting from Day One of a woman's pregnancy until the child reaches the age of two years.

SECTION 3. *Establishing a First 1000 Days Program in every barangay.* - The Department of Health (DOH) with the National Nutrition Council under said department shall, in coordination with the Department of the Interior and Local Government (DILG), the Department of Social Welfare and Development (DSWD), and the Food and Nutrition Research Institute-Department of Science and

Technology (FNRI-DOST), develop a comprehensive health care program for pregnant and lactating mothers as well as the health and nutrition of their newborn children from 1 to 1,000 days in every barangay.

SECTION 4. Program Content. – The maternal and child health care services which shall be provided to pregnant and lactating mothers and their children during the 1,000-day period shall include, but not limited to, the following:

- a) instruction and counseling regarding future health care for the mother and child to include pre-natal, immunization, vitamin and iron supplementation for mothers and others;
- b) health & nutrition counseling or education;
- c) proper nutrition program for pregnant and nursing mothers;
- d) intensified food production project in the community for ready supply of nutritious foods.
- e) psychosocial services for pregnant & lactating mothers.
- f) exclusive breastfeeding for the first six (6) months and complementary feeding thereafter;
- g) complete immunization services pursuant to the provisions of RA 10152 or the Mandatory Infants and Children Health Immunization Act of 2011;
- h) treating malnourished children with special and therapeutic food;
- i) general family counseling, including child and family development; and
- j) timely intervention through safe, appropriate and high-quality complementary food.

SECTION 5. Public Awareness. – The DOH and the DILG shall initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the program content of this law as stated in the preceding section.

Education and information materials to be developed and disseminated for this purpose shall be reviewed regularly by the DOH and the DILG to ensure their effectiveness and relevance.

SECTION 6. Reporting Requirements. – Before the end of April each year, the DOH shall submit to the President of the Philippines and Congress an annual consolidated report which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies and instrumentalities and recommend priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, NGOs, and private sector organizations involved in said programs.

SECTION 7. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the Secretary of Health shall, in coordination with the Secretary of the Interior and Local Government, Secretary of Social Welfare and Development, Secretary of Science and Technology, representatives of recognized women's and children's organizations and academic communities, promulgate rules and regulations necessary for the effectivity of this Act.

SECTION 6. Appropriation. – To carry out the provisions of this Act, such amount as may be necessary is hereby authorized to be appropriated from the National Treasury. Thereafter, the amount necessary for the continuous operation of the Program shall be included in the annual appropriation of the DOH.

SECTION 7. Separability Clause. - If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SECTION 8. Repealing Clause. - Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with any provision of this Act is hereby repealed, modified, or amended accordingly.

SECTION 9. Effectivity Clause. -This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,