

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 888

HOUSE OF REPRESENTATIVES

RECEIVED

DATE: 04 JUL 2016

TIME: 2:47pm

BY: *[Signature]*

REGISTRATION UNIT
BILLS AND INDEX SERVICE

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

AN ACT STRENGTHENING THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS FOR PREGNANT AND LACTATING WOMEN, INFANTS AND YOUNG CHILDREN IN THE FIRST 1000 DAYS

EXPLANATORY NOTE

The 1987 Constitution enshrines the right to health of every Filipino. Specifically, in Section 15, Article 2, it emphasizes that "The State shall protect and promote the right to health of the people and instill health consciousness among them."

The 2011 Nutritional Status of Filipino Children conducted by the Food Nutrition and Research Institute reveals that 20 percent of children zero to five years old are underweight. Meanwhile, 33 percent of this age group are stunted, and about two percent are overweight. There is no significant difference whether the household head is a man or a woman. In absolute terms, data according to the UN Report on the State of Food Insecurity in the World 2012, six (6) million Filipino children are malnourished. The FNRI states that the country's progress towards achieving the Millennium Development Goal of reducing undernutrition in children by 50% in 2015 is behind schedule.

The United Nations has estimated that six million Filipino children are malnourished and around 66 % under the age of six do not have childcare. A survey of the Social Weather Station (SWS) for the Third Quarter of 2012 citing that 21% or at least 4.3 million households experienced having nothing to eat in the last three months prior to the survey period. Malnutrition has long been a serious concern in Mindanao where a significant number of children are already undernourished, as cited by the UNICEF.

In the last three years, the national government expenditure for social services has gone up by an annual average of 19.2 percent. The share of social services to the total budget has also increased, from 28.2 percent in 2010 to 34.8 percent in 2013.

This is mainly due to the increase in the funding for social security welfare and employment, particularly the Pantawid Pamilyang Pilipino Program (4Ps). In 2013 alone, the budget for social services is nearly PhP700 billion. While the budgets for health and education also saw a substantial increase, they are still well below international standards. The World Health Organization (WHO) recommends 5 percent of GDP for health spending.

A good indicator of the government's under-investment in human capital formation is malnutrition, which has long been a perennial problem in the country. This demonstrates the quality and state of delivery of public services in the country and the magnitude of the poverty situation.

The country's quest for inclusive growth will not be realized unless malnutrition is sustainably addressed. The FNRI emphasizes that the first 1,000 days of a child's life is crucial in preventing malnutrition. Otherwise, the child's health and educational outcomes will forever be compromised. What this means is a generation of Filipinos unable to contribute to the country's competitiveness in the local and global labor markets. Undoubtedly, the situation is urgent and calls for a comprehensive policy that will seek to sustainably address program, budgetary and policy gaps, and complement earlier initiatives.

The first 1,000 days of a child's life is most critical for growth and development within which hunger and poor nutrition can have irreversible consequences. 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 two (2).

Malnutrition during this critical period of development for a child has not been adequately addressed in the Philippines. Although there are supplementary feeding programs which are undertaken by the DSWD and the DepED, these programs target children of two years and older, when children are already in either Day Care or Elementary school.

It is obvious that poverty is one of the driving causes for this situation. Hence, what is needed is a program to combat malnutrition during the first 1,000 days, specifically targeting the vulnerable sectors.

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 to the mother while pregnant, affects the development of the fetus. There is an imperative need to provide prenatal and postnatal maternity care service to a pregnant woman in order to protect her health as well as ensure the nutritional diet of her newborn child to eradicate malnutrition.

Though hunger and malnutrition in children of any age are alarming public health issues, intervention during the 1,000-day window is critical and deserves our urgent attention, hence, approval of this bill is earnestly sought.



ANGELINA "HELEN" D.L. TAN, M.D.
4th District, Quezon

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 888

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

AN ACT STRENGTHENING THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS FOR PREGNANT AND LACTATING WOMEN, INFANTS AND YOUNG CHILDREN IN THE FIRST 1000 DAYS

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 2, 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." Moreover, pursuant to various international human rights instruments and agreements that the State adheres to, the State guarantees the right to adequate food, care and nutrition to children, especially those from zero to five-years old.

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 furthermore allocates its resources in a sustainable manner thereby eradicating malnutrition of women of reproductive age, pregnant women, and children from 0 to 24 months.

The State finally refocuses the intervention program on malnutrition to the first 1,000 days of a child's life, specifically, the nine months in the womb and the first twenty-four (24) months of his/her life, which are crucial in preventing malnutrition.

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

- (a) Provide a more comprehensive, sustainable and multisectoral approach to address malnutrition;
- (b) Provide a policy environment conducive to nutrition improvement;
- (c) Provide mechanisms, strategies and approaches in implementing programs and projects to improve nutritional status and to eradicate malnutrition and hunger;
- (d) Strengthen the National Nutrition Council (NNC) as the policy-making body on nutrition; and
- (e) Ensure the meaningful and active 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.

SEC. 4. *Types and Definition of Malnutrition.* - The following types of malnutrition are hereby defined:

- a) Low birth weight refers to weight at birth of less than 2500 grams or 5.5 pounds;

b) Micronutrient deficiency refers to a deficiency of substances required by the body in small amounts for vital physiological functions. These include vitamin A, iron, folic acid, iodine and zinc. The deficiency of these micronutrients may result in: vitamin A deficiency (VAD), iron deficiency anemia (IDA), iodine deficiency disorders (IDD);

c) Overweight refers to weight above normal for height, which is greater than positive 2 standard deviations (SD) of the WHO Child Growth Standard median;

d) Stunting refers to low height-for-age which is less than negative two (2) SD of the WHO Child Growth Standard median and which is an indicator of long standing or chronic malnutrition;

e) Underweight refers to low weight-for-age which is less than negative two (2) SD of the WHO Child Growth Standard median; and,

f) Wasting refers to low weight-for-height which is less than negative 2 SD of the WHO Child Growth Standard median.

SEC. 5. The First 1,000 Days Strategy for Health and Nutrition of Women, Infants and Young Children. – 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 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 in cooperation with other agencies, LGUs, the private sector, relevant health professional and civil society organizations, within three (3) months from the effectivity of this Act. 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 Filipinos who are nutritionally at risk, giving priorities to women of reproductive age most specially adolescent girls, pregnant and lactating women, particularly teen-age mothers, and all Filipino children from birth to age 24 months who reside in geographically isolated and disadvantaged areas (GIDA) such as those 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.

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. *Pregnant Women* – Prenatal care services at the barangay level of each local government unit shall include: pregnancy tracking and enrollment to prenatal care services; regular follow up to complete minimum of four (4) prenatal care visits; identification of nutritionally-at-risk pregnant women; provision of nutrition counseling, 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; provision of micronutrient supplements with ferrous sulfate-folic acid; use of iodized salt and fortified-rich foods; iodized oil capsules in areas with low utilization of iodized salt and high incidence of iodine deficiency disorders; provision of tetanus toxoid vaccine for the prevention of neonatal tetanus; oral health assessment; empowering women on the preparation of birth, breastfeeding and rooming-in plans; breastfeeding counselling; PhilHealth enrollment and linkage to community health workers and volunteers;

b. *Women about to give birth* – Health and nutrition services shall include, at the facility level, the availment of PhilHealth benefit packages for delivery; provision of mother-friendly practices during labor and delivery in compliance with the Mother-Baby-Friendly Hospital Initiative (MBFHI) and current intrapartum protocols of the DOH; nutrition counselling and provision of nutritious food and meals at the facility; support at birth on breastfeeding initiation, most especially for caesarian deliveries; maintenance of non-separation of the mother and her newborn for early breastfeeding initiation;

c. Postpartum and lactating women – Health and nutrition services at the community level shall include: follow-up visits to health facilities where they gave birth; home visits for women in difficult to reach communities; lactation support and counselling from birth up to two years and beyond, including those women who will return to work; nutrition counselling to meet the demands of lactation; lactation breaks for women in the workplace; organization of community-based mother support groups and/or peer counselors for breastfeeding in cooperation with other health and nutrition workers; availability of lactation stations in the workplace and in public places; 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.;

d. Newborn infants up to first six (6) months or one hundred eighty days (180 days) of age – Health and nutrition services shall include, at the facility level, the provision of baby-friendly practices during delivery in compliance with the Mother-Baby-Friendly Hospital Initiative (MBFHI) and current newborn care protocols of the DOH in all birthing facilities; 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; provision of routine newborn care services such as eye prophylaxis and vitamin K; availability of human milk pasteurizer for tertiary level facilities with neonatal intensive care units to ensure breastmilk supply for the small babies born preterm and low birth weight; availment of 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; provision of social welfare services to the poorest of the poor families of infants in need of support to avail access to health and nutrition services and interventions; assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies;

e. Infants 6 months up to 2 years of age – Health and nutrition services at the community level shall include: timely introduction of safe, appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants from six months up to 2 years of age; micronutrient supplementation with vitamin A capsules, iron sulfate drops or syrups, and/or micronutrient powder; management of childhood illnesses including acute malnutrition; growth and development monitoring and promotion; provision of oral health services including application of fluoride varnish to prevent dental caries; provision of deworming tablets for children at 1-2 years of age; availability of potable source of water; local government support for sanitation needs of households to reduce food-and-water-borne diseases, provision of nutrition counselling on complementary feeding to mothers and caregivers; social welfare support for access to nutritious and healthy food products and commodities for families belonging to poorest of the poor; support for home kitchen gardens; livelihood assistance for parents of families belonging to poorest of the poor.

SEC. 8. *Strategy/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 and evaluation

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

- (a) Secretary of Health as the Chairperson;
- (b) Secretary of the Department of Interior and Local Government as the 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) Chairperson of the National Anti-Poverty Commission;
- (o) Three representatives from the private sector to be appointed by the President of the Philippines who shall come from any of the following: 1) health and nutrition profession sector, 2) women sector, 3) food and nutrition industry sector; 4. urban poor, 5) organization of association of community health workers or barangay nutrition scholars, respectively. Said representatives shall serve for a term of two (2) years.

The heads of departments may be represented by their duly designated representatives who shall be of a rank not lower than an assistant secretary.

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 with the Philippine Plan of Action for Nutrition, which include the strategy on women, 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 shall be made contrary to the policies or provisions of this Act;
- (e) Coordinate the release of public funds for the promotion of the nutritional well-being of the country in accordance with the approved programs and projects; and
- (f) Call upon any government agency and instrumentality for such assistance as may be required to implement the provisions of this Act.

SEC. 11. *Role of Member-Agencies.* - The DOH and the NNC, as lead implementing agencies, shall establish the framework for monitoring the overall implementation of the program and lead in the distribution of supplements, administration of check-ups and vaccinations in the different barangays nationwide with the assistance of the DSWD, the DILG, state universities and the local government units (LGUs).

The DSWD, in furtherance of any of its programs, shall help and coordinate in the implementation and monitoring of the program in all barangays nationwide.

The DILG, in cooperation with the Union of Local Authorities of the Philippines, shall ensure that local government units, and their respective health and nutrition departments and offices personnel and staff, their barangay health workers (BHWs), barangay nutrition scholars (BNS), other community-based volunteers and community health members, shall jointly implement the First 1000 Days Program with the technical assistance and guidance of the DOH. The LGUs shall likewise endeavour to provide sustained human resource development to their health human resources, including BHWs and BNSs, in support of local health and nutrition programs.

The consortium of State Universities and Colleges (SUCs) shall intensify health and nutrition-related training, research and extension support activities to support the First 1000 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.

NGOs shall align their 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 1000 Days in collaboration and coordination with the Philippine Council for Health Research and Development of the DOST and to recommend procedures and guidelines promotive of the same to encourage good health and nutrition practices among employees of agencies or members of NGOs.

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 community-based health and nutrition projects through their corporate social responsibility programs, as their participation in the country's bid to enhance human development and human capital formation.

To guarantee the highest integrity and public confidence in its activities, member agencies and entities shall disclose 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 case a declared interest shall be determined as potentially or clearly significant, the NNC, by a majority vote, may (a) allow full participation of the member agencies and entities, with public disclosure of the interest; (b) permit partial exclusion; or (c) mandate total exclusion.

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

SEC. 12. *Nutrition in the Aftermath of Natural 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 pregnant, lactating mothers and children, specifically those from zero to two (2) years old.

No milk formula donations or products covered by the National Code of Marketing of Breastmilk Substitutes and Breastmilk Supplements shall be allowed to protect the health and nutrition of pregnant, lactating women, infants and young children.

Donations or assistance of private sector, with no conflict of interest or those not covered by the Milk Code, in emergency situations shall be allowed immediately in the aftermath of natural disasters and calamities. The National Disaster Risk Reduction and Management Council (NDRMMC) is hereby mandated to formulate guidelines in pursuit of this Section with guidance from the DOH. National and local disaster risk reduction and management councils are hereby enjoined to involve women in the decision-making process, allowing them to take part in implementing disaster preparedness, recovery and rehabilitation programs.

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

SEC. 14. *Repealing Clause.* - All laws, decrees, executive orders, administrative orders or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

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

Approved,