



Republic of the Philippines  
Province of Laguna  
**MUNICIPALITY OF LOS BAÑOS**  
*Special Science and Nature City*  
**OFFICE OF THE SANGGUNIANG BAYAN**  
Municipal Hall, National Highway, Brgy. Timugan,  
Los Baños, Laguna 4030 Philippines  
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**EXCERPTS FROM THE MINUTES OF THE EIGHTEENTH (18TH) REGULAR SESSION OF THE SANGGUNIANG BAYAN HELD ON NOVEMBER 29, 2019 AT THE SANGGUNIANG BAYAN SESSION HALL, NATIONAL HIGHWAY, BRGY. TIMUGAN, LOS BAÑOS, LAGUNA.**

Present : Vice Mayor Antonio L. Kalaw, Presiding Officer  
S.B. Member Josephine S. Evangelista  
S.B. Member Miko C. Pelegrina  
S.B. Member Janos S. Lapiz  
S.B. Member Geronimo A. Ciceron  
S.B. Member Marlo PJ A. Alipon  
S.B. Member Dexter A. Concio  
S.B. Member Mark Lester B. Dizon  
S.B. Member Cris Dayril B. Bagnes  
S.B. Member Arlene P. delos Santos, Liga President  
S.B. Member Jozlyn N. Manansala, SK Fed. President  
Secretary Dona T. Alborida  
Ms. Jellyn S. De Una, LLSA II

Absent : None

Visitor(s) : None

**ORDINANCE NO. 2019-1917**

**AN ORDINANCE ADOPTING THE NATIONAL NUTRITION COUNCIL (NNC) GOVERNING BOARD RESOLUTION NO. 1 SERIES OF 2009 WHICH STATES THE ADOPTION OF THE NATIONAL POLICY ON NUTRITION MANAGEMENT IN EMERGENCIES AND DISASTERS.**

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Author : *Mark* Councilor Mark Lester B. Dizon

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WHEREAS, through this Ordinance, the Municipality of Los Baños shows its commitment to the Universal Declaration of Human Rights which states that "all victims of emergencies and disasters have the right to a standard of living adequate for the health and well-being of himself/herself and of his/her family, including food";

WHEREAS, the Municipal Nutrition Action Office (MNAO) together with the Municipal Disaster Risk Reduction Management Office (MDRRMO) shall be the lead offices in ensuring the objectives of this Ordinance are met;

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SANGGUNIANG PANALAWIGAN  
LAPASIHAN RL. 202, S. 2020  
\*ETSA February 24, 2020

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WHEREAS, the MNAO with the Municipal Nutrition Council (MNC) of Los Baños shall function as the local nutrition cluster and in the context of emergency management shall be considered a sub-structure of the local disaster coordinating council. The local nutrition cluster should take charge of nutrition management in emergencies and disasters;

WHEREAS, in the absence of a functional nutrition committee, efforts must be exerted to reactivate said committee to include but not be limited to the local health office, nutrition office, social welfare and development office, public elementary school system, academic institutions, other government agencies and non-governmental organizations (NGOs);

WHEREAS, the local nutrition cluster shall ensure that its efforts and initiatives are linked with those of the other local clusters such as Water Sanitation and Hygiene (WASH), psychosocial, social protection, food and non-food clusters all of which are also under the local disaster coordinating councils;

WHEREAS, nutrition management in emergency and disaster situations should be a component of the local plans of action for nutrition and should be incorporated in the local disaster preparedness plan;

BE IT ORDAINED BY THE SANGGUNIANG BAYAN OF LOS BAÑOS, LAGUNA,  
IN SESSION ASSEMBLED THAT:

**SECTION 1. The plans for nutrition management in emergency and disaster situations** should define or identify as:

1.1 Nutrition package and services to be delivered, including estimated or forecasted requirements of the following:

- 1.1.1 Food rations for mass and supplementary feeding
- 1.1.2 Multiple micronutrient powder
- 1.1.3 Vitamin and mineral supplements

- a. Vitamin A
- b. Iron
- c. Zinc
- d. Multiple micronutrient supplements

1.1.4 Equipment and tools for nutritional assessment

- a. Target groups Logistics management (e.g. sources, delivery networks and warehousing)
- b. Service providers (volunteers, health staff, private practitioners, referral units)
- c. Funding requirements and sources
- d. Capacity building on nutrition management, nutritional assessment, and monitoring and evaluation schemes
- e. Rehabilitation strategies for the post-disaster phase or extended emergency.

These plans should be reviewed and updated according to the actual situation and unforeseen needs in emergencies and disasters. The plan must be regularly updated with provisions for new information and relevant staffing.

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SECTION 2. **Capacity building** shall be part of the local nutrition council's efforts in nutrition management in emergencies and disasters.

Training on nutrition management shall cover the members of the nutrition cluster, service providers, volunteer workers, designated personnel for special assignments (warehouse, desk officers, etc.), and other personnel involved in nutrition management in emergencies and disasters.

The training course shall cover rapid nutrition assessment methodologies and tools (e.g. identifying bilateral edema, measuring weight, height and Mid-Upper Arm Circumference (MUAC) and interpreting the results using growth charts and standards tables), logistics management, nutrition service standards, nutrition advocacy, education and information; and personality traits of a nutrition responder. The focus of training shall match the competencies required for each of the identified groups.

Staff training on psychosocial concerns to improve knowledge, understanding, and develop positive values and attitude towards disaster victims and their families shall likewise be implemented.

All service providers shall be provided with the necessary physical, psychological and emotional support to accomplish their tasks.

Emergency and disaster-affected communities shall be given opportunities to develop their skills and coping mechanisms to enable them to adapt to the new environment and to make optimal use of the assistance provided.

SECTION 3. Based on the plans for nutrition management in emergency and disaster situations, LGUs shall:

- 3.1 Map out potential allies (e.g. donors, NGOs including civic organizations, church groups, and private companies) within and outside the locality and identify their areas of expertise and potential contributions.
- 3.2 Establish rapport as early as possible and seek commitments for assistance.
- 3.3 Follow-up provision or delivery of committed support and assistance.
- 3.4 Establish regular communication with stakeholders to sustain partnership.
- 3.5 Capacitate the community in planning, response rehabilitation, monitoring, evaluation and provision of long-term interventions for sustainability.

SECTION 4. The logistics requirements for nutrition management during emergencies and disasters with corresponding budget and source of funds shall be integrated into the overall contingency and emergency plan of the area. The LGU shall:

- 4.1 Ensure availability of essential supplies, drugs, tools, equipment (e.g. weighing scale, microtoise or infant meter or MUAC tape for the rapid assessment), and materials for nutrient management during the pre-emergency period.

- 4.2 Identify potential donors and observe protocols in accepting local and foreign donations during emergencies and disasters with due consideration of the provisions of DOH Administrative Order 2007-0017.
- 4.3 Make special arrangements with selected donors and suppliers to have a credit set-up during emergency and disaster for immediate purchases.
- 4.4 Pre-position items for supplementary feeding before the disaster season, including adequate supplies of multiple micronutrient powder
- 4.5 Prepare a monthly inventory report or maintain a database of supplies and materials including expiry dates which shall be circulated to all concerned offices.
- 4.6 Ensure that identified evacuation centers or transit centers have breastfeeding areas as well as provisions for the preparation of food for supplementary feeding.

SECTION 5. Appropriate surveillance methodologies and tools shall be put in place before, during, and after the emergency and disaster period, thus:

5.1 At the pre-emergency stage or "normal" times

- 5.1.1 LGUs shall conduct Operation Timbang (OPT) according to the prescribed frequency per OPT guidelines.
- 5.1.2 To the extent possible, growth charts shall be used in recording the results of regular weighing.
- 5.1.3 OPT results should be organized into a database that can be used for planning and program monitoring and evaluation.
- 5.1.4 OPT records must be maintained by the rural health midwife (RHM) and barangay nutrition scholar (BNS).
- 5.1.5 Information on the prevalence of underweight preschool children for each barangay as well as the ranking of barangays by prevalence of underweight preschool children must be ready at the municipal level.
- 5.1.6 Communication channels from the national to the local levels shall be set up.
- 5.1.7 Continuous monitoring and evaluation of the performance and effectiveness of nutrition interventions shall be conducted.
- 5.1.8 Buffer stocks of supplies for emergencies and disasters should be procured.
- 5.1.9 LGU should identify vulnerable groups.
- 5.1.10 Identified vulnerable groups shall be given information on how they can be easily attended and cared for when an emergency and disaster occurs and on clear directions on what to do during emergencies.

5.2 In the early stage of the emergency and disaster, rapid nutritional assessment may not be feasible or practical. However, a nutritional assessment should be done in the intermediate and extended phases since the disaster or emergency may have negative effects on the nutritional status especially of the nutritionally vulnerable.

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- 5.2.1 The nutritional assessment should aim to identify and locate preschool children with weights below the standard weight-for height, which is indicative of wasting, a condition that requires a nutrition intervention.
- 5.2.2 If measuring weight and height is not possible, the MUAC could be used as index for screening preschool children.
- 5.2.3 The presence of bilateral edema should also be watched out for as an indication of severe acute malnutrition.
- 5.2.4 The nutritional assessment should be complemented with
  - a) A profiling of the population affected in terms of the number of pregnant women, number of infants who are not exclusively breastfed, number of infants 3 months and older who are not receiving complementary foods, and extent of practice of proper complementary feeding
  - b) The determination of the presence of other risk factors
    - b.1 Child-headed households
    - b.2 Orphan-hosting households (substitute households)
    - b.3 Elderly-headed households (caring for grandchildren)
    - b.4 Households caring for chronically sick members
    - b.5 High prevalence of HIV further exacerbated by the foregoing risk situations.
  - c) An assessment instrument for measuring food security and/or insecurity
  - d) Determination of the extent of diarrhea and acute respiratory tract infection among preschool children
  - e) Determination of child mortality
- 5.2.5 Weight and height measurements of preschool children should be done monthly until "full normalcy" is achieved, by which time the OPT system can be used for nutritional assessment.
- 5.2.6 The nutrition cluster should spearhead the assessment and supervise its conduct to ensure that quality data is generated and disseminated.
- 5.3 There should also be efforts to monitor the extent of implementation of interventions at all stages of an emergency.
  - 5.3.1 The monitoring should determine the extent to which:
    - a. The needy population is receiving the intended intervention on time and of right quality;
    - b. Interventions are reaching out to those who are not the intended targets;
    - c. Interventions are being implemented as designed, e.g. frequency, duration, level of supplementation, among others;
  - 5.3.2 It should also determine reasons for observed trends to facilitate the identification of appropriate corrective actions.

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PRESA February 24, 2020

- 5.3.3 To generate the aforementioned information, a reporting system should be set up and reported data analyzed.
- 5.3.4 A system for sharing the information among various stakeholders should also be set up.
- 5.3.5 Results of the monitoring should be used in making the needed adjustments in targeting, intervention design and implementation, and resource allocation.

SECTION 6. **PRIORITY GROUPS** - While maintaining good nutrition among all those affected by an emergency and disaster is a general concern, special attention should be given to specific groups due to certain vulnerabilities, as follows:

- 6.1 Pregnant women
- 6.2 Lactating women
- 6.3 Infants, 0-11 months old
- 6.4 Young children, 1-2 years old
- 6.5 Children below 3 years old
- 6.6 Children with low weight-for-height or low MUAC
- 6.7 Older persons
- 6.8 Sick and injured
- 6.9 Rescue workers
- 6.10 Cases of HIV-AIDS

SECTION 7. **Key services** that should be available in the emergency (early, intermediate, and extended) phase

- 7.1 Protection and reinforcement of breastfeeding in the general population and among females who are HIV positive
- 7.2 Promotion of desirable complementary feeding practices
  - a. Provision of food rations or mass feeding especially in the early stage of an emergency
  - b. Vitamin A supplementation
  - c. Iron supplementation
  - d. Iodine supplementation of pregnant or lactating women at 250 ug/day or 400 mg/year provided the last iodine supplementation was a year ago.
  - e. Zinc supplementation of children 3 -59 months old with diarrhea at 20 mg elemental zinc per day for 10-14 days.
  - f. Multiple micronutrient supplementation, with at least 15 essential vitamins and minerals: vitamin A, C, D, E, B1, B2, B3, B12, folic acid, iron, zinc copper, iodine and selenium should be given daily until access to nutrient-rich foods have been re-established. This is in addition to the aforementioned micronutrient supplements for children.
  - g. If the child is receiving fortified food, multiple micronutrient supplements may be given less often. However, pregnant and lactating women should receive multiple micronutrient supplements daily in addition to fortified foods.
  - h. Supplementary feeding

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- i. Therapeutic treatment of preschool children who show wasting, with or without bilateral edema.
- j. Psychosocial care

- SECTION 8. **IMPLEMENTING RULES AND REGULATIONS** – The MNAO, in consultation with other concerned agencies, non-government organizations, private sectors and consumer groups involved in nutrition, shall formulate the implementing rules and regulations (IRR) necessary to implement the provisions of this Ordinance within ninety (90) days from the approval of this Ordinance. The IRR issued pursuant to this Section shall take effect thirty (30) days after publication in a local newspaper.
- SECTION 9. **REPEALING CLAUSE** – All laws, decrees, rules and regulations, executive orders inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.
- SECTION 10. **SEPARABILITY CLAUSE**. – If any provision of this Ordinance is declared unconstitutional or unlawful, the remaining provisions shall remain legal and in full effect.
- SECTION 11. **EFFECTIVITY** – This Ordinance shall take effect upon its approval.
- ENACTED : NOVEMBER 29, 2019

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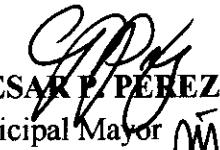
I HEREBY CERTIFY to the correctness of the above-quoted Ordinance.

  
DONA T. ALBORIDA  
Secretary to the Sangguniang Bayan

CERTIFIED ENACTED:

  
HON. ANTONIO L. KALAW  
Vice Mayor/Presiding Officer

APPROVED:

  
HON. CAESAR P. PEREZ  
Municipal Mayor 

*MAY 19 2020  
SANGGUNIANG PANLALAWIGAN  
CAGAYAN DE ORO CITY, 2020 S.C.  
February 24, 2020*