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[REPUBLIC ACT NO. 11148]

AN ACT SCALING UP THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS THROUGH A STRENGTHENED INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION IN THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

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

CHAPTER I

GENERAL PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the "Kalusugan at Nutrisyon ng Mag-Nanay 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". 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 pregnant and lactating mothers, including adolescent girls, women of reproductive age, and especially children from zero (0) to two (2) years old.

Furthermore, the State commits to the Philippine Development Plan and the national plans on nutrition to contribute to the improvement of the quality of human resource in the country, and the reduction of maternal and child mortality and stunting.

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

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

Towards this end, the State scales up nutrition intervention programs in the first one thousand (1,000) days of a child's life, and allocates resources in a sustainable manner to improve the nutritional status and to address the malnutrition of infants and young children from zero (0) to two (2) years old, adolescent females, pregnant and lactating women, as well as to ensure growth and development of infants and young children.

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

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

(b) Provide a policy environment conducive to nutrition improvement;

(c) Provide evidence-based nutrition interventions and actions which integrate responsive caregiving and early stimulation in a safe and protective environment over the first one thousand (1,000) days as recommended by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), as well as 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 and define the roles of the Department of Health (DOH), the National Nutrition Council (NNC), and other government agencies tasked to implement nutrition programs in the first one thousand (1,000) days;

(e) Institutionalize and scale up nutrition in the first one thousand (1,000) days in the national plan on nutrition, the early childhood care and development intervention packages developed by the NNC, the Philippine Development Plan, the National Plan of Action for Children, the regional development plans, and local government units' (LGUs) investment plans for health and nutrition;

(f) Ensure the meaningful, active and sustained participation, partnership and cooperation of NNC-member agencies, other National Government Agencies (NGAs), LGUs, civil society organizations (CSOs), and the private sector, in an integrated and holistic manner, for the promotion of the health and nutritional well-being of the population, prioritizing

interventions in areas with high incidence and magnitude of poverty, Geographically Isolated and Disadvantaged Areas (GIDA), and in hazard and conflict zones;

(g) Strengthen enforcement of Executive Order No. 51, otherwise known as the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Other Related Products" or the "Milk Code", and Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009", to protect, promote, and support optimal infant and young child feeding and maternity protection, and in consultation with the stakeholders in the public and private sectors, consider the new recommendations from the World Health Assembly (WHA) Resolution 69.9 to end the inappropriate promotion of food for infants and young children;

(h) Strengthen the implementation of other nutrition-related laws, programs, policies and guidelines including multisectoral integration, gender equality and promotion of the United Nations Convention on the Rights of the Child (UNCRC); and

(i) Strengthen the family community support systems with the active engagement of parents and caregivers, with support from LGUs, the NGAs, CSOs, and other stakeholders.

SEC. 4. *Scaling Up Health and Nutrition for the First One Thousand (1,000) Days of Life.* – The DOH, the NNC, the Department of Agriculture (DA), in coordination with other NGAs, the LGUs, the CSOs, and other stakeholders, shall develop a comprehensive and sustainable strategy for the first one thousand (1,000) days of life to address the health, nutrition, and developmental problems affecting infants, young children, adolescent females, and pregnant and lactating women. It shall operationalize the latest national plan on nutrition, integrating the short, medium and long-term plans of the government in response to the global call to eradicate hunger, improve nutrition, and prevent and manage malnutrition, as one (1) of the seventeen (17) Sustainable Development Goals (SDGs).

SEC. 5. *Coverage.* – This Act covers those who are nutritionally-at-risk, especially pregnant and lactating women, particularly teenage mothers, women of reproductive age, adolescent girls, and all Filipino children who are newly born up to age twenty-four (24) months.

Priority shall be given to those who reside in disaster-prone areas and GIDA, such as areas that are isolated due to distance, inaccessibility to transportation, and weather conditions, unserved and underserved communities and other areas identified to have high incidences of poverty, those persons belonging to the vulnerable sector, communities in or recovering from situation of crisis or armed conflict and recognized as such by a government body.

The NNC shall prioritize LGUs, which meet any of the following criteria:

(a) With the highest prevalence of undernutrition and nutrient-deficiency among pregnant and lactating women and children aged zero (0) to two (2) years;

(b) Availability of facilities or capability to implement the program; and

(c) Prioritizes such program in their locality and willingness to provide counterpart resources for its implementation.

SEC. 6. *Definition of Terms.* – For purposes of this Act, the following terms are defined as follows:

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

(b) *Chronic Energy Deficiency (CED),* or *acute undernutrition,* refers to a condition where there is negative energy balance due to inadequate food and nutrient intake,

problems in absorption, relatively rare or excessive nutrient loss mostly due to infections and malignancies;

(c) *Civil Society Organizations (CSOs)* refer to non-State actors whose aims are neither to generate profits nor to seek governing power, such as nongovernment organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, networks, coalitions, and labor unions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations;

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

(e) *First one thousand (1,000) days of life* refers to the period of a child's life, spanning the nine (9) months in the womb starting from conception to the first twenty-four (24) months of life, which is considered to be the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences;

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

(g) *Low birth weight* refers to weight at birth of an infant, whether born full term or preterm, of less than 2,500 grams or 5.5 pounds, or 5 pounds and 8 ounces;

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

(i) *Moderate Acute Malnutrition (MAM)* refers to low weight-for-length/height, defined as between two (2) and three (3) Standard Deviations (SD) below the median (<-2 up to -3 SD) of the WHO growth standards or a Mid-Upper Arm Circumference (MUAC) measurement of less than one hundred twenty-five millimeters (<125mm) and greater than or equal to one hundred fifteen millimeters (≥115mm);

(j) *Nutrition-sensitive interventions and programs* refer to interventions or programs that address the underlying determinants of maternal, fetal, infant and child nutrition and development, such as those pertaining to food security, social protection, 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 programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness;

(k) *Nutrition-specific interventions and programs* refer to interventions or programs that address the immediate determinants of maternal, fetal, infant and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases;

(l) *Nutritionally-at-risk pregnant women* refers to pregnant women, including teenage mothers, with a low pre-pregnancy body mass index (BMI) or those who do not gain

sufficient weight during pregnancy, with any of the following predisposing factors: narrowly-spaced pregnancies and births, situated in families with low income, with large number of dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors, such as obesity or anemia, with diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism and mental disorder;

(m) *Overweight* and *obesity* refer to the abnormal or excessive fat accumulation that may impair health. It is measured by BMI, a simple index of weight-for-height, which is commonly used to classify overweight and obesity among adults. BMI is calculated by dividing a person's weight in kilograms by the square of his/her height in meters (kg/m^2). According to the WHO, adults with a BMI greater than or equal to twenty-five (25) are overweight and a BMI greater than or equal to thirty (30) is obese. For children, it is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose weight for length/height is above two (2) SD (overweight) or above three (3) SD (obese) from the median of the WHO Child Growth Standards;

(n) *Responsive caregiving* refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and then provides a response that is appropriate to the child's immediate behavior, needs and developmental state;

(o) *Severe Acute Malnutrition (SAM)* refers to very low weight for length/height, defined as less than three (3) SD below the median (<-3SD) of the WHO Growth Standards, characterized by visible severe wasting, or by the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters (<115mm); and

(p) *Stunting* refers to chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose height for age is below minus

two (2) SD (moderate stunting) and minus three (3) SD (severe stunting) from the median of the WHO Child Growth Standards.

SEC. 7. *Program Implementation.* – The DOH, in coordination with the NNC, the DA, the LGUs and other NGAs concerned, shall be responsible for the implementation of this Act. It shall be implemented at the barangay level through the rural health units and/or barangay health centers, in coordination with the Sangguniang Barangay. The Barangay Nutrition Scholars (BNS) and the Barangay Health Workers (BHWs) shall be mobilized and provided with resources and benefits to carry out their tasks.

The LGUs are encouraged to integrate maternal, neonatal, child health and nutrition programs in the local nutrition action plans and investment plans for health.

The NNC and other concerned NGAs shall provide appropriate technical assistance to respective LGU counterparts in the development, formulation, and implementation of this Act.

SEC. 8. *Program Components.* – The program shall include health and nutrition services and interventions provided at the different life stages. The LGUs, NGAs, concerned CSOs, and other stakeholders shall work together to ensure the delivery of these services and interventions.

(a) *Prenatal Period* (First Two Hundred Seventy (270) Days). – Prenatal care services at the facility and community level shall include, but not be limited to, the following:

(1) Pregnancy tracking and enrollment to antenatal care services (ANC);

(2) Regular follow up to complete the recommended minimum number of quality ANC care visits with proper referral for high-risk pregnancies;

(3) Provision of maternal immunizations including tetanus and diphtheria toxoid vaccine, and other vaccines as appropriate;

(4) Empowering women on the preparation of birth and emergency plans, and appropriate plans for breastfeeding and rooming-in, including counselling;

(5) Counselling on maternal nutrition, appropriate infant and young child feeding practices;

(6) Early identification and management of nutritionally-at-risk pregnant women and pregnant adolescent females and provision of ready-to-use supplementary food (RUSF) in addition to dietary supplementation;

(7) Provision of micronutrient supplements such as iron, folic acid, calcium, iodine and other micronutrients deemed necessary;

(8) Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;

(9) Assessment of risk for parasitism and provision of anti-helminthic medicines;

(10) Provision of oral health services including oral health assessment;

(11) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;

(12) Counselling on, and utilization of, responsible parenthood and family health services;

(13) Counselling on nutrition, smoking cessation, and adoption of healthy lifestyle practices;

(14) Philippine Health Insurance Corporation (PhilHealth) enrollment and linkages to facility and community-based health and nutrition workers and volunteers;

(15) Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products and commodities for

nutritionally-at-risk pregnant women belonging to poorest of the poor families, including those with disabilities;

(16) Maternity protection during pregnancy;

(17) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;

(18) Provision of counselling and psychosocial support to parents and caregivers with priority to high-risk pregnant women and adolescent females belonging to poorest of the poor families; and

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

(b) *Women About to Give Birth and Immediate Postpartum Period.* – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

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

(2) Provision of mother-friendly practices during labor and delivery in line with, and in compliance with, Mother and Baby-Friendly Health Facility Initiative (MBFHFI), Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009", Executive Order No. 51 or the "Milk Code", and other related administrative issuances of the DOH on maternal and newborn care;

(3) Monitoring of the progress of labor and the well-being of both the mother and the fetus, and provision of interventions to any health issue that may arise;

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

(5) Coverage and utilization of PhilHealth benefit packages for maternal care;

(6) Nutrition counselling and provision of nutritious food and meals at the facility, most especially for women who gave birth to babies who are preterm, SGA, or low birth weight, until discharged;

(7) Provision of lactation management services to support breastfeeding initiation and exclusive breastfeeding for six (6) months, most especially for caesarean deliveries, and thereafter until discharged;

(8) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;

(9) Counselling on, and utilization of, modern methods of family planning and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012";

(10) Maintenance of non-separation of the mother and her newborn and rooming-in for early breastfeeding initiation;

(11) Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies;

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

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

(14) Others as may be determined based on international and national guidelines and evidence generated locally.

(c) *Postpartum and Lactating Women.* – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

(1) Follow-up visits to health facilities where they gave birth;

(2) Home visits for women in difficult-to-reach communities especially if located in a GIDA;

(3) Lactation support and counselling from birth up to two (2) years and beyond, including those women who will return to work and for women in the informal economies, and those with breastfeeding difficulties;

(4) Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplaces;

(5) Identification and management of malnutrition of chronically energy deficient (CED) and nutritionally-at-risk postpartum and lactating women, including adolescent mothers, and provision of RUSF in addition to dietary supplementation, as appropriate;

(6) Organization of community-based mother support groups and peer counsellors for breastfeeding in cooperation with other health and nutrition workers;

(7) Lactation breaks for women in the workplaces including micro, small and medium enterprises;

(8) Availability of lactation stations in the workplaces, both in government and in the private sector, informal economy workplaces, and in public places and public means of transportation as stipulated in Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009" and its implementing rules and regulations;

(9) Organization of breastfeeding support groups in workplaces, in cooperation with occupational health workers and human resource managers trained in lactation management for the workplace;

(10) Provision of micronutrient supplements including iron, folic acid, Vitamin A and other micronutrients deemed necessary;

(11) Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;

(12) Provision of oral health services;

(13) Counselling on, and utilization of, modern methods of family planning, and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012";

(14) Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products and commodities for CED and nutritionally-at-risk postpartum and/or lactating women belonging to poorest of the poor families;

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

(16) Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support intervention;

(17) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development; and

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

(d) *Birth and Newborn Period* (Twenty-eight (28) Days). – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

(1) Provision of baby-friendly practices during delivery in line, and in compliance, with the MBFHFI and essential newborn care protocol of the DOH in all facilities providing birthing services;

(2) Provision of early and continuous skin-to-skin contact to all full-term babies and continuous kangaroo mother care for small babies born preterm and low birth weight, in compliance with the newborn protocol of the DOH in all facilities providing birthing services;

(3) Maintenance of non-separation of the mother and her newborn from birth for early breastfeeding initiation and exclusive breastfeeding;

(4) Provision of routine newborn care services such as eye prophylaxis, Vitamin K supplementation, and immunizations;

(5) Administration of newborn screening and newborn hearing screening;

(6) Availment and utilization of appropriate PhilHealth benefit packages for the newborn including the preterm, low birth weight and small babies;

(7) Provision of early referral to higher level facilities to manage illness and/or other complications;

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

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

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

(11) Facilitate the prompt birth and death registration, including fetal deaths, including restoration and reconstruction of birth and death registration documents destroyed during disasters;

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

(13) Provision of support to parents and caregivers on early stimulation and responsive care for infants; and

(14) Others as may be determined based on international and national guidelines and evidence generated locally.

(e) *First Six (6) Months of Infancy* (One Hundred Eighty (180) Days). – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

(1) Provision of continuous support to mother and her infant for exclusive breastfeeding, including referral to trained health workers on lactation management and treatment of breast conditions;

(2) Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, early child development, growth monitoring and promotion, and Infant and Young Child Feeding (IYCF) counselling;

(3) Growth and development monitoring and promotion of all infants less than six (6) months old especially those who had low birth weight, are stunted, or had acute malnutrition;

(4) Counselling household members on hand-washing, environmental sanitation, and personal hygiene;

(5) Provision of early referral to higher level health facilities to manage common childhood illnesses including acute malnutrition;

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

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

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

(9) Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support interventions;

(10) Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies where health and nutrition services for women and children shall be provided; and

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

(f) *Infants Six (6) Months up to Two (2) Years of Age.* – Health and nutrition services at the community level shall include, but not be limited to, the following:

(1) Timely introduction of safe, appropriate, and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age, with emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;

(2) Provision of nutrition counselling on complementary food preparation and feeding to mothers and caregivers;

(3) Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;

(4) Growth and development monitoring and promotion in health facilities and at home;

(5) Provision of routine immunizations based on the latest DOH guidelines;

(6) Provision of micronutrient supplements deemed necessary;

(7) Management of common childhood illnesses based on WHO and DOH guidelines;

(8) Management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level health facilities as appropriate, for treatment and management, especially those with serious medical complications;

(9) Provision of oral health services including application of fluoride varnish to prevent dental caries;

(10) Provision of anti-helminthic tablets for children one (1) to two (2) years old as appropriate;

(11) Availability of potable source of water, counselling of household members on hand-washing, environmental sanitation, and personal hygiene, and support for sanitation needs of households to reduce food, water, and vector-borne diseases;

(12) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development, and referral for development delays and other disabilities for early prevention, treatment and rehabilitation;

(13) Social welfare support to improve access to health and nutrition services such as, but not limited to, dietary supplementation, complementary food, other healthy food products and commodities, assessment and referral for development delays and other disabilities for early prevention, treatment and rehabilitation for infants six (6) months and above who belong to poorest of the poor families;

(14) Support for home kitchen gardens wherever feasible;

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

(16) Protection against child abuse, injuries and accidents including the provision of first aid, counselling and proper referrals; and

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

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

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

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

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

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

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

(f) Provision of micronutrient supplements according to guidelines of the DOH, in partnership with the Department of Education (DepEd);

(g) Promotion of the consumption of iodized salt and foods fortified with micronutrients that may be deemed necessary;

(h) Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and to manage complicated illnesses including moderate, severe acute malnutrition;

(i) Counselling on proper nutrition, mental health, avoidance of risk-taking behaviors, smoking cessation, adoption of healthy lifestyle practices, and family health; and

(j) Others as may be determined based on international guidelines and evidence generated locally.

SEC. 10. *Other Program Components.* – The LGUs, NGAs, concerned CSOs, and other stakeholders shall likewise include the following cross-cutting components in the implementation of the program:

(a) National and local health and nutrition investment planning and financing;

(b) Policy, standards, and guideline development;

(c) Health and nutrition promotion and education, social mobilization and community organization, including advocacy;

(d) Service delivery;

(e) Health and nutrition human resources capacity development;

(f) Sectoral collaboration and partnerships;

(g) Logistics and supply management;

(h) Knowledge management and information; and

(i) Monitoring and evaluation, and research and development.

SEC. 11. *Nutrition in the Aftermath of Natural Disasters and Calamities.* – Areas that are affected by disasters and emergency situations, both natural and man-made must be prioritized in the delivery of health and nutrition services, and psychosocial services interventions. NGAs and LGUs are mandated to immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old. Women, infant and child-friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water, and shelter; readily available breastfeeding support and counselling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

Donations of milk formula, breastmilk substitutes, and/or products covered by the Milk Code without the approval of the Inter-Agency Committee (IAC) created under Executive Order No. 51, Series of 1986, shall be prohibited in order to protect the health and nutrition of pregnant and lactating women, infants and young children before, during and after a disaster.

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

The DOH and other relevant departments, in coordination with the National Disaster Risk Reduction and Management Council (NDRRMC), shall formulate guidelines and mechanisms in pursuit of this section, taking into consideration humanitarian, inclusive, gender and culture-sensitive standards for the protection of children, pregnant and lactating mothers, in accordance with Republic Act No. 10821, otherwise known as the "Children's Emergency Relief and Protection Act", its implementing rules and regulations, and the Comprehensive Emergency Program for Children.

SEC. 12. *Capacity-Building of Barangay Health and Nutrition Volunteers.* – The DOH and the NNC, in coordination with LGUs, shall provide practical and effective training courses to BNSs, BHWs, and other personnel concerned to upgrade their skills and competence in the implementation of the services and interventions for the health and nutrition of women and children.

SEC. 13. *The National Nutrition Council (NNC) Governing Board.* – The NNC Governing Board shall be composed of the following:

(a) Secretary of the DOH as the *ex officio* Chairperson;

(b) Secretary of the DA as the *ex officio* Vice Chairperson;

(c) Secretary of the Department of the Interior and Local Government (DILG) as the *ex officio* Vice Chairperson;

(d) Secretary of the DepEd;

(e) Secretary of the Department of Social Welfare and Development (DSWD);

(f) Secretary of the Department of Trade and Industry (DTI);

(g) Secretary of the Department of Labor and Employment (DOLE);

(h) Secretary of the Department of Science and Technology (DOST);

(i) Secretary of the Department of Budget and Management (DBM);

(j) Secretary of the National Economic and Development Authority (NEDA); and

(k) Three (3) representatives from the private sector to be appointed by the President who shall come from any of the following: (1) health and nutrition professional organizations; (2) women sector; (3) farmer and fisherfolk; (4) urban poor; (5) organization or association of community health workers or BNS; (6) CSOs; and (7) academe and research institutions. 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.

Persons from the private sector with conflicts of interest, especially as described in Executive Order No. 51, Series of 1986, are prohibited from being members of the Council.

The composition of the NNC's Secretariat and Technical Committee as defined in Executive Order No. 234, series of 1987, "Reorganizing the National Nutrition Council" shall be maintained.

SEC. 14. *Functions, Roles, and Responsibilities of the NNC.* – The NNC, the highest policy making and coordinating body on nutrition, shall have the following functions and powers:

(a) Formulate national nutrition policies, plans, strategies and approaches for nutrition improvement, including strategies on women, infant and young child, and adolescent 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 nutrition programs and projects of the public and private sectors and LGUs to 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 joint planning and budgeting of member agencies to ensure funds for relevant nutrition programs and projects; to secure the release of funds in accordance with the approved programs and projects; and to monitor implementation and track public expenditure on these programs; and

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

SEC. 15. *Role of NNC Member Agencies, Other NGAs and LGUs.* – Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.

SEC. 16. *Procurement of Goods and Services.* – The provisions of Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act", notwithstanding, the government agencies concerned are hereby mandated to establish a liberalized mode of procurement for this program, subject to the approval of the Government Procurement Policy Board.

The public procurement for this program shall prioritize the participation of local and community-based producers, suppliers and/or service contractors.

SEC. 17. *Monitoring, Review and Assessment of the Program.* – The NGAs and LGUs concerned shall regularly monitor, review and assess the impact and the effectivity of the program in consultation with their stakeholders.

SEC. 18. *Appropriations.* – The amount needed for the initial implementation of this Act shall be charged against the appropriations of the DOH, DA, NNC and other relevant agencies. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act (GAA).

The DBM, in coordination with the Department of Finance (DOF), DOH, DA, NNC and other relevant agencies shall consider the prevalence of malnutrition and child mortality in determining the annual appropriations for the implementation of this Act.

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

SEC. 19. *Implementing Rules and Regulations (IRR).* – Within ninety (90) days from the effectivity of this Act, the DOH shall, in coordination with the NNC Governing Board, and in consultation with stakeholders in the public and private sectors, promulgate the IRR necessary for the effective implementation of this Act.

SEC. 20. *Separability Clause.* – If any provision of this Act or the application of such provision to any instrumentalities or entities or circumstances is held invalid or unconstitutional for any reason or reasons, the remainder of this Act or the application of such other provisions shall not be affected thereby.

SEC. 21. *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. 22. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

GLORIA MACAPAGAL-ARROYO
Speaker of the House of Representatives

VICENTE C. SOTTO III
President of the Senate

This Act which is a consolidation of Senate Bill No. 1537 and House Bill No. 5777 was passed by the Senate and the House of Representatives on September 17, 2018 and September 19, 2018, respectively.

DANTE ROBERTO P. MALING
Acting Secretary General
House of Representatives

MYRA MARIE D. VILLARICA
Secretary of the Senate

Approved: NOV 29 2018

RODRIGO ROA DUTERTE
President of the Philippines

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