

SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
FIRST REGULAR SESSION)



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SENATE
SENATE BILL NO. 1133

R14

BY: 

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

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 AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Section 15, Article 2, of the 1987 Constitution guarantees that "The State shall protect and promote the right to health of the people and instill health consciousness among them."

This guarantee should be coupled with proper, sufficient, and efficient investment and spending for health support through services and facilities. The government should have its sight and attention in providing more and reaching those who can't afford and provide for themselves of these social services.

Two of the most alarming health issues are malnutrition and maternal mortality. According to the World Health Organization, the leading cause of death among children five years old and below is malnutrition. The United Nations in pushing for its Sustainable Development Goal No. 3 (Good Health and Well Being) cited that maternal mortality ratio in developing regions is still 14 times higher than in the developed regions. This is coupled with the findings, that only half of women in developing regions receive the recommended amount of health care they need.

The ADB, cited in its report that every year, 9.2 million children in the world die before their fifth birthday, as do more than half a million pregnant women. Asia and the Pacific account for more than 41% of under-five deaths in the world, more than 44% of maternal deaths, and more than 56% of newborn deaths. About 60% of stunted children live in Asia and the Pacific, and two-thirds of babies born with low birth weights are from the region.

It is therefore very alarming to know that the Philippines is facing the worst chronic malnutrition rate among children aged 0-2 years old at 26.2% in the last 10 years based on the data from the 2015 Updating of the Nutritional Status of Filipino Children by Food and Nutrition Research Institute (FNRI).¹

The first 1,000 days of a child's life—from pregnancy through a child's 2nd birthday—is a critical window of time that sets the stage for a person's intellectual development and lifelong health. It is a period of enormous potential, but also of enormous vulnerability.²

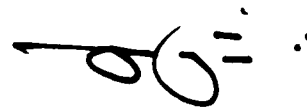
The UNICEF noted that Children who get the right health and nutrition in their first 1,000 days are ten times more likely to overcome life-threatening diseases and are more likely to have healthier families as adults.

This bill seeks to provide a more strategic and comprehensive approach in addressing malnutrition and hunger through the formulation of a Comprehensive Anti-Malnutrition Program.

It shall provide a policy environment conducive to nutrition improvement and the strengthening of the National Nutrition Council (NNC) as the policy-making body on nutrition. Further, it shall ensure the meaningful and active participation, partnership and cooperation of the government and the private sector, in an integrated and holistic manner, for the promotion of the nutritional well-being of the population

This measure is a dream come true to the disadvantaged sector in the society as it shall focus its direction in reaching and providing for the Geographically Isolated and Disadvantaged Areas (GIDA). More importantly, the health program embodied in the measure shall focus on pregnant and lactating women as well as the health and nutrition of their newborn children from 1 to 1,000 days.

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



JOSEPH VICTOR G. EJERCITO

¹ <http://www.savethechildren.org/ph/about-us/media-and-publications/press-releases/media-release-archive/years/2016/philippines-faces-worst-chronic-malnutrition-rates-in-10-years>

² <http://www.hmhb.org/2014/03/1000-days-matter/>

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

1 **SECTION 1. Title.** - This Act shall be known as the "First 1,000 Days Act".
2

3 **Sec. 2. Declaration of Policy.** - The right to health is a fundamental principle
4 guaranteed by the State. Section 15, Article 2, of the 1987 Constitution emphasizes
5 that "The State shall protect and promote the right to health of the people and instill
6 health consciousness among them." Moreover, pursuant to various international
7 human rights instruments and agreements that the State adheres to, the State
8 guarantees the right to adequate food, care and nutrition to children, especially those
9 from zero to five-years old.
10

11 The State likewise declares its determination to eliminate hunger and to reduce all
12 forms of malnutrition. The State further maintains that nutrition is both an end-goal
13 and a means to achieve sustained development. It is a multi-faceted issue requiring
14 committed inputs from all sectors. As such, nutrition shall be a priority of the
15 government to be implemented by all its branches in collaboration with non-
16 government organizations and the private sector, in an integrated manner.
17

18 The State furthermore allocates its resources in a sustainable manner thereby
19 eradicating malnutrition of women of reproductive age, pregnant women, and
20 children from 0 to 24 months.
21

22 The State finally refocuses the intervention program on malnutrition to the first 1,000
23 days of a child's life, i.e. the nine months in the womb and the first 24 months of
24 his/her life which are crucial in preventing malnutrition.
25

Sec. 3. Objectives. - This Act specifically aims to:

- 1
- 2 (a) Provide a more comprehensive, sustainable and multi-sectoral approach to
- 3 address malnutrition;
- 4
- 5 (b) Provide a policy environment conducive to nutrition improvement;
- 6
- 7 (c) Provide mechanisms, strategies and approaches in implementing programs
- 8 and projects to improve nutritional status and to eradicate malnutrition and hunger;
- 9
- 10 (d) Strengthen the National Nutrition Council (NNC) as the policy-making body
- 11 on nutrition; and
- 12
- 13 (e) Ensure the meaningful and active participation, partnership and cooperation
- 14 of NNC-member agencies, other National Government Agencies (NGAs), Local
- 15 Government Units (LGUs), Non-Government Organizations (NGOs), and the
- 16 private sector, in an integrated and holistic manner, for the promotion of the
- 17 nutritional well-being of the population.
- 18

19 **Sec. 4. Types and Definition of Malnutrition.** - The following types of malnutrition

20 are hereby defined:

21

- 22 a) Low birth weight refers to weight at birth of less than 2500 grams or 5.5
- 23 pounds;
- 24
- 25 b) Underweight refers to low weight-for-age which is less than negative two (2)
- 26 standard deviations (SD) of the WHO Child Growth Standard median;
- 27
- 28 c) Stunting refers to low height-for-age which is less than negative 2 SD of the
- 29 WHO Child Growth Standard median and which is an indicator of long standing or
- 30 chronic malnutrition;
- 31
- 32 d) Wasting refers to low weight-for-height which is less than negative 2 SD of
- 33 the WHO Child Growth Standard median.
- 34
- 35 e) Overweight refers to weight above normal for height, which is greater than
- 36 positive 2 standard deviations (SD) of the WHO Child Growth Standard median;
- 37

38 **SEC. 5. Comprehensive Anti-Malnutrition Program.**-There shall be a

39 comprehensive and sustainable strategy to address the health and nutrition

40 problems in the country to be formulated by the DOH-NNC, in cooperation with

41 other government agencies, LGUs, the private sector, relevant civil society

42 organizations and industries, within three (3) months from the effectivity of this Act.

43 The health program shall focus on pregnant and lactating women as well as the

44 health and nutrition of their newborn children from 1 to 1,000 days.

45

46 **Sec. 6. Coverage.** - This Act covers all Filipinos who are nutritionally at risk, with

47 specific focus on women of reproductive age, pregnant and lactating women,

48 particularly teen-age mothers, and all Filipino children from birth to ages zero to two

(2) years old that reside in Geographically Isolated and Disadvantaged Areas (GIDA), i.e. 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 the Food and Nutrition Research Institute (FNRI).

Sec. 7. Program Phrases. The program shall consist of three phrases, namely:

- a) **Pregnancy until birth.** - Pregnant mother's nutrition is crucial to the developments of infants. Mothers who are not in good health could result to premature delivery, unhealthy infants, or even death. Prenatal care services at the facility level shall include: pregnancy tracking and enrollment to prenatal care services; identification of nutritionally-at-risk pregnant women; micronutrient supplementation with iron-folic acid and use of iodized salt and fortified foods; prevention of neonatal tetanus, oral health; empowering women on the preparation of birth plans; Philhealth enrollment and linkage to community health volunteers.
- b) **1st day to 6 months** - Health services shall focus on breastfeeding for the newborn with emphasis on early initiation of breastfeeding within the first hour of life and exclusive breastfeeding for all infants until 6 months of age; immunization services (at birth up to one year of age)
- c) **6 months to 2 years** - Health services shall cover timely introduction of safe, appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants up to 2 years of age; micronutrient supplementation from 6 months with iron sulfate, Vitamin A and/or micronutrient powder; growth and development monitoring and promotion and deworming for child at 1 year of age.

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

- a. Nutritional supplements for the pregnant women to include iron-folate supplementation and for the infants starting at 6 months vitamin A supplementation and Micronutrient in complementary feeding
- b. Check-ups to include support for teenage mothers and those coming from geographically isolated and depressed areas (GIDA); nutritional support for nutritionally at risk mothers; lactation support for women with infants in the workplace and the informal sector
- c. Vaccination to cover all the recommended available vaccines that can prevent childhood disease.
- d. Counselling should be skilled (based on technical standards) and should include exclusive breastfeeding for 0-6 months and age appropriate complementary feeding from 6-24 months with continued breastfeeding up to 2 years of age and beyond; water, sanitation and hygiene promotion

- e. Public information drive using quad media approach not to be limited in the schools but to include health facilities, workplaces, communities and public places
- f. Monitoring shall involve all the relevant stakeholders with a monitoring tool jointly developed by all agencies involved to include civil society organizations (CSOs)
- g. Breastfeeding stations can also be established in the informal sector to include public places like markets, transportation stations, agriculture and fishing industries and public malls.

Sec. 9. Program Implementation. The DOH and NNC shall establish a framework to monitor the status of women during and after their pregnancy and the status of their children.

The DOH shall monitor the overall implementation of the program and lead in the distribution of supplements, administration of check-ups and vaccinations in the different barangays nationwide.

Sec. 10. The National Nutrition Council. - The composition of the NNC Governing Board is hereby amended and the same shall now be composed of the following:

- (a) Secretary of Health (Chairperson);
- (b) Secretary of Agriculture (Vice Chairperson);
- (c) Secretary of the Department of Social Welfare and Development;
- (d) Secretary of the Department of Education;
- (e) Secretary of the Department of Science and Technology - Food and Nutrition Research Institute (FNRI);
- (f) Secretary of the Department of Budget and Management;
- (g) Secretary of the Department of Trade and Industry;
- (h) Secretary of the Department of Interior and Local Government;
- (i) Secretary of Labor and Employment;
- (j) Chairperson of the Philippine Commission on Women;
- (k) The Executive Director of the National Economic and Development Authority; and
- (l) Three representatives from the private sector to be appointed by the President of the Philippines who shall come from the food, nutrition industry, and women sectors, respectively. Said representatives shall serve for a term of two (2) years.

In the event that any cabinet member cannot attend a council meeting, said member shall be represented by an undersecretary or 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. 11. Functions and Powers of NNC.--The NNC shall have the following functions and powers:

- (a) Formulate national nutrition policies, plans, strategies and approaches for nutrition improvement;
- (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 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 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. 12. Role of Member-Agencies. - The DOH and the NNC shall lead implementation of the program with the help of the following agencies: 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 through the LGUs and their respective Barangay Health Workers (BIWs), Rural health Workers, and Barangay Nutrition Scholars (BNS) shall assist the DOH in the implementation of the program. The LGUs shall likewise endeavor to provide sustained capability building skills to BNSs and BIWs in support of local nutrition programs.

The consortium of State Universities and Colleges (SUCs) shall intensify nutrition-related training, research and extension support activities 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 be encouraged to undertake nutrition-related researches and to recommend procedures and guidelines promotive of good nutrition among employees of agencies or members of NGOs.

The Private Sector shall also be encouraged to provide technical and financial assistance to community-based nutrition projects through their corporate social responsibility programs, as their participation in the country's bid to enhance human development and human capital formation.

Sec. 13. Nutrition in the Aftermath of Natural Disasters and Calamities. - Areas that are struck by disasters must be prioritized in the delivery of nutrition programs. National, regional, and local governments are mandated to immediately provide

1 emergency food supplies for proper nourishment of lactating mothers and children,
2 specifically those from zero to two (2) years old.

3
4 Private sector donations in emergency situations shall be allowed immediately in the
5 aftermath of natural disasters and calamities. The National Disaster Risk Reduction
6 and Management Council (NDRMMC) is hereby mandated to formulate guidelines
7 in pursuit of this Section.

8
9 National and local disaster risk reduction and management councils are hereby
10 enjoined to involve women in the decision-making process, allowing them to take
11 part in implementing disaster preparedness, recovery and rehabilitation programs.

12
13 **Sec. 14. Appropriations** – The amount necessary for the implementation of this Act
14 shall be charged to the current appropriations for the Department of Health.
15 Thereafter, such sum as may be necessary for the continued implementation of this
16 Act shall be included in the annual General Appropriations Act.

17
18 **Sec. 15. Implementing Rules and Regulations** – Within ninety (90) days from the
19 effectivity of this Act, the Secretary of Health shall, in coordination with the
20 Secretary of the Interior and Local Government and Secretary of Social Welfare and
21 Development promulgate rules and regulations necessary for the effective
22 implementation of this Act.

23
24 **Sec. 16. Repealing Clause.** – All laws, decrees, executive orders, administrative
25 orders or parts thereof inconsistent with the provisions of this Act are hereby
26 repealed, amended or modified accordingly.

27
28 **Sec.17. Effectivity.** This Act shall take effect fifteen (15) days after its publication in
29 the Official Gazette or in a newspaper of general circulation.

30
31
32 Approved,