



Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City Government of Pasig

Ordinance No. 71
Series of 2023

AN ORDINANCE STRENGTHENING THE STRATEGIES FOR MATERNAL, NEONATAL, CHILD HEALTH, AND NUTRITION IN THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES.

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WHEREAS, Section 15, Article II of the 1987 Philippine Constitution states that, the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, it is a declared policy of the State under Section 9, Article II of the 1987 Philippine Constitution, to free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all;

WHEREAS, pursuant to various international human rights conventions 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;

WHEREAS, research shows that 95 Filipino children die every day due to malnutrition, 4.2 million Filipinos under the age of five (5) are too short for their age, and 27 out of 1,000 Filipino children do not reach their fifth birthday due to malnutrition;

WHEREAS, the latest data from the 2021 Expanded National Nutrition Survey conducted by the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology (DOST) shows a high public health significance affecting one (1) in five (5) infant and young Filipino children on their first 1,000 days are stunted;

WHEREAS, malnutrition violates a child's right to survival and development;

WHEREAS, Republic Act No. 11148, or the Kalusugan at Nutrisyon ng Mag-Nanay Act of 2018, provides the enabling environment for the sustained provision of critical early child care interventions for the first 1000 days of a child's life, for optimal growth and development;





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WHEREAS, Section 16 of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, provides that local governments shall exercise powers necessary, appropriate or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare. Further, within their respective territorial jurisdictions, local government units shall ensure and support, the promotion of health and safety of their inhabitants;

WHEREAS, pursuant to its mandate and in compliance with existing laws, rules and regulations, the City Government of Pasig prioritizes nutrition for adolescent females, pregnant and lactating women, infants and young children to prevent the intergenerational effects of stunting;

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF PASIG, IN REGULAR SESSION DULY ASSEMBLED, THAT:

CHAPTER I
GENERAL PROVISIONS

SECTION 1. SHORT TITLE.

1.1 This Ordinance shall be known as the **"Malusog Na Batang Pasigueño, Laking 1000"** ("MBPF1K") Ordinance of Pasig City.

SECTION 2. DECLARATION OF POLICIES. It is a declared policy of the City of Pasig:

2.1 To prioritize nutrition for pre-pregnant, including adolescents, pregnant and lactating women, newborns, infants and young children, to be implemented in an integrated manner by all offices and units in the City Government of Pasig in collaboration with civil society organizations and the private sector.

2.2 To commit itself to principles, policies, and programs embodied in the Philippine Development Plan, the Philippine Plan of Action on Nutrition (PPAN), the Infant and Young Child Feeding (IYCF) Strategic Plan, the Early Childhood Care and Development (ECCD) Strategic Plan – with reference to pertinent international commitments such as the Sustainable Development Goals (SDGs), the Astana Declaration on Primary Health Care, World Health Assembly (WHA) Resolution 69.9, World Health Organization (WHO) Global Nutrition Targets 2025 (GNT 2025), Framework for Action on Nutrition of the Second





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International Conference on Nutrition (ICN2), the United Nations Convention on the Rights of the Child (UNCRC), and the United Nations Convention on the Rights of Persons with Disability (UNCRPD) – to contribute to the improvement of the quality of human resource in the City and the relation of the maternal and child morbidity and mortality, and stunting.

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- 2.3** To adopt the universal health care (UHC) principles such as strengthening primary health care, health service delivery packages, health care provider networks, population-based and individual-based health services, use of health technology assessment, and harmonized financial plans to support the implementation of the First 1,000 Days Strategy.
- 2.4** To eliminate hunger and reduce all forms of malnutrition as ensuring healthy lives, promoting well-being, ending hunger and food insecurity, and achieving good nutrition for all and all ages are essential for the attainment of sustainable development.
- 2.5** To prioritize nutrition for adolescent females, pregnant and lactating women, infants, and young children, to be implemented in an integrated manner by all departments, offices, and units of the City Government, in collaboration with civil society organizations (CSOs) and the private sector, with avoidance of conflicts of interest.
- 2.6** To scale up nutrition intervention programs in the first 1,000 days of a child's life, and allocate 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 – the critical period in which they are at risk for irreversible damage to cognitive and physical development, adolescent females, pregnant and lactating women; as well as to ensure growth and development of infants and young children, and to prevent the intergenerational effects of stunting.
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SECTION 3. GENERAL OBJECTIVES. This Ordinance seeks to:

- 3.1** Provide a comprehensive, sustainable, multi-sectoral strategy to address health and nutrition problems of newborn, infants and young children, pregnant and lactating women and adolescent females, as well as issues that negatively affects the development of young children in the City of Pasig integrating the short, medium and long-term plans of the City to end hunger, improve health and nutrition, and reduce child undernutrition or malnutrition;
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- 3.2 Provide evidence-based nutrition intervention and actions which integrate responsive care-giving and early stimulation in a safe and protective environment over the first 1,000 days of life as well as nutrition-specific and nutrition-sensitive mechanism, strategies, programs and approaches in implementing programs and projects to improve nutritional status and eradicate malnutrition and hunger;
- 3.3 Institutionalize and scale up nutrition in the first 1,000 days in the City's Comprehensive Development Plan and Annual Investment Plan for health and nutrition;
- 3.4 Strengthen the role of the City's Nutrition Office and other offices tasked to support the implementation of nutrition programs in the first 1,000 days and to designate and/or assign a Nutritionist as a focal person for the implementation and monitoring of this Ordinance;
- 3.5 Ensure the meaningful, active and sustained participation, partnership and cooperation of other government agencies such as the National Nutrition Council, other local government units, civil society organizations, and the private sector including children and the youth in an integrated and holistic manner for the promotion of health and nutritional well-being of the population, prioritizing interventions in areas with high incidence and magnitude of poverty, geographically isolated and disadvantaged areas and in hazard and conflict affected areas;
- 3.6 Strengthen the enforcement of Executive Order No. 51, otherwise known as the National Code of Marketing of Breastmilk Substitute, Breastmilk Supplements and other related products ("Milk Code"), Republic Act No. 10028, otherwise known as the Expanded Breastfeeding Promotion Act of 2009, and other local issuances, to promote, protect, and support optimal infant and young child feeding and maternity protection, adopting the new recommendations from the World Health Assembly Resolution 69.9 to end the inappropriate promotion of food for infants and young children;
- 3.7 Strengthen the implementation of other nutrition-related laws, programs, policies and guidelines, including multi-sectoral integration, gender equality, disaster risk reduction, and promotion of the UN Convention on the Rights of the Child; and
- 3.8 Strengthen the family and community support systems with the active engagement of both the father and mother with support from other government agencies, CSOs and other stakeholders.
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SECTION 4. SCOPE.

- 4.1 This Ordinance shall include those who are nutritionally-at-risk, especially among pregnant and lactating women, particularly teen-age mothers, women of reproductive age, adolescent girls and all Filipino children who are newly born up to age of two (2) years.
- 4.2 Priority shall be given to those who reside in disaster prone and geographically isolated and disadvantaged areas, unserved and underserved communities and other areas identified to have high incidences of poverty, those belonging to the vulnerable sector, indigenous peoples, urban poor, and communities recovering from crisis or armed conflict and recognized as such by a government body.

SECTION 5. DEFINITION OF TERMS. As used in this Ordinance, the following terms shall mean:

- 5.1 **Breastmilk Substitute (BMS)** – refers to any type of milk, in either liquid or powdered form, including soy milk, follow-up formula, and growing-up milks, that are specifically marketed for feeding infants and young children up to the age of three (3) years old.
- 5.2 **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.
- 5.3 **Civil Society Organizations (CSOs)** – refers to non-state group of actors whose aims are neither to generate profits nor to seek governing power, such as non-government organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, network coalitions, and/or labor unions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations, and workers associations.
- 5.4 **Early Stimulation** – refers to the process where infants and young children receives external stimuli to interact with others and their environment to promote early child development. 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.





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- 5.5 **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 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.
- 5.6 **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.
- 5.7 **Kangaroo Care or Kangaroo Mother Care** – refers to a universally available and biologically sound method of care for all newborns, but in particular for small babies, with key components, such as, a) skin-to-skin contact; b) exclusive breast feeding; c) support to the mother/parent-infant dyad; and d) early discharge and follow-up. Said method of care is used 9n practice by both mothers and fathers.
- 5.8 **Local Government Unit (LGU)** – refers to a territorial and political subdivisions called provinces, cities, municipalities, and barangays established by or in accordance with the Constitution, as specifically under the Local Government Code (LGC).
- 5.9 **Low Birth Weight** – refers to weight at birth of an infant, whether born full term or preterm, of less than two thousand five hundred grams (2,500 g) or five-and-a-half pounds (5.5 lbs.), or five pounds and eight ounces (5 lbs., 8 oz.).
- 5.10 **Malnutrition** – refers to deficiencies, excesses, or imbalances in a person's intake of protein 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.
- 5.11 **Maternity Protection** – refers to the fundamental right of women at work which aims to preserve the health of mothers and their newborns, and to provide measure of economic security for the women concerned and their families. It is herein referred to the rights of pregnant and lactating mothers at work as stipulated in existing labor, civil service, and other related laws and regulations.





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- 5.12 Moderate Acute Malnutrition (MAM)** – refers to children aged zero to fifty-nine (0-59) months with 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).
- 5.13 Nutrition-Sensitive Interventions and Programs** – refers to interventions or programs that address the underliving 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 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.
- 5.14 Nutrition-Specific Interventions and Programs** – refers 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.
- 5.15 Nutritionally-at-Risk Pregnant Women** – refers to pregnant women, including adolescent 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 purchases 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. In the absence of a verifiable BMI, MUAC measurement will be used.

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5.16 Overweight and Obesity – refers 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 25 are overweight and a BMI greater than or equal to 30 is obese. For children, it is defined as the percentage of children aged zero to fifty-nine (0-59) 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; and BMI-for-age for adolescent is: >1 SD is overweight, >2 SD is obese, >3 SD severely obese.

5.17 Responsive Caregiving – refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and provides a response that is appropriate to the child's immediate behavior, needs and developmental state.

5.18 Routine Child Immunization – refers to provision of vaccines against vaccine preventable diseases (VPDs) among newborns, infants, and children under the age of five years. This includes vaccines against (a) Tuberculosis; (b) Diphtheria, Pertussis and Tetanus (DPT); (c) Poliomyelitis; (d) Measles; (e) Mumps; (f) Rubella or German Measles; (g) Hepatitis B; (h) Pneumonia, ear infection, meningitis and other invasive diseases due to Hemophilus influenzae Type B (HiB) and Streptococcus pneumoniae; and (i) other types as may be determined by the Secretary of Health.

5.19 Severe Acute Malnutrition (SAM) – refers to children aged zero to fifty-nine (0-59) months with very low weight-for-length/height, defined as less than three (3) SD below the median ($<-3\text{SD}$) of the WHO Growth Standards, characterized by visible severe wasting, the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters ($<115\text{mm}$).

5.20 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 to fifty-nine (0-59) months whose height-for-age is below minus two (2) SD (for moderate stunting) and minus three (3) SD (for severe stunting) from the median of the WHO Growth Standards.

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5.21 Vulnerable Groups – refers to those who, by their situation, make their family members at risk to developing health, nutrition, and developmental issues and problems; for example: subsistence farmers and fisherfolk, agriculture and fishery workers, indigenous peoples, victims of disasters and calamities, the urban poor especially those in resettlement areas, workers in the informal economy, and persons with disabilities.

5.22 Barangay Health Workers (BHW) - refers to a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).

5.23 Barangay Nutrition Scholar (BNS) - shall be a barangay-based volunteer worker responsible for delivering nutrition services and other related activities such as community health, backyard food production, environmental sanitation, culture, mental feeding, and family planning to the barangay.

5.24 Child Development Worker (CDW) - day care workers.

SECTION 6. THE FIRST 1,000 DAYS STRATEGY FOR HEALTH AND NUTRITION OF WOMEN, INFANTS, YOUNG CHILDREN, AND ADOLESCENT GIRLS.

6.1 There shall be a comprehensive and sustainable strategy to address health and nutrition problems affecting pregnant and lactating women, infants and young children and adolescent girls.

6.2 This shall be in accordance with the strategy to be formulated by the Department of Health (DOH) and the National Nutrition Council (NNC) Governing Board 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 which will be formulated in cooperation with other agencies, LGUs, civil society, non-government organizations, private sector, and relevant health organizations.





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SECTION 7. HEALTH AND NUTRITION SERVICES AND INTERVENTIONS FOR WOMEN, INFANTS AND YOUNG CHILDREN IN THEN FIRST 1,000 DAYS. The health and nutrition services and interventions to be rendered in the first 1,000 days period are the following:

7.1 First 270 Days (Conception and Pregnancy)

- a. **Pre-natal Period** – Prenatal care services at the barangay level shall include:
 1. Pregnancy-tracking and enrollment to prenatal care services;
 2. Regular follow up to complete minimum of four prenatal care visits with provision of Hepa B screening, Syphilis and HIV screening;
 3. Provision of maternal immunizations including tetanus toxoid vaccine for the prevention of neonatal tetanus;
 4. Provision of oral health services, including oral health assessment;
 5. Provision of nutritional counseling, smoking cessation, and adoption of healthy lifestyle practices;
 6. Identification of nutritionally-at-risk pregnant women;
 7. Dietary supplementation of pregnant women;
 8. Provision of micronutrient supplements with ferrous sulfate-folic acid and calcium carbonate;
 9. Promotion of the use of iodized salt and fortified rich foods;
 10. Provision of anti-helminthic drugs for deworming and assessment of risk for parasitism;
 11. Counseling on hand washing, environmental sanitation and hygiene;
 12. Empowering women on the preparation of birth (include plans of delivery and birth plan), breastfeeding and rooming-in-plans, breastfeeding counseling;
 13. PhilHealth enrollment and linkage to community health workers and volunteers; and
 14. Social welfare support for access to nutritious and healthy food products and commodities for nutritionally-at-risk pregnant women belonging to the poorest families.

- b. **Women about to give birth and immediate postpartum period** – Health and nutrition services at the facility level shall include:
 1. Provision of respectful care at the time of admission at the health facility;
 2. Adherence to the women’s birth, breastfeeding and rooming-in-plans;
 3. Compliance of health facility to Republic Act No. 10028 otherwise known as the Expanded Breastfeeding Promotion Act of 2009 and Executive Order No. 51, the “Milk Code” and other related administrative issuance of the DOH on maternal and newborn care;

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4. Provision of mother-friendly practices during labor and delivery in compliance with the Mother and Baby-Friendly Health Facility Initiative (MBFHI) and current intrapartum protocols of the DOH which include companion and position of choice;
 5. Monitoring of progress of labor and well-being of both the mother and the fetus and provision of interventions to any health issue that may arise; and provide referral processes should transfer is warranted, (if patient is admitted at lying-in faulty).
 6. Identification of high-risk newborns that will be delivered, the preterm or the low-birth-weight infant, and provision of preventive interventions to reduce complications of prematurity or low birth weight;
 7. Management of non-separation of the mother and her newborn for early breastfeeding initiation;
 8. Provision of support at birth or breastfeeding initiation and continuation of exclusive breastfeeding in the facility, most especially for caesarian section deliveries, and thereafter until discharge;
 9. Nutrition counselling and provision of nutritious food and meals at the facility, most especially for women who gave birth to small babies who are pre-term or low birth weight, until discharge;
 10. Assurance of women and child-friendly spaces during calamities, disasters, or other emergency where health and nutrition services for women and children shall be provided;
 11. Provision of PhilHealth benefit packages for delivery; and
 12. Provision of a women-friendly space where the expectant mothers will be able to give birth following prescribed maternal and intrapartum protocol during calamities, disasters or other emergencies.
- c. Postpartum and lactating women – Health and nutrition services of the community level shall include:**
1. Follow-up preventive care visits to health facilities where they gave birth;
 2. Home visits for women in difficult to reach communities;
 3. Breastfeeding support and counselling from birth up to two years and beyond including those women who will return to work;
 4. Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplaces;
 5. Dietary supplementation;
 6. Provision of micronutrient supplements with single dose of vitamin A capsules and daily ferrous sulfate folic acid for three months;
 7. Provision of ready-to-use supplementary food (RUSF) for nutritionally-at-risk postpartum and lactating women, including teenage mothers;

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8. Designation of space for lactation in workplaces both in government and private sector including small and medium enterprises, and in public places and public means of transportation;
9. Organization of breastfeeding support groups in the workplaces, in cooperation with occupational health workers and human resource managers;
10. Organization of community-based mother support groups or peer counselors for breastfeeding and complementary feeding, in cooperation with other health and nutrition workers; and
11. Provision of a Women and Child-Friendly space where mothers and their infants will be able to continue breastfeeding during calamities, disasters or other emergencies.

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7.2 Next One Hundred Eighty (180) Days – Health and Nutrition Services shall include at the facility level and community level.

- a. **Birth and Newborn Period – First 28 days of month.**
 1. The provision of baby-friendly practices during delivery in compliance with the Mother and Baby-Friendly Health Facility (MBFHI) and current newborn protocols of the DOH in all birthing facilities including the provision of essential newborn care and Kangaroo Mother Care for small babies born pre-term and who have low birth weight at birth;
 2. Maintenance of non-separation and observance of direct rooming-in of the mother and her newborn for early breastfeeding initiation and completion of exclusive breastfeeding;
 3. Provision of routine newborn care services such as eye prophylaxis and vitamin K, birth doses of Hepatitis B and BCG vaccine after completion of the first breastfeeding;
 4. Administration of newborn screening and newborn hearing screening after 24 hours of birth;
 5. Provision of continuous skin-to-skin contact and Kangaroo Mother Care for small babies born pre-term or with low birth weight;
 6. Availability of human milk pasteurizer for tertiary level facilities with neonatal intensive care units to ensure breast milk supply for small babies born pre-term and low birth weight;
 7. Provision of the PhilHealth Newborn Care Package (NCP) and Z Benefit Package for premature and small babies;
 8. Provisions of early referral to higher level facilities to manage newborn illness and/or complications of prematurity or low birth weight;
 9. Facilitated and prompt birth registration; and
 10. Provision of social welfare services to the poorest families of newborn infants in need of support to avail of access to health and nutrition services, social protection and other interventions.

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7.3 First Six (6) Months of Infancy

1. Provision of continuous support to mother and her infant for exclusive breastfeeding including referral to trained health and nutrition worker on lactation management and treatment of breast conditions;
2. Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, growth and development promotion and infant and young child (IYCF) counselling;
3. Counselling household members on safe water, proper hand washing, environmental sanitation and hygiene;
4. Provision of early referral to higher level facilities to manage childhood illness or acute malnutrition;
5. Counselling on parent-infant interaction for child stimulation and early childhood development;
6. 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; and
7. Assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies.

7.4 Next Five Hundred Fifty (550) Days. Infants six (6) months up to two (2) years of age – Health and nutrition services at the community level shall include:

1. Timely introduction of safe, appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months to two (2) years of age and beyond;
2. Provision of nutrition counselling on complementary feeding to mothers and caregivers;
3. Deworming treatment at the start of 1 year old;
4. Dietary supplementation of age-appropriate, nutrient-dense and quality complementary food;
5. Regular assessment of development and developmental milestones delay, growth monitoring and promotion;
6. Screening for disabilities (mental, sensorial and physical);
7. Micronutrient supplementation with vitamin A, iron sulfate, or multiple micronutrient powder;
8. Counselling on parent-infant/child interaction for child stimulation and early learning including interaction and play;
9. Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;



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10. Compliance to the Integrated Management of Childhood Illnesses protocols for pneumonia and diarrhea;
11. Treatment of moderate and severe acute malnutrition or Community-Based Management of Acute Malnutrition (CMAM);
12. Provision of oral health services including application of fluoride varnish to prevent dental caries;
13. Provision of deworming tablets for children at one (1) to two (2) years of age;
14. Availability of potable source of water including counselling of household members on hand washing, environmental sanitation and hygiene;
15. Local government support for sanitation needs of households to reduce food and water home diseases;
16. Social welfare support for access to nutritious and health food products and commodities for the poorest families;
17. Support for home kitchen gardens or community kitchens;
18. Livelihood assistance and other social protection mechanisms for parents belonging to the poorest families;
19. Protection against child abuse, injuries and accidents including the provision of safe play spaces and toys, first aide, counselling and properly facilitated referrals; and
20. Others as may be deemed based on international and national guidance and evidence generated locally.

SECTION 8. OTHER PROGRAM COMPONENTS. The strategy on health and nutrition shall include the following cross-cutting components:

- 8.1 National and local health and nutrition investment planning and financing;
- 8.2 Health promotion and education, social mobilization and community participation including advocacy;
- 8.3 Service delivery;
- 8.4 Health and nutrition human resources capacity development;
- 8.5 Sectoral collaboration and partnerships;
- 8.6 Logistics and supply management;
- 8.7 Knowledge management and information technology;
- 8.8 Monitoring, Evaluation, Accountability and Learning; and
- 8.9 Research and Development.

SECTION 9. HEALTH AND NUTRITION OF ADOLESCENT GIRLS. To address the cyclical nature of malnutrition among the population, delivery of health and nutrition services for adolescent girls, ages 10 to 18 years old, at facility and community levels shall include, but not limited to, the following:

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- 9.1 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 girls, as appropriate;
- 9.2 Provision of age-appropriate immunizations based on the latest DOH guidelines;
- 9.3 Provision of oral health services including oral health assessment;
- 9.4 Provision of anti-helminthic drugs of deworming;
- 9.5 Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- 9.6 Provision of supplements including iron, folic acid, iodine, and other micronutrients according to guidelines of the DOH in partnership with the Department of Education (DepEd);
- 9.7 Promotion of the consumption of iodized salt and foods fortified with micronutrients such as iron, folic acid, vitamin A, and other micronutrients that may be deemed necessary based on recent evidence;
- 9.8 Referral to higher level health facilities to manage complicated illnesses including moderate and severe acute malnutrition;
- 9.9 Counselling on proper nutrition, smoking cessation, adoption of healthy lifestyle practices, and family health; and
- 9.10 Others as may be determined based on international guidelines and evidence generated locally.

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SECTION 10. NUTRITION IN THE AFTERMATH OF NATURAL DISASTERS AND CALAMITIES.

- 10.1 Areas that are struck by disasters must be prioritized in the delivery of health and nutrition services and interventions. As such, the City of Pasig shall immediately provide emergency services, food supplies for proper nourishment of pregnant, lactating mothers and children, especially 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 to 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 months old.
- 10.2 No milk formula donations or products covered by Executive Order No. 51, or the Milk Code, shall be prohibited to protect the health and

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nutrition of pregnant and lactating women, infants, and young children before, during and after a disaster. In emergency situations, donations or assistance that are in the form of non-breastmilk substitute (non-BMS) and non-BMS related products 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.

- 10.3 The Pasig City Health Department, the Nutrition Office and the Local Disaster Risk Reduction and Management Council shall formulate appropriate guidelines and mechanisms in times of disasters and calamities for the protection of children, pregnant and lactating women in accordance with Republic Act No. 10821, otherwise known as the Children's Emergency Relief and Protection Act, and Comprehensive Emergency Program for Children.

SECTION 11. CAPACITY BUILDING FOR BARANGAY HEALTH AND NUTRITION VOLUNTEERS AND OTHER PERSONNEL. The City Government of Pasig, in coordination with the DOH, shall provide practical, effective, gender, disability and culturally-sensitive training courses to BHWs, BNSs, CDWs, 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, specifically:

- 11.1 The LGU, in coordination with the DOH, shall supervise, monitor, and evaluate the training courses including re-orientation courses in line with the implementation of the program;
- 11.2 The LGU, in coordination with the DOH, shall be responsible for disseminating information and providing training to BHWs, BNSs, CDWs, and other personnel concerned;
- 11.3 LGUs with the technical assistance from the DOH shall be responsible in training BHWs, BNSs, CDWs, and other barangay volunteers on the promotion of the program; and
- 11.4 The LGU, in coordination with the DOH, shall update existing community level training tools to facilitate the integration of the First 1,000 Days strategies and services.

SECTION 12. APPROPRIATION. The City Government of Pasig shall appropriate an amount for the effective implementation of this Ordinance, subject to annual appropriation allocation as may be deemed necessary based on existing laws.





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SECTION 13. SEPARABILITY CLAUSE. Should any section or provision of this Ordinance be declared to be unconstitutional or invalid, such shall not affect the validity of this Ordinance as a whole, or any portion thereof other than the section of provision so declared to be unconstitutional or invalid.

SECTION 14. REPEALING CLAUSE. All ordinances or portions of ordinances in conflict with this Ordinance or inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 15. EFFECTIVITY. This Ordinance shall take effect immediately upon approval.

APPROVED this 28th day of **November 2023** at Pasig City.

HON. RAYMUND FRANCIS S. RUSTIA
City Councilor

HON. CORAZON M. RAYMUNDO
City Councilor

HON. SIMON GERARD R. TANTOCO
City Councilor

HON. SYVEL ASILO GUPILAN
City Councilor

HON. PAUL ROMAN C. SANTIAGO
City Councilor

HON. NOEL L. AGUSTIN
City Councilor

HON. RODERICK MARIO U. GONZALES
City Councilor

HON. MARION ROSALIO M. MARTIRES
City Councilor

HON. REGINO S. BALDERRAMA
City Councilor

HON. KEIL P. CUSTILLAS
SK Fed. President



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HON. MARIA LUISA "ANGELU" M. DE LEON
City Councilor
Minority Floor Leader

HON. MARK GIL M. DELOS SANTOS
City Councilor
Majority Floor Leader

Attested by:

HON. ROBERT VINCENT JUDE B. JAWORSKI, JR.
City Vice-Mayor
Presiding Officer

APPROVED:

HON. VICTOR MA REGIS N. SOTTO
City Mayor

Attested by:

ATTY. NICOLO JOEL B. GUTIERREZ
Acting City Council Secretary

