

ORDINANCE NO. 2022-034
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AN ORDINANCE PROMULGATING THE FIRST 1,000 DAYS PROGRAM FOR CHILDREN, INSTITUTIONALIZING THE EXISTING F1KD NUTRITION AND HEALTH PROGRAMS OF NAGA CITY, IMPROVING ITS IMPLEMENTING MECHANISMS, AND APPROPRIATING FUNDS THEREOF:-

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EXPLANATORY NOTE

According to Philippine Statistics Authority (PSA) data in 2021, 4,844 Filipinos died of malnutrition in January to October last year compared to 3,514 in the same period in 2020, or a growth of 37.85 percent. Poor households are always at risk of malnutrition and many do not have access to investments that could supplement their diets. Hence, Republic Act 11148 was promulgated to scale up the national and local health and nutrition programs through a strengthened integrated strategy for maternal, neonatal, child health and nutrition in the first 1,000 days of life. It is essential for local government units to adapt, strengthen, and even create a wider policy on nutrition that would directly benefit infant in the first 1000 days of life as well as adolescent females and mothers.

Although Naga City champions in sustainable programs dedicated to cater child nutrition of infant and young children, there are still significant prevalence rate of underweight children in some barangays of Naga City. In the 2021 data of City Populations and Nutrition Office (CPNO), 1.33% or 299 children are considered underweight. While there has been advancement in terms of policies and programs of the City government on nutrition, it cannot be denied that incidents of malnutrition specially in pregnant and lactating women, infants and young children are still apparent in our society and still threatens the enjoyment of the right to adequate food, care, and nutrition among these set of people;

The City of Naga 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 in the community;

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WHEREFOR, it is the policy of the City of Naga to scale up its nutrition programs and services in the first 1000 days of a child's life 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.

BE IT ORDAINED by the Sangguniang Panlungsod of Naga City, that:

A.
SECTION 1. TITLE. This Ordinance shall be known as the "F1KD Ordinance of Naga City".

SECTION 2. DECLARATION OF POLICIES. The adoption of this FIKD Ordinance is in line with the State's principle to protect and promote the right to health of the people and instill health consciousness among them, as embodied in the following:

(a) Local Laws and Policies.

- (i) The Naga City Comprehensive Development Plan recognizes women and children as part of its marginalized sector. As such, it provided under its subsector on social welfare that, the city government of Naga shall promote and protect the rights of the marginalized sectors, which include children, women, senior citizens and persons with disabilities (PWDs).
- (ii) The Naga City GAD Code mandates the Naga City GAD Council and the Naga City Council for the Welfare and Protection of Children to jointly adopt mechanisms to eliminate all forms of discrimination against equal access to nutrition services and programs by children, especially the girl-child.
- (iii) The Naga City Comprehensive Children's Welfare Code which provides comprehensive program and services for children particularly on survival rights.

(b) National Laws and Policies

- (i) The Philippine Development Plan which aim to accelerate the country's human resource capital by providing better access to health care services and opportunities, specifically, declaring that the government will work to improve nutrition and health for all;
- (ii) Corollary to the above, the Philippine Plan of Action for Nutrition (PPAN) whose goal is to improve the nutrition situation in the country declares that the government shall improve the quality of human resource base and reduce inequality in human development outcomes and in child and maternal mortality. Moreover, the PPAN recognizes the duty of the government and other stakeholders to assist those who are unable to enjoy the right to good nutrition where priority is to be given to the nutritionally-vulnerable and nutritionally-affected from poor families and communities;
- (iii) The Kalusugan at Nutrisyon ng Mag-Nanay Act 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. Further, it declares that the State shall scale 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.

(iv) The Magna Carta of Women which declares that the State shall provide comprehensive, culture-sensitive, and gender-responsive health services and programs covering all stages of a woman's life cycle and addresses the major causes of women's mortality and morbidity through access to maternal care to include pre-and post-natal services to address pregnancy and infant health and nutrition; and

(v) Local Government Code of 1991 (Republic Act No. 7160) mandates LGUs to promote general welfare and provide basic services and facilities to constituents.

c) State Obligations and Commitments such as:

i. The United Nations Convention on the Rights of the Child highlighted that proper nutrition and good health are fundamental human rights of children. Specifically, under Article 24 of the Convention all State-Parties commit to combat disease and malnutrition through available technology and provisions for adequate nutritious food and clean drinking-water, ensure pre-natal and post-natal health care for mothers and to develop preventive health care, guidance for parents and family education and services, among others;

ii. The 2030 Sustainable Development Goal No. 2.2 which calls to action all nations to end all forms of malnutrition, including achieving targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons; and

iii. The 2025 Global Targets for Maternal, Infant and Young Child Nutrition which provides six global priority areas from which countries have to develop accountability framework in their respective jurisdiction, to wit: reducing stunting and wasting in children below five years of age; halting the epidemic of obesity, reducing anemia in women of reproductive age, reducing low birth weight and increasing the rate of exclusive breastfeeding.

iv. The Ambisyon Natin 2040 which provides health services particularly for infant and children requisite care, guidance and health services.

SECTION 4. OBJECTIVES.

a. Provide comprehensive, sustainable, multi-sectoral 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 nutrition program and services to women and children with special health and nutrition need;
- e. Institutionalize and scale up nutrition in the first one thousand (1,000) days in the local plan for nutrition and in the city development plan particularly the development plan for children;
- f. Ensure the meaningful, active and sustained participation, partnership and cooperation of Naga City Nutrition Council-member offices, other government agencies, civil society organizations (CSOs), people's organization (POs) 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 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 multi-sectoral 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.

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SECTION 5. **COVERAGE.** The implementation of this Ordinance shall cover those who are nutritionally-at-risk, especially pregnant and lactating women particularly adolescent mothers, women of reproductive age, adolescent females and all children

who are newly born up to age twenty-four months residing in Naga City. Provided, that priority shall be given to children and marginalized women who have special nutrition and healthcare needs as defined in this Ordinance. Provided, further, that the programs and services mentioned herein shall cover all pregnant and lactating mothers deprived of liberty and housed in the Naga City District Jail, regardless of their place of residence, until they are released from detention and in charitable institutions in Naga City as well as children who are newly born up to age twenty-four months.

SECTION 6. DEFINITION OF TERMS. For purposes of this Ordinance, 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. *Children* refers to person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition;

c. *Children with special nutrition and health needs* refers to children who have special nutritional and health care.

d. *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;

e. *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;

f. *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;

g. *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;

h. *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;

i. *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;

j. *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;

k. *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 ($<125\text{mm}$) and greater than or equal to one hundred fifteen millimeters ($\geq 115\text{mm}$);

l. *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;

m. *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;

n. *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;

o. *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;

p. *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;

q. *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

r. *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.

s. *Women with special nutrition and health needs* refers to pregnant, lactating and reproductive age women who have special nutritional and health care needs arising from physiological and medical conditions, including marginalized women whose socio-economic-political conditions have prevented them to benefit from quality health and nutritional services, such as women with disabilities, urban poor women and those living in danger-prone areas, women deprived of liberty and rural women.

SECTION 7. PROGRAMS AND SERVICES FOR THE FIKD

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.

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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 (MBFHFII), 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.

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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

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- 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.

c. *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;

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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. *lawphil*

(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 (TYCF) 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.

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(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;

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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.

SECTION 8. Institutionalization of the existing F1KD Nutrition and Health Program. The following health and nutrition projects, services, and interventions of the following offices/departments:

A. City Population and Nutrition Office (CPNO):

(a) Food Assistance

(i) Nutri-Nanay Project - This project seeks to rehabilitate malnourished pregnant mothers by providing them regular supply of free Annum milk and iron supplements and free pre-natal check-up until such time that they are considered fully rehabilitated and ready to give birth. Under this project, lactating mothers are also given free milk and are closely monitored by Barangay Nutrition Scholars (BNS) and nutritionists from the CPNO;

(ii) Nutri-Ataman Project - This project seeks to reduce malnutrition among underweight preschoolers through the provision of free medical consultation to treat existing complications and illnesses and the provision of free medicines, multivitamins, and supplemental feeding commodities to hasten recovery and rehabilitation;

(iii) Complementary ("Nutri-Mix") Feeding - This intervention seeks to provide complementary foods to infants aged 6 to 23 months regardless of their nutritional status in addition to their daily intake at home. Supervised by nutritionists, the BNS and the Supplemental Feeding Volunteers (SFVs) are the prime movers in the processing of "nutri-mix" at the Nutrition Center. The different "nutri-mix" recipes are rice-mongo blend, "nutri-champ", and rice-soya-mongo blend with appropriate milk and sugar;

(iv) Center-Based Feeding - This refers to the rehabilitation program for toddlers aged 6 to 24 months and preschool children who are undernourished based on the Operation Timbang (OPT) Plus 1st and 2nd quarter. Chosen caterers prepare and deliver the hot lunch feeding to the 27 barangays of Naga. The feeding is conducted every Monday to Friday as supervised by the BNS and assisted by SFVs;

(b) Nutrition Education

(i) Family Health Classes - Organized by BNS and Barangay Service Point Officers, these classes

are attended by mothers with severe underweight children, mothers with underweight preschool children, mothers with stunted and severely stunted preschool children, and other household members;

- (ii) One-on-One Counseling Sessions - These are conducted for mothers of preschool children as well as for pregnant and lactating mothers;
 - (iii) Dietary Consultation - This can be availed of by pregnant and lactating mothers and by any interested adult from the 27 barangays of Naga;
 - (iv) Growth Monitoring and Promotion activities - These are regularly done for underweight preschoolers and infants aged 0-23 months;
 - (v) Pabasa sa Nutrisyon - This is a special Nutrition Information and Education Program which seeks to improve the nutritional status of family members and is attended by mothers with malnourished children and pregnant and lactating mothers;
 - (vi) Breastfeeding Classes - Attended by pregnant and lactating mothers, these classes seek to promote and improve infant feeding practices;
 - (vii) Breastfeeding Peer Counselors Group - This is composed of breastfeeding advocates in each of the city's 27 barangays who regularly undergo activities to further enhance their knowledge on breastfeeding;
- (c) Growth Monitoring and Promotion - This refers to the annual weighing and height measurement of preschool children aged 0-59 months conducted every first quarter of the year to identify and locate malnourished children. It also refers to the monthly follow-up weighing of children aged 0-24 months and of underweight, stunted, and wasted pre-school children;
- (d) Manpower Development - This refers to the annual trainings/seminars/workshops conducted by the CPNO for the Barangay Nutrition Committees (BNC), BNS, SFVs, and Breastfeeding Peer Counselors to enhance their knowledge, skills, and abilities in the promotion of nutrition programs in the 27 barangays;
- (e) Maintenance of BNS and SFVs - The BNS are the able arm of the CPNO in the implementation of the Philippine Food and Nutrition Program at the barangay level. Meanwhile, the SFVs assist the BNS in the implementation of the Supplemental Feeding Program and other health and nutrition programs of the city.

B. City Health Office (CHO):

- (a) Pre-Natal Care
- (b) Birth Delivery
- (c) Immunization for New Born & Infant
- (d) Postnatal Follow-up Check-up for mother and child

- (e) Postpartum & New Born Care
- (f) Nutrition Services for Infant and Children
- (g) Deworming Services for Infant and Children
- (h) Management of Sick Infant and Children
- (i) Oral Health Care and Services
- (j) Maintenance of Barangay Midwife and Barangay Health Worker

C. Naga City Hospital (NCH):

1. In-Hospital Pre-natal, Intra-partal, and Post-natal Care. The goals of pre-natal, intra-partal and post-natal care is to ensure that all pregnancies are carried to term with minimal to no complications, as well as to ensure the health and well-being of both mother and baby post-partum. This includes the following components:
 - a. Pre-natal Consultation with OB-Gynecologist
 - b. Fetal Monitoring
 - Ultrasound
 - Non-Stress Test
 - c. Provision of Pregnancy Vitamins
 - d. Post-partum Consultation with OB-Gynecologist
 - e. Mother's Class on the following topics:
 - Executive Order No. 51 - Milk Code of the Philippines which mandates exclusive breastfeeding from 0 to 2 years and beyond
 - Responsive Feeding
 - Nutrition during and after pregnancy
 - f. Labor and Delivery
2. Diagnostic Tests
 - a. Clinical Laboratory (HBSAg, RPR, OGTT, CBC, Urinalysis, etc.)
 - b. X-Ray
 - c. Ultrasound (Pelvic, Fetal Biometry)
 - d. Fetal Non-Stress Test

D. Our Lady of Lourdes Infirmary (OLLI):

- (a) Pre-Natal Care
- (b) Birth Delivery
- (c) Immunization for New Born Child
- (d) Postnatal Follow-up Check-uP for mother and child
- (e) Postpartum Care
- (f) New Born Screening
- (g) New Born Hearing referral to NCH
- (h) Referral to Barangay for Immunization

E. City Social Welfare and Development Office (CSWD):

- (a) Enrollment to Philhealth/Point of Care Program
- (b) Aid in Crisis Situation (AICS)
- (c) Medical and Hospitalization Assistance
- (d) Relief Operations

SECTION 9. NUTRITION PROGRAMS AND SERVICES FOR CHILDREN AND WOMEN WITH SPECIAL NUTRITION AND HEALTH CARE NEEDS

9.1. SERVICES AND PROGRAM FOR CHILDREN WITH SPECIAL NUTRITION AND HEALTH CARE NEEDS. Children with special nutrition and health care needs are at risk for health problems that can impair their ability to function at home and in school. To address this, the city government of Naga undertakes, in addition to the programs mentioned in

Section 7 of this Ordinance, to perform the following thru the City Population and Nutrition Office, City Health Office and in partnership with the twenty-seven barangays and HELP Learning Center.

9.1.1. Develop a program that will provide an early intervention and referral system to children with physical, behavioral and mental disabilities and those with health and nutritional problems. The early intervention shall include diagnostic and laboratory tests to assess nutrition and health status of children of indigent family, including children of solo parent, persons with disability/ies and those belonging to the urban poor and peasant sector, including programs and services that will address such needs. Provided, that the early intervention to and referral of these children shall be provided by the city government directly and through a referral system to other agencies, private organizations and institutions for specialty services and intervention. Provided, further, that said referral system shall be created and convened by the City Nutrition Committee within ninety (90) days after the approval of this ordinance;

9.1.2. Barangay-based tracking, early identification and monitoring of children with special nutrition and health care needs. Provided, that each barangay shall maintain an updated database indicating therein the child's health and nutritional status, intervention provided and the progress of the child's condition;

9.1.3. Individualized intervention for every child shall be provided taking into consideration various elements that may be affecting the child's health and nutritional status, such as the child's physical characteristics, interaction between the child and the parent or guardian and how this affect the child's behavior. Provided, that a qualified professional shall prepare the individualize intervention;

9.1.4. Strengthen the school-based nutrition services by taking into account the elements mentioned in the immediately preceding section;

9.1.5 Training of BHW, CBRS and BNS by HELP Learning Center in the administration of the ECCD Checklist Form 1A, a standard tool in measuring the developmental milestone of Filipino Children zero (0) to less than 3 years old.

9.2. **NUTRITION PROGRAMS AND SERVICES FOR MARGINALIZED WOMEN WITH SPECIAL NUTRITION AND HEALTH CARE NEEDS.** It shall be the policy of the city government of Naga to ensure that pregnant and lactating women in the poorer and marginalized sector shall have access to good quality nutrition and health-care throughout the periods of pre-natal, specialized obstetrical services and post-partum, thus the following programs, in addition to those mentioned

in Section 7 of this Ordinance, shall be undertaken thru the City Population and Nutrition Office (CPNO) in partnership with the Naga City Council for Women (NCCW):

9.2.1. Develop a mechanism that will prioritize the delivery of timely and appropriate pre-natal, child-birth and post-natal services, such as medical examination, laboratory and diagnostic tests, including HIV testing and prophylaxis, nutritional guidance and counselling, obstetrical services and provision for supplements and medicines to marginalized women with special nutrition and health care needs. Provided, that the program and services enumerated under Section 7 for the child/children of the marginalized women shall, likewise, be given priority ;

9.2.2. For pregnant and lactating women deprived of liberty who have experienced sexual abuse, provide appropriate mental health care and support ;

9.2.3. For rural women, urban poor women and women living in danger-prone areas, develop a livelihood assistance and nutrition education program that will enhance economic independence, increase nutrition knowledge and skills and reduce risk factor to the woman and the child

SECTION 10. SERVICES AND PROGRAMS IN THE AFTERMATH OF A DISASTER. In disasters, calamities, and other crisis, the city government of Naga, thru the Naga City Disaster Risk Reduction and Management Council (NDRRMC), and other concerned agencies in all phases of relief, recovery, rehabilitation and reconstruction efforts shall develop and implement a gender-responsive and age-appropriate delivery of nutrition program and services. To be specific, the following shall be undertaken:

- SMC*
- (a) The participation of women and children representative in the NCDRRMC that will help ensure a more coordinated and gender-sensitive response in all stages of emergency;
 - (a) Improved collection and use of age and sex-disaggregated data and reproductive health indicators in rapid and comprehensive assessments for strategic gender analysis and programming in humanitarian response;
 - (b) Timely, adequate and culturally-appropriate provision of relief goods and services such as food, water, sanitary packs, psychosocial support, livelihood, education and comprehensive health services including the implementation of the Minimum Initial Service Package (MISP) for the sexual and reproductive health at the early stage of the crisis;
 - (c) Proactive adoption of measures by camp managers to prevent violence in evacuation centers and relocation sites which include:
- 7.*

- (i) Security and safety of women and children as key criteria for the selection of evacuation sites;
- (ii) Separate functional and well-lit latrines for men and women with locks;
- (iii) Bathing facilities with privacy;
- (iv) Regular security patrols preferably by female police officers;
- (v) Prohibition of alcohol, drugs, and gambling among others; and
- (vi) Active involvement of women in the various camp and communities organized for food and water distribution, nutrition, sanitation, and hygiene, shelter, health, education, protection and security and safety especially in the decision-making processes.

SECTION 11. IMPLEMENTING MECHANISMS

11.1. CREATION OF THE F1KD TECHNICAL WORKING GROUP (TWG). There is hereby created a TWG for the F1KD Implementation which shall be under the direct supervision of the Naga City Nutrition Committee. The F1KD TWG shall have the primary responsibility of ensuring that the City's policies, plans, strategies and approaches for nutrition improvement for pregnant and lactating women, infant and young child are efficiently and effectively carried out in the community.

11.1.1. COMPOSITION. The F1KD TWG shall be composed of the following:

Chairman: City Population and Nutrition Officer
Vice Chairman: City Health Officer or his representative

Members :

Representative from Naga City Hospital
Representative from Our Lady of
 Lourdes Infirmary
Head, Disaster Risk and Management
 Office
Representative from City Social
 Welfare & Development Office
Representative from Children Affairs
 Office
Liga ng mga Barangay President

11.1.2. ROLES AND FUNCTIONS. The F1KD TWG shall have the following roles and functions:

- a. Within 45 days after the effectivity of this Ordinance, the F1KD TWG shall conduct an initial evaluation and analysis of existing policies, programs, services, including data and reports relevant to the nutrition from all concerned offices and the barangays. The result of the audit and review shall serve as the baseline for all the implementation of the programs under this Ordinance. The baseline will be updated every year thereafter;

- b. Coordinate all nutrition programs and services of various departments/offices of the LGU to ensure that the same contribute to the attainment of the nutritional well-being of pregnant and lactating mothers, new born, infant and young child;
- c. Regularly monitor and evaluate the nutrition programs and services and ensure that the same are in accordance with the objectives of this Ordinance and the City Nutrition Action Plan. Further, the evaluation will be conducted using an assessment tool that will be developed by the FlKD TWG;
- d. Collect and consolidate all data, information and reports relevant to the nutritional status of women, infants and young children of the 27 barangays and the status of implementation of the nutrition programs and services mentioned herein;
- e. Based on the gathered data and information, facilitate the formulation of nutrition policies, plans, strategies and approaches for nutrition improvement, including strategies on women, infant and young child, and adolescent nutrition among members of the NC Nutrition Committee and recommend the adoption thereof by the latter;
- f. Facilitate the capacity building of the barangay health workers, nutrition scholars and other community volunteers, including all household members in the community preferably the mothers and their husbands or partners. Provided, that, age appropriate learning process shall be used when conducting learning sessions with children; and
- g. Review funding requirements and sources for the formulation and implementation of the nutrition programs and services by relevant offices and department of the City Government;

Ordinance

11.2. **CAPACITY BUILDING OF NUTRITION AND HEALTHCARE WORKERS IN THE CITY AND BARANGAY.** The City Government of Naga shall provide practical and effective training courses to Barangay Health Workers, Barangay Nutrition Scholars, other community volunteers and nutrition and health service providers to upgrade their skills and competencies in the implementation of the services and interventions for the health and nutrition of women and children. Toward this end, the city government undertakes to perform the following:

9.

11.2.1. The City Population and Nutrition Office, the City Health Office and selected members of the NC Nutrition Committee shall develop a training module on

basic and advanced nutrition concepts and theories, practical skills and capacities to carry out their work under this Ordinance and relevant training such as gender and child-sensitive way of delivering services;

11.2.2. Formation of training team tasked to cascade the capacity building to all communities and sectors, particularly those living in rural and upland areas. Provided, that the training team shall undergo a continuing education and updating session of their knowledge and skills in line with the implementation of the nutrition and health program; and

11.2.3. The F1KD TWG shall be in charge of facilitating the capacity building and formation of training teams mentioned above, including re-orientation of concerned barangay workers. Provided, that members of the F1KD TWG shall be provided with the needed theoretical and practical capacities needed to effectively perform their functions under Sections 11.1. and 11.2.

11.3. INTENSIVE AWARENESS RAISING IN THE COMMUNITY AND SCHOOLS.

11.3.1. Development of module that is culture-sensitive, rights-based, and age-appropriate;

11.3.2. Engaging all forms of media to raise awareness to the community;

11.3.3. Entering into partnership with academic institutions, civil society organizations and other private organizations in conducting education and information campaign; and

11.3.4. Community-based leaders, such as parent leaders or youth leaders, shall be formed and trained on nutrition education and programming.

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11.4. **DATA-BANKING.** The Naga City Nutrition and Population Office shall be the repository of all data, information and reports relevant to the nutrition status of women, infants and young adolescents in Naga City, including status of the implementation of nutrition programs and services. Provided that, the said database shall identify women and children who have special nutrition and health care needs to facilitate the appropriate health and nutrition intervention that will be extended to them. Provided, further, that the database will be used to inform policy-making and programming by the City.

11.5. **HIRING OF NUTRITIONIST IN THE CITY NUTRITION AND POPULATION OFFICE (Subject to availability of funds)**

7

11.6. **REGULAR MONITORING AND EVALUATION OF THE F1KD NUTRITION PROGRAMS AND SERVICES**

11.6.1. Inclusion of this program in the criteria of the Search for Most Outstanding Barangay Nutrition Council and Most Child Friendly Barangay Awards.

11.6.2. Compliance report by the 27 barangays and the different offices mandated under this ordinance.

11.6.3. Mid-Year and Year End Assessment and Evaluation of the program.

11.7. **INCORPORATION OF THE FIKD PROGRAMS AND SERVICES IN THE LOCAL DEVELOPMENT PLAN.** To ensure the sustained implementation of the nutrition and health programs and services mentioned in this Ordinance, it shall form part of the City Nutrition Action Plan and will be incorporated in the City Development Plan.

SECTION 12. APPROPRIATION. The amount needed for the implementation of this Ordinance shall be charged against the budget of the City Health Office, City Population and Nutrition Office, Naga City Hospital, Our Lady of Lourdes Infirmary, City Social Welfare and Development Office, City Disaster and Risk Management Office and Children's Affairs Office.

SECTION 13. SEPARABILITY CLAUSE. Any provision or portion of this ordinance found to be unconstitutional or invalid shall not impair the other provisions or parts thereof which shall continue to be in full force and effect.

SECTION 14. REPEALING CLAUSE. Any or all ordinances, rules and regulations which are inconsistent or in conflict with the provision of this ordinance are hereby repealed and modified accordingly.

SECTION 15. EFFECTIVITY. This ordinance shall take effect upon its approval and after publication in a newspaper of local circulation.

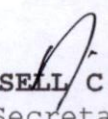
ENACTED. May 31, 2022

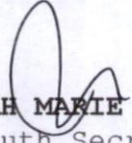
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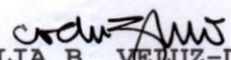
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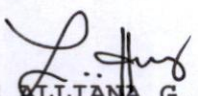
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WE HEREBY CERTIFY to the correctness of the foregoing ordinance.

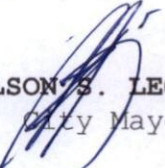

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