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NATIONAL NUTRITION COUNCIL X
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REGIONAL NUTRITION COMMITTEE X
Resolution No. 01 Series of 2020

**MOBILIZING LOCAL GOVERNMENT UNITS OF NORTHERN MINDANAO FOR THE
FIRST 1000 DAYS (F1K) PROGRAM**

WHEREAS, Sec. 3 (2) Article XV of the 1987 Philippine Constitution specifies that the state shall defend the rights of children, including the right for proper care and nutrition;

WHEREAS, the First 1,000 Days of life, the time spanning roughly between pregnancy and the child's second birthday is the golden window of opportunity as the foundations of optimum health, growth, and neurodevelopment across the lifespan are established;

WHEREAS, poor nutrition during the first 1000 days of life can have irreversible effects on the physical and mental development of the child, which might generate lifetime consequences such as stunting and low mental capacity;

WHEREAS, maternal nutrition survey results revealed that prevalence of nutritionally-at-risk women which ranges between 24-26% since 2008, has not improved over the years, with adolescent pregnant women, those of low educational attainment, coming from the poorest wealth quintile, and are unemployed as more prone to maternal undernutrition;

WHEREAS, stunting or low height for age, remained as a public health concern in the whole country, particularly in Northern Mindanao (Region 10), in the past years;

WHEREAS, in 2015 National Nutrition Survey, about 4 out of 10 or 36.5% of children below 5 years old were stunted, being relatively low among infants 0-11 months old, but is significantly higher among older infants;

WHEREAS, Stunting not only affects a child's health by making them more susceptible to disease and infection, but also impairs their mental and physical development, which implies that children who suffer from stunting are less likely to achieve their full height and cognitive potentials as adult;

WHEREAS, Philippine Plan of Action for Nutrition (PPAN) 2017-2022 is a results-based plan of action to stem the progression and improve Filipino problems on nutrition such as wasting, stunting, micronutrient deficiencies and overweight and obesity, of which First 1,000 Days of Life is the priority program and part of its strategic thrusts;

WHEREAS, DILG Memorandum Circular No. 2018-42 further acknowledges the roles of LGUs in the adoption and implementation of the PPAN 2017-2022;

WHEREAS, RA 11148 "*Kalusugan at Nutrisyon ng Mag-Nanay Act*" focuses on the intensification of both the national and local health and nutrition programs intended to address malnutrition problems



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among the most nutritionally at-risk groups such as pregnant and lactating women, adolescent girls, infants and young children in the first 1,000 days;

WHEREAS, there is a need to scale up efforts on the First 1000 Days through adoption and implementation of national laws and policies;

NOW, THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, by the Regional Nutrition Committee of Region X in a meeting duly assembled enjoins local government units in Northern Mindanao to implement programs and activities that will result to good nutrition during the first 1000 days of life;

RESOLVED FURTHER, that laws and policies that support, protect and promote good nutrition during the First 1000 Days of Life such as RA 11148, RA 10028, EO 51, RA 7600 must be strictly observed and monitored in each LGU;

RESOLVED FURTHER, that formulated or revised/updated Local Nutrition Action Plan must include and implement programs, projects and activities that will address or uplift the nutritional status of women of reproductive age particularly the pregnant and lactating women, and children below 2 years of age such as but not limited to the program components identified under Sections 8, 9, and 10 of "Kalusugan at Nutrisyon ng Mag-Nanay Act" (please refer to Annex A);

RESOLVED FURTHER, that LGUs and their Local Nutrition Committees must integrate their Local Nutrition Action Plans in their Local Development Plans and Annual Investment Programs to ensure adequate funding and allocation, prioritizing projects and activities in the First 1000 Days;

RESOLVED FURTHER, that LGUs undertake measures which includes but not limited to formulating local policies and unique initiatives to support the implementation of First 1000 Days;

RESOLVED FURTHER, that programs and activities implemented under the First 1000 Days should be monitored and evaluated to assess progress of plan implementation, identify strengths and weaknesses in implementing the program and facilitate re-planning as necessary;

RESOLVED FURTHER, that RNC X with the Department of Interior and Local Government X being the governing agency of LGUs, are tasked in the monitoring and evaluation of program implementation of the First 1000 Days;

RESOLVED FINALLY that NNC Regional Office X being the Secretariat of the RNC to disseminate copy of this resolution to all Regional Nutrition Committee X members, to the National Nutrition Council Central Office, and to all Local Government Units of Region 10 through the Local Nutrition Committees for appropriate action.

APPROVED UNANIMOUSLY AND ADOPTED, this 11th day of June 2020 during the first semester online meeting of the Regional Nutrition Committee via Google Meet.



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Certified Correct:

GLADYS MAE S. FERNANDEZ, RND, MDM
Regional Nutrition Program Coordinator, NNC X and
Secretary, RNC

Attested by:

DR. ADRIANO P. SUBA-AN, CESO IV
Chairperson, RNC X
OIC-Regional Director, DOH CHD-Northern Mindanao



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ANNEX A

Sections 8, 9, and 10 of RA 11148 known as “Kalusugan at Nutrisyon ng Mag-Nanay Act”

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

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

- (1) Pregnancy tracking and enrollment to antenatal care services (ANC);
- (2) Regular follow up to complete the recommended minimum number of quality ANC care visits with proper referral for high-risk pregnancies;
- (3) Provision of maternal immunizations including tetanus and diphtheria toxoid vaccine, and other vaccines as appropriate;
- (4) Empowering women on the preparation of birth and emergency plans, and appropriate plans for breastfeeding and rooming-in, including counselling;
- (5) Counselling on maternal nutrition, appropriate infant and young child feeding practices;
- (6) Early identification and management of nutritionally at-risk pregnant women and pregnant adolescent females and provision of ready-to-use supplementary food (RUSF) in addition to dietary supplementation; (7) Provision of micronutrient supplements such as iron, folic acid, calcium, iodine and other micronutrients deemed necessary;
- (8) Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;
- (9) Assessment of risk for parasitism and provision of anti-helminthic medicines;
- (10) Provision of oral health services including oral health assessment;
- (11) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- (12) Counselling on, and utilization of, responsible parenthood and family health services;
- (13) Counselling on nutrition, smoking cessation, and adoption of healthy lifestyle practices;
- (14) Philippine Health Insurance Corporation (PhilHealth) enrollment and linkages to facility and community-based health and nutrition workers and volunteers;



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(15) Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products and commodities for nutritionally-at-risk pregnant women belonging to poorest of the poor families, including those with disabilities;

(16) Maternity protection during pregnancy;

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

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

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

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

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

(2) Provision of mother-friendly practices during labor and delivery in line with, and in compliance with, Mother and Baby-Friendly Health Facility Initiative (MBFHF), 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;



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- (9) Counselling on, and utilization of, modern methods of family planning and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012";
- (10) Maintenance of non-separation of the mother and her newborn and rooming-in for early breastfeeding initiation;
- (11) Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies;
- (12) Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support interventions;
- (13) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development; and
- (14) Others as may be determined based on international and national guidelines and evidence generated locally.

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

- (1) Follow-up visits to health facilities where they gave birth;
- (2) Home visits for women in difficult-to-reach communities especially if located in a GIDA;
- (3) Lactation support and counselling from birth up to two (2) years and beyond, including those women who will return to work and for women in the informal economies, and those with breastfeeding difficulties;
- (4) Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplaces;
- (5) Identification and management of malnutrition of chronically energy deficient (CED) and nutritionally-at-risk postpartum and lactating women, including adolescent mothers, and provision of RUSF in addition to dietary supplementation, as appropriate;
- (6) Organization of community-based mother support groups and peer counsellors for breastfeeding in cooperation with other health and nutrition workers;
- (7) Lactation breaks for women in the workplaces including micro, small and medium enterprises;
- (8) Availability of lactation stations in the workplaces, both in government and in the private sector, informal economy workplaces, and in public places and public means of transportation



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as stipulated in Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009" and its implementing rules and regulations;

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

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

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

(12) Provision of oral health services;

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

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

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

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

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

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

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

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



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- (2) Provision of early and continuous skin-to-skin contact to all full-term babies and continuous kangaroo mother care for small babies born preterm and low birth weight, in compliance with the newborn protocol of the DOH in all facilities providing birthing services;
 - (3) Maintenance of non-separation of the mother and her newborn from birth for early breastfeeding initiation and exclusive breastfeeding;
 - (4) Provision of routine newborn care services such as eye prophylaxis, Vitamin K supplementation, and immunizations;
 - (5) Administration of newborn screening and newborn hearing screening;
 - (6) Availment and utilization of appropriate PhilHealth benefit packages for the newborn including the preterm, low birth weight and small babies;
 - (7) Provision of early referral to higher level facilities to manage illness and/or other complications;
 - (8) Availability of human milk pasteurizer for strategic level two (2) and level three (3) facilities with neonatal intensive care units to ensure breastmilk supply for small babies born preterm and low birth weight within its facility, the service delivery network it serves, and for use of infants and young children during emergencies and disasters;
 - (9) Assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies;
 - (10) Social welfare support to improve access to health and nutrition services for newborns belonging to poorest of the poor families;
 - (11) Facilitate the prompt birth and death registration, including fetal deaths, including restoration and reconstruction of birth and death registration documents destroyed during disasters;
 - (12) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;
 - (13) Provision of support to parents and caregivers on early stimulation and responsive care for infants; and
 - (14) Others as may be determined based on international and national guidelines and evidence generated locally...
- (c) *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:



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- (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.

(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;



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- (2) Provision of nutrition counselling on complementary food preparation and feeding to mothers and caregivers;
- (3) Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;
- (4) Growth and development monitoring and promotion in health facilities and at home;
- (5) Provision of routine immunizations based on the latest DOH guidelines;
- (6) Provision of micronutrient supplements deemed necessary;
- (7) Management of common childhood illnesses based on WHO and DOH guidelines;
- (8) Management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level health facilities as appropriate, for treatment and management, especially those with serious medical complications;
- (9) Provision of oral health services including application of fluoride varnish to prevent dental caries;
- (10) Provision of anti-helminthic tablets for children one (1) to two (2) years old as appropriate;
- (11) Availability of potable source of water, counselling of household members on hand-washing, environmental sanitation, and personal hygiene, and support for sanitation needs of households to reduce food, water, and vector-borne diseases;
- (12) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development, and referral for development delays and other disabilities for early prevention, treatment and rehabilitation;
- (13) Social welfare support to improve access to health and nutrition services such as, but not limited to, dietary supplementation, complementary food, other healthy food products and commodities, assessment and referral for development delays and other disabilities for early prevention, treatment and rehabilitation for infants six (6) months and above who belong to poorest of the poor families;
- (14) Support for home kitchen gardens wherever feasible;
- (15) Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;
- (16) Protection against child abuse, injuries and accidents including the provision of first aid, counselling and proper referrals; and



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

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

- (a) Assessment of health and nutrition status and identification of nutritionally-at-risk adolescent girls, as well as provision of ready to use supplementary food or ready to use therapeutic food for nutritionally-at-risk adolescent females, as appropriate;
- (b) Provision of age-appropriate immunizations based on the latest DOH guidelines;
- (c) Provision of oral health services including oral health assessment;
- (d) Provision of anti-helminthic drugs for deworming;
- (e) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- (f) Provision of micronutrient supplements according to guidelines of the DOH, in partnership with the Department of Education (DepEd);
- (g) Promotion of the consumption of iodized salt and foods fortified with micronutrients that may be deemed necessary;
- (h) Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and to manage complicated illnesses including moderate, severe acute malnutrition;
- (i) Counselling on proper nutrition, mental health, avoidance of risk-taking behaviors, smoking cessation, adoption of healthy lifestyle practices, and family health; and
- (j) Others as may be determined based on international guidelines and evidence generated locally.

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

- (a) National and local health and nutrition investment planning and financing;
- (b) Policy, standards, and guideline development;
- (c) Health and nutrition promotion and education, social mobilization and community organization, including advocacy;
- (d) Service delivery;



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- (e) Health and nutrition human resources capacity development;
- (f) Sectoral collaboration and partnerships;
- (g) Logistics and supply management;
- (h) Knowledge management and information; and
- (i) Monitoring and evaluation, and research and development.