



Republic of the Philippines  
PROVINCE OF BUKIDNON  
Municipality of Sumilao



**OFFICE OF THE SECRETARY TO THE SANGGUNIAN**

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February 24, 2020

**DR. ADRIAN JED GARETTE LUCERO**

DTTB- OIC MHO  
Sumilao, Bukidnon

Sir:

Greetings!

I am pleased to furnish your good office a copy of Ordinance No. 01, dated February 11, 2020, passed and approved by the Sangguniang Bayan of Sumilao Bukidnon, entitled, ***AN ORDINANCE ESTABLISHING THE STANDARD POLICIES IN THE IMPLEMENTATION OF THE "NUTRITION CODE" IN THE MUNICIPALITY OF SUMILAO, PROVINCE OF BUKIDNON*** for your information.

Thank you and MORE POWER.

Very truly yours,

  
**CHARINETTE B. MUTUC**  
Records Officer II

OIC- Office of the Secretary to the Sanggunian

Encl: a/s



Republic of the Philippines  
PROVINCE OF BUKIDNON  
Municipality of Sumilao  
**SANGGUNIANG BAYAN**



EXCERPTS FROM THE MINUTES OF THE SANGGUNIANG BAYAN REGULAR SESSION HELD AT THE SANGGUNIANG BARANGAY SESSION HALL, BARANGAY OCASION, SUMILAO, BUKIDNON ON FEBRUARY 11, 2020.

**Present:**

Hon. Jhun Dhee C. Leparto, Municipal Vice Mayor, Presiding Officer  
Hon. George Jeremy B. Baula, Municipal Councilor  
Hon. Benjamin A. Baluma, Municipal Councilor  
Hon. Gary A. Del Rosario, Municipal Councilor  
Hon. Nissabel T. Cañada, Municipal Councilor  
Hon. Cresanto J. Apiag, Jr., Municipal Councilor  
Hon. Leandro C. Bade, Municipal Councilor  
Hon. Romeo B. Anoba, Municipal Councilor  
Hon. Vernie N. Castillo, Municipal Councilor  
Hon. Vanessa Lynne D. Soliva, Ex-Officio Member/SK Rep.

**Absent:**

Hon. Carlo O. Dahinao, IP Mandatory Representative  
Hon. Julius Cesar A. Tan, Ex-officio Member/LnB Rep.

**ORDINANCE NO. 01**

**AN ORDINANCE ESTABLISHING THE STANDARD POLICIES IN THE IMPLEMENTATION OF THE "NUTRITION CODE" IN THE MUNICIPALITY OF SUMILAO, PROVINCE OF BUKIDNON.**

*Sponsored by Hon. Nissabel T. Cañada*

**BE IT ORDAINED BY THE SANGGUNIANG BAYAN IN SESSION THAT:**

**Section 1.** This ordinance shall be known or referred to as "AN ORDINANCE ESTABLISHING THE STANDARD POLICIES IN THE IMPLEMENTATION OF THE "NUTRITION CODE" IN THE MUNICIPALITY OF SUMILAO, PROVINCE OF BUKIDNON" set and formulated according to its vision, mission and purpose.

**Sec 1.1. VISION.** We envision that people of Sumilao are well-nourished, healthy, socially and economically productive individuals.

**Sec 1.2. MISSION.** To improve the nutritional status of the people of Sumilao by implementing quality and efficient nutrition programs.

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**Sec 1.3. PURPOSE.** To improve the quality of life among people of Sumilao through enhanced and sustainable nutrition programs.

## **Section 2. DECLARATION OF POLICY**

The State under the Article II, Section 15 and Article XII Section 11 of the 1987 Constitution protects and promotes the right to health of the people and make available health and social services to all people prioritizing the needs of the underprivileged, women and children.

Pursuant to various international human rights agreements and commitments, the State through its First 1000 Days Law (Republic Act 11148) guarantees to adequate food, care, nutrition and development of its people specially to children, adolescent and of pregnant and lactating mothers.

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

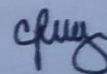
As such, the Municipality of Sumilao, Bukidnon prioritizes nutrition promotion for its people with special emphasis in pre-pregnancy, pregnancy, childhood and adolescence to be implemented in an integrated manner by all offices in the LGU in collaboration with civil society organizations and private sectors.

Towards this end, the Municipality of Sumilao, Bukidnon hereby scales up health and nutrition intervention through innovative programs and allocates resources in a sustainable manner to improve health and nutritional status and to address malnutrition particularly wasting and stunting among infants, young children, adolescents, pregnant and lactating mothers.

## **Section 3. SCOPE AND COVERAGE.**

The ordinance covers all the people of Sumilao with special emphasis to those who are nutritionally-at-risk including pregnant, newborns, children, adolescents and lactating mothers.

Priority shall be given to those residing in Disaster-prone Areas, Geographically Isolated and Disadvantaged Areas (GIDA), unserved and underserved communities and other areas identified areas identified to have high poverty incidence, those belonging to the vulnerable sector, the indigenous people, the urban poor, and communities recovering from crisis or armed conflict and recognized as such by the government.





**Section 4. DEFINITION OF TERMS.** When used in this ordinance the following word and phrases shall mean:

*Acute Malnutrition.* Condition arising from a deprivation of food or bout of infection in the immediate past and is manifested by muscle wasting. Acute malnutrition can be moderate or severe.

*Complementary Feeding.* Provision of additional foods and liquids in addition to breast milk for infants from 6 months of age onwards. It complements breastfeeding rather than replaces it.

*First 1000 days of Life.* The period of child's life spanning to nine months in the womb starting from conception to the first 24 months (2 years) of his/her life which is considered to the critical window of opportunity to prevent malnutrition specially stunting and lifelong consequences.

*Geographically Isolated and Disadvantaged Areas (GIDA).* Areas that are isolated due to distance or geographical isolation, weather conditions and communication and lack of modes of transportation and other areas identified to have access equality or service delivery problems, high incidence of poverty, presence of vulnerable sectors, communities in or recovering from situation of crisis or armed conflict and those recognized as such.

*Malnutrition.* A pathological state resulting from a relative lack of nutrients (under nutrition) or excess of nutrients (over nutrition) or an absolute imbalance in nutrient intake. It results to impaired physical function to a point that the person cannot maintain adequate levels of performance at physical work, recovering from effects of disease, maintaining adequate level of growth and processes of pregnancy and lactation.

*Moderate Acute Malnutrition (MAM).* Characterized by a low weight-for-height (between minus 3 and minus 2 z-scores of the median growth standards). In the Philippine context, these are those classified as "moderately wasted", based on the revised tables on weight and height measurements using the WHO Child Growth Standards (CGS). MAM is also indicated if mid-upper arm circumference (MUAC) is less than 125 mm (12.5 cm. or 4.9 in) but greater than or equal to 115 mm.

*Nutrition Cluster.* Refers to a group composed of government, non-governmental and international humanitarian agencies that takes the lead in nutrition management during emergencies and disasters.

*Nutrition-sensitive interventions and programs.* Refer to interventions and programs that address the underlying determinants of maternal-fetal, infant and child nutrition and development, such as those pertaining to food security, adequate caregiving resources at the maternal, household and community levels; and access to health care services, safe water, proper sanitation and hygienic environment and incorporate nutrition -specific goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their coverage and effectiveness.

*Nutrition-specific interventions and programs.* Refer to measures that address the immediate determinants or programs that address the immediate determinants of maternal, fetal, infants and child nutrition and development – adequate food and nutrient intake, proper feeding, responsive caregiving and parenting practices and low burden of infectious diseases.



*Ready-to-Use Therapeutic Food (RUTF)*. Energy-dense, mineral and vitamin-enriched foods that deliver precise quantities of macro and micronutrients and are nutritionally equivalent to the F100 therapeutic milk used in hospital wards. These foods come in the form of oil-based pastes with the texture of peanut butter. They have very low moisture content and thus do not spoil and can be stored in simple packaging in tropical climates for at least six months. As they can be eaten straight from the pack and do not require cooking or dilution with water, the labor and fuel demands on poor households are minimized.

*Severe Acute Malnutrition (SAM)*. Characterized by a weight that is below minus 3 z-scores of the median growth standards. In the Philippine context, these are those classified as "severely wasted", based on the revised tables on weight and height measurements using the WHO Child Growth Standards (CGS). SAM is also indicated if mid-upper arm circumference (MUAC) is less than 115 mm (11.5 cm. or 4.5 in); and when bilateral edema is present.

*Supplementary Feeding*. Provision of additional foods and liquids in addition to breast milk and complementary for infants from 6 months of age onwards. It supplements feeding to those malnourished children with the goal of correcting its poor nutritional status. Supplementary feeding provides adequate protein-caloric requirements deficient in a malnourished child. This feeding lasts for 120 days.

## **Section 5. LOCAL NUTRITION ACTION PLAN**

Malnutrition is a condition due to lack, or excess, or imbalance in one or more of the nutrients. Based on national nutrition surveys, the nutrition situation of the Philippines can be described to be experiencing the double burden of malnutrition.

Undernutrition has far-reaching consequences on child growth and development and the capacity to learn and maximize investments in education as well as the capacity to become economically productive and socially active adults. On the other hand, overnutrition has been established to be one of the risk factors for developing non-communicable diseases. Both undernutrition and overnutrition can result to preventable mortality. Both undernutrition and overnutrition can therefore hold back development. Thus, there is a need for strategic and purposive action to address this twin nutritional problem. With devolution, local government units play a pivotal role in reversing the trend in both under and overnutrition and in ensuring good nutrition among the population (NNC Governing board Resolution No. 3 series of 2004. Guidelines on Local Nutrition Planning).

The Philippine Plan of Action implemented under DILG Memorandum Circular 2018-42 s. 2018 is adopted by the LGU of Sumilao through SB Resolution no. 328 s.2018 with its overall goal to contribute to the quality of human resource in the country and reduce both child and maternal mortality (DOH-AO no.028 s.2008).

The Sumilao Local Nutrition Action Plan (LNAP) shall be updated every 3-years of its implementation. Data trends of the previous years shall be made the basis of its updating. Innovative nutrition projects and latest NNC and DOH guidelines shall be followed in the implementation.

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## **Section 6. COMPOSITION AND FUNCTION OF THE MUNICIPAL NUTRITION COMMITTEE**

### **FUNCTIONS:**

- Prepare Nutrition Action Plan complementary to and integrated with other LGU and higher-level plans;
- Advocate the adoption and financing of the plan;
- Coordinate nutrition and nutrition-related activities of member agencies and other agencies;
- Mobilize resources to ensure the plan is implemented;
- Conduct periodic visits and meetings with Local Nutrition Committee;
- Monitor performance, assess progress of plan implemented and recommended appropriate actions;
- Hold regular quarterly meetings to assess plan implementation;
- Introduce innovation in the management of nutrition programs;
- Provide technical and financial assistance to communities, civil organizations and nutrition partners in the implementation of nutrition-related programs.

### **ACTIVITIES:**

- Workshop for formulating the LNAP to allow consultation and joint decision-making among members
- Quarterly meetings during which issues affecting the implementation of the nutrition plan could be discussed and if possible solved.
- Interagency team field visits to project sites to monitor nutrition program
- Program Implementation Review (PIR) to assess accomplishments and performance against target set in the plan and to determine if LNAP objectives have been accomplished. The PIR will enable the LNC to decide whether interventions are worth continuing or not.

### **MEMBERS AND FUNCTIONS:**

#### **LOCAL CHIEF EXECUTIVE (Chairperson)**

- Presides over meetings and deliberations of the committee
- Appoints/ Designates a NAO

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- Leads in the formulation, implementation, supervision, and evaluation of the nutrition program
- Secure and provides funds for nutrition implementation programs
- Appoints/ designates BNS

#### SANGGUNIANG BAYAN ON HEALTH AND NUTRITION

- formulates Health and Nutrition-related policies and laws
- supervises Nutrition Program Implementation
- looks out for possible fund sources and partnerships with other government agencies and private stakeholders

#### NUTRITION ACTION OFFICER

- Initiates regular quarterly meetings
- Keeps and submits records of the minutes of the meetings
- Organizes and leads a planning Technical Working Group within the MNC
- Coordinates the implementation of the LNAP
- Conducts regular visits to barangays and assesses progress of program implementation and provides technical assistance
- Supervises the nutrition committees of all barangays
- Acts as a resource person to barangay planning activities
- Prepares quarterly reports
- Keeps record of the MNC.

#### HEALTH OFFICER

- Delivers and promotes nutrition-related health programs and interventions to promote desirable nutrition practices and healthy lifestyle, rehabilitates malnourished and prevents, controls and eliminates micronutrient deficiencies particularly VADD, IDA, IDD; cares for pregnant women and children.

#### AGRICULTURE OFFICER

- Ensures household food security by integrating nutrition considerations in its policies, plans and programs aimed at increasing productivity and real incomes of

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farmers and fisher-folk with nutritionally at-risk areas as priority in targeting interventions for agriculture

- Provides technical assistance to LGUs in implementing home and community food production program and working closely with extension workers and volunteers in existing municipality and barangay

#### SOCIAL WELFARE AND DEVELOPMENT OFFICER

- Integrate nutrition objectives in its policies, plans, and programs that address the total welfare and development of the individual, family and community.
- Allocates funds for supplemental feeding for preschool children
- Integrates nutrition education and info in the design of non-formal training program for parents with preschoolers and underweight children; and for groups of disadvantaged women, out of school youth, and differently-abled persons or older persons.

#### POPULATION DEVELOPMENT OFFICER

- Implements population development services and facilities
- Promotes adolescent involvement in the health and nutrition programs
- Promotes responsible parenthood and integrates nutrition in training programs

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- Conducts nutritional assessment of elementary school children at the start of every school year and monitor changes in their nutritional status.
- Undertakes school feeding activities to rehabilitate severely and moderately underweight school children and promote the utilization of indigenous food commodities.
- Supervises the management of school canteens and cafeterias to ensure promotion of nutritious foods, proper eating, and healthy practices.
- Monitors DepEd Orders related to health, sanitation and nutrition.

#### LOCAL GOVERNMENT OFFICER

- Integrates nutrition in the overall development plan.
- Conducts studies, researches, and trainings to improve program implementation
- Coordinates with the NAO for the implementation of LNAP

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- Monitors and evaluates LNAP as part of the development plan
- Promotes people participation

#### LOCAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICER

- Conducts training on Nutrition in Emergencies
- Formulates a Nutrition Cluster
- Integrates Nutrition in Emergency plan in the MDRRM plan and appropriates adequate funding for such

#### PLANNING AND DEVELOPMENT OFFICER

- Integrates the nutrition programs in the CLUP, CDP-ELA, AIP/AOP
- Provides technical assistance in the formulation of the Nutrition Action Plan
- Reviews the NAPs of the barangays

#### BUDGET OFFICER

- Integrates the Nutrition budget in the Annual LGU Budget
- Provides technical assistance in the Nutrition Budget crafting

#### PRIVATE SECTORS AND NGOS:

- Partners with the LGU in promoting good nutrition
- Undertake nutrition projects, researches, and evaluate studies
- Test new approaches and strategies for nutrition interventions
- Promote inter-linkages in nutrition
- Participate in local nutrition programs.

#### Section 7. NUTRITION PERSONNEL AND OFFICE FUNCTIONS

The LGU establishes a separate nutrition office which houses significant nutrition documentations and essential nutrition equipment and supplies. It serves as meeting and planning site for the nutrition team to include the Nutrition Committee and the Nutrition Scholars of each barangays. This facility will also function as treatment hub or Out-patient Therapeutic Clinic (OTC) for moderately and severely Acute Malnourished Children.

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The office is manned by a full-time Nutrition Action Officer together with two (2) support staffs and one (1) Technical Staff whose functions are to be primary program implementers and technical workers coordinating and collaborating with the community, allied government agencies, private partners and other nutrition stakeholders.

#### **Section 8. NUTRITION ADVOCACY**

The Municipal Nutrition Committee is represented by stakeholders coming from various sectors in the community. This expansion is aimed at broadening the scope of nutrition program implementation and involving them from community organizing, planning, implementation, monitoring and decision-making. The committee also as it is not a stand-alone organization looks for academic, private organizations and other government agencies as possible partners in developing innovative schemes to better the nutrition program implementation.

#### **Section 9. RESOURCE MOBILIZATION**

The LGU Shall allocate budget for nutrition from its annual appropriations to fund the nutrition programs. It shall also seek alternative resources from partner organizations and make project collaborations.

#### **Section 10. THE FIRST 1000 DAYS STRATEGY FOR HEALTH AND NUTRITION OF WOMEN, INFANTS, YOUNG CHILDREN AND ADOLESCENT GIRLS.**

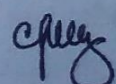
There shall be a comprehensive and sustainable strategy to address health and nutrition problems affecting pregnant and lactating women, infants, young children and adolescents.

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 sectors, and relevant health organizations.

#### **Section 11. HEALTH AND NUTRITION SERVICES AND INTERVENTIONS FOR WOMEN, INFANTS, CHILDREN AND ADOLESCENT.**

1. First 270 days (Conception and Pregnancy) - health and nutrition services at the facility level shall include:

- A. Pregnancy-tracking and enrolment to pre-natal care services
- B. Regular follow-up to complete atleast 4 ante-natal care visit (4 ANC)





- C. Provision of maternal immunizations including tetanus toxoid vaccine to prevent neonatal tetanus
- D. Provision of oral health services including oral health assessment to the mother
- E. Provision of nutrition counselling, smoking cessation and adoption of healthy lifestyle practices
- F. Identification of nutritionally at-risk pregnant and provision of supplemental food to correct malnutrition
- G. Provision of micronutrient supplement with Folic Acid, Ferrous Sulfate and Calcium Carbonate
- H. Provision of iodized oil capsules in areas with low iodized salt utilization and in high incidence of iron-deficiency disorders
- I. Promotion of the use of iodized salt fortified foods
- J. Provision of anti-helmenthic drugs for deworming and assessment for risk of parasitism
- K. Counselling on handwashing, environmental sanitation and hygiene
- L. Empowering women on birth planning, breastfeeding and rooming in plans
- M. Philhealth enrolment and linkage to community health workers and volunteers
- N. Social welfare support for access to nutritious and healthy food products and commodities for nutritionally at-risk pregnant belonging to the poorest families
- O. Counselling on the delivery of the baby, Essential Intrapartum Newborn care to include breastfeeding and newborn screening

2. Women about to give birth - health and nutrition services at the facility level shall include:

- A. Provision of respectful and culturally-sensitive care at the time of admission at the birthing facility
- B. Ensure delivery in a health facility, which may include the construction of maternity waiting homes for pregnant mothers who live in GIDA areas to stay in temporarily in anticipation for the expected date of confinement, labor, and for postpartum and newborn observation and care
- C. Adherence to the women's birth, breastfeeding and rooming-in plans
- D. Compliance of the health facility to the Republic Act 10028 otherwise known as the "Expanded Breastfeeding Promotion Act of 2009", DILG Memorandum circular 2011-54 "the Implementation and Monitoring of the National Breastfeeding Policy" and the Executive Order 51, the "Milk Code" and other

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related issuance of the DOH on Maternal and Newborn Care including the Essential Intrapartum Newborn Care Services

- E. Provision of mother and newborn care-friendly practices during labor and delivery in compliance to the Mother-baby Friendly Health Facility Initiative (MBFHI), the Mother-baby Friendly Sumilao (MBFS) Ordinance and current intrapartum protocols of the DOH which include companion and position of choice
- F. 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
- G. Identification of high-risk newborns that will be delivered, the preterm or low birthweight infant, and provision of preventive interventions to reduce possibility of complications of prematurity or low birthweight
- H. Management of non-separation of the mother and her newborn for early initiation of breastfeeding
- I. Provision of support at birth or breastfeeding initiation and continuation of exclusive breastfeeding in the facility most specially for caesarian section deliveries, and thereafter until discharge
- J. Nutrition counselling and provision of nutritious food and meals at the facility, especially for women who gave birth to small and pre-term babies
- K. 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
- L. Provision of Philhealth benefit care package for delivery
- M. Provision of women-friendly space where expectant mothers will be able to give birth following prescribed maternal and intrapartum protocol during calamities or other emergencies
- N. The prohibition of breastmilk substitutes or promotion of the same including agents of the same in all birthing facilities in Sumilao

3. Next 180 days – health and nutrition services at the facility and community level shall include:

- Provision of continuous support to mother and her infant for exclusive breastfeeding including referral to trained health and nutrition workers on lactation management and treatment of breast conditions that alter breastfeeding practice
- Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, growth and development promotion and Infant and Young Child (IYCF) counselling

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- Provision of referral services to higher level facilities for the management of childhood illnesses
- Provision of social welfare services to poor families for cases needing financial assistance during referrals and possible hospital admissions
- Counselling on parent-infant interaction for child simulation
- Assurance of a child-friendly spaces in strategic public areas where exclusively breastfed infants will be able to continue breastfeeding and also in evacuation centers during calamities and emergencies

**A. Birth and newborn period (first 28 days following birth)**

- i. The provision of baby-friendly practices during delivery in compliance with the MBFHI and current newborn protocols of the DOH in all birthing facilities including the provision of the EINC and Kangaroo Mother Care for small and preterm babies
- ii. 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
- iii. Provision of routine newborn care services such as Crede's (eye) prophylaxis and Vitamin K, birth doses of Hepatitis B and BCG vaccines after the completion of the first breastfeeding
- iv. Administration of newborn screening and newborn hearing test after 24 hours of life
- v. Provision of continuous skin-to-skin contact to small and pre-term babies
- vi. Availability of human milk pasteurizer for tertiary level hospitals with neonatal Intensive Care Units to ensure breastmilk supply for small and pre-term babies
- vii. Provision of Philhealth Newborn Care (NCP) Package and Z=Benefit Package for premature and small babies
- viii. Provision of early referral services to higher facilities to manage newborn illnesses
- ix. Facilitated and prompt birth registration

**B. Next 2 to 6 months**

- i. Ensuring exclusive breastfeeding and assistance to women with breastfeeding difficulties
- ii. Completion of infant immunizations required for the child's age



- iii. Regular growth monitoring through Operation Timbang (OPT) activities using metric weighing scale and height board.

4. Next 550 days – infants 6 months up to 2 years

- A. Timely introduction of safe appropriate and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six up to two years
- B. Provision of nutrition counselling on complementary feeding to mothers and caregivers
- C. Dietary supplementation of age-appropriate, nutrient-dense and quality complementary food
- D. Regular assessment of development and developmental milestones delay, growth monitoring and promotion through Operation Timbang (OPT) activities using metric weighing scale and height board
- E. Screening for disabilities (mental, sensorial, physical, cognitive)
- F. Micronutrient supplementation with Vitamin A, Iron sulfate, or multiple micronutrient powder
- G. Counselling on parent-infant/child interaction for child stimulation and early learning including interaction and play
- H. Provision of locally available crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation
- I. Compliance to Integrated Management of Childhood Illnesses (IMCI) protocols in the community
- J. Treatment of moderately acute and severely acute malnutrition through the Integrated Management of Acute Malnutrition (IMAM)
- K. Provision of oral health services including application of fluoride to prevent dental caries
- L. Provision of deworming tablets for children 1 to 2 years
- M. Availability of potable water source including counselling of household members on handwashing, environmental sanitation and hygiene
- N. Local government support for sanitation needs of household to reduce food and water-borne diseases
- O. Social welfare support for access of nutritious and healthy food products and commodities for poor families
- P. Support for household and community gardens as alternative food sources

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- Q. Livelihood assistance and other social protection mechanisms for parents belonging to the poorest families
  - R. Protection against child abuse, injuries and accidents
  - S. Completion of childhood immunization according to the National Immunization Program
5. Childhood - health and nutrition services at the facility and community level shall include:
- A. Provision of nutrition counselling on complementary feeding to mothers and caregivers
  - B. Biannual community/school deworming
  - C. Booster childhood immunization according to the National Immunization Program
  - D. Dietary supplementation of age-appropriate, nutrient-dense and quality complementary food
  - E. Implementation of the Salt Iodization Act (RA 8172-ASIN LAW) and Philippine Food Fortification Act (RA 8976)
  - F. Regular assessment of development and developmental milestones delay, growth monitoring and promotion through Operation Timbang (OPT) activities using metric weighing scale and height board
  - G. Screening for disabilities (mental, sensorial, physical, cognitive)
  - H. Micronutrient supplementation with Vitamin A, Iron sulfate, or multiple micronutrient powder
  - I. Counselling on parent-infant/child interaction for child stimulation and early learning including interaction and play
  - J. Provision of locally available crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation
  - K. Compliance to Integrated Management of Childhood Illnesses (IMCI) protocols in the community and strengthening of the LGU-DepEd "HEALTHY SCHOOL CHILDREN, THAT'S OUR AIM PROJECT"
  - L. Treatment of moderately acute and severely acute malnutrition through the Integrated Management of Acute Malnutrition (IMAM)
  - M. Establishment of an Integrated supplementary feeding Project involving the community, schools and private benefactors and full implementation of the "BUSOG-LUSOG-TALINO (BLT) COMMUNITY KITCHEN"

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- N. Provision of oral health services including application of fluoride to prevent dental caries and full implementation of the “NGITING WOW! SA MGA BATANG SUMILAO PROGRAM”
  - O. Counselling on proper handwashing, environmental sanitation and personal hygiene and full implementation of the WASH IN SCHOOLS program of the DepEd
  - P. Local government support for sanitation needs of household to reduce food and water-borne diseases
  - Q. Social welfare support for access of nutritious and healthy food products and commodities for poor families
  - R. Support for household, community and school gardens (GULAYAN SA PAARALAN) as alternative food sources
  - S. Promotion of healthy food choices in communities and in schools
  - T. Livelihood assistance and other social protection mechanisms for parents belonging to the poorest families
  - U. Protection against child abuse, injuries and accidents including provision of safe play spaces and recreational activities
6. Post-Partum women - health and nutrition services at the facility and community level shall include:
- A. Follow-up preventive care visits to health facilities where they gave birth
  - B. Home visits for women in GIDA communities
  - C. Breastfeeding support and counselling from birth up to two years
  - D. Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplace
  - E. Dietary supplementation
  - F. Provision of ready-to-use supplements with single dose of Vitamin A capsules within 1 month after delivery and daily ferrous sulfate folic acid for 3 months
  - G. Provision of Ready-to-Use Supplementary Food (RUSF) for nutritionally at-risk postpartum lactating mothers including teenage mothers
  - H. Organization of breastfeeding support groups or peer counsellors for breastfeeding and complementary feeding in communities and workplaces
  - I. Counselling on family planning services



## 7. Health and Nutrition Services for Female Adolescent

- A. Assessment of health and nutrition at status and identification of nutritionally at-risk adolescent girls, as well as provision of RUSF or RUTF for nutritionally at-risk adolescent girls
  - B. Provision of age-appropriate booster immunizations based on the latest DOH guidelines
  - C. Provision of oral health services
  - D. Provision of deworming medications
  - E. Counselling on proper handwashing, environmental sanitation and personal hygiene and full implementation of the WASH IN SCHOOLS program of the DepEd
  - F. Provision of micronutrient supplements including iron, folic acid iodine and other micronutrients according to DOH guidelines in partnership the DepEd
  - G. Support for household, community and school gardens as alternative food sources
  - H. Promotion of healthy food choices in communities and in schools
  - I. Micronutrient supplementation with Vitamin A, Iron sulfate, or multiple micronutrient powder
  - J. Referral to higher level facilities to manage complicated illness
  - K. Counselling on smoking cessation adoption of healthy lifestyle practices and family health
  - L. Establishment of an organized adolescent health referral system through an integrated multi-agency, multicultural, multiracial involvement and putting up an ADOLESCENT HUB to cater the needs of these adolescents
8. Health and Nutrition Services for Persons with Disability (PWD) and Elderly

As other members of the vulnerable groups, PWDs and elderlies are also considered in the implantation of health and nutrition programs. As it is, they enjoy the privileged of a FAST LANE in all government and private establishments to include 20% discounts on basic commodities including medicines and food items. They are also entitled of free consultations and medicines at government health facilities including food supplements and age-appropriate vaccines provided by the DOH.

## 9. Nutrition in the aftermath of Disasters and Natural Calamities

Areas struck by disasters must be prioritized in the delivery of health and nutrition services and interventions. As such, the LGU shall be immediately provide emergency services, food supplies for proper nourishment of pregnant, lactating mothers and children.

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Especially those from zero to two years old. Women, infants and child friendly spaces shall be prepared and ready to accommodate women and their children, provide daily necessities such as food, clothing, clean water and shelter; readily available breastfeeding support and counselling; provision and guidance on the appropriate complementary food for children over six months

No milk formula donations or products covered by EO 51, National Code of Marketing of Breastmilk Substitutes and Breastmilk Supplement (Milk Code) shall be allowed to protect the health and nutrition of pregnant, lactating women, infants and young children.

The Disaster Risk Reduction and Management Office (DRRMO), with guidance from DOH, is mandated to formulate guidelines in the pursuit of this section. The MDRRMO is enjoined to include women in decision-making process allowing them to take part in implementing disaster preparedness, recovery and rehabilitation programs.

## **Section 12. MONITORING AND EVALUATION**

Nutrition outputs from the barangay level is monthly submitted to the nutrition office (MNC) for consolidation and data validation. Validated data is submitted to the Provincial and Regional counterparts.

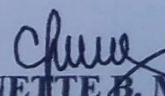
Using the Monitoring and Evaluation on Local Level Plan Implementation Protocol (MELLPI-PRO) tool, the Barangay Nutrition Committee (BNC), Barangays Nutrition Scholars (BNS) and the barangay nutrition program implementation is annually evaluated and monitored by the members of the Municipal Nutrition Committee. Recognitions are given to performing barangays, volunteers and programs and is awarded during the Annual Sumilao Health Summit.

Similar tool is also used during the internal audit done the Municipal Nutrition Committee (MNC) annually and shall be used as basis for planning

**Section 13. EFFECTIVITY.** This ordinance shall take effect upon its approval.

**ENACTED:** This 11th day of February, 2020 at Sumilao, Bukidnon, Philippines.

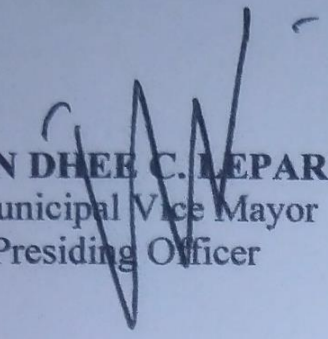
I HEREBY CERTIFY that the foregoing ordinance is true.

  
**CHARINETTE B. MUTUC**  
 Records Officer II

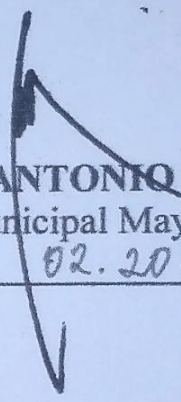
OIC-Office of the Sec. to the Sangguniang Bayan



**CERTIFIED ADOPTED AND APPROVED  
BY THE SANGGUNIAN:**

  
**JHUN DHEE C. LEPARTO**  
Municipal Vice Mayor  
Presiding Officer

**APPROVED:**

  
**JOSE ANTONIO A. VILLO**  
Municipal Mayor

Date: 02.20.2020