

Republic of the Philippines  
Department of Health  
**NATIONAL NUTRITION COUNCIL REGION VII**

**Implementing Guidelines of the “RNC Resolution No. 018-01 on the  
Regional Adoption of the ECCD F1K Program”**

**ARTICLE 1  
COVERAGE**

**SECTION 1.** These implementing guidelines shall apply to:

- a. All Local Government Units (LGUs);
- b. All regional line agencies of the government in Central Visayas;
- c. All non-government agencies and related professional organizations involved nutrition in the region; and
- d. All government and private hospitals and other institutions operating in Bohol, Cebu, Negros Oriental and Siquijor.

**ARTICLE II  
INTERPRETATION**

**SECTION 1.** These implementing guidelines is formulated to achieve the purpose of the said RNC Resolution.

The overall goal is to ensure the full development of the child through the integrated delivery of services on health, nutrition, psychosocial stimulation, early education, and social services in the first 1000 days.

Specifically, the program aims:

**1. Outcome objectives:**

- a. To reduce the prevalence of nutritionally at-risk pregnant women by about 1.3% per year until 2022,
- b. To reduce the prevalence of stunting among children 0-23 months old by 3% per year and wasting be reduced to less than 5.0% by 2022, and
- c. **95% of children 0-23 months old achieve age-appropriate developmental milestones.**

## 2. Intermediate outcome objectives:

- a. Reduce anemia among pregnant and lactating women to less than 40% by 2022,
- b. Decrease in the percentage of low birthweight to at least 19% by 2022,
- c. Increase in the percentage of infants 0–6 months who are exclusively breastfed by 20% by the end of 2022,
- d. At least 25% increase in infants 6 months old who were continued on breastfeeding and initiated to complementary feeding by the 6th month, and
- e. **At least 20% increase in infants 6–23 months who are receiving the minimum acceptable diet** (meal frequency and diet diversity).

## 3. To achieve at least 90% coverage of the following:

- a. Pregnant women with at least 4 antenatal care visits,
- b. Pregnant women receiving at least 2 doses of tetanus-containing vaccine,
- c. Pregnant women with intake of 180 tablets of iron-folic acid supplements,
- d. Pregnant women delivering in health facilities,
- e. Deliveries assisted/attended by skilled birth professional,
- f. Newborn given EINC with initiation of breastfeeding,
- g. Mothers given essential maternal and intrapartum care,
- h. Postpartum women and their newborn with at least 2 postpartum visits and postnatal visits,
- i. Post-partum women receiving vitamin A,
- j. Couples receiving family planning information,
- k. **Fully immunized children 0–12 months (children who received 1 dose of BCG, 3 doses each of OPV, 3 doses each of pentavalent vaccines and 1 dose of measles-containing vaccine),**
- l. **Infants 0–23 months old whose weight and height are measured monthly; and developmental milestones monitored every two months,**
- m. **Infants 6–11 months old receiving one capsule of vitamin A 100,000 IU, and children 12–23 months old receiving one capsule of vitamin A 200,000 IU every 6 months,**
- n. **Infants and young children with prescribed intake of micronutrient powder or MNPs (60**
- n. sachets for 6–11 month-olds and 120 sachets for children 12–23 months old),
- o. Children 6–23 months dewormed twice a year (once a year or infants 6–11 months old),
- p. **Sick infants and young children with diarrhea provided with care and given ORS with oral**
- p. zinc,
- q. Sick infants and young children with pneumonia provided with care and given antibiotics,
- r. **Parents or family members participating in support programs on effective parenting to**
- r. facilitate the provision of early learning opportunities to children,
- s. **Pregnant women and mothers with infants 0–23 months old participating regularly in nutrition education classes,**

- t. Pregnant women and mothers with infants 0–23 months old counseled during home visits,
- u. Households with children 0–23 months old with improved source of drinking water, and
- v. Households with children 0–23 months old using improved toilet facilities.

**4. Increased percentage of mothers and young children receiving information on child injury prevention, and**

**5. Increased number of households with home food production.**

### **ARTICLE III DEFINITION OF TERMS**

**SECTION 1.** In the implementation of the RNC Resolution, the following terms shall be used:

- 1. Anemia** – refers to a decreased number of circulating red blood cells.
- 2. Birth-weight** – first weight of the infant obtained after birth.
- 3. Breastfeeding** – a method of feeding an infant directly from the breast or feeding express breastmilk given through a dropper, a nasogastric tube, a cup and a spoon.
- 4. Complementary feeding** – complementary foods given at 6 months in addition to breastmilk.
- 5. Completely Immunized Child** – child 12–23 months of age who received 1 dose of BCG, 3 doses each of OPV, 3 doses each of pentavalent vaccines and 1 dose of Measles– containing vaccines.
- 6. Exclusive Breastfeeding** – a feeding practice where infant receives nothing but breastmilk with the exception of oral rehydration solution, drops or syrups, vitamins and minerals (WHO, UNICEF 2008).
- 7. Deworming** – giving of an anti-helminthic drug to get rid of intestinal parasites, such as roundworm or tapeworm.
- 8. Fully Immunized Child** – an infant who receives 1 dose of BCG, 3 doses each of Pentavalent vaccines, and 1 dose of Measles– containing vaccine before reaching one year old.
- 9. Health Facility** – hospital, RHU, or lying-in which includes BEMONC and CEMONC.

- 10. Height** – “stature” and is measured in standing position for children 2 years and over.
- 11. Immunization** – process by which a person becomes protected against a disease through vaccination.
- 12. Infant s**– children 0-11 months old.
- 13. Live Birth** – complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.
- 14. Low Birth Weight** – infants with low birth weight (less than 2.5 kilograms).
- 15. Masterlist** – mother list of the target groups and can be used to determine if the targets are receiving the needed services.
- 16. Micronutrient Powder** – refers to premix vitamins and minerals in powder form; every child receives a total of 60 sachets over a period of 6 months.
- 17. Micronutrient Supplementation** – distribution of iron, iodine, vitamin A supplements to infants, young children, pregnant, and lactating women in preventive and curative doses (NNC, 2001).
- 18. Nutrition Counseling** – is a process in which a registered nutritionist- dietitian works with an individual to assess his or her dietary intake and nutritional status, and identify areas where change is needed.
- 19. Nutrition Education** – is any combination of educational strategies, accompanied by environmental supports, designed to facilitate the voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being. It is delivered through multiple venues and involves activities at the individual, community, and policy levels. It aims to provide people in rural and urban areas with adequate information, skills and motivation to procure and to consume appropriate diets (WPHNA).
- 20. Nutritional Status** – the condition of the body resulting from the intake, utilization, and absorption of food.
- 21. Nutritionally-at-risk pregnant women** – Pregnant women whose weight fell below the 95th percentile of the reference criteria, thus having high risk of developing low birth weight babies.

**22. Oral Rehydration Salt (ORS)** – a non-proprietary name for balanced glucose–electrolyte mixture for treatment of clinical dehydration.

**23. Prenatal Care/ Antenatal Care** – 4 or more visits of the pregnant women to a healthcare provider with the goal of providing regular check-ups for promotive or preventive health interventions such as micronutrient supplementation and screenings.

**24. Psychosocial stimulation/ care** –refers to a reciprocal relationship between an infant or child and his or her caregiver that is characterized by the child communicating feelings of hunger and satiety through verbal or nonverbal cues, followed by an immediate response from the caregiver. The response includes the provision of appropriate and nutritious food in a supportive manner, while maintaining an appropriate feeding environment. It is the foundation for the development of healthy eating behavior and optimal skills for self-regulation and self-control of food intake (Harbron, 2013).

**25. Postpartum Checkups** – refers to check-ups made by the midwife/ PHN/ MHO at home or at the clinic twice or more than twice after delivery such that the first check-up should be after 24 hours upon delivery and the second check- up within 72 hours after delivery.

**26. Skilled Health Personnel** – an accredited health professional such as midwife, doctor, or nurse who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

**27. Stunting** – (height/length-for-age) being short among children.

**28. Wasting** – (weight-for-height/length) being thin among children.

**29. Weight** – reflects attained growth in physical body weight relative to the child’s age on a given day or visit.

**30. Young Children** – children 12-23 months old.

## **ARTICLE IV**

### **PROGRAM COMPONENTS FOR THE ECCD F1K**

#### **SECTION 1. Social Preparation**

Social preparation aims to ensure that all those to be involved in the program, including those to receive the services understand the program's objectives and their respective roles in the program.

It shall be targeting the following:

1. Local Chief Executives including barangay chairpersons,
2. Committee members of the Sangguniang Panlalawigan/ Panglungsod/ Bayan/Barangay as well as the municipal link and local health board,
3. Local officials involved in the procurement of goods and services, processing of payments, and processing of liquidation reports. (e.g. BAC chair, LGU treasurer, LGU accountant, resident LGU COA/Auditor),
4. Non-government organizations operating in the target areas,
5. Child development workers, local health workers, CCT parent leaders and other stakeholders,
6. Target beneficiaries of the program
  - a. Pregnant mothers
  - b. 0-23 months old children
  - c. Lactating mothers

## **SECTION 2. Training Support**

The Local Health/ Nutrition Office coordinates the conduct of trainings for the ECCD F1K Program. The training is composed of 3 phases in which concepts along health, nutrition, early learning and social services are being integrated including key competencies such as growth monitoring and promotion and effective counseling.

1. DOST- PINOY Training
2. ECCD F1K Training
  - a. Idol ko si Nanay
  - b. Participatory Cooking Demonstration
  - c. Growth Monitoring and Promotion
  - d. Nutrition Counseling Training
3. Developmental Milestones Training

## **SECTION 3. Formulation of Relevant Local Plans**

Relevant program components of the ECCD F1K should be included in the local government unit's Nutrition Action Plan. These plans should provide the basis for inclusions in the local government's annual investment plan.

## **SECTION 4. Masterlisting of Target Groups**

Preparation of the masterlist for target groups shall include all beneficiaries of the program including pregnant women and children 0–23 months old. The masterlist shall involve all services availed by the client.

## **SECTION 5. Delivery of Services**

The following services are included in the ECCD F1K Program:

### **1. Pregnancy**

- a. Intensive pregnancy tracking and enrollment to prenatal care services,
- b. Iron-folic acid and iodine supplementation,
- c. Tetanus-containing vaccine,
- d. Nutrition counseling for pregnant women,
- e. Risk identification of pregnancy complications and proper referral,
- f. Deworming of pregnant women,
- g. Preparation of birth plans for pregnant women, and
- h. Management of Conditional Cash Transfer Program requiring beneficiaries to avail of prenatal care or other health services as a conditionality.

### **2. Birth and Delivery**

- a. Management of complications on pregnancy,
- b. Provision of essential intrapartum and newborn care (EINC)/ Mother-baby Friendly Hospital Initiative Services,
- c. Intrapartum guidelines for women about to give birth,
- d. Breastfeeding initiation and breastfeeding counseling support,
- e. Immediate postpartum care for the mother and postnatal care for the newborn,
- f. Immunization and newborn screening,
- g. Initiation of breastfeeding and rooming-in,
- h. Management of newborn complications,
- i. Antibiotics for newborn sepsis,
- j. Kangaroo mother care for preterm and low birth weight infants,
- k. Preparation for discharge of mother and baby from birthing facility,
- l. Linkage with community health and nutrition workers including IYCF support, and
- m. Exclusive breastfeeding and breastfeeding support group.

### **3. 0-11 Months Old Infants**

- a. Immunization,
- b. Iron supplementation for preterm and low birth weight infants, and
- c. Vitamin A supplementation (6 months and above).

### **4. 1-5 Months Old Infants**

- a. Exclusive breastfeeding and breastfeeding support in the home, community, and workplace,
- b. Continuation of kangaroo mother care for preterm and LBW infants,
- c. Nutrition support for nutritionally-at-risk mothers,
- d. Iron supplementation of anemic lactating women,
- e. Growth and Milestone Development Monitoring, Promotion, and Referral,
- f. Integrated Management of Childhood Illness,
  - f.1. Oral rehydration salt solution with oral zinc, and
  - f.2. Antibiotics and other medical supplies, and
- g. Management of severe wasting.

### **5. 6-23 Months Old Children**

- a. Complementary feeding with continued and sustained breastfeeding,
  - a.1. One-on-one counseling,
  - a.2. Parents' classes/ food demonstration,
  - a.3. Local multimedia campaign on complementary feeding (optional),
  - a.4. Capacity building of barangay nutrition scholars and municipal links and CSO for counseling on complementary feeding and on application of recipe trials interventions and for techniques and ways on facilitating modules on food and nutrition for Family Development Sessions,
  - a.5. Peer to peer support (IYCF Support Group), and
  - a.6. Provision of supplementary feeding for 120 days (optional).
- b. Measles immunization,
- c. Vitamin A supplementation,
- d. Home food production with Multiple Micronutrient Powder,
- e. Growth and milestone development assessment, monitoring and promotion,
- f. Integrated Management of Childhood Illness (IMCI),
  - f.1. Vitamin A supplementation of high-risk cases,
  - f.2. Oral rehydration salt solution with oral zinc supplement, and
  - f.3. Antibiotics and other medical supplies.
- g. Management of acute and severe wasting,
- h. Water, sanitation, hygiene and deworming, and



- i. Psychosocial stimulation especially during feeding time.

## **6. 0-4 Years Old Children**

- a. Play, social connectedness, physical activity, sensory experiences through early childhood services:
  - a.1. Child minding services,
  - a.2. Community-based sessions on topics that affirm parental skills and responsibilities as children's primary caregivers,
  - a.3. Provision of accessible quality early learning services to support transition from home to school setting,
  - a.4. Family Support Program,
  - a.5. Capacity building on teaching competencies of ECCD service providers, MSWDO,
  - a.6. Capacity building of MSWDOs on PES-Training of Trainers (ToT), and
  - a.7. Capacity building of MSWDOs on Supervised Neighborhood Play (SNP).
- b. Strengthening linkages among community members and various stakeholders

## **7. Lactating and Post-Partum Mothers**

- a. Delivery of family planning commodities to women at postpartum,
- b. Strengthening breastfeeding in the workplace,
- c. Provision of appropriate nutrition-sensitive interventions such as home kitchen gardening, income generating opportunities, conditional cash transfer, and water and sanitation and hygiene (WASH):
  - c.1. Sustained home and community food production, and
  - c.2. Provision of inputs related to livelihood (optional)
- d. Oral Health Services, and
- e. Psychosocial activities for non 4Ps mothers

## **SECTION 6. Technical Assistance Monitoring and Evaluation**

Technical assistance monitoring and evaluation involves regular visits to barangays to observe how community-based workers are doing counseling, mother's classes, recipe trials, and monitoring of growth and developmental milestones to ensure that targets are being achieved. This will include assessment of the level of competencies of barangay workers and helping them improve it.

## **SECTION 7. Special Events**

Special events are activities that aim to strengthen implementation of the ECCD F1K Program. These activities vary according to the needs of the LGU depending on the current nutrition situation.

## **SECTION 8. Learning Exchange Visits**

Learning exchange visits aims to empower and strengthen capacities of barangay-based workers thru the sharing of best practices and the adoption of positive behaviors in nutrition program management to improve health and nutrition outcomes particularly in the context of the first 1000 days.

## **ARTICLE V ROLES OF LOCAL GOVERNMENT AGENCIES**

### **SECTION 1. Local Government Unit**

LGU shall function as the main implementing arm of the program. As such, they should ensure the effective and efficient delivery of services in the continuum of care. Among the functions of the LGU in the adoption of the ECCD F1K include:

1. Organization of a Local Nutrition Committee to oversee implementation of the ECCD F1K Program;
2. Coordinate all ECCD F1K activities in the LGU including planning, implementing, monitoring and evaluation; and
3. Secure funding and resources for the ECCD F1K Program.

## **ARTICLE VI ROLES OF AGENCIES CONCERNED IN THE ECCD F1K PROGRAM**

### **SECTION 1. Department of Health**

The DOH will be responsible for providing technical assistance aside from key health and nutrition supplies that include but are not limited to vaccines, iron-folic acid supplements, vitamin A supplements, MNP, antibiotics, supplies for the management of acute malnutrition and family planning commodities.

It shall also issue the appropriate policies and guidelines as may be needed for health concerns of the F1K.

It shall provide technical advice on matters related to health and issue policy instruments as appropriate.

## **SECTION 2. Department of Agriculture**

The Department of Agriculture shall provide technical support for the design and management of the community home kitchen gardening component. It shall assist LGU in the procurement of related supplies. It shall also develop an information database regarding the food products available in the LGUs for the benefit of the mothers and the families. It will to the extent possible, adopt policies and programs that will explicitly support the F1K. To the extent possible, it will channel some of its programs to the beneficiaries of the F1K Program.

## **SECTION 3. Department of Social Welfare and Development**

The Department of Social Welfare and Development will be responsible for providing social services through the Pantawid Pamilyang Pilipino Program (4Ps), the Sustainable Livelihood Program and its other programs.

It shall build the capacities of city/municipal child development workers along organizing and managing child minding services, parents' effectiveness services and supervised neighborhood play, among others.

It shall provide technical assistance along psychosocial stimulation and early child education.

The agency shall also make available pertinent data, e.g. masterlist of 4Ps beneficiaries and the poor as identified by the *Listahanan*.

## **SECTION 4. National Nutrition Council Secretariat**

The NNC Secretariat shall be the overall coordinator of the F1K Program. It shall ensure the dynamic flow and exchange of information on program implementation through coordinative activities with LGUs, RNC members and other stakeholders. It shall prepare quarterly status reports for submission to partner agencies requesting them.

## **SECTION 5. Department of Budget and Management**

The DBM shall ensure timely release of funds needed for the program and provide technical assistance on financial management and monitoring and evaluation of the program.

## **SECTION 6. Department of the Interior and Local Government**

The DILG shall issue necessary memorandum circulars to support the program. Further, they shall enjoin the local chief executives, Sanggunian members and functionaries to integrate F1K concerns in local annual investment plans.

#### **SECTION 7. Department of Science and Technology-Food and Nutrition Research Institute**

The DOST-FNRI shall provide technical assistance on matters related to the program and act as resource persons to trainings, meetings, for and when necessary.

#### **SECTION 8. National Economic and Development Authority**

NEDA will provide policy support as may be needed. It shall also explore the provision of support for policy-related researches in support of the F1K Program.

#### **SECTION 9. Civil Society Organization Members**

NGOs will assist and partner with the national agencies for effective implementation of ECCD-F1K Program. It shall perform a variety of services and functions and bring issues of the people to the national government agencies. It will to the extent possible adopt policies and programs that will explicitly support F1K. It shall also mobilize and tap its local counterparts to support the implementation of the program.

### **ARTICLE VII FUNDING**

LGUs are enjoined to ensure funding of the ECCD F1K program thereby allocating budget for the its operationalization. Budget for the ECCD F1K program may be taken from the MNCHN, GAD, CWC, SK and the LCE's discretionary fund.

### **ARTICLE XI EFFECTIVITY**

The Implementation Guidelines of this RNC Resolution shall take effect thirty (30) days after its publication.