

to operationalize the Philippine Plan of Action for Nutrition (PPAN) which integrates short, medium and long term plan of the government in response to the global call to eradicate hunger and malnutrition which will be formulated in cooperation with other agencies, LGUs, civil society, non-government organizations, private sector and relevant health organizations.

Section 7.

Health and Nutrition Services and Interventions for Women, Infants and Young Children in the First 1000 Days. The health and nutrition services and interventions to be rendered in the first 1000 days are the following:

1. First 270 days (Conception and Pregnancy)

- a) Pregnancy-tracking and enrolment to prenatal care services;
- b) Regular follow up to complete minimum of four prenatal care visit;
- c) Provision of maternal immunizations including tetanus toxoid vaccine for the prevention of neonatal tetanus;
- d) Provision of oral health services, including oral health assessment;
- e) Provision of nutritional counseling, smoking cessation and adoption of healthy lifestyle practices;
- f) Identification of nutritionally at risk pregnant women;
- g) Dietary supplementation of pregnant women
- h) Provision of micronutrient supplement with ferrous sulphate, folic acid and calcium carbonate;
- i) Provision of iodized oil capsules in areas with low utilization of iodized salt and high incidence of iodine deficiency disorders;
- j) Promotion on the use of iodized salt fortified rich foods;
- k) Provision of anti-helminthic drugs for deworming and assessment of risk for parasitism;
- l) Counseling on hand washing, environmental sanitation and hygiene;
- m) Empowering women on the preparation of birth, breastfeeding and rooming in plans;
- n) PhilHealth enrolment and linkage to community health workers and volunteers;
- o) Social welfare support for access to nutritious and health food products and commodities for nutritionally at risk pregnant women belonging to the poorest families;
- p) Counseling on breastfeeding on and other delivery of the baby;

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

- a) Provision of respectful care at the time of admission at the health facility;
- b) Ensure delivery in a health facility, which may include the construction of maternity Waiting Homes for pregnant mothers who live on far-flung 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 woman's birth, breastfeeding and rooming-in plans;
- d) Compliance of health facility to Republic Act 10028 otherwise known as the "Expanded Breastfeeding Promotion Act of 2009 and the Executive Order 51, the "Milk Code" and other related administrative issuances of the DOH on maternal and newborn care including essential Intrapartum;
- e) Provision of mother and newborn care-friendly practices during labor and delivery in compliance with the Mother and Baby-Friendly Health Facility Initiative (MBFHI) and current Intrapartum protocols of the DOH which include companion and position of choice;
- 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 the low birth weight infant and the provision of preventive interventions to reduce complications of prematurity or low birth weight.

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- h) Management of non-separation of the mother and her newborn for yearly initiation of breastfeeding.
- i) Provisions of support at birth or breastfeeding initiation and continuation of exclusive breastfeeding in the facility most especially for caesarian section deliveries and thereafter until discharge.
- j) Nutrition counseling and provision of nutritious food and meals at the facility, most especially for women who gave birth to small babies who are pre-term or low birth weight, until discharge.
- 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 packages for delivery.
- m) Provision of a women-friendly space where the expectant mothers will be able to give birth following prescribed maternal and intrapartum protocol during calamities or other emergencies.
- n) The prohibition of breast milk substitutes or promotion of the same including agents of the same in all birthing facilities in the municipality.

3. Next 100 days - Health and Nutrition services shall include at the facility level and community level:

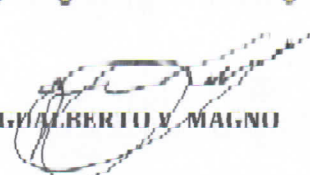
1.A. Birth and newborn period (first 28 days or 1st month)

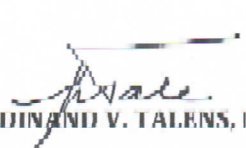
- a) The provision of baby friendly practices during delivery in compliance with the Mother and Baby Friendly Health Facility and current newborn protocols of the DOH in all birthing facilities including the provision of essential newborn care and Kangaroo Mother Care for small babies born pre-term and who have low birth weight at birth;
- b) 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.
- c) Provision of routine newborn care services such as eyes prophylaxis and vitamin K, birth doses of Hepatitis B and BCG vaccines after completion of the first breastfeeding.
- d) Administration of newborn screening and newborn hearing screening after 24 hours birth;
- e) Provision of continuous skin-to-skin contact and Kangaroo Mother Care for small babies born pre-term or with low birth weight;
- f) Availability of human milk pasteurizer for tertiary level facilities with neonatal intensive care units to ensure breast milk supply for the small babies born pre-term and low birth weight;
- g) Provision of the PhilHealth Newborn Care Package (NCP) and Z benefit Package for premature and small babies.
- h) Provisions of early referral to higher level facilities to manage newborn illness and or prematurity or low birth weight;
- i) Facilitated and prompt birth registration;
- j) Provision of social welfare services to the poorest families of newborn infants in need of support to avail of access to health and nutrition services, social protection and other interventions.

1.B. Next 2- 6 months:

- a) Ensure exclusive breastfeeding and assistance to women with breastfeeding difficulties.
- b) Completion of Infant Immunizations required for the child's age
- c) Regular growth monitoring


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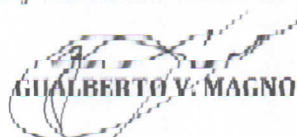
1.C. Next 550 days - Infants 6 months up to 2 years of age Health and Nutrition services at the community level shall include"

- a) Timely introduction of safe, appropriate and nutrient dense quality complementary food with continued and sustained breastfeeding for all infants from six months up to two years of age or beyond;
- b) Provision of nutrition counseling on complementary feeding to mothers and caregivers;
- c) Deworming treatment at the start of one year old;
- d) Dietary supplementation of age-appropriate, nutrient- dense and quality complementary food;
- e) Regular assessment of development and developmental milestones delay, growth monitoring and promotion;
- f) Screening for disabilities (mental, sensorial and physical)
- g) Micronutrient supplementation with vitamins A, iron sulfate or multiple micronutrient powder;
- h) Counseling on parent-infant/child interaction for child stimulation and early learning including interaction and play;
- i) Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;
- j) Compliance to the integrated Management of Childhood illness protocols for pneumonia and diarrhea;
- k) Treatment of moderate and severe acute malnutrition or Community-based Management of Acute Malnutrition;
- l) Provision of oral health services including application of fluoride varnish to prevent dental caries;
- m) Provision of deworming tablets for children at 1 - 2 years of age;
- n) Availability of potable source of water including counseling of household members on hand washing, environmental sanitation and hygiene;
- o) Local government support for sanitation needs of household to reduce food and water borne diseases;
- p) Social welfare support for access to nutritious and health food products and commodities for the poorest families;
- q) Support for home kitchen gardens or community kitchens;
- r) Livelihood assistance and other social protection mechanisms for parents belonging to the poorest families;
- s) Protection against child abuse, injuries and accidents including the provision of safe play spaces and toys, first aid, counseling and properly facilitated referrals;
- t) Completion of childhood immunization according to the national immunization program.

2. First 6 months of infancy -

- a) 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 breast condition;
- b) Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, growth and development promotion and infant and young child (IYCF) counseling;
- c) Provision of early referral to higher level facilities to manage childhood illness or acute malnutrition;
- d) Counseling on parent-infant interaction for child stimulation and early childhood illness or acute malnutrition;


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- c) Provision of social welfare services to the poorest of the poor families of infants in need of support to avail access to health and nutrition services and interventions;
- f) Assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies.

3. Postpartum and lactating women - health and nutrition services at the facility/community level shall include:

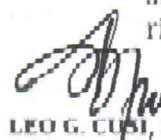
- a) Follow-up preventive care visits to health facilities where they gave birth;
- b) Home visits for women in difficult to reach communities;
- c) Breastfeeding support and counselling from the birth up to two years and beyond including those women who will return to work;
- d) Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplaces;
- e) Dietary supplementation;
- f) Provision of ready to use supplements with single dose of vitamin A capsules within one month after delivery and daily ferrous sulphate folic acid for three months;
- g) Provision of micronutrient supplementary food for nutritionally-at-risk postpartum and lactating women, including teenage mothers ;
- h) Organization of breastfeeding support groups in the workplaces, peer counselors for breastfeeding and complementary feeding, in cooperation of occupational health workers and human resources managers;
- i) Organization of community-based mother support groups or peer counselors breastfeeding and complementary feeding, in cooperation with other health and nutrition workers;
- j) Provision of a women and child-friendly space where mothers and their infants will be able to continue breastfeeding during calamities, disasters or emergencies.
- k) Counseling and/or seminar for family planning.

Section 8. Other Program Components. The strategy on Health and Nutrition shall include the following cross-cutting components:

- a) National and local health and nutrition investment planning and financing;
- b) Health promotion and education, social mobilization and community participation including advocacy;
- c) Service delivery
- d) Health and nutrition human resources capacity development;
- e) Sectoral collaboration and partnerships
- f) Logistics and supply management
- g) Knowledge management and information technology
- h) Monitoring, evaluation, accountability and learning
- i) Research and development

Section 9. Health and Nutrition of Female Adolescent. To address the cyclical nature of malnutrition among the population, delivery of health and nutrition services for adolescent girls (aged 10 to 19 years old) at facility and community levels shall include but not limited to the following:

- a) Assessment of health and nutrition at status and identification of nutritionally at risk adolescent girls, as well as provision of ready to use supplementary food or ready to use therapeutic food for nutritionally at risk adolescent girls, as appropriate;


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- 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) Counseling on proper hand washing, environmental sanitation and personal hygiene;
- f) Provision of micronutrient supplements including iron, folic acid, iodine and other micronutrients according to guidelines of the DOH in partnership with the Department of Education.
- g) Promotion of the consumption of iodized salt and foods fortified with micronutrients such as iron, folic acid, vitamin A and other micronutrients that may be deemed necessary based on recent evidence;
- h) Referral to higher level health facilities to manage complicated illnesses including moderate and severe acute malnutrition;
- i) Counseling on proper nutrition, smoking cessation, adoption of healthy lifestyle practices and family health;
- j) Others as maybe determined based on international guidelines and evidence generated locally.

Section 10. **Nutrition in the Aftermath of Natural Disasters and Calamities.** Areas that are struck by disasters must be prioritized in the delivery of health and nutrition services and interventions. As such, the Municipality of Roxas shall immediately provide emergency services, food supplies for proper nourishment of pregnant, lactating mothers and children, especially those from zero to two years old. Women, infant and child friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water and shelter; readily available breastfeeding support and counseling to those with children up to two years or beyond, as well as provision and guidance on the appropriate complementary food for children over six months old.

No milk formula donations or products covered by Executive Order No. 51, National Code of Marketing of Breast Milk Substitutes and Breast milk supplement or better known as the Milk Code shall be allowed to protect the health and nutrition of pregnant, lactating women, infants and young children.

Donation and assistance of the private sector, with no conflict of interest or those not covered by the Milk Code in emergency situations shall be allowed immediately in the aftermath of natural disasters and calamities.

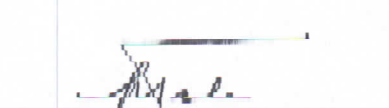
The Disaster Risk Reduction Office, with guidance from DOH is mandated to formulate guidelines in the pursuit of this Section. The LDRMO is enjoined to include women in the decision making process allowing them to take part in implementing disaster preparedness, recovery and rehabilitation programs.

Section 11. **Capacity Building of Barangay Health and Nutrition Volunteers.** In coordination with the DOH and NNC, the Municipality of Roxas shall provide practical and effective training courses to the Barangay Nutrition Scholars (BNSs), Barangay Health Workers (BHWs) and other appropriate human resources to upgrade their skills and competence in the implementation of the services and interventions during the first 1000 days of life for the health and nutrition of women and children.

Section 12. **Implementing Authority.** The Municipal Health Office shall spearhead in implementing the provision of this ordinance in coordination with other offices concerned. The Municipal Mayor through the implementing authority may issue Implementing Rules and Regulations for its proper implementation.


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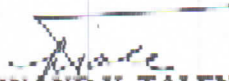

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- Section 13. Appropriations. An amount shall be appropriated to cover the various expenditures of the Municipal Health Office for the said program.
- Section 14. Separability Clause. If any provision of this Ordinance is held invalid or unconstitutional for any reason, the remainder of this Ordinance shall remain valid and enforceable.
- Section 15. Repealing Clause. All ordinances, executive orders, administrative orders or parts thereof inconsistent with the provisions of this Ordinance are hereby repealed, amended or modified accordingly.
- Section 16. Effectivity Clause. This Ordinance shall take effect fifteen (15) days after publication in a newspaper of general circulation.

On motion of Councillor John John S. Yason and on mass sponsorship this Ordinance is hereby ENACTED.

Adopted: 02 March 2020

CERTIFIED CORRECT:


FERDINAND V. TALENS, MPA
Secretary to the Sangguniang Bayan

ATTESTED:


EUALBERTO V. MAGNO
Municipal Vice Mayor

APPROVED:


LEO G. CUSI, SR.
Municipal Mayor
Date Signed _____