



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

May 29, 2019

**MEMORANDUM CIRCULAR**

No. 2019 - 0027

**FOR :** ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, CENTERS FOR HEALTH DEVELOPMENT AND SERVICES; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, POPULATION COMMISSION, NATIONAL NUTRITION COUNCIL, FOOD AND DRUG ADMINISTRATION; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE INCORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT REHABILITATION CENTERS; AND OTHERS CONCERNED


**SUBJECT :** Implementing Rules and Regulations (IRR) of Republic Act (RA) No. 11148 entitled "An Act Scaling Up the National and Local Health and Nutrition Programs Through a Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1,000) Days of Life, Appropriating Funds Therefore and for Other Purposes, otherwise known as "Kalusugan at Nutrisyon ng Mag-Nanay Act"

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Attached for your information and guidance is a copy of the IRR of RA No. 11148 entitled "An Act Scaling Up the National and Local Health and Nutrition Programs Through a Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1,000) Days of Life, Appropriating Funds Therefore and for Other Purposes, otherwise known as "Kalusugan at Nutrisyon ng Mag-Nanay Act."

Dissemination of the information to all concerned is requested.

By Authority of the Secretary of Health:

  
**MYRNA C. CABOTAJE, MD, MPH, CESO III**  
Undersecretary of Health  
Public Health Services Team

**The Implementing Rules and Regulations (IRR) of  
Republic Act (RA) 11148,  
otherwise known as the  
“Kalusugan at Nutrisyon ng Mag-Nanay Act”**

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## **RULE 1: SHORT TITLE AND PURPOSE**

### **SECTION 1. SHORT TITLE.**

This shall be known as the implementing rules and regulations (IRR) of Republic Act (RA) No. 11148, otherwise known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act.”

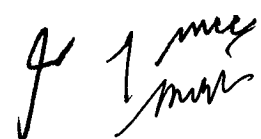
### **SECTION 2. PURPOSE.**

These rules are hereby promulgated to prescribe the manner, procedure, and guidelines for the implementation of the “Kalusugan at Nutrisyon ng Mag-Nanay Act,” to facilitate compliance therewith, and to achieve the objectives thereof.

## **RULE 2: DECLARATION OF POLICY**

### **SECTION 1. It is declared as policy of the State that:**

- a. The right to health is a fundamental principle guaranteed by the State. As emphasized under Section 15, Article II of the 1987 Constitution, “[t]he State shall protect and promote the right to health of the people and instill health consciousness among them.” Moreover, pursuant to various international human rights instruments, and agreements that the State adheres to, the State guarantees the right to adequate food, care, and nutrition to pregnant and lactating women, including adolescent females, women of reproductive age, and especially children from zero to two (0-2) years old.
- b. The State commits to the Philippine Development Plan (PDP), the Philippine Plan of Action on Nutrition (PPAN), the Infant and Young Child Feeding (IYCF) Strategic Plan, the Early Childhood Care and Development (ECCD) Strategic Plan—with reference to pertinent international commitments such as the Sustainable Development Goals (SDGs), the Astana Declaration on Primary Health Care, World Health Assembly (WHA) Resolution 69.9, World Health Organization (WHO) Global Nutrition Targets 2025 (GNT 2025), Framework for Action on Nutrition of the Second International Conference on Nutrition (ICN2), the United Nations Convention on the Rights of the Child (UNCRC), and the United Nations Convention on the Rights of Persons with Disability (UNCRPD)—to contribute to the improvement of the quality of human resource in the country and the reduction of maternal and child morbidity and mortality, and stunting.
- c. The State adopts universal health care (UHC) principles such as strengthening primary health care, health service delivery packages, health care provider networks, population-based and individual-based health services, use of health technology assessment, and harmonized financial plans to support the implementation of the First One Thousand (1,000) Days Strategy.
- d. 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, and achieving good nutrition for all at all ages are essential to the attainment of sustainable development.

- e. The State prioritizes nutrition for adolescent females, pregnant and lactating women, infants, and young children, to be implemented in an integrated manner by all branches of government, using a whole-of-government approach in collaboration with civil society organizations (CSOs) and the private sector, with avoidance of conflicts of interest.
- f. The State scales up nutrition intervention programs in the first one thousand (1,000) days of a child's life, and allocates resources in a sustainable manner to improve the nutritional status and to address the malnutrition of infants and young children from zero to two (0-2) years old—the critical period in which they are at risk for irreversible damage to cognitive and physical development, adolescent females, pregnant and lactating women; as well as to ensure growth and development of infants and young children, and to prevent the intergenerational effects of stunting.

### **RULE 3: OBJECTIVES**

#### **SECTION 1. The Implementation of the Act specifically aims to:**

- a. Provide comprehensive, sustainable, multisectoral strategies and approaches to address health and nutrition problems of newborns, infants and young children, pregnant and lactating women, and adolescent females, as well as multi-factorial issues that negatively affect the development of newborns, infants and young children, integrating the short-, medium-, and long-term plans of the government to end hunger, improve health and nutrition, and reduce malnutrition;
- b. Provide a policy environment conducive to nutrition improvement;
- c. Provide evidence-based nutrition-specific interventions and actions which integrate responsive caregiving and early stimulation in a safe and protective environment over the first one thousand (1,000) days of life as recommended by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), as well as nutrition-sensitive mechanisms, strategies, programs, and approaches in implementing programs and projects to improve nutritional status, and to eradicate malnutrition and hunger;
- d. Strengthen and define the roles of the Department of Health (DOH), the National Nutrition Council (NNC), and other government agencies tasked to implement nutrition programs for the first one thousand (1,000) days of life;
- e. Institutionalize and scale up nutrition in the first one thousand (1,000) days of life in the national plan on nutrition—particularly PPAN, the ECCD intervention packages developed by the NNC, the PDP, the National Plan of

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Action for Children (NPAC), the regional development plans, and Local Development Investment Plans (LDIP), as well as those for health and nutrition;

- f. Ensure the meaningful, active and sustained participation, partnership and cooperation of NNC-member agencies, other National Government Agencies (NGAs), local government units (LGUs), CSOs, and the private sector in an integrated and holistic manner for the promotion of the health and nutritional well-being of the population, prioritizing in areas with high incidence and magnitude of poverty, Geographically Isolated and Disadvantaged Areas (GIDA), and in hazard and conflict zones;
- g. Strengthen enforcement of Executive Order No. 51, series of 1986 (EO 51, s. 1986), otherwise known as the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Other Related Products" or the "Milk Code," and RA No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009," to protect, promote, and support optimal infant and young child feeding and maternity protection, and in consultation with the stakeholders in the public and private sectors, consider the new recommendations from the WHA Resolution 69.9 to end the inappropriate promotion of food for infants and young children;
- h. Strengthen the implementation of other nutrition-related laws, programs, policies, and guidelines including multisectoral integration, inclusivity, gender equality, and promotion of the UNCRC; and
- i. Strengthen family community support systems with the active engagement of parents and caregivers, with support from LGUs, the NGAs, CSOs, and other stakeholders.

#### **RULE 4: SCALING UP HEALTH AND NUTRITION FOR THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE**

**SECTION 1.** The DOH, the NNC, and the Department of Agriculture (DA)—in coordination with key NGAs, LGUs, CSOs, and other stakeholders—shall develop and implement a comprehensive and sustainable strategy for the first one thousand (1,000) days of life to address the health, nutrition, and developmental problems affecting infants, young children, adolescent females, and pregnant and lactating women. It shall operationalize the latest PPAN, integrating the short, medium, and long-term plans of the government in response to the global call to eradicate hunger, improve nutrition, and prevent and manage malnutrition, as one (1) of the seventeen (17) SDGs.

**SECTION 2.** The comprehensive and sustainable strategy shall be developed and approved by the NNC Governing Board within sixty (60) days from the effectivity of this IRR. This strategy shall be considered as inputs to the updating of the PDP and all related sectoral and thematic plans. The strategy shall be updated within the framework of the formulation and updating of the national development plan.



**SECTION 3.** All key agencies shall integrate relevant programs, projects, and activities in their respective plans and budget proposals aligned with the current PPAN. Programs, projects, and activities in agency plans and budget proposals shall be tagged as such in the relevant documents.

**SECTION 4.** To ensure the effective translation of the First One Thousand (1,000) Days Strategy into programs, projects, and activities, the DOH, including the NNC, shall spearhead the formulation of agency policies, national policy guidelines, and Manual of Operations (MOP) for the implementation of the Strategy within one hundred and eighty (180) days after the approval of this IRR. The MOP shall be updated regularly or aligned with the updating of the PPAN—or as may be needed.

## **RULE 5: COVERAGE**

**SECTION 1.** This IRR shall govern the implementation of this Act including the development of comprehensive and sustainable strategies on the first one thousand (1,000) days of life by the DOH, NNC, DA, NGAs, LGUs (provinces, cities, municipalities, and barangays), CSOs, and other stakeholders.

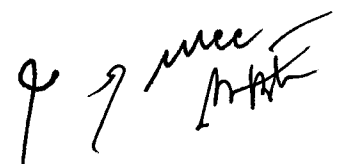
**SECTION 2.** The implementation shall cover those who are nutritionally-at-risk, especially pregnant and lactating women particularly adolescent mothers, women of reproductive age, adolescent females, and all Filipino children who are newly born up to age twenty-four (24) months.

**SECTION 3.** Priority shall be given to those who reside in disaster-prone areas and GIDAs, such as those that are isolated due to distance, inaccessibility to transportation, and weather conditions. These areas may also have unserved and underserved communities, communities in or recovering from situation of crisis or armed conflict and recognized as such by a government body, with persons belonging to the vulnerable sector, and record high incidences of poverty.

**SECTION 4.** The NNC shall prioritize and advocate for LGUs, which meet any of the following criteria:

- a. With the highest prevalence or high magnitude of undernutrition and nutrient-deficiency among pregnant and lactating women, adolescent females, and children aged zero to two (0-2) years;
- b. Availability of facilities or capability to implement the program; and
- c. Prioritizes such program in their locality and willingness to provide counterpart resources for its implementation.

These LGUs, as well as poorest provinces identified by the Human Development and Poverty Reduction Cluster (HDPRC), shall be identified as PPAN focus areas.

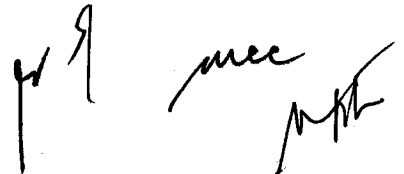
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## **RULE 6: DEFINITION OF TERMS**

**SECTION 1.** For purposes of implementing this Act, the following terms are defined as follows:

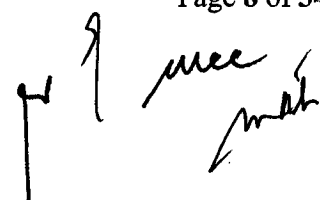
- a. **Breastmilk Substitute (BMS)** refers to any type of milk, in either liquid or powdered form, including soy milk, follow-up formula, and growing-up milks, that are specifically marketed for feeding infants and young children up to the age of three (3) years;
- b. **Chronic Energy Deficiency (CED)**, or acute undernutrition, refers to a condition where there is negative energy balance due to inadequate food and nutrient intake, problems in absorption, relatively rare or excessive nutrient loss mostly due to infections and malignancies;
- c. **Civil Society Organizations (CSOs)** refer to non-State group of actors whose aims are neither to generate profits nor to seek governing power, such as non-government organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, network coalitions, and/or labor unions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations, and workers associations;
- d. **Early Stimulation** refers to the process where infants and young children receive external stimuli to interact with others and their environment to promote early child development. It provides different opportunities for the child to explore, develop skills and abilities in a natural way, and understand what is happening around them. Examples of early stimulation are language, motor, and sensory stimulation with the aim of optimizing their cognitive, physical, emotional, and social abilities to avoid undesired states in development;
- e. **First One Thousand (1,000) Days of Life** refers to the period of a child's life, spanning the nine (9) months in the womb, starting from conception to the first twenty-four (24) months of life—which is considered to be the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences;
- f. **Geographically Isolated and Disadvantaged Areas (GIDA)** refer to areas that are isolated due to distance or geographical isolation, weather conditions, and lack of modes of transportation. This also refers to unserved and underserved communities, and other areas identified to have access or service delivery problems, high incidence of poverty, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict, and those recognized as such by a government body;
- g. **Kangaroo Care (or Kangaroo Mother Care)** refers to a universally available and biologically sound method of care for all newborns, but in particular for small babies, with key components: a) skin-to-skin contact; b) exclusive

- breastfeeding; c) support to the mother/parent-infant dyad; and d) early discharge and follow-up. Said method of care is used in practice by both mothers and fathers;
- h. **Local Government Unit (LGU)** refers to territorial and political subdivisions called provinces, cities, municipalities, and barangays established by or in accordance with the Constitution, as specifically under the Local Government Code (LGC);
  - i. **Low Birth Weight** refers to weight at birth of an infant, whether born full term or preterm, of less than two thousand five hundred grams(2,500 g) or five and a half pounds(5.5 lbs), or five pounds and eight ounces (5 lbs, 8 oz);
  - j. **Malnutrition** refers to deficiencies, excesses, or imbalances in a person's intake of protein and/or nutrients covering both undernutrition which includes suboptimal breastfeeding, stunting, wasting or thinness, underweight and micronutrient deficiencies, or insufficiencies, as well as overnutrition, which includes overweight and obesity;
  - k. **Maternity Protection** refers to the fundamental right of women at work which aims to preserve the health of mothers and their newborns, and to provide measure of economic security for the women concerned and their families. It herein refers to the rights of pregnant and lactating mothers at work as stipulated in existing labor, civil service, and other related laws and regulations;
  - l. **Moderate Acute Malnutrition (MAM)** refers to children aged zero to fifty-nine (0-59) months with low weight-for-length/height, defined as between two (2) and three (3) Standard Deviations (SD) below the median (<-2 up to -3 SD) of the WHO growth standards or a Mid-Upper Arm Circumference (MUAC) measurement of less than one hundred twenty-five millimeters (<125mm) and greater than or equal to one hundred fifteen millimeters ( $\geq 115$ mm);
  - m. **Nutrition-Sensitive Interventions and Programs** refer to interventions or programs that address the underlying determinants of maternal, fetal, infant, and child nutrition and development, such as those pertaining to food security, social protection, adequate caregiving resources at the maternal household and community levels; and access to health services and a safe and hygienic environment, and incorporate specific nutrition goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness;
  - n. **Nutrition-Specific Interventions and Programs** refer to interventions or programs that address the immediate determinants of maternal, fetal, infant and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases;

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- o. **Nutritionally-at-Risk Pregnant Women** refer to pregnant women, including adolescent mothers, with a low pre-pregnancy body mass index (BMI), or those who do not gain sufficient weight during pregnancy, with any of the following predisposing factors: narrowly-spaced pregnancies and births, situated in families with low income, with large number of dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors, such as obesity or anemia, with diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism, and mental disorder. In the absence of a verifiable BMI, MUAC measurement will be used;
- p. **Overweight and Obesity** refer to the abnormal or excessive fat accumulation that may impair health. It is measured by BMI, a simple index of weight-for-height, which is commonly used to classify overweight and obesity among adults. BMI is calculated by dividing a person's weight in kilograms by the square of his/her height in meters ( $\text{kg}/\text{m}^2$ ). According to the WHO, adults with a BMI greater than or equal to twenty-five (25) are overweight and a BMI greater than or equal to thirty (30) is obese. For children, it is defined as the percentage of children aged zero to fifty-nine (0-59) months whose weight for length/height is above two (2) SD (overweight) or above three (3) SD (obese) from the median of the WHO Child Growth Standards; and BMI-for-age for adolescent is:  $>1$  SD is overweight,  $>2$  SD is obese,  $>3$  SD severely obese;
- q. **Responsive Caregiving** refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and provides a response that is appropriate to the child's immediate behavior, needs and developmental state;
- r. **Routine Child Immunization** refers to provision of vaccines against vaccine preventable diseases (VPDs) among newborns, infants, and children under the age of five years. This includes vaccines against: (a) Tuberculosis; (b) Diphtheria, Pertussis and Tetanus (DPT); (c) Poliomyelitis; (d) Measles; (e) Mumps; (f) Rubella or German measles; (g) Hepatitis B; (h) Pneumonia, ear infection, meningitis and other invasive diseases due to Hemophilus influenzae Type B (HiB) and Streptococcus pneumoniae; and (i) other types as may be determined by the Secretary of Health;
- s. **Severe Acute Malnutrition (SAM)** refers to children aged zero to fifty-nine (0-59) months with very low weight for length/height, defined as less than three (3) SD below the median ( $<-3\text{SD}$ ) of the WHO Growth Standards, characterized by visible severe wasting, the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters ( $<115\text{mm}$ );
- t. **Stunting** refers to chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged zero to fifty-nine (0-59) months whose height for age is below minus two


  
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(2) SD (for moderate stunting) and minus three (3) SD (for severe stunting) from the median of the WHO Growth Standards; and

- u. **Vulnerable Groups** refer to those who, by their situation, make their family members at risk to developing health, nutrition, and developmental issues and problems; for example: subsistence farmers and fisherfolk, agriculture and fishery workers, indigenous peoples, victims of disasters and calamities, the urban poor especially those in resettlement areas, workers in the informal economy, and persons with disabilities.

## **RULE 7. PROGRAM IMPLEMENTATION**

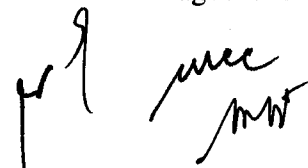
**SECTION 1.** The DOH, in coordination with NNC, DA, LGUs, and key NGAs, shall be responsible for the implementation of this Act.

**SECTION 2.** It shall be implemented at the barangay level through the health centers, rural health units, and/or barangay health stations, under the direct supervision of the city and/or municipal government. The implementation of the First One Thousand (1,000) Days Strategy shall be supported by a local resolution or policy from their respective *Sangguniang Bayan, Sangguniang Panlungsod, and Sangguniang Barangay.*

**SECTION 3.** The barangay health workers (BHWs) and barangay nutrition scholars (BNSs), together with child development workers (CDWs), shall be mobilized and provided with resources and benefits to carry out their tasks including allowances granted by their LGUs. Their PhilHealth memberships shall be in accordance with the minimum requirements set by PhilHealth.

Benefits for BHWs and BNSs include those provided under the RA No. 7883—known as “The Barangay Health Workers' Benefits and Incentives Act of 1995”—which includes hazard allowance, subsistence allowance, training, education and career enrichment programs (TECEPS), civil service eligibility, free legal services, and preferential access to loan, and Presidential Decree No. 1569 (Strengthening the Barangay Nutrition Program by Providing for a Barangay Nutrition Scholar in Every Barangay), which includes civil service eligibility, training stipend, kit, and travel allowance.


**SECTION 4.** LGUs are encouraged to integrate maternal, neonatal, child, and adolescent health and nutrition programs in the local nutrition action plans (LNAPs), and investment plans for health. For this purpose, the local nutrition action officers (NAOs) designated or appointed by their local chief executives (LCEs) shall facilitate processes for the formulation, approval, coordination, monitoring, and evaluation of the LNAPs and its integration in the Comprehensive Development Plans (CDPs), LDIPs, and Annual Investment Plans (AIPs). They shall coordinate closely with offices/departments of their respective LGUs to ensure the harmonization and integration of efforts for nutrition improvement.

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**SECTION 5.** The NNC and other NGAs concerned shall provide appropriate technical assistance to respective LGU counterparts in the development, formulation, and implementation of this Act and this IRR.

**SECTION 6. CROSS-CUTTING PROGRAM COMPONENTS.** The DOH, NNC, and DA, in coordination with key NGAs, LGUs, CSOs, and other stakeholders, shall work together to review, integrate, and strengthen the following cross-cutting components to improve the effective coverage, delivery, and scale up of the First One Thousand (1,000) Days Strategy Components, in accordance with the WHO, UNICEF and World Bank's Nurturing Care Framework for Early Child Development, for infants, children, pregnant and lactating women, and adolescent females:

- a. **Policy, standards, and guideline development.** Formulate policies, standards, guidelines, clinical practice guidelines, and manuals of operation which will be reviewed and revised as may be needed to ensure alignment with this Act, the PPAN, and UHC principles, which set the policy direction for the First One Thousand (1,000) Days Strategy. Additional policies, standards, and guidelines will be formulated as may be needed.
- b. **National and local health and nutrition investment planning and financing.** The local investment plans and LNAPs by LGUs shall be integrated and aligned with PPAN.
- c. **Service delivery.** Interventions under the First One Thousand (1,000) Days Strategy shall be included in service packages based on the principles of UHC. New interventions, as well as those existing requiring periodic review for the Strategy, shall undergo health technology assessment (HTA) based on UHC principles.
- d. **Sectoral collaboration and partnerships.** The NNC, the regional nutrition committee, and local nutrition committees shall provide the basic mechanism for sectoral collaboration and partnership for the implementation of the First One Thousand (1,000) Days Strategy.
- e. **Health and nutrition human resources capacity development.** The DOH, together with NNC, in collaboration with key agencies, shall develop strategies and implementation plans for the capacity building of health human resources for the implementation of the First One Thousand (1,000) Days Strategy.
- f. **Logistics and supply chain management.** Tools for forecasting, procurement, storage, distribution, and delivery of supplies needed in the implementation of the First One Thousand (1,000) Days Strategy shall be enhanced and/or developed to ensure the timely availability of supplies for delivery of services under the Strategy.
- g. **Health and nutrition promotion and education, social mobilization, and community organization, including advocacy.** DOH, together with NNC and in collaboration with key agencies, shall develop a comprehensive health and

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nutrition promotion, communication, and advocacy plan for the First One Thousand (1,000) Days Strategy for adaptation and localization by LGUs.

- h. **Monitoring and evaluation.** The DOH, together with NNC and in collaboration with key agencies, shall develop a monitoring and evaluation (M&E) plan. The M&E plan shall identify core outcome, output, process, and input indicators—and mechanisms for generating, processing, analyzing, reporting, disseminating, and using these indicators for policy and program development and adjustment. The accomplishments shall be linked to the performance standards of agencies involved.
- i. **Research and development.** The DOH and NNC, in collaboration with key agencies, shall develop a research agenda to be integrated into the National Unified Health Research Agenda (NUHRA), and the PPAN Research Agenda shall be aligned with the needs of UHC and the First One Thousand (1,000) Days Strategy. The contents of this agenda shall be funded by all agencies concerned.
- j. **Knowledge management and information.** Policies, guidelines, researches, reports, data, and other relevant and related materials shall be made available to stakeholders for designing, reviewing, and expanding the implementation in accordance with RA No. 10173, otherwise known as “The Data Privacy Act.”

## **RULE 8. PROGRAM COMPONENTS**

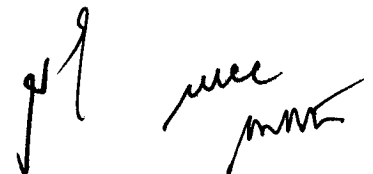
**SECTION 1.** The program shall include services and interventions provided at the different life stages based on the Nurturing Care Framework. LGUs, NGAs, CSOs concerned, and other stakeholders shall work together to ensure the delivery of these services and interventions.

**SECTION 2.** General services and interventions to be rendered in the first one thousand (1,000) days period of a child, pregnant and lactating women including adolescent females and adolescent mothers, and women of reproductive age, giving high priority to high risk groups and those belonging to the vulnerable population are the following:

- a. Appropriate assessment and counselling on maternal nutrition, appropriate infant and young child feeding practices, mental health, avoidance of risk-taking behaviors, smoking cessation, and adoption of healthy lifestyle practices, and family health;
- b. For maternal and newborn care, the provision of mother and baby-friendly practices during labor and delivery and childbirth and immediate newborn care in line with, and in compliance with, Mother and Baby-Friendly Health Facility Initiative, RA No. 10028 (amending RA No. 7600, otherwise known as “The Rooming-in and Breastfeeding Act of 1992”), EO 51, s. 1986, and other related administrative issuances of the DOH;

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- c. 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;
- d. Protection, promotion, and support of optimal breastfeeding and complementary feeding based on national infant and young child feeding guidelines. Products that function as breast-milk substitutes shall not be promoted. For complementary feeding, emphasis shall be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;
- e. Dietary supplementation and/or feeding programs in the implementation of the First One Thousand (1,000) Days Strategy shall be implemented for priority targeted age groups such as children aged six to twenty-three (6-23) months and nutritionally-at-risk pregnant and lactating women, as provided for in Rule 8, Section 3.a.(4) and Rule 8, Section 3.f.(1);
- f. Provision of age-appropriate micronutrient supplements such as iron with folic acid, calcium carbonate, iodine, Vitamin A, and other micronutrients based on DOH guidelines;
- g. Promotion of the consumption of iodized salt and foods fortified with micronutrients based on DOH guidelines;
- h. Provision of age-appropriate maternal and routine child immunizations based on the latest DOH guidelines, including tetanus and diphtheria toxoid vaccine, and other vaccines as appropriate;
- i. Provision of oral health services including oral health assessment;
- j. Provision of anti-helminthic tablets in line with DOH guidelines;
- k. Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, early stimulation, and promotion of early literacy for early childhood development and early detection, identification, referral, and provision of appropriate intervention for developmental delays and disabilities;
- l. Provision of comprehensive bio-psychosocial interventions during the first one thousand (1,000) days of life through multisectoral collaboration among and between stakeholders;
- m. Protection against child abuse, violence against women and children, injuries, and accidents including the provision of first aid, counselling, and proper referrals;
- n. Provision of early referral to higher level facilities to manage illness, injuries, disabilities, and/or other complications including acute malnutrition;

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- o. Provision of potable source of water and appropriate sanitation facilities and services, and counselling and support on proper handwashing, personal hygiene, and environmental sanitation;
- p. Support for home kitchen gardens wherever feasible; provision of locally available grown crops, vegetables, and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;
- q. Counselling on, and utilization of, modern methods of family planning and access to reproductive health care services, as defined in RA No. 10354, otherwise known as “The Responsible Parenthood and Reproductive Health Act of 2012;”
- r. Social welfare support to improve access to health and nutrition services, such as—but not limited to—dietary supplementation, provision of complementary food and/or other healthy food products and commodities for nutritionally-at-risk pregnant women, postpartum and/or lactating women, and newborns belonging to poorest of the poor families, and 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;
- s. Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies, where mothers and their infants will be able to access and be provided early childhood care and development services, such as health, nutrition, early learning and stimulation, responsive care, and protection;
- t. Philippine Health Insurance Corporation (PhilHealth) coverage and utilization of benefit packages, and linkages to facility and community-based health and nutrition workers, and volunteers; and
- u. Others as may be determined based on international and national guidelines and evidence generated locally.

**SECTION 3.** In addition to the general services under Section 2, the following specific health, nutrition, and related services and interventions are to be rendered during the first one thousand (1,000) days period of a child, pregnant and lactating women including adolescent females and adolescent mothers, and women of reproductive age giving high priority to high risk groups, and those belonging to the vulnerable population:

- a. **Prenatal Period (First Two Hundred Seventy [270] Days).** Prenatal care services at the facility and community level shall include, but not 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;

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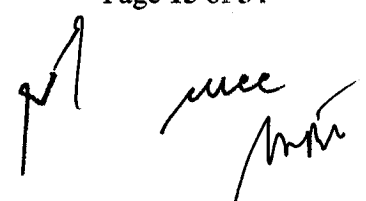
including adolescent mothers, and provision of dietary supplementation using RUSF or other nutrient-dense food, as appropriate;

- (5) Organization of community-based mother support groups and peer counsellors for breastfeeding in cooperation with other health and nutrition workers;
- (6) Maternity protection and lactation breaks for women in the workplaces including micro, small, and medium enterprises(MSMEs);
- (7) Availability of lactation stations in workplaces, both in government and in the private sector, informal economy workplaces, and in public places and public means of transportation as stipulated in RA No. 10028, and its IRR;
- (8) Organization of breastfeeding support groups in workplaces, in cooperation with occupational health workers and human resource managers trained in lactation management for the workplace; and
- (9) 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 limited to, the following:

- (1) Provision of early and continuous skin-to-skin contact to all full-term babies and continuous kangaroo 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;
- (2) Provision of routine newborn care services such as eye prophylaxis, Vitamin K supplementation, and immunizations;
- (3) Administration of newborn screening and newborn hearing screening;
- (4) Availability of human milk pasteurizer for strategic level two (2) and level three (3) facilities with neonatal intensive care units (NICU) 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, in accordance with DOH guidelines;
- (5) Facilitate the prompt birth and death registration, including fetal deaths, including restoration and reconstruction of birth and death registration documents destroyed during disasters;
- (6) Maintenance of non-separation of the mother and her newborn from birth for early breastfeeding initiation and rooming-in for exclusive breastfeeding; and
- (7) Others as may be determined based on international and national guidelines and evidence generated locally.

**e. First Six (6) Months of Infancy (One Hundred Eighty [180] Days).** Health and nutrition services at the facility and community level shall include, but not limited to, the following:

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- (3) Empowering women on the preparation of birth plans, including plans for obstetric and newborn emergencies and complications, and appropriate plans for breastfeeding and rooming-in, including counselling;
- (4) Early identification and management of nutritionally-at-risk pregnant women and pregnant adolescent females and provision of dietary supplementation using ready-to-use supplementary food (RUSF) or other nutrient-dense food as appropriate;
- (5) Assessment of risk for parasitism and provision of anti-helminthic medicines;
- (6) Maternity protection during pregnancy; and
- (7) 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 limited to, the following:

- (1) Adherence to the couple's birth, breastfeeding, and rooming-in plans;
- (2) Monitoring of the progress of labor and well-being of both the mother and the fetus, and provision of interventions to any health issue that may arise;
- (3) Identification of high-risk newborns that will be delivered, i.e, 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;
- (4) 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;
- (5) 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;
- (6) Maintenance of non-separation of the mother and her newborn and rooming-in for early breastfeeding initiation; and
- (7) 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 limited to, the following:

- (1) Ensure 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) Identification and management of malnutrition or chronically energy deficient (CED) and nutritionally-at-risk postpartum and lactating women,



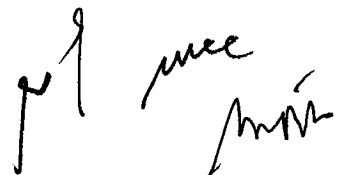
- (1) Ensure provision of kangaroo care in communities for small babies born preterm and low birth weight, who—after their first month of life—still have not met their ideal weight in compliance with DOH guidelines;
- (2) Growth and development monitoring and promotion for all infants less than six (6) months old, especially those who had low birth weight, are stunted, or had severe acute malnutrition or moderate acute malnutrition;
- (3) 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; and
- (4) 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 (Five Hundred and Fifty [550] Days).** Health and nutrition services at the community level shall include, but not limited to, the following:

- (1) Timely introduction of safe, appropriate, and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age, with emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;
- (2) Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;
- (3) Growth and development monitoring and promotion in health facilities and at home;
- (4) Management of common childhood illnesses based on WHO and DOH guidelines;
- (5) Identification and management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level facilities, as appropriate, for treatment and management, especially those with serious medical complications; and
- (6) Others as may be determined based on international and national guidelines and evidence generated locally.

**SECTION 4. HEALTH AND NUTRITION SERVICES FOR ADOLESCENT FEMALES.** Adolescent females are those who are ten (10) to eighteen (18) years old, including pregnant adolescents. This age group also includes those who are nineteen (19) years old, as qualified under RA No. 10354 and its IRR. Their health and nutrition are important in the outcome of malnutrition in the population. Hence, their health and nutrition are given optimal significance in the implementation of the program.

**SECTION 5.** In addition to the general services under Section 2, the following specific health, nutrition, and other related services and interventions for adolescent females shall include, but are not limited to the following to ensure the prevention of the cyclical nature of malnutrition:



- a. Assessment of health and nutrition status and identification of nutritionally-at-risk adolescent females, especially in circumstances where dietary intakes are suboptimal, micronutrient deficiencies and anemia are high, and when pregnancy imposes inordinate demands on the adolescents' own growth and development, as well as provision of ready-to-use supplementary food (RUSF), ready-to-use therapeutic food (RUTF), or other nutrient-dense food for nutritionally-at-risk but non-overweight or non-obese adolescent females as appropriate;
- b. Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and manage complicated illnesses, including moderate or severe acute malnutrition;
- c. Promotion of adolescent-friendly health facilities, regardless of disability, development, and pregnancy status to improve their health-seeking behavior and prevent illnesses and diseases ;
- d. Counselling on breastfeeding and infant care;
- e. Provision of adolescent, sexual, and reproductive health services; and
- f. Others as may be determined based on international guidelines and evidence generated locally.

## **RULE 9. NUTRITION IN THE AFTERMATH OF NATURAL DISASTERS AND CALAMITIES**

**SECTION 1.** Areas that are affected by disasters and emergency situations, both natural and human-induced must be prioritized in the delivery of health and nutrition services, and psychosocial services interventions.

**SECTION 2.** Priority shall be given to all covered population of the law specifically the vulnerable groups.

**SECTION 3.** All services included in the Program Components of this law and IRR shall be immediately provided during emergencies as applicable based on DOH and other related agency guidelines.

**SECTION 4.** 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; with readily available breastfeeding support and counselling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

**SECTION 5.** Donations of milk formula, breastmilk substitutes, and/or products covered by the Milk Code without the approval of the Inter-Agency Committee (IAC) created under EO 51, s. 1986, shall be prohibited in order to protect the health and nutrition of pregnant and lactating women, infants, and young children before, during and after a disaster. In emergency situations, donations or assistance that are in the form of non-breastmilk substitute (non-BMS) and non-BMS related products from the

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private sector, with no conflicts of interest or those not involved with manufacture, marketing, and sales of products covered by the scope of the Milk Code, shall be allowed immediately in the aftermath of natural disasters and calamities. Strict compliance with the Milk Code and its current IRR shall be observed, and options for mothers with breastfeeding problems will be provided, such as, but not limited to, the mobilization of breastfeeding support groups or strategic establishment of local human milk banks. Violations under this rule shall be separately penalized under the Milk Code.

**SECTION 6.** The DOH and other key agencies, in coordination with the National Disaster Risk Reduction and Management Council (NDRRMC), shall formulate appropriate guidelines and mechanisms in times of disasters and calamities. In doing so, humanitarian, inclusive, gender and culture-sensitive standards for the protection of children, pregnant and lactating women in accordance with RA No. 10821, otherwise known as the "Children's Emergency Relief and Protection Act," its IRR, and Comprehensive Emergency Program for Children (CEPC) shall be considered.

## **RULE 10: CAPACITY BUILDING FOR BARANGAY HEALTH AND NUTRITION VOLUNTEERS AND OTHER PERSONNEL**

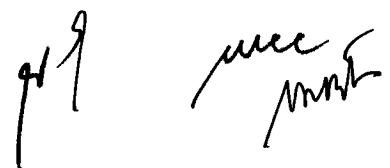
**SECTION 1.** The DOH and the NNC, in coordination with LGUs, shall provide practical, effective, gender-, disability- and culturally-sensitive training courses to BHWs, BNSs, CDWs, and other personnel concerned to upgrade their skills and competence in the implementation of the services and interventions for the health and nutrition of women and children. Specifically—

- a. The DOH and the NNC shall supervise, monitor, and evaluate the training courses including re-orientation courses in line with the implementation of the program.
- b. The DOH and the NNC shall be responsible for disseminating information and providing training to LGUs.
- c. LGUs, with the technical assistance from the DOH, the NNC, and CSOs, shall be responsible in training BHWs, BNSs, CDWs, and other barangay volunteers on the promotion of the program.
- d. The DOH and the NNC shall update existing community level training tools to facilitate the integration of the First One Thousand (1,000) Days strategies and services.

## **RULE 11: THE NATIONAL NUTRITION COUNCIL (NNC) GOVERNING BOARD**

### **SECTION 1: THE GOVERNING BOARD.**

- a. The NNC Council refers to the NNC Governing Board and the NNC Secretariat.



- b. The NNC, through the Governing Board, and other concerned NGAs shall provide appropriate technical assistance to respective LGU counterparts in the development, formulation, and implementation of the Act and this IRR.

**SECTION 2. COMPOSITION.** The NNC Governing Board shall be composed of the following:

- a. Secretary of the DOH as the *ex officio* Chairperson;
- b. Secretary of the DA as the *ex officio* Vice Chairperson;
- c. Secretary of the Department of the Interior and Local Government (DILG) as the *ex officio* Vice Chairperson;
- d. Secretary of the Department of Education (DepEd);
- e. Secretary of the Department of Social Welfare and Development (DSWD);
- f. Secretary of the Department of Trade and Industry (DTI);
- g. Secretary of the Department of Labor and Employment (DOLE);
- h. Secretary of the Department of Science and Technology (DOST);
- i. Secretary of the Department of Budget and Management (DBM);
- j. Secretary of the National Economic and Development Authority (NEDA); and
- k. Three (3) representatives from the private sector to be recommended by the NNC Governing Board and to be approved and appointed by the President who shall come from any of the following, based on the criteria set by applicable rules:
  - (1) health and nutrition professional organizations;
  - (2) women sector;
  - (3) farmer and fisherfolk;
  - (4) urban poor;
  - (5) organizations or associations of community health workers or BNSs;
  - (6) CSOs; and
  - (7) academic and research institutions.

Said representatives shall serve for a term of two (2) years.

**SECTION 3.** The heads of departments may be represented by their duly designated representatives who shall be of a rank not lower than an Assistant Secretary.

**SECTION 4.** Persons from the private sector with conflicts of interest, especially as described in EO 51, s. 1986, are prohibited from being members of the Council.

**SECTION 5.** The composition of the NNC's Secretariat and Technical Committee as defined in Executive Order No. 234, series of 1987, "Reorganizing the National Nutrition Council" shall be maintained.

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## **RULE 12: POWERS, FUNCTIONS, ROLES AND RESPONSIBILITIES OF THE NNC**

**SECTION 1.** The NNC, the highest policy making and coordinating body on nutrition, shall have the following functions and powers:

- a. Formulate national nutrition policies, plans, strategies, and approaches for nutrition improvement, including strategies on women, infant and young children, and adolescent nutrition;
- b. Oversee and serve as a focal point in the integration of nutrition policies and programs of all member agencies and instrumentalities charged with the implementation of existing laws, policies, rules, and regulations concerning nutrition;
- c. Coordinate, monitor and evaluate nutrition programs and projects of the public and private sectors and LGUs to ensure their integration with national policies;
- d. Receive grants, donations, and contributions in any form from foreign governments, private institutions, and other funding entities for nutrition programs and projects: provided, that no conditions shall be made contrary to the policies or the provisions of this Act and its IRR, and with special reference to EO 51, s. 1986 and WHA Resolution 69.9;
- e. Coordinate the joint planning and budgeting of member agencies to ensure funds for relevant nutrition programs and projects; to secure the release of funds in accordance with the approved programs and projects; and to monitor implementation and track public expenditure on these programs; and
- f. Call upon any government agency and instrumentality for such assistance as may be required to implement the provisions of this Act and its IRR.

**SECTION 2. ROLE OF MEMBERS.** Member agencies shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive, and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans. It shall provide additional resources in any form, including technical assistance, sourced from its budget in support of local nutrition programs.

**SECTION 3. TECHNICAL COMMITTEE.** The NNC Technical Committee is composed of heads of major department bureaus and agencies involved in nutrition and appropriate NGOs. It provides technical assistance to the Board and NNC Secretariat, and facilitates inter- and intra-agency coordination, supervision, and monitoring and implementation of nutrition policies and programs.

**SECTION 4. THE SECRETARIAT.**

- a. The NNC Secretariat serves as the executive arm of the NNC Governing Board. The Secretariat shall be headed by an Executive Director who shall be assisted



by two Deputy Executive Directors, all of whom shall be appointed by the President.

- b. It has three (3) technical divisions (nutrition policy and planning, nutrition surveillance, and nutrition information and education) and two (2) support divisions (administrative and finance). It has regional offices headed by nutrition program coordinators (NPCs).
- c. The functions are:
  - (1) Advise the Board on nutrition policy and program matters;
  - (2) Recommend a comprehensive food and nutrition policy;
  - (3) Coordinate with government offices and NGOs for nutrition program management and resource programming;
  - (4) Initiate the formulation and develop measure to improve implementation of the PPAN;
  - (5) Monitor and analyze nutrition and related socio-economic data for periodic statement on the country's nutrition situation;
  - (6) Monitor and evaluate the PPAN;
  - (7) Develop and implement a comprehensive advocacy, information, and education strategy for the PPAN; and
  - (8) Provide technical, financial, and logistics support to LGUs and agencies for the development and implementation of nutrition programs and projects.

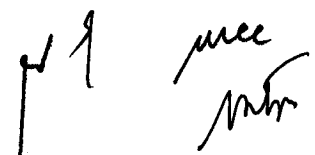
**SECTION 5. MEETINGS.** The NNC shall conduct meetings regularly through annual and quarterly meetings, and as necessary through special meetings. The NNC Secretariat shall coordinate with the members for the call of special meetings.

## **RULE 13: ROLE OF NNC MEMBER AGENCIES, OTHER NGAS AND LGUS**

**SECTION 1.** The DOH, NNC member agencies and their regional offices, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), and LGUs, shall be responsible for ensuring the implementation of programs and projects, development of promotive, preventive, and curative nutrition programs, and integration of health and nutrition concerns into their respective policies and plans.

Specifically, the DOH, NNC member agencies and their regional offices, BARMM, and LGUs, with support from CSOs and other stakeholders, shall:

- a. prioritize programs and projects in the First One Thousand (1,000) Days Strategy in long-term plans, programs, and annual budgets. Through joint issuances, the member agencies shall cooperate in the promotion, integration, and implementation of the programs. Also, the member agencies shall actively participate in the collaborative activities of the NNC and its member agencies;
- b. review and develop/update relevant policies, guidelines, strategies, tools, and training packages to support integration of First One Thousand (1,000) Days



Strategy Components across all levels and sectors of government in order to facilitate the implementation of the law and these rules;

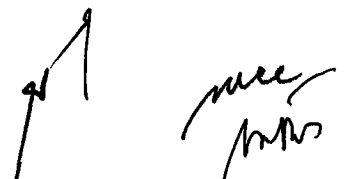
- c. prepare a long-term First One Thousand (1,000) Days financing strategy to build on available funding streams that already support the different components of the Program and provide additional resources in any form, including technical assistance, sourced from the budget in support of local nutrition programs. NGAs and LGUs shall strengthen public financial management to increase allocation and efficiency of spending;
- d. regularly review and update competency profiles of all service providers to strengthen workforce capacities on health, nutrition, child development, child protection, responsive caregiving, early stimulation, and social protection;
- e. work closely with the academe, professional societies, and organizations from different sectors, the Commission on Higher Education (CHED), and the Professional Regulation Commission (PRC) to update both pre-service and in-service curricula;
- f. prioritize systems strengthening including the harmonization and updating of information or surveillance systems, logistics and supply chain management systems, and referral systems or service delivery networks; and
- g. provide leadership in identifying the monitoring, evaluation, and research priorities, make resources available for implementation of research, and foster collaboration among program implementers, researchers, and scientists to develop national and local evidence-based platforms for research and learning of the first one thousand (1,000) days of life.

**SECTION 2.** The following are the specific roles of key NGAs in the implementation of the law and these rules:

- a. The **Department of Health (DOH)** shall be the lead technical agency for the First One Thousand (1,000) Days strategies and services. It will be responsible for providing technical assistance at all levels for plans, policies, and program development as may be needed for health, nutrition, early childhood development, and adolescent health, and development concerns within the scope of this Act and this IRR. It will also provide augmentation support to identified priority LGUs, including—but not limited to—funding and supplies relevant to the program. As Chair of the NNC Governing Board, it shall lead in providing oversight for the first one thousand (1,000) days program. In this regard, the NNC Secretariat shall be the overall coordinator of the first one thousand (1,000) days program. It shall facilitate annual convergence planning and budgeting at the national level. It shall ensure the dynamic flow and exchange of information on policy and program implementation. It shall prepare quarterly status reports for submission to demand agencies;


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- b. The **Department of Agriculture (DA)** as Vice-Chair of the NNC Governing Board, shall be the co-lead agency, providing technical assistance to the DOH and to other agencies on matters related to food security and food systems. It shall provide technical assistance and augmentation support to LGUs in strengthening food systems towards becoming resilient and nutrition-sensitive. It shall build capacities of local agriculture officers in supporting the effective and integrated delivery of the program;
- c. The **Department of the Interior and Local Government (DILG)**, as Vice-Chair of the NNC Governing Board, shall provide technical support to LGUs in the implementation and monitoring of the law through issuances encouraging all LGUs to fully support the implementation of this Act and its IRR, through enactment of local policies and ordinances, facilitating the attendance and participation of LGUs to the trainings and seminars to be conducted by NNC Member Agencies, ensure that the implementation of this Act is integrated in the local development plans and investment plans of LGUs, and monitoring LGU compliance using the standard and innovative monitoring tools. It shall support the engagement of Leagues of Local Governments and First One Thousand (1,000) Days Champions and form communities of practice to enable peer learning and exchange for LGUs to share good practices and address implementation problems;
- d. The **Department of Agrarian Reform (DAR)** shall lead in the review, implementation, and monitoring of the Comprehensive Agrarian Reform Program (CARP) to support the design and coordinated delivery of nutrition-sensitive support services and prioritizing vulnerable groups with land tenure security issues. In coordination with the DOH and other concerned government agencies, it shall also provide technical support in building capacities and awareness of beneficiaries and service providers to prioritize interventions for the first one thousand (1,000) days of life;
- e. The **Department of Budget Management (DBM)** shall support member agencies in determining appropriate allocations for the program, ensure timely release of funds needed for the program, and provide technical assistance on financial management and monitoring and evaluation of the program;
- f. The **Department of Education (DepEd)** shall review and develop modules on key core health and nutrition messages for the first one thousand (1,000) days for integration into the curriculum, as well as support to parent and community education activities in schools, and implement nutrition-specific and nutrition-sensitive initiatives for the adolescent female and at-risk population in schools and the alternative learning system/alternative delivery mode structures of the agency. To ensure the integration and to foster the enhancement of the First One Thousand (1,000) Days Strategy, DepEd shall collaborate with the academe in reviewing and updating relevant pre- and in-service curricula to integrate nurturing care;

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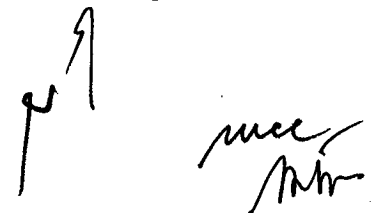


- g. The **Department of Labor and Employment (DOLE)** shall lead in the review, updating, implementation and monitoring of labor and employment-related policies and programs in accordance to these rules; and, in coordination with the DOH and other NGAs concerned, shall issue related guidelines and communicate the maternity protection provisions of these rules to employers and workers in the private sector;
- h. The **Department of Science and Technology (DOST)** shall provide central direction, leadership, and coordination of scientific and technological efforts and ensure that the results therefrom are geared and utilized in areas of maximum economic and social benefits for the target population of the First One Thousand (1,000) Days Strategy. It shall also review and update existing surveys and tools to support generation and analysis of key indicators on the first one thousand (1,000) days of life in line with global and national standards;
- i. The **Department of Social Welfare and Development (DSWD)**, shall be responsible for strengthening social welfare and child protection services and programs, and provide technical assistance to NGAs and LGUs in integration and improved delivery of parenting, early childhood care and development, and responsive care services. It shall build capacities of Municipal Social Welfare and Development Officers, CDWs, and municipal links along organizing and managing the Family Development Sessions (FDS) developed and all parenting programs (for example: Parent's Effectiveness Services (PES), Empowerment and Reaffirmation of Paternal Abilities (ERPAT), etc.), and Supervised Neighborhood Play (SNP), among others;
- j. The **Department of Trade and Industry (DTI)** shall be responsible in the review, updating, implementation, and monitoring of policies, standards, and programs to improve consumer awareness on their rights and responsibilities, and ensuring consumer welfare and protection relevant to the First One Thousand (1,000) Days Strategy;
- k. The **Early Childhood Care and Development (ECCD) Council** shall provide technical and funding support on matters related to early childhood care and development, including early stimulation and early learning. It shall establish National Child Development Centers (NCDCs) in identified priority areas, subject to ECCD Governing Board-approved guidelines and provide technical support that may come in the form, but not limited to the following: (a) capacity building for ECCD service providers, and (b) provision of ECCD packages to child development centers in the priority areas;
- l. The **Food and Drug Administration (FDA)**, as its primary mandate, shall ensure the safety, efficacy or quality of health products as defined by RA No. 97111, otherwise known as "The Food and Drug Administration Act of 2009," and uphold and enforce laws and standards on food regulation, safety and fortification, and its other mandates provided for by relevant laws that directly

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or indirectly affects the implementation of this Act. It shall also investigate, verify reports of EO 51, s. 1986 violations, and when appropriate, apply administrative sanctions against the violators and/or file criminal complaints against persons and entities found to have violated, singly or repeatedly, the provisions of the Code or its current IRR. It shall also ensure that the labels of food products covered by the scope of the Philippine Milk Code shall conform to the rules and regulations of the FDA and the Milk Code's current IRR;

- m. The **Philippine Health Insurance Corporation (PhilHealth)** shall cover mothers and children under the National Health Insurance Program. It shall incorporate in its benefit packages the health services for maternal and child health and nutrition. It shall enable mothers and children to have access to health services covered by its benefit packages according to its existing rules and regulations;
- n. The **National Economic and Development Authority (NEDA)** shall provide policy and monitoring support, technical assistance, and augmentation of resources to build evidence and policy-related researches in support of the Program;
- o. The **Philippine Statistics Authority (PSA)** shall provide technical support in harmonizing data and information and in reviewing and updating existing surveys and tools to support generation and analysis of key indicators on the first one thousand (1,000) days of life in line with global and national standards;
- p. The **Technical Education and Skills Development Authority (TESDA)** shall review and update the National Technical Education and Skills Development Plan and all relevant standards, tests, and systems to reflect needed reforms in integrating skills development programs relevant to or that can support the effective implementation of these rules, to contribute directly to improved economic status of trained graduates, as well as ensure food and nutrition security, increased access to other basic social services, and better quality of life for their families. To ensure the integration and to foster the enhancement of the First One Thousand (1,000) Days Strategy, TESDA shall collaborate with the academe in reviewing and updating relevant pre- and in-service curricula to integrate nurturing care;
- q. The **Civil Service Commission (CSC)** shall provide technical support in reviewing and updating policies and standards for the economical, efficient, and effective personnel administration in government, in formulating, administering, and evaluating programs relative to the development and retention of qualified and competent workforce, and in inspecting personnel actions and programs of departments, agencies, bureaus, offices, local government including government-owned or controlled corporations in accordance to these rules; it shall, in coordination with DOH and other NGAs

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concerned, communicate the maternity protection provisions of the law and these rules to the public sector workers;

- r. The **Commission on Higher Education (CHED)** shall lead in reviewing and updating curricula relevant pre- and in-service curricula in coordination with NGAs, professional societies, the academe, and stakeholders;
- s. The **National Anti-Poverty Commission (NAPC)** shall coordinate and ensure the active and meaningful participation of the basic sectors and recommend policies and other measures to guarantee the responsive implementation of the law. In coordination with DOH and other concerned government agencies, it shall also work on strategies to strengthen provision of maternity protection for workers in the informal economy, including workers in the informal sector, as well as workers in MSMEs;
- t. The **National Youth Commission (NYC)** shall provide leadership technical and funding support as the policy-making coordinating body on matters related to youth and adolescent programming. It shall engage and encourage youth leaders through the *Sangguniang Kabataan* and their build capacities and awareness to prioritize interventions within the first one thousand (1,000) days of life; and
- u. The **Professional Regulation Commission (PRC)** shall administer, implement, and enforce the regulatory policies of the national government with respect to the regulation and licensing of the various professions and occupations under its jurisdiction, including the enhancement and maintenance of professional and occupational standards and ethics, and the enforcement of the rules and regulations relative to the First One Thousand (1,000) Days Strategy.

**SECTION 3.** LGUs are encouraged to integrate maternal, neonatal, child health and nutrition programs in local development plans and related plans such as LNAPs and investment plans for health. The following are the specific roles of LGUs in the implementation of the law and these rules:

- a. **Provincial, City, and Municipal Levels shall**
  - (1) Exercise general supervision and control in the implementation of the First One Thousand (1,000) Days Strategy at their respective local levels in coordination with the DOH, NNC, and other NGAs, and promote—as well as enforce—local legislative measures relevant to the Strategy that will aim to strengthen and enhance its implementation in the communities;
  - (2) Integrate the First One Thousand (1,000) Days comprehensive and sustainable strategy into their respective Provincial Development and Physical Framework Plan (PDPFP), CDPs, LDIPs, and AIPs with clear and appropriate guidance and extensive support from NGAs, their regional offices, and Provinces;



- (3) Ensure the effective and efficient delivery of services in the continuum of care;
  - (4) Provide mentoring and supervision for trained staff and service providers so that they can provide quality care, facilitate timely referrals for specialized care as needed, and collect and report quality data;
  - (5) Provide counterpart as necessary that will tap into potential funding sources in addition to other local funds to be utilized to support the implementation of this program, organize and support parent cooperatives to establish community-based programs, and provide counterpart funds for the continuing professional development of their service providers;
  - (6) Provide the facilities and platforms for the implementation of the First One Thousand (1,000) Days Strategy, maximizing opportunities for integrated activities; and
  - (7) Ensure functionality and effectiveness of their respective provincial/city/municipal nutrition committees to:
    - i. Assess the local nutrition situation;
    - ii. Oversee the implementation and provide technical support to lower levels to ensure the effective and efficient delivery of services in the continuum of care;
    - iii. Formulate the LNAPs complementary to and integrated with other plans of the LGU and higher-level plans with focus on the first one thousand (1,000) days of life;
    - iv. Coordinate, monitor, and evaluate plan implementation and recommend and adopt appropriate actions related to the first one thousand (1,000) days of life;
    - v. Mobilize resources to ensure the plan is implemented;
    - vi. Hold at least quarterly meetings to monitor and document program performance; and
    - vii. Extend technical assistance to Municipal and Barangay nutrition committees (MNCs/BNCs) on planning, Nutrition Program management, and related concerns, including the conduct of periodic visits and meetings.
- b. **LCEs** shall designate or appoint NAOs to coordinate nutrition and nutrition-related strategies and activities across different offices and stakeholders in their respective LGUs. In addition to their role as described in Rule 7, Section 4—NAOs shall also spearhead the provision of technical assistance to “lower-level” LGUs on nutrition program management.
- c. **Barangay LGUs** shall be responsible for the implementation at the barangay level, with technical and policy support from their respective *Sangguniang Barangay*, *Sangguniang Bayan*, or *Sangguniang Panlungsod*, through health centers, rural health units, and/or barangay health stations, such as the following:

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- (1) Function as the primary planning and implementing arm of the Program in the community, with technical support and supervision from the city/municipality of the barangay. It shall also serve as a forum for the community as regards to the appropriate implementation of the program;
  - (2) Integrate the First One Thousand (1,000) Days Integrated Framework and Strategy into their respective barangay development plans (BDPs) and annual budget, with clear and appropriate guidance and extensive support from NGAs and higher LGUs;
  - (3) Build and implement CDPs, LDIPs, and AIPs with clear appropriate guidance and extensive support from NGAs, their regional offices, and provinces;
  - (4) Ensure the effective and efficient delivery of services in the continuum of care;
  - (5) Involve community groups, leaders, and families in planning, budgeting, implementing, and monitoring activities and create accountability for the results;
  - (6) Support in delivering social and behavior change communication in organizing and mobilizing communities, and in identifying local champions who can become drivers of change in their communities;
  - (7) Invest in strengthening capacities of frontline service providers such as the BNS, the BHW, and CDW, among others, and sustaining their motivation to deliver quality services;
  - (8) Submit to the *Sangguniang Bayan* or *Sangguniang Panlungsod* such suggestions or recommendations for the improvement of the well-being of the residents relevant to the application of the First One Thousand (1,000) Days Strategy; and
  - (9) Ensure functionality and effectiveness of their BNCs to:
    - i. Assess the barangay nutrition situation;
    - ii. Formulate a Barangay Nutrition Action Plan (BNAP);
    - iii. Coordinate the nutrition activities of the barangay;
    - iv. Organize groups to implement nutrition intervention activities;
    - v. Assess the progress of nutrition interventions; and
    - vi. Hold regular meetings to monitor program performance.
- d. **The BHWs, BNSs, and CDWs** shall be mobilized and provided with resources and benefits as stated in Rule 7, Section 3 of this IRR, to effectively and efficiently carry out their tasks, such as the following:
- (1) **Barangay Nutrition Scholars (BNSs)** are trained community workers who voluntarily render nutrition services and other related activities in the barangay and must, at the minimum, be able to perform the following:
    - i. Identify and locate targets for the First One Thousand (1,000) Days Strategy, primarily through Operation Timbang (OPT) Plus, including the monthly weighing and height measurement of children under-five (<5) years old, per NNC OPT Plus Guidelines;

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- ii. Assist the BNC in formulating, coordinating, monitoring, and evaluating the BNAP that shall include activities related to the First One Thousand (1,000) Days Strategy;
- iii. Assist service providers in delivering services related to the first one thousand (1,000) days of life;
- iv. Maximize every opportunity of contact with parents, mothers and caregivers of infants and young children, especially the malnourished or members of vulnerable groups to provide needed support or service together with BHWs and staff in health centers, rural health units, and/or barangay health stations;
- v. Identify, care for the malnourished and vulnerable groups, and refer to specialized services as needed, and build linkages to ensure that available services are accessed and utilized;
- vi. Effectively deliver key messages, provide skilled counselling, and encourage the adoption of key behaviors for the first one thousand (1,000) days;
- vii. Work with other community-based volunteers and workers to visit homes of pregnant women, adolescent mothers, and those with infants and young children zero to twenty-three (0-23) months old regularly to provide needed support or to follow-up care;
- viii. Together with BHWs, organize and mobilize communities and support groups for pregnant and lactating women particularly adolescent mothers, women of reproductive age, adolescent females, and caregivers of children who are newly born up to age twenty-four (24) months;
- ix. Support the barangay chairperson during meetings of the BNC and submit excerpts of the minutes to the city/municipal NAO; and
- x. Support their BNC in the preparation of reports as needed and keep records of barangay nutrition activities.

(2) **Barangay Health Workers (BHWs)** are trained community workers who voluntarily render primary health care services and other related activities in the community and must, at the minimum, be able to perform the following:

- i. Recognize signs and symptoms of common illnesses and malnutrition, and recognition and referral of those needing appropriate care especially at-risk mothers, at-risk adolescent females, and at-risk infants and children;
- ii. Assist the midwives and/or nurses in the care of mothers and children in the promotion and utilization of maternal and child health and nutrition services, including preventive and curative care outlined in the program components;

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- iii. Effectively deliver key messages, provide skilled counselling, and encourage the adoption of key behaviors for the first one thousand (1,000) days of life;
- iv. Lead the organization and mobilization of communities and support groups for pregnant and lactating women particularly adolescent mothers, women of reproductive age, adolescent females, and caregivers of children who are newly born up to age twenty-four (24) months;
- v. Assist BNSs in the identification, care and referral of malnourished and vulnerable groups; and
- vi. Support the midwives and/or nurses in the preparation of reports as needed and keep records of their activities.

(3) **Child Development Workers (CDWs)** are trained child care workers in a Child Development Centers (CDCs) trained to provide supplemental parental care and early childhood enrichment activities to ensure that physical, cognitive, social, and emotional needs of children are being addressed and must, at the minimum, be able to perform the following:

- i. Ensure the presence and maintenance of facilities and supplies in CDCs;
- ii. Orient, facilitate and guide the children in the hygiene routines and the importance of a healthy body and good nutrition;
- iii. Provide opportunities for early stimulation and/or learning and support parents to provide responsive care;
- iv. Organize the parents and community leaders in implementation of the First One Thousand (1,000) Days Strategy in the context of ECCD; and
- v. Implement health, nutrition, and other key activities in coordination with BHWs and BNSs and educate the children and the parents on the available health, nutrition, and early education and social services in the community and its importance.

**SECTION 4.** The provisions on allocation of government responsibilities in these Rules shall be adjusted to the government structure of Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), as needed.

## **RULE 14: PARTICIPATION OF CSOs AND THE ACADEME**

**SECTION 1.** For a comprehensive and effective implementation of the program, including monitoring and review, the DOH and the NNC shall recognize the assistance of representatives from CSOs, and other proponents from the private sector with no conflicts of interest in the advocacy, monitoring and reviewing of the application of the First One Thousand (1,000) Days Strategy by LGUs. The pertinent provisions of the LGC shall serve as guide to LGUs in encouraging participation of CSOs and the private

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sector in the delivery of the services under the program including raising awareness and information to the affected population. Stakeholders' meetings shall be regularly conducted including similar advocacy activities, to encourage the involvement and participation of the CSOs and other stakeholders, with no conflicts of interest, in the implementation of the Strategy.

**SECTION 2.** To ensure the integration and to foster the enhancement of the First One Thousand (1,000) Days Strategy, the academe shall collaborate in reviewing and updating relevant pre- and in-service curricula to integrate nurturing care in coordination with NGAs, such as DepEd, TESDA, and CHED. It shall likewise support NGAs in generating evidence on the first one thousand (1,000) days of life to evaluate its impact on current and future generations, to determine the cost-effectiveness of programs, and to study how to adapt proven interventions and programs to improve access, effectiveness, quality, and coverage, among others.

## **RULE 15: MONITORING, REVIEW AND ASSESSMENT OF THE PROGRAM**

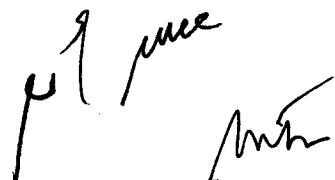
**SECTION 1.** The NGAs and LGUs concerned shall regularly monitor, review, and assess the effectivity of the program in consultation with their stakeholders. As for CSOs, they shall also submit regular reports to LGUs or NGAs using standard reporting tools subject to their involvement in the implementation of the First One Thousand (1,000) Days Strategy.

**SECTION 2.** NNC Member Agencies and key NGAs shall update routine information and surveillance systems, data collection tools, scorecards, and dashboards to include indicators identified in the M&E plan, allowing disaggregation. Data shall be made available to all stakeholders, including families and communities to support transparency and joint action.

**SECTION 3.** DOH and NNC shall plan and conduct joint monitoring and reviews across sectors every six (6) months and annually at the national level to track progress and generate information to enable cross-sectoral decision-making. The NGAs concerned and LGUs shall submit mid-year and end-of-year reports to the NNC and DILG, respectively, which includes status/progress on the indicators identified in the M&E plan, documentation of challenges, lessons and good practices, and other related information.

**SECTION 4.** The DOH, NNC, and DILG—in coordination with key NGAs—shall review and update incentives and awards systems to recognize performing NGAs, CSOs, LGUs and personnel and their compliance to set standards in these Rules.

**SECTION 5.** The DOH, NNC, PSA, NAPC, and member agencies shall support periodic population-based assessments of children's overall developmental status and home-care practices, as well as risk factors and protective factors for nurturing care.





**SECTION 6.** The provisions on monitoring responsibilities in these Rules shall be adjusted to the government structure of BARMM, as needed.

## **RULE 16: REPORTORIAL REQUIREMENTS**

**SECTION 1.** Before the end of the fiscal year, the DOH, as chair of the NNC, shall submit to the Office of the President, the Office of the Senate Secretary, and to the Office of the Secretary-General of the House of Representatives an annual consolidated report prepared by the NNC providing definitive and comprehensive assessment of the implementation of the program by the DILG and other NGAs involved in the program. The annual report shall contain the report of LGUs, components of the program, current implementation, relevant studies, recommendations and plans, and impact of the program in ensuring the improvement of nutritional status and prevention of malnutrition.

**SECTION 2.** To streamline the collection, collation, and processing of data for any and all reports required by these Rules, all DOH offices and units shall coordinate with one another, and with LGUs and NGAs concerned, in accordance with the RA No. 10173. Electronic, portable, and real-time transfer of reports shall be implemented to minimize the burden of paperwork for field implementation offices and units.

## **RULE 17: PROGRAM INSTITUTIONALIZATION, COMPLIANCE, AND INCENTIVES**

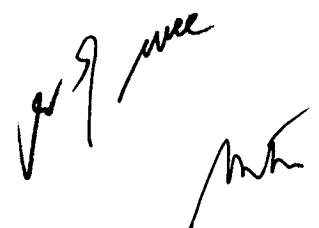
**SECTION 1.** The DOH, NNC, LGUs, and key NGAs involved in the implementation shall formulate and institutionalize the policies, programs, and projects related to the First One Thousand (1,000) Days Strategy and shall identify specific sentinel indicators appropriate to measure the agency performance. Submission of monitoring report by the concerned agencies involved in the implementation of the Strategy shall be integrated in their respective agency performance targets and individual employees as one of the requirements in eligibility for performance-based bonus.

## **RULE 18: PROCUREMENT OF GOODS AND SERVICES**

**SECTION 1.** The provisions of RA No. 9184, otherwise known as the "Government Procurement Reform Act," notwithstanding, the government agencies concerned are hereby mandated to establish a liberalized mode of procurement for this program, subject to the approval of the Government Procurement Policy Board (GPPB).

**SECTION 2.** This liberalized mode of procurement can initially be covered by guidelines of the GPPB on community participation procurement and community-managed procurement. Additional mechanisms may be developed, subject to the approval of the GPPB.

**SECTION 3.** The public procurement for this program shall prioritize the participation of local and community-based producers, suppliers, and/or service contractors.

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## **RULE 19: APPROPRIATIONS**

**SECTION 1.** The amount needed for the initial implementation of this Act shall be charged against the appropriations of the DOH, DA, NNC, and key agencies mentioned in this IRR. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act (GAA). LGUs are encouraged to include related appropriations in their respective budget.

**SECTION 2.** The DBM, in coordination with the Department of Finance, DOH, DA, NNC, and key agencies shall consider the prevalence of malnutrition and child mortality, including maternal mortality in so far as applicable under the law, in determining the annual appropriations for the implementation of this Act.

**SECTION 3.** Priority LGUs identified by the NNC, shall be eligible to receive from NGAs concerned supplementary funds necessary for the implementation of this Act. Said subsidy shall be included in the GAA of specific agencies with appropriate guidelines for utilization and reporting.

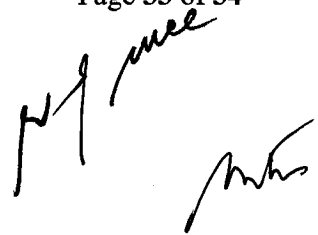
**SECTION 4.** For the prevention of irregular, unnecessary, and extravagant expenses in the implementation of the First One Thousand (1,000) Days Strategy: all funding requirements hereof shall be subject to the evaluation of the DBM based on existing budgeting, accounting, and auditing rules and regulations. The DBM shall assist in establishing a tagging system to strengthen the process for tracking, monitoring, and reporting of expenditures related to this Act.

## **RULE 20: MISCELLANEOUS PROVISIONS**

**SECTION 1. SEPARABILITY CLAUSE.** If any of the provisions of these Rules and Regulations shall be declared by a court of competent jurisdiction to be invalid, void, or unconstitutional—such provision shall be deemed deleted and shall not affect the validity of the rest of the provisions which shall remain in full force and effect.

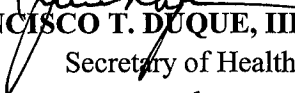
**SECTION 2. TRANSITORY AND REPEALING CLAUSE.** All provisions of laws, presidential decrees, letters of instruction, existing administrative orders, circulars, rules, and regulations, and other presidential or executive issuances incompatible or inconsistent with the provisions of the foregoing IRR are hereby deemed amended or repealed accordingly.

**SECTION 3: PROVISION OF AMENDMENTS TO THE IRR.** This IRR shall be reviewed and amended, as needed, every five (5) years. The DOH and NNC shall organize and lead an *ad hoc* technical working group (TWG) for this purpose. Should specific provisions be changed between review years, DOH and NNC shall also organize an *ad hoc* TWG. In both instances, revisions in the IRR shall be subjected to public consultation. Final provisions shall be covered by the appropriate DOH and NNC policy documents.

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**SECTION 4. EFFECTIVITY.** These Rules and Regulations shall take effect after fifteen days from the filing of at least three (3) certified copies of this IRR to the University of the Philippines Office of the National Administrative Register (UP ONAR) and publication in Official Gazette or in a newspaper of general circulation.

This *Implementing Rules and Regulations (IRR) of Republic Act (RA) 11148, Otherwise Known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act”* is hereby approved by the Department of Health this 02 day of MAY in 2019, Republic of the Philippines.

  
**FRANCISCO T. DUQUE, III, MD, MSc**  
Secretary of Health  
and

Chairperson of the National Nutrition Council Governing Board

