



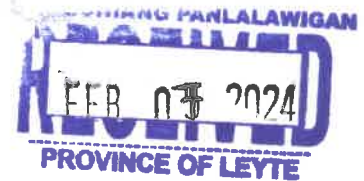
Republic of the Philippines
Province of Leyte



Office of Honorable Raissa J. Villasin

Item No.: 17

Date: 13 2024 FEB



17

6 February 2024

HON. LEONARDO M. JAVIER, JR.

Vice Governor
Province of Leyte

Dear Honorable Vice Governor:

Warm greetings!

Respectfully endorsing to your good office, the attached list of National/Sectoral Health Policies on Nutrition to be included in our agenda, and for a passage of a resolution adopting said policies.

Thank you very much and Best Regards!

Very Truly Yours,


HON. RAISSA J. VILLASIN

Chairperson
Committee On Health

Cc: Hon. Atty. Carlo P. Loreto, Floor Leader

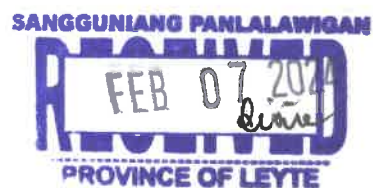
4th Floor, Leyte Provincial Government Complex,
West Bypass Road, 6501 Palo, Leyte, Philippines

HON. RAISSA J. VILLASIN
BOARD MEMBER
SECOND DISTRICT OF LEYTE

Republic of the Philippines
PROVINCE OF LEYTE
Palo Leyte

Office of the Sangguniang Panlalawigan

RESOLUTION No.



A RESOLUTION ADOPTING THE NATIONAL / SECTORAL HEALTH POLICIES AS ENUMERATED HEREIN:

1. RA No. 11037: Masustansyang Pagkain para sa Batang Pilipino;
2. EO No. 51: National Code of Marketing Breastmilk, Substitute , Breastmilk Supplements and other related products;
3. RA No. 10028 : Expanded Breastfeeding Promotion Act of 2009;
4. DILG MC 2011 – 54 : Implementation and Monitoring of the National Breastfeeding Policy;
5. RA No. 8172 : An Act Salt Iodization Nationwide;
6. RA No. 8976 : Philippine Food Fortification Act;
7. NNC Governing Board Resolution No. 2 s. 2012 : Adopting the Guidelines the Fabrication, Verification and Maintenance of Wooden Height Boards;
8. NNC Governing Board Resolution No. 3 s. 2018: Approving the Guidelines on the Selection of Non – Wood Height and Length Measuring Tool;
9. NNC Governing Board Resolution No. 2 s. 2012 Approving the Revised Implementing Guidelines on Operation Timbang Plus (OPT Plus);
10. NNC Governing Board Resolution No. 6 s. 2012 : Adoption of the 2012 Nutrition Guidelines for Filipino;
11. NNC Governing Board Resolution No. 1 s. 2009: Adoption of the National Policy on Nutrition Management in Emergencies and Disaster.

WHEREAS, the August Body deemed it proper to adopt the National / Sectoral Health Policies.

WHEREAS, acting on the recommendation Of the Joint Committees on Rules and Health and the same recommendation duly adopted by the August Body to Adopt the herein enumerated National / Sectoral Health Policies;

RESOLVED, as it is hereby resolved, to APPROVED AND ADOPT AS IT IS HEREBY ADOPTED THE NATIONAL /SECTORAL POLICIES as enumerated herein:

1. RA No. 11037 : Masustansyang Pagkain para sa Batang Pilipino;
2. EO No. 51 National Code of Marketing Breast milk Substitute , Breast milk Supplements and other related products;
3. RA No. 10028 : Expanded Breastfeeding Promotion Act of 2009;
4. DILG MC 2011- 54 Implementation and Monitoring of the National Breastfeeding Policy;
5. RA No. 8172: An Act for Salt Iodization Nationwide;
6. RA No. 8976: Philippine Food Fortification Act;
7. NNC Governing Board Resolution No. 2 s. 2012 Adopting on the Guidelines on the Fabrication Verification and Maintenance of Wooden Height Board;
8. NNC Governing Board Resolution No.3 s. 2018: Approving on the Selection of Non Wooden Height and Length Measuring Tool;
9. NNC Governing Board Resolution No. s. 2012: Approving the Revised Implementing Guidelines on Operation Timbang Plus (OPT Plus);
- 10.NNC Governing Board Resolution No. 6 s. 2009: Adoption of the 2012 Nutrition Guidelines for Filipino:
- 11.NNC Governing Board Resolution No.1 s 2009: Adoption of the National Policy on Management Emergencies and Disaster.

Approved unanimously

I HEREBY CERTIFY to the correctness of the foregoing resolution.

FLORINDA JILL S. UYVICO
Secretary to the Sanggunian

ATTESTED:

HON. LEONARDO M. JAVIER, JR.
Vice Governor/ Presiding Officer

REPUBLIC OF THE PHILIPPINES
Congress of the Philippines
 Metro Manila

Seventeenth Congress
Second Regular Session

Begun and held in Metro Manila, on Monday, the twenty-fourth day of July, two thousand seventeen.

REPUBLIC ACT No. 11037

An Act Institutionalizing a National Feeding Program for Undernourished Children in Public Day Care, Kindergarten and Elementary Schools to Combat Hunger and Undernutrition Among Filipino Children and Appropriating Funds Therefor

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

Section 1. Short Title. - This Act shall be known as the "Masustansyang Pagkain para sa Batang Pilipino Act" .

Section 2. Declaration of Policy. - The state recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. In recognition of the demonstrated relationship between food and nutrition, and the capacity of students to develop and learn, the State shall establish a comprehensive national feeding program that will address the problem of undernutrition among Filipino children.

Section 3. Definition of Terms. - As used in this Act, the following terms shall be understood to mean as follows, to wit:

(a) *Cycle Menu* refers to standardized menus prepared by the national government agencies (NGAs), in coordination with the National Nutrition Council (NNC) and the Food and Nutrition Research Institute (FNRI), which shall be contextualized and drawn up, among others, according to age range, location and/or type of school, and local cultural and/or religions eating preferences: *Provided, That* such menus shall have as many varieties and selections as may necessary taking into account its availability in the place or locality where the day care center or school is located;

(b) *Fortified Meal* refers to a meal with deliberately increased content of essential micronutrients so as to improve the nutritional quality of the food and provide the level of calories and protein as prescribed by the NNC which shall consist of at least one-third (1/3) of the daily requirement based on the Philippine Dietary Reference Intake (PDR I);

(c) *Health Examination* refers to the examination conducted by NGAs, in coordination with the Department of Health (DOH) and local government units (LGUs) concerned on the overall condition of the program beneficiary's height, weight and other ailments defects or deformities that may need special care or treatment;

(d) *National Government Agencies (NGAs)* refers to the Department of Education (DepED) and the Department of Social Welfare and Development (DSWD) which shall be the lead agencies in the implementation of this Program for public kindergarten and elementary schools and public day care centers, respectively; and

(e) *Undernourished Child* refers to a child who has been supplied with less than the minimum amount of foods essential for sound health and growth. For purpose of this Act, it shall include children who are suffering from chronic hunger and malnutrition as well as those who are considered as wastes severely wasted or stunted under the World Health Organization Child Growth Standards.

Section 4. National Feeding Program. - The National Feeding Program, hereinafter referred to as the Program, is hereby established to address undernutrition among Filipino children.

The Program shall have the following components and coverage:

(a) Supplemental Feeding Program for Day Care Children. - The DSWD, in coordination with the LGUs concerned, shall implement a supplemental feeding program for under nourished children with ages three (3) to five years. The program shall be administered in a day care centers or in any other facility which can be used for such purpose: *Provided*, That the Program shall include the provision of at least one (1) fortified meal for a period of not less than one hundred twenty (120) days in a year: *Provided, further*, That in the preparation of fortified meals, the DSWD shall work in collaboration with recognized parents' organizations;

(b) School-Based Feeding Program. - The DepED shall implement a school-based feeding program for undernourished public school children from kindergarten to grade six (6): *Provided*, That the Program shall include the provision of at least one (1) fortified meal to all undernourished public elementary school children for a period of not less than one hundred twenty (120) days in a year;

(c) Milk Feeding Program. - The NGAs shall coordinate with the Department of Agriculture (DA), the National Dairy Authority, the Philippine Carabao Center and the Cooperative Development Authority for the incorporation of fresh milk and fresh milk-based food products in the fortified meals and cycle menu in accordance with Republic Act No. 8172, otherwise known as the "Philippine Food Fortification Act of 2000", utilizing, as far as practicable, locally produced milk in order to enhance its nutritional content and, at the same time, help boost livelihood opportunities for local dairy farmers and local dairy industry;

(d) Micronutrient Supplements. - The NGAs, in coordination with the DOH, shall provide micronutrient supplements to the Program beneficiaries including the use of iodized salt in accordance with Republic Act No. 8172, otherwise known as the "Salt Iodization or ASIN" law;

(e) Health Examination, Vaccination and Deworming. - The NGAs, in coordination with the DOH and LGUs concerned, shall conduct simultaneous health examinations including, but not limited to deworming and vaccination, as the case may be, to Program beneficiaries;

(f) Gulalayan sa Paaralan. - The NGAs shall encourage their respective component units to devote a portion of their land or space for the cultivation of vegetables and other nutrient-rich plants as identified by the NNC: *Provided*, That component units lacking in, land shall adopt modern gardening technologies with the assistance of the DA, the Department of Science and Technology (DOST) and the city or municipal agricultural officers. Parents shall also be encourage to maintain a similar program in their own backyards;

(g) Water, Sanitation, and Hygiene (WASH). - The NGAs, in coordination with the DOH and LGUs , shall establish and maintain water and sanitation facilities, promote good hygiene and safe food preparation in all of its component units especially in areas devoted for the preparation of fortified meals under the Program; and

(h) Integrated Nutrition Education, Behavioral Transformation, and Social Mobilization. - The Program shall be complemented by a public health, nutrition, and values transformation campaign to promote a holistic and integrated approach to health and nutrition education. Orientation-training on the objectives and mechanics of the Program shall be held among the personnel of NGAs and LGUs concerned, parent volunteers and the parent-teachers associations (PTAs) to generate support for the Program. The NGAs concerned shall also endeavor to mobilize community organizations to continue nutrition education outside of the school.

Section 5. Prioritization in the Program Implementation. - The NGAs shall create a five (5)-year plan to fully implement the Program: *Provided*, That the NGAs concerned shall prioritized the implementation of the Program in the LGUs and public day care or elementary schools that meet any of the following criteria:

(a) With the highest prevalence of undernutrition and nutrient-deficiency among children aged three (3) years up to grade six (6) level;

(b) With available facilities or capability to implement the Program; or

(c) Which prioritize such counterpart resources for its implementation.

Section 6. Creation of a National Information System. - The NNC shall harmonize all existing national and local nutrition databases from NGAs, LGUs and other relevant agencies of government in order to identify individuals, groups, and/or localities that have the highest magnitude of hunger and undernutrition. This system shall henceforth be utilized in monitoring the health and nutrition of all Filipino children, especially those covered by the Program.

Section 7. Local Government Assistance. - LGUs shall assist the NGAs in the prompt and effective implementation of the Program in accordance with Section 4 of this Act and shall be authorized to use a portion of the Special Education Fund (SEF) and/or their twenty percent (20%) development fund as provided for in Republic Act No. 7160, otherwise known as the "Local Government Code of 1991", as amended to augment the appropriations available under the General Appropriations Act (GAA).

Section 8. Private Sector Participation. - The NGAs shall encourage the participation of the private sector in the Program which shall include, among others, PTAs, private corporations, peoples and nongovernment organizations and such other groups or organizations, both foreign and local, that may want to be partner in whole or in part with the implementation of the Program.

Section 9. Monitoring and Annual Report. - The NGAs, in coordination with the LGUs, the NNC and other stakeholders, shall regularly monitor, review and assess the impact and effectivity of the Program as well as ensure compliance with standards and guidelines of the Program for food safety, quality, accountability, community participation and the procurement and liquidation processes adopted. For this purpose, the NGAs shall prepare and submit an annual report on the status of the implementation of the Program to the Office of the President and both Houses of Congress.

Section 10. Tax Exemption. - Any donation or bequest made to the NGAs or any of the aforementioned government agencies including LGUs for the Program shall be exempt from the donor's tax: *Provided*, That donations in kind shall be approved by the NGAs concerned upon the recommendation of the NNC, in the case of food products, and the DOH, in the case of vaccine and supplements, as the case may be, respectively.

Section 11. Appropriations. - The amount necessary to carry out the initial implementation of this Act shall be sourced from the current appropriations of the NGAs. Thereafter, such sums as may be necessary for the continuous implementation of this Act shall be included in the annual GAA under the respective budgets of the NGAs.

Section 12. Procurement of Goods and Services. - The Department of Budget and Management, Government Procurement Policy Board, and the Commission on Audit, in consultation with the NGAs, are hereby mandated to specifically establish and promulgate a community-based mode of procurement, liquidation and audit that will ensure the efficient and effective implementation of the Program: *Provided*, That this provision shall apply solely to the implementation of the Program by the NGAs and LGUs concerned.

Section 13. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the NGAs in consultation with the NCC, the FNRI, the DOH, the DA, the Department of the Interior and Local Government (DILG) and concerned LGUs, and such other relevant government agencies, nongovernment organizations, and development partners shall promulgate their respective rules and regulations for the efficient and effective implementation of this Act.

Section 14. Separability Clause. - If any provision or part hereof is held invalid or unconstitutional, the remainder of law or the provision not otherwise affected shall remain valid and subsisting.

Section 15. Repealing Clause. - All laws, decrees, orders, rules and regulations or other issuances or parts inconsistent with the provision of this Act are hereby repealed or modified accordingly.

Section 18. Effectivity. This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,

PANTALEON D. ALVAREZ
Speaker of the House of Representatives

AQUILINO "KOKO" PIMENTEL III
President of the Senate

This Act which is a consolidation of Senate Bill No. 1279 and House Bill 5269 was passed by the Senate and the House of Representatives on March 20, 2018.

CESAR STRAIT PAREJA
Secretary General
House of Representatives

LUTGARDO B. BARBO
Secretary of Senate

Approved: June 20, 2018



MALACAÑAN PALACE
MANILA

BY THE PRESIDENT OF THE PHILIPPINES

EXECUTIVE ORDER NO. 51

IMPLEMENTING ARTICLE 106 OF THE LABOR CODE OF THE PHILIPPINES, AS AMENDED, TO PROTECT THE RIGHT TO SECURITY OF TENURE OF ALL WORKERS BASED ON SOCIAL JUSTICE IN THE 1987 PHILIPPINE CONSTITUTION

WHEREAS, Section 18, Article II of the Constitution provides that the State affirms labor as a primary social economic force, and shall protect the rights of workers and promote their welfare;

WHEREAS, Section 3, Article XIII of the Constitution mandates that the State shall afford full protection to labor, local and overseas, organized and unorganized, and promote full employment and equality of employment opportunities for all; that the State shall guarantee the rights of all workers to self-organization, collective bargaining and negotiations, and peaceful concerted activities, including the right to strike in accordance with law; and, that workers shall be entitled to security of tenure, humane conditions of work, and a living wage, and shall participate in policy and decision-making processes affecting their rights and benefits as may be provided by law;

WHEREAS, Article 3 of the Labor Code of the Philippines, as amended, provides that the State shall afford protection to labor, promote full employment, ensure equal work opportunities regardless of sex, race or creed, and regulate the relations between workers and employers, and shall assure the rights of workers to self-organization, collective bargaining, security of tenure, and just and humane conditions of work;

WHEREAS, consistent with Article 106 of the Labor Code, as amended, appropriate regulations may be issued to protect the rights of workers;

WHEREAS, pursuant to Article 128 of the Labor Code, as amended, the Secretary of Labor and Employment or his duly authorized representatives shall have the power to issue compliance orders to give effect to the labor standards provisions of the Labor Code of the Philippines, as amended, and other labor legislations; and

WHEREAS, it is the declared policy of the government to protect the worker's right to security of tenure by eradicating all forms of abusive employment practices through the strict implementation of the provisions of the Labor Code, as amended;

NOW, THEREFORE, I, RODRIGO ROA DUTERTE, President of the Philippines, by virtue of the powers vested in me by the Constitution and existing laws, do hereby order the following:

SECTION 1. Coverage. This Order shall apply to all parties including cooperatives engaged in any contracting and subcontracting arrangement.

SECTION 2. Prohibition against Illegal Contracting or Subcontracting. Contracting or subcontracting, when undertaken to circumvent the worker's right to security of tenure, self-organization and collective bargaining, and peaceful concerted activities pursuant to the 1987 Philippine Constitution, is hereby strictly prohibited.

Security of tenure refers to the right of employees not to be dismissed or removed without just or authorized cause and observance of procedural due process consistent with the Constitution, Labor Code, as amended, and prevailing jurisprudence.

The Secretary of Labor and Employment may, by appropriate issuances, in consultation with the National Tripartite Industrial Peace Council under Art. 290(c) of the Labor Code, as amended, declare activities which may be contracted out.

SECTION 3. Effect of Violation. The principal engaged in any arrangement in violation of this Order shall be considered the direct employer of the contractor's or subcontractor's workers for all purposes.

SECTION 4. Enforcement of Labor Standards and Working Conditions. Consistent with Article 128 (Visitorial and Enforcement Power) of the Labor Code, as amended, and pertinent implementing rules, the Secretary of Labor and Employment, through his/her duly authorized representatives and deputized labor and employer representatives, shall conduct inspection of establishments so as to ensure compliance with all labor laws, including this Order. They shall have full access to employer's records and premises as well as to any personnel at any time of the day or night whenever work is being undertaken therein, and the right to copy therefrom, to question any employee and investigate any fact, condition or matter which may be necessary to determine violations or which may aid in the enforcement of the Labor Code, as amended, and any other labor law, wage order, or relevant rules and regulations.

Based on the visitorial and enforcement power of the Secretary of Labor and Employment in Article 128 (b), he/she or his/her designated representative shall issue compliance orders after due hearing to give effect to the labor standards provisions of the Labor Code, and other labor legislation, rules and regulations. Compliance orders affirmed by the Secretary of Labor and Employment shall be immediately executory unless restrained by an appropriate court.

In case the compliance order involves a directive to regularize workers, the employment of the latter shall not be terminated pending appeal of such order except for just or authorized cause. Any termination of workers pending appeal shall render the compliance order involving the regularization of workers executory.

SECTION 5. Sanctions. Where appropriate, violations of this Order shall be penalized as provided for under existing laws and/or regulations.

SECTION 6. Inter-agency Cooperation. All government agencies in the Executive Branch are directed to cooperate and extend to the Department of Labor and Employment all appropriate assistance to carry out the objective of this Order.

SECTION 7. Separability Clause. If any section or part of this Order is declared to be unconstitutional or invalid, the other sections or provisions not otherwise affected shall remain in full force and effect.

SECTION 8. Repealing Clause. All orders, rules and regulations, issuances, or any part thereof inconsistent with the provisions of this Order are hereby repealed, amended or modified accordingly.

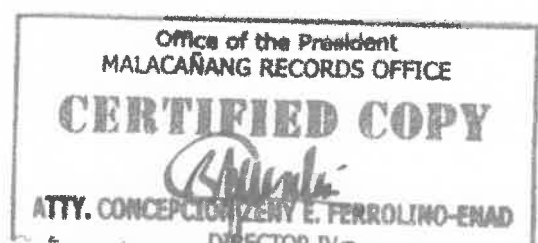
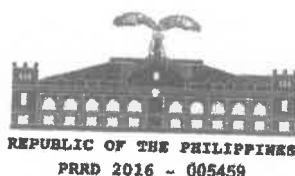
SECTION 9. Effectivity. This Order shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

DONE, in the City of Cebu, this 1st day of **May** in the year of Our Lord, Two Thousand and Eighteen.

By the President:


SALVADOR C. MEDIALDEA
Executive Secretary





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 22 2011

**THE IMPLEMENTING RULES AND REGULATION OF
REPUBLIC ACT NO. 10028
ENTITLED**

**AN ACT EXPANDING THE PROMOTION OF BREASTFEEDING,
AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7600, OTHERWISE
KNOWN AS "AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT
AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND
BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES"**

Pursuant to Republic Act No. 10028, the following Implementing Rules and Regulations are hereby formulated for the effective implementation of this law by authorized officials and representatives of the Department of Health, in consultation with other concerned government agencies, non-government organizations, private sectors, parents and students.

RULE I

ENABLING PROVISIONS

Section 1. Title - These rules shall be known and cited as the Rules and Regulations Implementing Republic Act No.10028 also known as the "Expanded Breastfeeding Promotion Act of 2009.

Section 2. Purpose - These Rules are promulgated to prescribe the procedure and guidelines for the Implementation of the Expanded Breastfeeding Promotion Act of 2009 in order to facilitate the compliance therewith and to achieve the objectives thereof pursuant to Section 18 of RA 10028.

Section 3. Construction - These Rules shall be liberally construed and applied in accordance with and in furtherance of the policy and objectives of the law. In case of conflict and/or ambiguity, which may arise in the implementation of these Rules, the agencies concerned shall issue the necessary clarification.

Section 4. Declaration of Policy - The State adopts rooming-in as a national policy to encourage, protect and support the practice of breastfeeding. It shall create an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breastfeeding.

The State shall likewise protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation. This is consistent with international treaties and conventions to which the Philippines is a signatory such as the Convention on the Elimination of Discrimination Against Women (CEDAW), which emphasizes

provision of necessary supporting social services to enable parents to combine family obligations with work responsibilities; the Beijing Platform for Action and Strategic Objective, which promotes harmonization of work and family responsibilities for women and men; and the Convention on the Rights of the Child, which recognizes a child's inherent right to life and the State's obligations to ensure the child's survival and development. Breastfeeding has distinct advantages which benefit the infant and the mother, including the hospital and the country that adopt its practice. It is the first preventive health measure that can be given to the child at birth. It saves children from dying. It also enhances the mother-infant relationship. Furthermore, the practice of breastfeeding could save the country valuable foreign exchange that would otherwise be used for milk importation. Breastmilk is unequalled as the best food for infants because it contains essential nutrients completely suitable their needs. It is also nature's first immunization, enabling the infant to fight potential serious infection. It contains growth factors that enhance the maturation of an infant's organ systems.

Towards this end, the State shall promote and encourage breastfeeding and provide the specific measures that would present opportunities for mothers to continue expressing their milk and/or breastfeeding their infant or young child.

RULE II DEFINITION OF TERMS

Section 5. Definition of terms – As used in these Rules, the following terms shall have the meaning as indicated hereunder:

Advocacy – a process to bring about *change* in the policies, laws and practices of *influential* individuals, groups and institutions. It involves many people and/or organizations working together toward a shared vision of change.

Age of gestation – the length of time the fetus is inside the mother's womb.

Bottle feeding – the method of feeding an infant using a bottle with artificial nipples, the contents of which can be any type of fluid.

Breastfeeding – the method of feeding an infant directly from the human breast.

Breastmilk – the human milk from a mother.

Breastmilk substitute – any food being marketed or otherwise represented as partial or total replacement of breastmilk whether or not suitable for that purpose.

DOH – refers to the Department of Health.

DOLE – refers to the Department of Labor and Employment.

Donor breastmilk – the human milk from a non-biological mother.

Expressed breastmilk – the human milk which has been extracted from the breast by hand or by breast pump. It can be fed to an infant using a dropper, a nasogastric tube, a cup and spoon, or a bottle.

Expressing milk – the act of extracting human milk from the breast by hand or by pump into a container.

Formula feeding – the feeding of a newborn with infant formula usually by bottle feeding. It is also called artificial feeding.

Health institutions – are hospitals, health infirmaries, health centers, lying-in centers, or puericulture centers with obstetrical and pediatric services.

Health personnel – are professionals and workers who manage and/or administer the entire operations of health institutions and/or who are involved in providing maternal and child health services.

Health Promotion – a process of enabling people to take action to improve health. It is anchored on five action areas; building healthy public policy, creating a supportive environment, developing personal skills, strengthening community action, and reorienting health services.

Health Workers – All Persons who are engaged in health and health-related work, and all persons employed in all hospitals, sanitarium, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments, whether government or private, and shall include medical, allied health professional, administrative and support personnel employed regardless of their employment status. It includes clinic personnel at the workplace.

Healthy Workplace – a place where everyone works together to achieve an agreed vision for health, safety and well-being of workers, their families and the surrounding community.

Human Milk Bank – is a service established for the purpose of collecting, screening, processing, storing and distributing donated human milk to meet the specific medical needs of individuals for whom human milk is prescribed.

Incentives – The expenses incurred by a private health and non-health institution, establishment or institution, in complying with the provisions of the Act, shall be deductible expenses for income tax purposes up to twice the actual amount incurred: *provided*, that the deduction shall apply for the taxable period when the expenses were incurred: *provided, further*, that all health and non-health facility, establishments and institutions shall comply with the provisions of The Act within six (6) months after its approval.

Infant – a child within zero (0) to twelve (12) months of age.

Infant formula – the breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to six (6) months of age, and adopted to their physiological characteristics.

Lactation management – the general care of a mother-infant nursing couple during the mother's prenatal, immediate postpartum and postnatal periods. It

deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breastfeeding, the risks associated with breastmilk substitutes and milk products not suitable as breastmilk substitutes such as, but not limited to, condensed milk and evaporated milk, the monitoring of breastfeeding mothers by health workers and breastfeeding peer counselors for service patients to ensure compliance with the DOH, World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on the implementation of breastfeeding policies, the physiology of lactation, the establishment and maintenance of lactation, the proper care of the breasts and nipples, and such other matters that would contribute to successful breastfeeding.

Lactation Stations – Private, clean, sanitary, and well-ventilated rooms or areas in the workplace or public places where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward. Also known as Breastfeeding room/area/station.

Low birth weight infant – a newborn weighing less than two thousand five hundred (2,500) grams at birth.

Milk Donor – a healthy lactating mother who volunteers to donate her milk.

Milk Storage Facility – any private, clean, sanitary and well-ventilated area or space in a health institution designated for the purpose of collecting and storing milk among mothers separated from their own babies due to medical reasons. This should be differentiated from the lactation station which primarily serves nursing mothers working in health or non-health facilities.

Mother's milk – the breastmilk from the newborn's own mother.

Networking – the process of linking up diverse individuals or groups bringing about their mutual agreement to share one another's resources and competencies as a way of serving mutual interests.

Nursing employee – any female worker, regardless of employment status, who is lactating or breastfeeding her infant and/or young child.

Non-health facility, establishment or institution – public places and workplaces, as herein defined.

Philippine Health Promotion Program through Healthy Places (PHPP) – a national multi-sectoral health promotion strategy which aims to communicate health messages and build health supportive environment through advocacy, networking and community action as per Administrative Order No. 341: Implementing PHPP through Healthy Places.

Private Sector Organizations – refer to privately owned companies, corporations, associations, foundations, and the like.

Public Sector – the portion of society controlled by national, state or provincial and local governments.

Public place – enclosed or confined areas such as schools, public transportation terminals, shopping malls, and the like.

Rooming-in – the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother's bed or be placed in a crib beside the mother.

Seriously ill mothers – are those who are: with severe infections; in shock, in severe cardiac or respiratory distress; or dying; or those with other conditions that may be determined by the attending physician as serious.

The Act – refers to the Expanded Breastfeeding Promotion Act of 2009.

Wet-nursing – the feeding of a newborn from another mother's breast when his/her own mother cannot breastfeed.

Workplace – work premises, whether private enterprises or government agencies, including their subdivisions, instrumentalities and government-owned and controlled corporations.

Workplace Policy – a documented set of broad guidelines, formulated after an analysis of all internal and external factors that can affect a firm's objectives, operations, and plans. Formulated by the firm's board of directors, workplace policy lays down the firm's response to known and knowable situations and circumstances. It also determines the formulation and implementation of strategy, and directs and restricts the plans, decisions, and actions of the firm's officers in achievement of its objectives.

Young child – a child from the age of twelve (12) months and one (1) day up to thirty-six (36) months.

RULE III

BREASTFEEDING IN THE WORKPLACE AND PUBLIC PLACES

Section 6. Objective - These Rules and Regulations seek to clarify the scope and application of the Act in order that the proper parties may avail of its benefits.

Section 7. General Statement on Coverage - This Rule shall apply to all establishments whether operating for profit or not which employ in any workplace, nursing employees, unless exempted by the Secretary of Labor and Employment, under Section 8 hereof.

Section 8. Exemption - A private establishment may apply for an exemption to establish lactation station at the DOLE Regional Office having jurisdiction over said establishment. An application for exemption may be granted by the DOLE Regional Director upon determination that the establishment of a lactation station is not feasible or necessary due to the peculiar circumstances of the workplace taking into account, among others, the number of women employees, physical size of the establishment and average number of women who will use the facility. Due substantiation shall be

made by the employer to support the application for exemption. The exemption granted by DOLE shall be for a renewal period of two (2) years.

Public sector may apply for an exemption from the Chairperson of the Civil Service Commission. The exemption granted by Civil Service Commission shall be for a renewal period of two (2) years.

Section 9. Workplace Policy - Every workplace shall develop a clear set of guidelines that protects, promotes and supports breastfeeding program. The written policy should be developed in consultation with the workers, approved and properly disseminated to all concern. The Nursing/Lactating employees should be oriented on the proper handling, labeling, and storage of their own expressed breastmilk. The policy should be part of the company's general policy or manual of operation, and the policy should operationalize the provision of this IRR.

Section 10. Minimum Requirements in the Establishment of Lactation Stations - It is hereby mandated that health and non-health facilities, establishments or institutions, including public places, shall establish lactation stations as appropriate. Lactation stations shall be accessible to the breastfeeding women. It shall be adequately provided with the necessary equipment and facilities and other items, the standards of which shall be defined by the Department of Health. The lactation station shall be clean, well ventilated, comfortable and free from contaminants and hazardous substances, and shall ensure privacy for the women to express their milk and/or in appropriate cases, breastfeed their child. In no case, however, shall the lactation station be located in the toilet.

Section 11. Workplace compliance with the Milk Code - In addition, the establishments shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations, or in any event or circumstances which may be conducive to the same, to effect exclusive breastfeeding up to six months and the introduction of appropriate complementary food from six months while continuing to breastfeed for two years and beyond.

Section 12. Lactation Periods - Nursing employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The employee shall notify their immediate supervisor before leaving their station. These intervals which include the time it takes an employee to get to and from the workplace lactation station shall be counted as compensable hours worked. The DOLE may adjust the same but in no case shall such intervals be less than 40 minutes for every 8-hour working period. Duration and frequency of breaks may be agreed upon by employees and employers with the minimum being 40 minutes. Usually, there could be 2-3 breastmilk expressions lasting to 15-30 minutes each within a workday.

Section 13. Access to Breastfeeding Information - Employers shall ensure that staff and employees shall be made aware of The Act and this IRR. All pregnant employees shall be provided with information on how they can combine breastfeeding and work once they return to work. As such, employers are encouraged to link with the Department of Health, NGOs, and professional groups thru the local government

unit in their area to avail of the breastfeeding/IYCF program for working mothers as part of their human resource development program.

Regular breastfeeding education should be provided for pregnant women focusing on capacitating them with skills and knowledge necessary to continue breastfeeding/expressing breastmilk after returning to work. The information that will be provided to mothers should include manual breastmilk expression, cup feeding, handling, storage and transporting of expressed breastmilk.

The company should organize, initiate and conduct adequate orientation on lactation management, support program for nursing employees.

Section 14. Department of Health Certification - Any health and non-health facility, establishment or institution satisfying the requirements of Section 10 and Section 12 of these Rules relative to a proper lactation station may apply with their respective Local Government Unit for a 'working mother-baby friendly' certification. The DOH will issue the guidelines for "working mother-baby-friendly establishments".

CHDs may coordinate with the LGU's and other institutions to be able to review applications, and verify compliance and eventually issue the certification.

The Center for Health Developments (CHD's) at the regional level, will be in charge of the DOH certification.

The Department of Health shall maintain a list of "working mother-baby-friendly establishments," which it shall make available to the public.

The DOH may create an awarding mechanism for the health and non health facilities that successfully comply with the Act.

Section 15. Eligibility for Tax Incentives - Apart from the minimum requirements under Section 10 of these Rules, establishments may provide other suitable facilities or services within the lactation station, all of which, upon due substantiation, shall be considered eligible for purposes of availing the incentives provided for under the new Section 19 of the Act.

The expenses incurred by a private health and non-health facility, establishment or institution, in complying with the provisions of the Act and this IRR, shall be deductible expenses for income tax purposes up to twice the actual amount incurred, subject to the following conditions:

The deduction shall apply for the taxable period when the expenses were incurred;

That all health and non-health facility, establishments and institutions shall comply with the provisions of this IRR within six (6) months after its approval; and

That such facilities, establishments or institutions shall secure a "Working Mother-Baby-Friendly Certificate" from the Department of Health to be filed with the Bureau of Internal Revenue, before they can avail of the incentive.

The Bureau of Internal Revenue shall provide for guidelines in the availment of incentives under this Act.

Section 16. Eligibility for additional appropriation - Government facilities, establishments or institutions shall receive an additional appropriation equivalent to the savings they may derive as a result of complying with the provisions of the Act. The additional appropriation shall be included in their budget for the next fiscal year.

Government facilities, establishments or institutions, may report and provide evidence for savings generated due to the implementation of the law, considering but not limiting to the following:

- a. Reduced cost of procurement, sterilization, management of infant formula paraphernalia;
- b. Reduce costs due to absenteeism;
- c. Increase productivity;
- d. Reduce illness of the babies;
- e. Others.

The Department of Budget and Management shall allocate funds equivalent to the savings of the appropriate Government agency and issue guidelines on how to access such appropriations.

RULE IV

MILK STORAGE AND MILK BANKING IN HEALTH INSTITUTIONS

Section 17. Milk Storage Facility - All health institutions adopting rooming-in and breastfeeding shall provide "milk storage facilities". These facilities are not the same as milk banks.

The Act subscribes to the rooming-in policy such that the mothers should have early skin-to-skin contact and early initiation of breastfeeding. In case the mother and baby are separated and direct breastfeeding is not possible, there will be a need for milk expression and milk storage. All mothers should receive instructions on hand expression, storage and transport of breastmilk. There must be a dedicated and trained person who will supervise and assist the mothers who will use the facility and the health facility should fully comply with Executive Order 51.

The following are the minimum requirements for a milk storage facility:

- a. Well-ventilated space or area solely intended for milk collection and storage
- b. Refrigerator or freezer or its equivalent (ice cooler) following the guidelines for proper storage of breastmilk set by the Dept of Health
- c. Sterile milk containers, hard plastic, food grade
- d. Lavatory with water and soap
- e. Table and comfortable chairs
- f. Manual or electric breast pumps (optional)

Section 18. Milk Banks - Health institutions that are encouraged to put up milk banks include, but not limited to, Medical Centers and Regional Hospitals. A human milk bank should only be used as a temporary solution when the mother and baby are separated. Milk Banks may be source of breastmilk for infants that are victims during an emergency and/or a disaster. The importance of breastfeeding should at all opportunities be emphasized to all mothers through counselling. Mothers of human milk bank recipients should be counselled in lactation or re-lactation by trained milk bank personnel.

Milk banks should operate on a non-profit basis, but a minimal processing fee may be charged to cover for the screening, processing and administrative costs. However, inability to pay the said fee should not be a reason for non-availment of the milk for patients in need. These milk banks must have their own permanent, dedicated staff/personnel who are trained in human milk banking and lactation management.

Section 19. Defined Areas in the Milk Bank:

- a. **Wash area** – it has a deep lavatory/sink with direct water source and soap dispenser, clean hand towels or dryer for the donor mothers to facilitate aseptic milk collection.
- b. **Milk expression area** – provision of chairs and table where mothers can collect their milk.
- c. **Processing and Storage Area** – This area is located in the innermost area of the facility and is a room separate from the other milk bank areas for proper sanitary control. This area must be air-conditioned to maintain certain equipment.
- d. **Office/Administrative space** – milk bank records are kept here.

Section 20. Minimal equipment and structures in the processing area:

- a. Pasteurizer
- b. freezers (milk bank facilities with large volume supply of milk
- c. requiring prolonged storage of more than a week would need an upright, -20°C freezer)
- d. refrigerator with thermometer
- e. storage wall cabinets
- f. working table
- g. deep sinks/lavatories
- h. sterile, rigid, plastic milk containers

Section 21. Milk Bank certification or accreditation by the DOH - Human milk banks should be registered, licensed and monitored by the Department of Health (Bureau of Health Facilities and Services). Human milk banks should follow the guidelines set by the Department of Health defining the proper donor screening, collection, storage, transport, processing and distribution of human milk. Training on milk banking will be provided by reference human milk banks accredited by the Department of Health.

Section 22. Source of Donor Human Milk - Donation of human milk must be made on a voluntary basis. Donors must pass the screening procedures set forth by the Department of Health and Human milk donors may come from, but not limited to the following:

- a. Lying-in clinics/maternity clinics
- b. Health Centers
- c. Community Support Group
- d. Government agencies and Private enterprises with lactation stations
- e. Private individuals

Section 23. Availment of pasteurized human milk - An outline of recipient prioritization shall be set forth in a separate list of milk banking guidelines by the Department of Health. Pasteurized human milk should be dispensed only with a prescription from a physician. Pasteurized human milk may be given if there is either a maternal or infant indication, as recommended by the attending physician.

RULE V

BREASTFEEDING INTEGRATION IN THE CURRICULUM

Section 24. Roles and Responsibilities - The following are the roles and responsibilities of concerned government agencies, bodies, academic and professional organizations.

(a) Department of Health (DOH)

Provide technical assistance/input in the development of materials or curriculum in line with breastfeeding, infant, young child feeding (IYCF) and other breastfeeding-related education.

(b) Department of Education (DepEd)

1. Issue memoranda, orders and directives promoting and supporting breastfeeding;
2. Integrate breastfeeding and breastfeeding-related concepts in the basic education curriculum of all private and public institutions, both formal and non-formal sectors, through the following strategies:
 - 2.1 Identify learning areas and points of entry where core message about breastfeeding can be continuously developed and integrated;
 - 2.2 Develop instructional materials and related information, education and communication materials;
 - 2.3 Develop advocacy programs for parents on breastfeeding;

- 2.4 Review and revise existing instructional materials to ensure that these will not undermine the promotion, protection and support for breastfeeding;
- 2.5 Ensure assessment and evaluation of knowledge, skills and attitudes (KSA) of pupils/students teachers and parents on breastfeeding.
3. Develop awareness and competency of teaching, administrative and non-teaching personnel as well as parents on breastfeeding.

(c) Commission on Higher Education (CHED)

1. Ensure integration of breastfeeding-related concepts in the curriculum of Higher Educational Institutions (HEIs), both public and private, including State Universities and Colleges (SUCs), and local colleges through the following strategies:
2. Issue CHED Memorandum Orders (CMO) and CHED Special Orders (CSO) pursuant to the implementation of the Act 10028, and future policy and program developments to all concerned stakeholders through the various regional offices;
3. Encourage HEIs to promote breastfeeding through instruction, research and extension services; and
4. Assess, monitor and evaluate the breastfeeding integration in the curriculum.

(d) Technical Education and Skills Development Authority (TESDA)

Ensure integration of breastfeeding-related concepts in the curriculum of technical vocational institutions, both public and private, through identification of modules or vocational qualifications where breastfeeding can be integrated.

(e) Professional Regulations Commission (PRC)

1. Ensure inclusion of breastfeeding and breastfeeding-related concepts in professional licensure examinations;
2. Develop and implement sanction mechanisms for a professional that have violated any of the provisions of the Act; and
3. Address complaints of patients, relatives and the society on the violations concerning breastfeeding-related issues.

(f) Academe

1. Implement issuances on integration of breastfeeding concepts in the curricula;
2. Develop competencies for faculty members and instructors;

3. Provide related learning experiences (RLEs); and
4. Ensure provision of positive and supportive environment to promote and support breastfeeding.

(g) Academic Organizations

1. Protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members;
2. Recognize schools, higher educational institutions supportive of breastfeeding advocacy through awards, incentives, etc.;
3. Encourage and support relevant breastfeeding research among its members, and
4. Provide financial support in academic-based breastfeeding programs.

(h) Professional and Socio-Civic Organizations

1. Adhere and implement among its members national policies and legislation on the protection, promotion and support of breastfeeding;
2. Protect, promote and support breastfeeding through advocacy in organizational activities, forum, convention among its members;
3. Incorporate provisions on organizations' Code of Ethics to promote, protect and support breastfeeding in accordance to Convention on the Rights of the Child (CRC), Patients' Rights and gender and Sensitivity principles; and
4. Encourage and support relevant breastfeeding research among its members.

RULE VI

**CONTINUING EDUCATION, RE-EDUCATION AND TRAINING OF
HEALTH WORKERS AND HEALTH INSTITUTIONS**

Section 25. Continuing Education, Re-education and Training of Health Workers and Health Institutions - The Department of Health with the assistance of other government agencies, professional and non-governmental organizations shall conduct continuing information, education, re-education and training programs for physicians, nurses, midwives, nutritionist-dietitians, community health workers and traditional birth attendants (TBAs) and other health and nutrition workers and allied professionals on current and updated lactation management. As such, the DOH through its Health Human Resource Development Bureau (HHRDB) and its other units, shall:

- a. Develop and implement a capacity development plan to provide training more intensively until such time that breastfeeding has been fully integrated in the medical and allied curricula;

- b. Organize a pool of trainers and experts from government, NGOs, academe, private organizations who can be tapped by the health and non-health facilities, establishments or institutions to transfer the necessary knowledge and skills required for the implementation of this Act;
- c. Develop and update common messages that will be adopted in training and other IEC materials to ensure consistency and correctness of the content of trainings on breastfeeding and lactation management;
- d. In coordination with the Civil Service Commission, to develop an orientation course on breastfeeding for government employees.

RULE VII

PUBLIC EDUCATION AND AWARENESS PROGRAM ON BREASTFEEDING PROMOTION

Section 26. Celebration of Breastfeeding Awareness Month - In order to raise awareness on the importance of and to further promote breastfeeding, the month of August in each and every year throughout the Philippines shall be known as "Breastfeeding Awareness Month".

The DOH shall be the lead agency in the celebration of BF awareness month through inclusion of BF awareness month in the monthly health events and issuance of Department of Memorandum to all DOH health facilities, attached agencies and other concerned offices/departments.

Section 27. Public education and awareness program - to ensure the meaningful observance of breastfeeding month, a comprehensive national public education and awareness program shall be undertaken in order to achieve the following objectives:

- a. To protect, promote and support breastfeeding in the Philippines as the normal, natural and preferred method of feeding infants and young children;
- b. To guarantee the rightful place of breastfeeding in society as a time honored tradition and nurturing value as well as a national health policy that must be enforced;
- c. To provide information about the benefits and superiority of breastfeeding and the high risks and costs of bottle-feeding;
- d. To generate awareness on, and full enforcement of, national and international laws, codes, policies and programs on the promotion and protection of safe and adequate nutrition for infants and young children by promoting and protecting breastfeeding and by regulating the marketing of certain foods and feeding bottles, teats and pacifiers; and

- e. To instill recognition and support and ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families, including support for breastfeeding mothers in the work force.

The DOH shall lead in the development and implementation of the comprehensive national public education and awareness program on breastfeeding promotion at all levels in collaboration with other government agencies, non-government organizations, media groups, developmental partners, professional and civic groups through the following strategies:

- a. **Philippine Health Promotion Program (PHPP) through Healthy Places/Settings** - a national multi-sectoral health promotion strategy which aims to communicate health messages and build health supportive environment through advocacy, networking and community action as per Administrative Order No. 341; There are 16 healthy places/settings namely: schools, workplaces, hospitals, hotels, vehicles and terminals, ports, restrooms, markets, eating places, prisons, homes, resorts, movie-houses, streets and barangays;
- b. **Communication for Behavioral Impact (COMBI)** - includes branding of behavior based on modern techniques of marketing along with other strategies to promote exclusive breastfeeding for 6 months.
- c. **Advocacy** - Advocacy is a process to bring about *change* in the policies, laws and practices of *influential* individuals, groups and institutions. The primary audience on this strategy is the Local Chief Executives for them to provide support including budget in the implementation of the above strategies on BF promotion;
- d. **Networking** - a process of linking up diverse individuals or groups, bringing about their mutual agreement to share one another's resources and competencies as a way of serving mutual interests;

At the same time the Department of Social Welfare and Development (DSWD) will support the national breastfeeding awareness program through the following strategies:

- a. Plan and implement public education and awareness program for Republic Act 10028 In its relevant programs, services and projects.
- b. Integrate Lactation management and breastfeeding principles and policies as appropriate in program manuals.
- c. Develop a modular outreach approach to conduct a sustain adequate orientation on lactation management support program for pregnant nursing employees and end clients in its centers, residential care facilities and crisis intervention units (CIUs)
- d. All other Government, Non-governmental institutions and private sector are encouraged to support and contribute to the public education and awareness program on breastfeeding.

RULE VIII
MONITORING

Section 28. Monitoring, Implementation, Functions/ Implementing Institutional Arrangements/Mechanism - Implementing Agency - The Department of Health shall be principally responsible for the implementation and enforcement of the provisions of the Act.

Section 29. Implementation mechanism - is the responsibility of DOH, DOLE, LGUs, Employers, Trade Unions, NGOs, BIR, DTI, and others concerned partners.

Section 30. Monitoring guidelines - In coordination with other agencies involved in the implementation of the Act, the Department of Health shall adopt such appropriate monitoring guidelines for the national, regional and provincial levels. It shall likewise provide regular training on monitoring compliance and enforcement on violations of the Act for all persons engaged in or volunteering to help in the monitoring and implementation of the Act. The Department may request for the assistance of non-governmental organizations, civil society, and concerned international agencies in order to better monitor the implementation of these rules. Accordingly, a monitoring team, composed of the following, is hereby created and established:

(a) National level:

DOH (NCDPC, NCHP, NCHFD, NNC, BHFS)
Council for the Welfare of Children (CWC)
PhilHealth
Department of Social Welfare and Development (DSWD)
Department of Interior and Local Government (DILG)
DOLE
Bureau of Internal Revenue (BIR)
Civil Service Commission
Government/Non-government Organizations/Civil Societies without any conflict of interest with the breastfeeding culture, and/or direct or indirect connection, financial or otherwise, or with commercial interest within the scope of the Act
Ad Hoc International Agencies such as the United Nations Children's Emergency Fund (UNICEF) and/or the World Health Organization (WHO)

(b) Regional/Provincial/City/Municipal/Barangay levels (in collaboration with their respective Local Government Units):

Center for Health Development Offices
National Nutrition Regional Offices
Regional DSWD, DILG, DOLE, CWC
Provincial Health Offices
City Health Offices
Licensing Units and Offices
Municipal Health Offices/Rural Health Units
Barangay Health Office
GOs/NGOs/Civil Societies

(c) **The Monitoring Team shall have the following functions:**

1. Monitor compliance as well as problems encountered in the implementation of the Act.
2. Review/act on reports of violations of the provisions of the Act.
3. Verifies reports of violations of the Act.
4. Recommend sanctions or punitive actions for violations of the Act to the Secretary of Health.
5. Submit regular reports on the status of the implementation of the Act to the Secretary of Health.

Section 31. Report to the Secretary of Health - Non-governmental organizations, labor unions, religious groups and/or civil societies may report their findings to the Office of the Secretary of Health who shall appropriately respond thereto with sufficient dispatch.

RULE IX

ADMINISTRATIVE SANCTIONS

Section 32. Sanctions - One year after the issuance of this IRR, any private non-health facility, establishment and institution which unjustifiably refuses or fails to comply with Sections 10 and 12 of this Rules shall be imposed a fine of not less than Fifty thousand pesos (Php50,000.00) but not more than Two hundred thousand pesos (Php200,000.00) on the first offense. On the second offense, a fine of not less than Two hundred thousand pesos (Php200,000.00) but not more than Five hundred thousand pesos (Php500,000.00). On the third offense, a fine of not less than Five hundred thousand pesos (Php500,000.00) but not more than One million pesos (Php1,000,000.00) and the cancellation or revocation of the business permits or licenses to operate.

In all cases, the fine imposed should take into consideration, among others, number of women employees, physical size of the establishment, and the average number of women who visit.

In addition, the Secretary of Health is hereby empowered to impose sanctions on health institution for the violation of the Act and the rules issued thereunder. Such sanctions may be in the form of reprimand or censure and in case of repeated willful violations, suspension of the permit to operate of the erring health institution. Heads, officials and employees of government health and non-health facilities, establishments and institutions who violate the Act shall further be subject to the following administrative penalties:

First offense – Reprimand

Second offense – Suspension for one (1) to thirty (30) days; and

Third offense – Dismissal.

This shall be without prejudice to other liabilities applicable under civil service law and rules.

**RULE X
FUNDING**

Section 33. Funding - Government agencies, including their subdivisions and instrumentalities, shall use their respective budget for gender and development or their budgets for repairs, maintenance and materials acquisition to comply with Section 10 of these Rules.

**RULE XI
FINAL PROVISIONS**

Section 34. Separability Clause - If any clause, sentence, paragraph or part of the Act shall be declared to be invalid, the remainder of the Act or any provision not affected thereby shall remain in force and effect.

Section 35. Repealing Clause - All laws, presidential decrees, executive orders, rules and regulations or parts thereof which are not consistent with the Act are hereby repealed, amended or modified accordingly.

Section 36. Effectivity Clause - The Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation, whichever comes earlier.



(Sgd) ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
A. Francisco Gold Condominium II, EDSA corner Mapagmahal Street,
Diliman, Quezon City

OFFICE OF THE SECRETARY

April 19, 2011

MEMORANDUM CIRCULAR

No. 2011 - 54

TO : ALL PROVINCIAL GOVERNORS, CITY MAYORS, MUNICIPAL MAYORS, PRESIDING OFFICERS OF THE SANGGUNIANG PANLALAWIGAN, SANGGUNIANG PANLUNGSOD AND SANGGUNIANG BAYAN, PUNONG BARANGAYS, REGIONAL GOVERNOR OF THE ARMM AND DILG REGIONAL DIRECTORS

SUBJECT : IMPLEMENTATION AND MONITORING OF THE NATIONAL POLICY ON BREASTFEEDING AND SETTING-UP OF WORKPLACE LACTATION PROGRAM

Republic Act No. 10028, the Expanded Promotion of Breastfeeding Act of 2009, requires all private and public institutions, medical and non-medical, to set up lactation facilities in the workplace with appropriate lactation program to allow employees to express their milk that would help ensure optimum health and proper nutrition of their infants.

In addition, Executive Order No. 51, s., 1986, National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Other Related Products, provides guidelines for milk companies on marketing infant formula and other breastmilk substitute products without undermining the practice of breastfeeding and the unparalleled benefits of breastmilk.

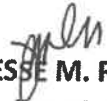
In this connection, all Local Chief Executives and the Regional Governor, ARMM are hereby enjoined to:

1. Promote breastfeeding and its benefits, as to prescribed recommendations by the Department of Health and World Health Organization;
2. Adopt and implement a workplace lactation program in their respective offices, within three (3) months upon issuance of this Circular;
3. Include setting-up workplace lactation program as part of private companies' business permit requirements;

4. Pursue private-public partnership to help set-up and sustain appropriate lactation management program to include those in the informal sector;
5. Assist in the development of an action plan and strategies related to the implementation of RA No. 10028 and EO No. 51, s., 1986;
6. Practice and enforce compliance to EO No. 51, s., 1986 in areas of jurisdiction, particularly on matters related to the marketing and promotion of breastmilk substitutes and related products, and distribution of said items during natural and man-made disasters; and
7. Monitor compliance and report violations related to the said Executive Order.

All DILG Regional Directors and the Regional Governor of the ARMM are hereby directed to cause the immediate and widest dissemination of this Memorandum Circular and ensure that this Circular is effectively communicated to concerned local authorities.

For guidance of all concerned.


JESSE M. ROBREDO
Secretary



Republic of the Philippines
DEPARTMENT OF THE INTERIOR
AND LOCAL GOVERNMENT

IN REPLYING, PLS CITE:

SILG11-003827



5

REPUBLIC OF THE PHILIPPINES
CONGRESS OF THE PHILIPPINES
METRO MANILA

FIRST REGULAR SESSION

*Begun and held in Metro Manila on Monday the twenty-fourth day of July,
nineteen hundred and ninety-five.*

[REPUBLIC ACT NO. 8172]

AN ACT PROMOTING SALT IODIZATION NATIONWIDE AND FOR RELATED
PURPOSES

*Be it enacted by the Senate and House of Representatives of the
Philippines in Congress assembled.*

SECTION 1. Title. This Act shall be known as "An Act for Salt Iodization Nationwide (ASIN)".

SECTION 2. Declaration of Policy. It is hereby declared the policy of the state to protect and promote the health of the people, to maintain an effective food regulatory system and to provide the entire population especially women and children with proper nutrition. For this purpose, the State shall promote the nutritional fortification of food and combat micronutrient malnutrition as a priority health program for the nation.

SECTION 3. Purposes. The purposes of this Act are to:

- a) contribute to the elimination of the micronutrient malnutrition in the country, particularly iodine deficiency disorders, through cost-effective preventive measure of salt iodization;
- b) require all producers/manufacturers of food-grade salt to iodize the salt that they produce, manufacture, import, trade or distribute;
- c) require the Department of Health (DOH) to undertake the salt iodization program and for its Bureau of Food and Drugs (BFAD) to set and enforce standards for food-grade iodized salt and to monitor compliance thereof by the food-grade salt manufacturers;
- d) require the local government units (LGU), through their health officers and nutritionist/dietitians, or in their absence through their sanitary inspectors, to check and monitor the quality of food-grade salt being sold in their market in order to ascertain that such salt is properly iodized;
- e) require the Department of Trade and Industry (DTI) to regulate and monitor trading of iodized salt;
- f) direct the Department of Science and Technology (DOST) in collaboration with the Technology and livelihood Resource Center (TLRC) to initiate, promote, and cause the transfer of technology for salt iodization;

- g) authorize the National Nutrition Council (NNC) the policy-making and coordinating body in nutrition, to serve as the advisory board on salt iodization;
- h) provide mechanisms and incentives for the salt industry in the production, marketing and distribution of iodized salt; and
- i) ensure the sustainability of the salt iodization program.

SECTION 4. Definition of Terms. For purposes of this Act, the following terms shall mean:

- a) **Micronutrient malnutrition** - a disorder resulting from deficiencies in Vitamin A, iron, iodine and other micronutrients which the body needs in minute quantities everyday.
- b) **Iodine deficiency disorders** - a broad spectrum of deficiencies resulting from lack of iodine in the diet which leads to the reduction of intellectual and physical capacity affecting everyone who is iodine deficient and may manifest as goiter, mental retardation, physical and mental defects, and cretinism.
- c) **Food fortification** - the addition of nutrients to processed foods at levels above the natural state.
- d) **Salt iodization** - the addition of iodine to salt intended for human or animal consumption in accordance with specifications as to form, fortificant, methods, manner and composition as may be prescribed by the BFAD.
- e) **Food-grade salt** - salt for human and animal consumption as distinguished from industrial salt.
- f) **Regulatory requirements** - the provision of all applicable laws, regulations, executive orders, and other enactments related to food quality and safety, purity, nutritional composition and other aspects of food regulation or control.
- g) **Industrial salt** - salt used in the treatment, processing and/or manufacture of non-food commercial products.
- h) **Manufacturer** - one who produces, imports trades and distributes salt.
- i) **Subsistence producer/manufacturer** - one who produces, trades in or distributes salt not exceeding two metric tons (2m.t.) of salt per year.
- j) **Small producer/manufacturer** - one who produces, imports trades in or distributes salt ranging from more than two metric tons (2m.t.) to three metric tons (3m.t.) per year.
- k) **Medium producer/manufacturer** - one who produces, imports trades in, or distributes salt ranging from more than three hundred metric tons (300m.t.) to two thousand metric tons (2,000m.t.) per year.
- l) **Large producer/manufacturer** - one who produces, imports trades in, or distributes salt exceeding two thousand metric tons (2,000m.t.) per year.

SECTION 5. *Applicability.*

- a) This act shall apply to the entire salt industry, including salt producers/manufacturers, importers, traders and distributors, as well as government and non-government agencies involved in salt iodization activities.
- b) Iodized salt that conforms to the standards set by the BFAD to meet national nutritional needs shall be made available to consumers, *Provided*, That the implementation of this act shall be enforced over a staggered period of one (1) year for large and medium producers/manufacturers, two (2) years for small salt producers/manufacturers and five (5) years for subsistence producers/manufacturers.
- c) All food outlets, restaurants, and stores are hereby required to make available to customers only iodized salt in their establishment upon effectivity of this Act. These establishments shall be monitored with the help of the Lug's through its health officers and nutritionists/dietitians or in their absence, the sanitary inspectors to check and monitor the quality of food-grade salt being sold or served in such establishments.
- d) In areas endemic to iodine deficiency disorders, iodized salt shall be made available. Local government officials at the provincial and municipal levels shall provide mechanisms to ensure enforcement of this provision through ordinances and public information campaigns.
- e) All food manufacturer/processors using food-grade salt are also required to use iodized salt in the processing of their products and must comply with the provisions of the Act not later than one (1) year from its effectivity: *Provided*, That the use of iodized salt shall not prejudice the quality and safety of their food products. *Provided, however*, That the burden of proof and testing for any prejudicial effects due to iodized salt fortification lies on the said food manufacturer/processor.
- f) Salt producers/manufacturers shall register with the BFAD which shall maintain updated registry of salt producers/manufacturers and shall monitor compliance with the salt iodization program.
- g) All food-grade salt shall be labeled in a manner that is true and accurate, not likely to mislead purchasers and in accordance with the requirements prescribed by the BFAD.
- h) For a period of three (3) years from the effectivity of the Act, the DOH shall provide free iodized salt to indigents residing in sixth class municipalities as may be allowed by their annual appropriations.

SECTION 6. *Support to the Salt Industry.* - The following agencies and institutions shall support the salt iodization program through their respective internal programs:

- a) The DTI is hereby required to assist and support local salt producers/manufacturers in upgrading their production technologies to include iodization by helping them obtain soft loans and financial assistance for the procurement of salt iodization machines, packaging equipment and technology and fortificant; and by ensuring systematic distribution of the iodized salt in the market;

- b) the Cooperative Development Authority (CDA) shall assist the formation of cooperatives of local salt producers/manufacturers in order that they can economically engage in salt iodization and distribution of iodized salt;
- c) the DOST, in collaboration with the TLRC, shall develop and implement comprehensive programs for the acquisition of design and manufacture of salt iodization machines and transfer of salt iodization technology to small and subsistence local salt producers/manufacturers; and
- d) the Department of Environment and Natural Resources (DENR) and other appropriate government agencies shall identify areas that are suitable for use as salt farms with the purpose of protecting such areas from environmental risks to ensure sustainability of iodized salt production.

SECTION 7. Public Information. The benefits and rationale of the use of iodized salt shall be adequately disseminated and promoted through organized systematic and nationwide information campaign which shall involve major sectors of society to be spearheaded by the DOH in cooperation and coordination the LGU's and other government agencies concerned, particularly the Department of Education, Culture and Sports (DECS), the Philippine Information Agency (PIA), provincial science centers, private sectors and students.

The implementing agency, in coordination with PIA, shall seek the cooperation of the media sector in public information dissemination. Salt iodization and its benefits shall also be included and given emphasis in all levels of health subjects in both private and public schools.

SECTION 8. The Salt Iodization Advisory Board. - The National Nutrition Council (NNC), as presently composed, including representatives of the DENR, the medical profession and the salt manufacturers shall serve as the salt iodization advisory board and shall function as the policy and coordinating body on salt iodization programs and activities. It shall coordinate the efforts of all agencies concerned and monitor the implementation of the provisions of this Act. It shall also submit an annual report to the Congress of the Philippines on the progress of the salt iodization program and offer recommendations for its improvement.

SECTION 9. Sanctions. - The procedures for imposing sanctions under this Act and investigating the premises where any salt is received, held, manufactured, labeled, stored, displayed, delivered, distributed, sold, or located, or where it is reasonably belied these activities are being carried out or where salt is located, shall be in accordance with the provisions of Republic Act No. 7320, otherwise known as the Food, Drugs and Cosmetics Act As Amended. *Provided*, That any person, whether natural or judicial, who violates any of the provisions of this Act or any of the rules and regulations promulgated for its effective implementation shall be punished by a fine of not less than One thousand pesos (P1,000.00) not more than One hundred thousand pesos (P100,000.00); *Provided, however*, That if the violation is committed by any officer, director or member of a business and a juridical entity acting beyond the scope of his authority, such officer, director or member responsible therefor shall be personally liable for the fine: *Provided, further*, That such violation shall suffer a revocation of its business permit and/or ban of its product from the market: *Provided, finally*, That the BFAD, in coordination with the LGU's concerned, shall be authorized to impose and collect the fines from the violators, and such collections shall accrue to the BFAD for its use in the implementation of this Act.

SECTION 10. Appropriations. - The amount necessary for the implementation of this Act shall initially be charged to the appropriations of its agencies concerned as may be appropriated under the current General Appropriations Act. Thereafter, such as amount may be necessary for its implementation shall be included in the annual General Appropriations Act.

SECTION 11. Implementing Rules and Regulations. - The DOH in cooperation with the agencies concerned shall formulate the necessary rules and regulations for the effective implementation of this Act within sixty (60) days from its approval.

SECTION 12. Separability Clause. - If any portion of this Act is declared invalid, the remainder of this Act shall be affected by such declaration and shall remain valid and enforceable.

SECTION 13. Effectivity Clause. - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) national newspapers of general circulation, whichever is earlier.

Approved.

(Sgd) JOSE DE VENECIA
Speaker of the House
of Representatives

(Sgd) NEPTALI A. GONZALES
President of Senate

This Act which is a consolidation of Senate Bill No. 1132 and House Bill No. 45 was finally passed by the Senate and the House of Representatives on November 16, 1995 and November 15, 1995, respectively.

(Sgd) CAMILO L. SABIO
Secretary General
House of Representatives

(Sgd) HEZEL P. GACUTAN
Secretary of the Senate

Approved: December 20, 1995

(Sgd) FIDEL V. RAMOS
President of the Philippines

**IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC ACT No. 8172
AN ACT PROMOTING SALT IODIZATION NATIONWIDE AND FOR RELATED
PURPOSES**

BACKGROUND

Pursuant to Section 2 of the Republic Act No. 8172, entitled "An Act Promoting Salt Nationwide" (ASIN), approved by the President on 20 December 1995 and which took effect on 20 January 1996, mandating the Department of Health (DOH) as the lead agency in the implementation of said Act and, in accordance with Section 11 of said Act mandating to DOH to formulate the Implementing Rules And Regulations (IRR) in cooperation with the other government agencies involved in the implementation of the law, the following Rules and Regulations are hereby adopted to implement effectively the provisions of R.A. No. 8172.

**RULE I
COVERAGE**

SECTION I. These Rules and Regulations shall apply to:

- a) All producers/manufacturers/importers/traders of salt for human or animal consumption,
- b) All restaurants and other food establishments where food is being served hot or cold,
- c) All food manufactures/processors using salt in their manufacturing processes,
- d) All local government units (LGUs)
- e) All other government agencies,
- f) All non governmental agencies and related professional organizations; and
- g) All government and private hospitals and other institutions.

**RULE II
INTERPRETATIONS**

SECTION I. These Rules and Regulations shall be construed in a manner that can achieve the objectives of R.A. 8172 namely: a) to contribute to the elimination of micronutrient malnutrition, particularly iodine deficiency disorders; b) to require salt producers/manufacturers to iodize the salt they manufacture, produce, distribute, trade and/or import; c) for the government agencies to undertake their roles and responsibilities in carrying out the provisions of this Act; d) for the food processing and the food service industries to use only iodized salt; c) to provide mechanisms and incentives for the salt industry; and f) to ensure the sustainability of the salt iodization program.

Any question or doubt as to the intent and meaning of the provisions shall be construed or resolved in accordance with the Policy and Purposes as provided in R.A. 8172.

**RULE III
DEFINITION OF TERMS**

In the implementation of the Act, terms that have specific meaning shall be construed in accordance with the general definitions provided in Section 4 of the Act, to wit:

- a) **Distribution** - means the exchange, transmittal, conveyance, consignment, supply, delivery, trade, sale, or disposal of food-grade salt, whether for remuneration or other considerations.

- b) **Distributor** - refers to an establishment which distributes, sells or imports salt for distribution to retailers.
- c) **Fortificant** - in relation to the process of salt iodization, the term shall refer to potassium iodate or other suitable fortificant as recommended by DOH, taking into consideration the circumstances of quality, effectiveness, stability, availability and new discoveries that can bring salt iodization in the most effective and economic manner.
- d) **Food fortification** - the addition of nutrients to processed foods at levels above the natural state.
- e) **Food-grade salt** - refers to salt for human and animal consumption as distinguished from industrial salt.
- f) **Food manufacturers/processors** - refer to the business/enterprise of manufacturing or processing food using salt in their products.
- g) **Food service establishments** - refers to hotels, restaurants, carinderias, catering firms, hospitals and other related outlets which serve or sell food to consumer.
- h) **Industrial salt** - refers to salt used in the treatment, processing, and/or manufacture of non-food commercial products.
- i) **Iodine deficiency disorders** - a broad spectrum of manifestations resulting from lack of iodine in the diet which leads to the reduction of intellectual and physical capacity affecting everyone who is iodine deficient and may manifest as goiter, mental retardation, physical and mental defects, and cretinism.
- j) **Manufacturer** - one who produces, imports, trades in and distributes salt and is categorized as follows:
- **Large producer/manufacturer** - one who produces, imports, trades and/or distributes salt exceeding two thousand metric tons (2,000 MT) per year.
 - **Medium producer/manufacturer** - one who produces, imports, trades and/or distributes salt ranging from more than three hundred metric tons (300 MT) to two thousand metric tons (2,000 MT) per year
 - **Small salt producer/manufacturer** - one who produces, imports, trades and/or distributes salt ranging from more than two metric tons (2 MT) to three hundred metric tons (300 MT) per year
 - **Subsistence producer/manufacturer** - one who produces, imports, trades and/or distributes salt not exceeding two metric tons (2 MT) of salt per year
- k) **Method** - refers to the scientifically accepted technique that is perceived to bring about the best and most effective way of salt iodization.
- l) **Micronutrient malnutrition** - refers to a disorder resulting from deficiencies in vitamin A, iron, iodine and other micronutrients which the body needs in minute quantities every day.

- m) **Registration** - the process of acquiring a business/enterprise license/permit to manufacture, produce, trade or import iodized salt with the Bureau of Food and Drugs (BFAD) or appropriate LGU.
- n) **Regulatory Requirements** - the provisions of all applicable laws, regulations, executive orders, and other enactments related to food quality and safety, purity, nutritional composition, and other aspects of food regulations and control. In applying or interpreting the regulatory requirements, reference may also be made to scientifically accepted standards or regulations.
- o) **Salt industry** - refers to the business sector engaged in the production, distribution, trading, retailing and importation of salt.
- p) **Salt iodization** - the addition of iodine to salt intended for human or animal consumption in accordance with specifications as to form, fortificant, method, manner and composition as may be prescribed by the BFAD of the DOH.
- q) **Salt Iodization Advisory Board (SIAB)** - composed of the National Nutrition Council (NNC) Governing Board, including a representative each from the Department of Environment and Natural Resources (DENR), the medical profession, and the salt manufacturers.
- r) **Stores** - refer to department stores, shops, groceries, mini-marts, and other outlets which wholesale or retail iodized salt for the consumers and users.
- s) **Trading** - refers to the buying and selling of food-grade salt by wholesale or retail.

RULE IV STANDARDS and REQUIREMENTS

SECTION 1. Iodized salt to be sold/distributed in the Philippines, whether locally produced or imported, shall conform with the standards formulated by the BFAD of DOH which is in Annex 1 of these implementing rules and regulations. Such standards shall be periodically reviewed and updated by the BFAD in consultation with the SIAB and other concerned parties.

SECTION 2. Failure to comply with the quality specifications and labeling requirements prescribed in the standards shall mean a violation of the provisions on adulteration and misbranding under Sections 14 and 15 of R.A. 3720, otherwise known as the Food, Drugs and Cosmetics Act, as amended and the relevant provisions of RA 7394 otherwise known as the Consumer Act of the Philippines.

SECTION 3. To ensure the quality of iodized salt prior to distribution, all manufacturers of iodized salt shall conduct routine quality assurance activities. Such activities shall include, but shall not be limited to the following:

- a. Iodine levels testing: at regular intervals on a daily basis, samples of iodized salt shall be collected from the production line and tested for iodine content.
- b. Equipment inspection: at least twice daily to ensure its proper operation.
- c. Mixing process: shall be monitored regularly to ensure consistent mixing and homogeneity of iodine content in the batch being processed.

- d. Monitoring of salt ready for distribution: each lot shall be sampled to ensure conformity to prescribed iodine level.
- e. Packaging and labelling inspection shall be routinely conducted to ensure the integrity of the package and conformity to prescribed labelling requirements.
- f. Record keeping: daily control charts and weekly summaries of activities and corrective actions taken shall be maintained for a period of at least 12 months from date of manufacture. Manufacturers of iodized salt shall provide traders with a Certificate of Iodization of the specified batch or lot sold to the traders.

SECTION 4. Iodized salt shall be distributed and sold according to the principle of first in, first out. Iodized salt may be sold at retail or final distribution points within a period of not more than 12 months from the date of manufacture, after which it shall be considered expired. Expired salt shall be replaced by or returned to the last seller or distributor in the manufacturing-distribution chain.

SECTION 5. The DOH shall put in place a system to monitor the quality of iodized salt in collaboration with the LGUs and the Department of Interior and Local Government (DILG). It shall also seek the assistance of the Department of Finance (DOF) and LGUs to determine the volume of production and sale of the locally manufactured and imported iodized salt.

SECTION 6. Until such time when all food-grade salt shall be iodized in accordance with RA 8172, sale manufacturers/ producers, traders and retailers shall maintain the proper identification and segregation of iodized salt from non-iodized salt in storage and during display at retail. They shall make sure that salt buyers or consumers get the appropriate kind of salt they purchase.

SECTION 7. Within one (1) year from the effectivity of the Act, all food manufacturers, and processors shall utilize iodized salt in their products except when the use of iodized salt will have an adverse effect on a specified product. In such cases, the food manufacturers/processors shall present appropriate evidence to the BFAD which shall serve as basis for exemption from compliance with Section 5(e) of this Act. The BFAD shall submit to the SIAB a list of food manufacturers utilizing iodized salt and those with definite exemption, and shall update this list annually.

RULE V REGISTRATION OF IODIZED SALT MANUFACTURERS AND SALT IMPORTERS/DISTRIBUTORS

SECTION 1. All iodized salt manufacturers and salt importers/distributors shall register with the BFAD according to the following schedule: The large and medium manufacturers shall register within one (1) year from the effectivity of this Act; small manufacturers within two (2) years, and subsistence manufacturers within five (5) years. After the effectivity of the IRR, new salt producers/manufacturers shall register before operation.

SECTION 2. The BFAD shall issue a License to Operate (LTO) to iodized salt manufacturers and salt importers/distributors upon their compliance with prescribed documentary and technical requirements in Annexes 2 and 3. Those engaged in manual salt iodization shall secure a Certificate of Training from DOH before they can be provided with a LTO. If an importer is already holding a valid LTO as importer, he/she need not apply for another license; however, the importer must comply with the technical requirements and their products shall be subject to monitoring.

SECTION 3. The BFAD may delegate to the LGUs its authority to issue LTOs in cities and municipalities other than those in the National Capital Region (NCR) and in areas where the seat or office of the DOH-Regional Field Offices (RFOs) is located, through a memorandum of agreement between the BFAD and the LGU, or the BFAD and the RFO, with the suggested terms and conditions contained in Annex 4 hereof. Such agreements shall be considered part of these IRR.

SECTION 4. All distributors/traders of locally produced iodized salt, whether or not engaged in repacking iodized salt from bulk to retail containers, shall register with the LGUs.

RULE VI
ROLE OF AGENCIES CONCERNED IN THE SALT IODIZATION PROGRAM

SECTION 1. The DOH shall lead in the implementation of this Act. Specifically, it shall:

- a) Spearhead a public information drive in cooperation and coordination with the LGUs and other agencies particularly the Department of Education, Culture and Sports (DECS), Philippine Information Agency (PIA), Provincial Science Centers-Department of Science and Technology (DOST), private sector and students. All sectors in the salt industry shall also assist in such information campaign through tri-media and all other social marketing activities for a systematic and sustained public information campaign;
- b) Provide training on salt iodization technology and quality assurance and control through its Nutrition Service (NS) in coordination with the DOST and the Technology and Livelihood Resource Center (TLRC); and
- c) Set and enforce standards for food-grade iodized salt and monitor compliance thereof by the food-grade salt manufacturers through its BFAD.

SECTION 2. The LGUs shall support the development and sustainability of the salt industry through:

- a) The formulation of ordinances and information campaigns promoting the availability and use of iodized salt.
- b) Provision of budget for health and nutrition programs;
- c) Assistance to other government agencies in the implementation of the salt iodization program;
- d) Monitoring the quality of salt as provided by law through its respective health officers and nutritionist-dietitians or, in their absence, through the sanitary inspectors; and
- e) Establishment and maintenance of a list of salt producers in their respective territorial jurisdiction. A list of registered salt producers in every province shall be submitted to the BFAD within 6 months from the effectivity of these IRR and shall be updated annually. The list shall reflect the following information per salt producer/manufacturer:
 - 1) Name and address of company and/or owner
 - 2) Location of salt production site (sitio/barangay)
 - 3) Annual production capacity (in metric tons)

- 4) Types of salt produced:
 - i) food-grade (coarse or fine)
 - iodized salt
 - non-iodized salt
 - ii) industrial salt
- 5) Distribution channels, such as:
 - direct sale to consumers within the province
 - traders within the province
 - traders from other provinces/regions
 - food manufacturers within the province
 - food manufacturers outside the province/region

SECTION 3. The Department of Trade and Industry (DTI) shall assist and support local salt producers/manufacturers in upgrading their production technologies to include iodization by helping them obtain soft loans and financial assistance for the procurement of salt iodization machines, packaging equipment and technology, and fortificants; and by ensuring the systematic distribution of the iodized salt in the market. Specifically, it shall:

- a) Regulate and monitor the trading of iodized salt in accordance with R.A. 7581 otherwise known as the Price Act;
- b) Provide incentives to the salt industry by including salt iodization as a priority investment program of the government through its Board of Investment;
- c) Assist salt producers/manufacturers obtain soft loan for machines, equipment and other materials such as fortificant and other chemicals needed to upgrade the salt industry, through its Bureau of Small and Medium Business Development (BSMBD) and Small Business Guarantee and Finance Corporation (SBGFC); and
- d) Provide assistance to salt producers/manufacturers on matters of package design and packaging technology through its Product Development and Design Center of the Philippines (PDDCP).

SECTION 4. The Department of Science and Technology (DOST) shall develop and implement a comprehensive program for the acquisition of, design, and manufacture of salt iodization equipment, and transfer of the salt iodization technology to salt producers/manufacturers.

SECTION 5. The Technology and Livelihood Resource Center (TLRC) shall:

- a) Assist the DOST in the development and implementation of a comprehensive program for the acquisition of, design and manufacture of salt iodization machines and transfer of salt iodization technology to small and subsistence local salt producers/manufacturers;
- b) Provide funding assistance to qualified small producers, especially if located in one of the priority provinces in support of the government's poverty alleviation and industry decentralization drive;

- c) Develop a program of training entrepreneurs in setting up micro/cottage/small business enterprises to be located in its Technology and Livelihood Resource Center (TLRC) in the provinces;
- d) Undertake an all-out information campaign to promote the use of iodized salt nationwide through its tri-media information program and in its business technology courses.

SECTION 6. The Cooperative Development Authority (CDA) shall provide assistance to the small and subsistence salt producers/manufacturers so that they may organize themselves into cooperative and undertake salt iodization and marketing of iodized salt in the spirit of cooperativism. The organized cooperatives shall be registered in accordance with the CDA guidelines, rules, regulations and applicable laws.

SECTION 7. The Department of Environment and Natural Resources (DENR) shall provide assistance to the prospective salt producers/manufacturers in identifying suitable land areas appropriate for use as salt works/farms. The conversion of such lands into salt farms shall require the concurrence of the landowner and the concerned agency/entity. The DENR shall ensure, through the Environmental Impact Statement (EIS) System, that proposed activities near the salt farms do not adversely affect the latter. The DENR shall also monitor the adoption of anti-pollution control measures by iodized salt producers/manufacturers.

SECTION 8. The Bureau of Customs of the Department of Finance (DOF) shall assist the DOH in monitoring salt importation by providing quarterly reports of entries, including names and addresses of importers/consignees and quantity of shipment. It shall likewise inform the DOH on the quality and quantity of importation of the iodized salt.

SECTION 9. Any assistance to salt producers/manufacturers/traders/importers shall take into favorable consideration the size and capability of such salt producers as well as their faithful compliance with laws on health, labor and employment, environment, environment and ecology.

RULE VII ADVISORY BOARD

SECTION 1. Creation of the Salt Iodization Advisory Board - The Salt Iodization Advisory Board (SIAB) shall be composed of all members of the NNC Governing Body namely the Departments of Agriculture; Health; Social Welfare and Development; Education, Culture and Sports; Science and Technology; the Interior and Local Government; Labor and Employment; Trade and Industry; and Budget and Management; the National Economic and Development Authority; its three (3) private sector representatives and a representative from the DENR, the medical profession and the salt manufacturers, as mandated by Section 8 of this Act. The chairman of the NNC Governing Board shall chair the SIAB. The chairman shall convene the SIAB within one (1) month upon the approval of these IRR.

SECTION 2. Role - The SIAB shall function as the policy and coordinating body on the national salt iodization program and activities. It shall coordinate and monitor all activities concerning the salt iodization program from production and marketing, to public information campaign. It shall analyze the effectiveness of the salt iodization activities and then evaluate the progress of the program annually based on the reports submitted by DOH and other concerned agencies in the implementation of this Act. The SIAB shall submit an annual report every end of December to the Congress of the

Philippines on the status of the salt iodization program and offer recommendations for its improvement.

RULE VIII SANCTIONS

SECTION 1. The BFAD Director is hereby authorized to impose an administrative fine to existing salt producers/manufacturers/importers/traders based on the applicability of this Act. The provisions of this Act shall be immediately applicable to salt producers/manufacturers/importers/traders newly established or organized after the effectivity of the Act. The LGUs are authorized to impose administrative fine to food service establishments and outlets one year after the effectivity of the Act. The administrative fine shall be in the amount of not less than One Thousand Pesos (P1,000.00) but not more than One Hundred Thousand Pesos (P100,000.00), after notice and hearing for violation of any of the provisions of R.A. 8172 or its implementing rules and regulations.

In the imposition of the said administrative penalty, the imposable fine of One Thousand Pesos (P1,000.00) to Thirty Thousand Pesos (P30,000.00) shall be considered minimum penalty, Thirty One Thousand Pesos (P31,000.00) to Sixty Thousand Pesos (P60,000.00) as medium penalty, and Sixty One Thousand Pesos (61,000.00) to One Hundred Thousand Pesos (P100,000.00) as maximum penalty: provided that the maximum fine shall be in addition to the revocation of the offender's License to Operate, and provided further that in all cases where the subject matter of the offense is a prohibited product, the Director shall order the recall and/or withdrawal of the product from the market.

SECTION 2. When the offense is committed with the following circumstances, the minimum penalty shall be imposed:

- a) a history or record of satisfactory compliance with the rules and regulations prior to the commission of the offense, or absence of previous violation of R.A. 8172 or its IRR; and
- b) lack of information on the part of the offender about the rules and regulations or requirements of the subject matter of the violation/offense.

SECTION 3. When the act or omission in violation of R.A. 8172 and its implementing rules and regulations is attended by a manifest intention to mislead, defraud or deceive the consuming public, the maximum fine and revocation of License to Operate shall be imposed.

SECTION 4. The medium penalty shall be imposed when the offense committed is not attended by any of the circumstances described in Section 2 and 3 hereof.

SECTION 5. The BFAD Director may delegate the conduct of administrative investigation of any violation of R.A. 8172 or its IRR to the head of the LGU: provided that the recommendation shall be subject to review and confirmation by the BFAD Director before the same shall be deemed final and executory. In such case, the LGU may be authorized by the BFAD Director to collect the fine that may be imposed provided that such fine collected shall be held in trust for the exclusive use by the investigating LGU in the implementation of this Act.

**RULE IX
SEPARABILITY CLAUSE**

If any provision of these Implementing Rules and Regulations is declared null and void, for any reason, the remaining provisions shall not be affected thereby and shall remain valid.

**RULE X
EFFECTIVITY**

These Implementing Rules and Regulations shall take effect thirty days after its publication in a newspaper of general circulation.

APPROVED

HON CARMENCITA NORIEGA-REODICA, M.D., MPH
Secretary of Health and Member, NNC Governing Board

HON SALVADOR H. ESCUDERO III
Secretary of Agriculture and
Chairman, National Nutrition Council

HON. WILLIAM G. PADOLINA
Secretary of Science and Technology
Member, NNC Governing Board

HON. ROBERTO Z. BARBERS
Secretary of the Interior and Local Government
Member, NNC Governing Board

HON. CESAR B. BAUTISTA
Secretary of Trade and Industry
Member, NNC Governing Board

HON. RICARDO T. GLORIA
Secretary of Education , Culture and Sports
Member, NNC Governing Board

HON. HONESTO M. ISLETA
Press Undersecretary and Officer-In-
Charge
Philippine Information Agency

HON. VICTOR O. RAMOS
Secretary of Environment and Natural Resources

HON. ROBERTO F. DE OCAMPO
Secretary of Finance

HON. LINA B. LAIGO
Secretary of Social Welfare and Development
Member, NNC Governing Board

HON. LEONARDO A. QUISUMBING
Secretary of Labor and Employment
Member, NNC Governing Board

HON. SALVADOR M. ENRIQUEZ, JR.
Secretary of Budget and Management
Member, NNC Governing Board

HON. CIELITO F. HABITO
Secretary of Socio-Economic
Planning
Member, NNC Governing Board

HON. FLORENTINO S. SOLON
Executive Director

HON. SUSAN O. PAGDANGANAN
National President

Nutrition Center of the Philippines
Member, NNC Governing Board

Rural Improvement Clubs of the
Philippines
Member, NNC Governing Board

HON. ROBERTO M. ADOR
Executive Director
Philippine Legislators' Committee on
Population and Development Foundation Inc.
Member, NNC Governing Board

HON. QUINTIN L. KINTANAR,
M.D., Ph.D., CESO I
Director, Bureau of Food and Drug
Department of Health

HON. ANDRES V. SANCHEZ, JR.
Director General
Technology and Livelihood Resource Center
Office of the President

HON. JOSE C. MEDINA JR.
Chairman
Cooperative Development Authority

HON. MINERVA P. FRANCO
Executive Director
Product Development and Design Center
Of the Philippines
Department of Trade and Industry

WITNESSES:

ASUNCION L. MACALALAG, M.S.,
CESO IV
Acting Executive Director
National Nutrition Council

ADELISA C. RAMOS, MPA, MPH,
CESO IV
Director III, Nutrition Service
Department of Health

STANDARDS FOR IODIZED SALT

1. SCOPE

This standard applies to iodized salt used as a condiment or an ingredient in the preparation of food in households, food service and food manufacturing establishments.

2. DESCRIPTION

Iodized salt is food-grade salt that contains the prescribed level of iodine. It shall be produced from refined or unrefined (crude) salt obtained from underground rock salts deposits or by evaporation of seawater or natural brine. The finished product shall be in the form of solid crystals or powder, white in color, without visible spots of clay, sand, gravel or other foreign matter.

3. IODIZATION PROCESS

3.1. Salt may be iodized with potassium iodate (KIO₃) or potassium iodide (KI) by means of any of the following methods:

- a. dry mixing if salt is in powdered form
- b. drip feeding or spray mixing if salt is in crystal form
- c. submersion of salt crystals in iodated brine

4. ESSENTIAL COMPOSITION AND QUALITY FACTORS

4.1. Purity Requirements

To ensure the stability of iodine, salt to be iodized must conform with the following purity requirements:

Moisture, max	4% for refined salt 7% for unrefined salt
NaCl, min	97% (dry basis)
Calcium and Magnesium, max	2%
Water insolubles, max	0.2%
Heavy metal contaminants, max	
Arsenic as As	0.5 mg/kg
Cadmium as Cd	0.5 mg/kg
Lead as Pb	2.1 mg/kg
Mercury as Hg	0.1 mg/kg

4.2. Naturally Present Secondary Products and Contaminants in Raw Salt

Notwithstanding the purity requirements in section 4.1, the raw salt may contain natural secondary products, which are present in varying amounts depending on the origin and method of production of the salt, and which are composed mainly of calcium, potassium, magnesium and sodium sulphates, carbonates, bromides, and of calcium, potassium, magnesium chlorides as well. Natural contaminants may also be present in amounts varying with the origin and the method of production of the salt.

4.3. Iodine Levels

In other to meet national nutritional needs, the prescribed levels of iodine (I2) in iodized salt shall be as indicated below:

Sampling Point	Type of Container/Package	
	Bulk (>2 kg)	Retail (≤ 2 kg)
Production Site	70 - 150 mg/kg	60 - 100 mg/kg
Port of Entry*	70 - 150 mg/kg	60 - 100 mg/kg
Retail Site	≥50 mg/kg	≥40mg/kg

*For imported iodized salt; also at importer's/distributor's warehouse.

5. **FOOD ADDITIVES**

5.1 All additives used, including KIO₃ and KI, shall be of food-grade quality and shall conform to specifications prescribed by JECFA or the Food Chemicals Codex. Permitted additives for iodized salt are listed below:

5.1.1 <u>Anticaking Agents</u>	<u>Maximum Level in the Final Product</u>
5.1.2 Coating agents; Carbonates, calcium/magnesium Magnesium oxide; Tricalcium phosphate; Silicon dioxide, amorphous; Silicates of calcium, sodium or magnesium; Alumino of sodium or calcium	20 g/kg singly or in combination (for 5.2.1 and 5.2.2)
5.1.3 Coating hydrophobic agents; aluminum, calcium, Magnesium, potassium or sodium salts of myristic, Palmitic or stearic acids	
5.1.4 Crystal modifiers; Ferrocyanides, calcium, expressed Potassium or sodium	10 mg/kg singly or in combination as [Fe(CN ₆)] ₃

5.2 Emulsifiers

Polysorbate 90	10 mg/kg
----------------	----------

5.3 Processing Aid

Dimethylpolysiloxane	10 mg of residue/kg
----------------------	---------------------

6. **PACKAGING**

All iodized salt shall be packed in woven polypropylene bags, clean and unused jute bags, or other non-porous material with a lining of high density polyethylene to ensure the retention of appropriate iodine level at the time of consumption.

7. **LABELLING**

7.1 Iodized salt for commercial distribution shall carry appropriate labelling in accordance with BFAD rules and regulations on labelling of prepackaged foods. Specifically, the following information shall be declared in every container of iodized salt whether in bulk or retail package:

7.1.1. For locally produced iodized salt

- a) The name of the product, "IODIZED SALT", printed in bold capital letters
- b) Name and address of manufacturer
- c) Net weight (in metric units)
- d) Iodine compound used
- e) Chemical additives e.g. anticaking agents, emulsifiers
- f) Open date marking e.g. "Best Before" or "Consume Before" Date
- g) Lot identification Code (Repackers must use manufacturer's lot i.d. code)
- h) Storage instruction: STORE IN COOL DRY PLACE

7.1.2. For imported iodized salt

- a) same as in 7.1.1(a), (c) to (h)
- b) Name and address of importer/local distributor
- c) Country of origin

7.2 Labelling of Non-Retail Containers

In the case of non-retail containers of at least 25 kg of iodized salt, the labelling information required in section 7.1.1 (b), (d), (e) or in 7.1.2 (b) may not be declared if such bulk packages are intended for delivery to distributors/repackers or food manufacturers/ institutional users, provided every shipment or delivery is accompanied by a document containing all the information in 7.1.1 or 7.1.2.

8. STORAGE, TRANSPORT AND DISPLAY AT RETAIL

In order to minimize avoidable losses of iodine, iodized salt shall not be exposed to any of the following conditions during storage, transport and display at retail outlets:

- a) direct sunlight or near source of strong light
- b) high temperature and humidity
- c) contamination with moisture e.g. rain, flood, etc.
- d) contamination with dust or filth from the environment

**CHECKLIST OF REQUIREMENTS FOR LICENSING
OF IODIZED SALT MANUFACTURERS
(With Iodizing Machines)**

I. DOCUMENTARY REQUIREMENTS

1. Accomplished Petition Form (duly notarized)
2. ID picture of owner/general manager
3. If corporation, copy of SEC Registration and Articles of Incorporation
4. If single proprietor, copy of Bureau of Domestic Trade Registration
5. Address of manufacturing plant (with location map)
6. Contract of Lease of Building (if not owned by applicant)
7. Floor plan of manufacturing plant with dimension in meters

II. TECHNICAL REQUIREMENTS

1. Qualification of key personnel in production and quality control
2. Flow chart of manufacturing process with emphasis on identification of critical control points
3. Quality Assurance System (QAS) including in-plant quality control
4. Certificate of analysis of finished product in accordance with prescribed standard for iodized salt

III. FEES TO BE PAID

1. Filing fee of P50.00 upon submission of complete documentary and technical requirements
2. Fee for LTO (valid for 1 year):
P1,000.00 for large and medium manufacturer
P500.00 for small manufacturer
P200.00 for subsistence manufacturer

NOTE:

1. Technical requirements are subject to verification during inspection.
2. Inspection shall be scheduled only after compliance with documentary and technical requirements.
3. Original copy of SEC/BDT Registration shall be presented for verification
4. Only owner and/or authorized technical staff will be entertained.

**CHECKLIST OF REQUIREMENTS FOR LICENSING OF
SALT IMPORTERS/DISTRIBUTORS**

I. DOCUMENTARY REQUIREMENTS

1. Accomplished Petition Form (duly notarized)
2. ID picture of owner/general manager
3. If corporation, copy of SEC Registration and Articles of Incorporation
4. If single proprietor, copy of Bureau of Domestic Trade Registration
5. Copy of warehouse address (with location map)
6. Contract of Lease of Office and Warehouse (if not owned by applicant)
7. Document indicating terms of agreement between manufacturers/suppliers and importer (duly notarized)
8. Document including terms of agreement between importer and local distributor, if importer is not the local distributor (duly notarized)
9. Product specifications from manufacturer
10. Certificate of analysis from government or accredited laboratory from the country of origin

II. TECHNICAL REQUIREMENTS

Importer/distributors must have the capability to assure the quality of the iodized salt during storage and prior to distribution which at a minimum shall cover the following:

1. Proper storage conditions
2. Random testing of stocks of iodized salt prior to distribution (products may be tested in designated government or private analytical laboratories)
3. Maintenance of records of quality assurance activities and distribution practices
4. Compliance with packaging and labelling requirements

III. FEES TO BE PAID

1. Filing fee of P50.00 upon submission of complete documentary and technical requirements
2. Fee for LTO (valid for one year) - P1,000.00

NOTE:

1. Technical requirements are subject to verification during inspection.
2. Inspection shall be scheduled only after compliance with documentary and technical requirements.
3. Original copy of SEC/BDT Registration shall be presented for verification

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

The BUREAU OF FOOD AND DRUGS of Alabang, Muntinlupa City, represented herein by DR. QUINTIN L. KINTANAR, its Director hereafter referred to as the Bureau, AND The Municipality of _____ represented by the Municipal Mayor _____ hereafter referred to as the LGU.

hereby STIPULATE that -

1. The Bureau has been authorized by the Department of Health through Administrative Order ____ to enter into a Memorandum of Agreement with Local Government Units to implement Republic Act No. 8172.
2. The Municipal Mayor _____ has been duly authorized by the Sangguniang Bayan through Resolution No. _____ to enter likewise into a Memorandum of Agreement with the Bureau for the implementation of the same Act.
3. This Agreement is necessary and indispensable for the effective implementation and enforcement of the said Act. Wherefore, the Bureau and the LGU hereby AGREE TO UNDERTAKE THE FOLLOWING FUNCTIONS, DUTIES AND RESPONSIBILITIES under the terms and conditions hereunder set forth.
4. The Bureau delegates the authority to register and issue license to operate to producers manufacturers and importers of food-grade iodized salt to the LGU after determining the latter's compliance with the standards and requirements provided by the IRR (Adm. Order ____)
 - 4.a All salt producers/manufacturers and importers shall register with the LGU before a Mayor's (Business) Permit shall be issued.
 - 4.b If such salt producer or importer intends to produce and distribute food-grade iodized salt, he shall be required to apply for a license to operate an Iodized Salt Establishment/Plant
 - 4.c Following such application, the LGU shall inspect the facilities and equipment of the producer/importer-applicant and determine its compliance with the standard and requirements, after which the LGU may require the applicant to pay the license fee in the amount not more than what is provided for in Section ____ of Admin. Order No. ____ and issue a License to Operate.
- 4.b The license to operate shall be issued in four copies, the original of which shall be given to the licensee, a duplicate copy shall be forwarded to the Bureau and the last two copies shall be retained by the LGU for its file.
5. The LGU by its municipal health officers and nutritional-dietitians or in their absence, the sanitary inspectors shall monitor the operation of all the registered salt producers to ensure their compliance with the conditions, standards and requirements provided for by the IRR (____) provided that subsistence salt producers who are manually producing iodized salt shall not be allowed to distribute pre-packaged iodized salt in the market.
6. In cases where the LGU finds a probable violation of the RA 8172 or its implementing rules and regulations, the LGU shall conduct an investigation to determine if sanctions are imposable. After notice and hearing, the LGU shall issue a recommendatory resolution to the Bureau. If such resolution is confirmed, the LGU shall execute and impose the appropriate administrative sanctions in

accordance with the law, or its implementing rules and regulations (Admin. Order _____).

7. The license fees and fines collected under this Agreement may be retained and used by the LGU exclusively for the effective implementation of this Act.
8. The LGU shall submit an annual progress report of its implementation of RA 8172 to the Bureau in the format which the later shall prescribed (after consultation with the DOH Nutrition Services)
9. The LGU shall support the development and sustainability of salt industry through ordinances, and information campaign promoting the use of the iodized salt.
10. The Bureau in coordination with the DOST, DOH-Nutrition Service, DTI, LTRC, CDA and NNC shall provide regular technical assistance to the LGU (in the form of salt-iodization technology transfer, training of inspectors and enforcers/investigators, facilitate financial assistance to small/subsistence producers).

Signed on _____ at _____ (Witnesses to the signing of this Agreement shall be the other Agencies mandated by law to implement the same Act).



REPUBLIC ACT NO. 8976 November 7, 2000

AN ACT ESTABLISHING THE PHILIPPINE FOOD FORTIFICATION PROGRAM AND FOR OTHER PURPOSES.

Be it enacted by the Senate and House of Representatives of the Philippines Congress assembled:

Section 1. Title. - This Act shall be known as the "Philippine Food Fortification Act of 2000."

Section 2. Declaration of Policies. - Section 15 of Article II of the Constitution provides that the State shall protect and promote the right of health of the people and instill health consciousness among them.

State recognizes that nutritional deficiency problems in the Philippines, based on nutrition surveys, include deficiency in energy, iron, vitamin A, iodine, thiamin and riboflavin. To a minor extent, the Filipino diet is also deficient in ascorbic acid, calcium and folate.

The State recognizes that food fortification is vital where there is a demonstrated need to increase the intake of an essential nutrient by one or more population groups, as manifested in dietary, biochemical or clinical evidences of deficiency. Food fortification is considered important in the promotion of optimal health and to compensate for the loss of nutrients due to processing and/or storage of food.

Food fortification, therefore, shall be carried out to compensate for the inadequacies in Filipino diet, based on present-day needs as measured using the most recent Recommended Dietary Allowances (RDA)

Section 3. Definition of Terms. - For purposes of this Act, the following terms shall mean:

(a) BFAD - the Bureau of Food and Drugs of the Department of Health.

(b) DOH - the Department of Health.

(c) Fortification - the addition of nutrients to processed foods or food products at levels above the natural state. As an approach to control micronutrient deficiency, food fortification is addition of a micronutrient, deficiency in the diet, to a food which is widely consumed by a specific at-risk groups.

(d) Fortificant - a substance, in chemical or natural form, added to food to increase its nutrient value.

(e) Micronutrient - an essential nutrient required by the body in very small quantities; recommended intakes are in milligrams or micrograms.

(f) Manufacturer - the refinery in case of refined sugar or cooking oil, the miller in case of flour or rice, or the importer in case of imported processed foods or food products, or the processor in case of other processed foods or food products.

(g) NCC - the Governing Board of the National Nutrition Council.

(h) Nutrient - any chemical substance needed by the body for one or more of these functions; to provide heat or energy, to build and repair tissues, and to regulate life processes. Although nutrients are found chiefly in foods, some can be synthesized in the laboratory like vitamin and mineral supplements or in the body through biosynthesis.

(i) Nutrition Facts - a statement or information on food labels indicating the nutrient(s) and the quantity of said nutrient found or added in the processed foods or food products.

(j) Nutrition labeling - a system of describing processed foods or food products on the basis of their selected nutrient content. It aims to provide accurate nutrition information about each food. This is printed in food labels as "Nutrition Facts."

(k) Processed food or food products - food that has been subjected to some degree of processing like milling, drying, concentrating, canning, or addition of some ingredients which changes partially or completely the physico-chemical and/or sensory characteristics of the food's raw material.

(l) Recommended Dietary Allowances (RDA) - levels of nutrient intakes which are considered adequate to maintain health and provide reasonable levels or reserves in body tissues of nearly all health persons in the population.

(m) Sangkap Pinoy Seal Program (SPSP). - a strategy to encourage food manufacturers to fortify processed foods or food products with essential nutrients at levels approved by the DOH. The fundamental concept of the program is to authorize food manufacturers to use the DOH seal of acceptance for processed foods or food products, after these products passed a set of defined criteria. The seal is a guide used by consumers in selecting nutritious foods.

(n) Unprocessed food - food that has not undergone any treatment that results in substantial change in the original state even if it may have been divided, boned, skinned, peeled, ground, cut, cleaned, trimmed, fresh-frozen or chilled.

Section 4. The Philippine Food fortification Program. - The Philippine Food fortification Program, hereinafter referred to as the Program, shall cover all imported or locally processed foods or food products for sale or distribution in the Philippines; Provided, That, dietary supplements for which established standards have already been prescribed by the DOH through the BFAD and which standards include specifications for nutrient composition or levels of fortification shall not be covered by this Act.

The program shall consist of (1) Voluntary Food Fortification and (2) Mandatory Food Fortification.

Section 5. Voluntary Food Fortification. - Under the Sangkap Pinoy Seal Program (SPSP), the Department shall encourage the fortification of all processed foods or food products based on rules and regulations which the DOH through the BFAD shall issue after the effectivity of this act.

Manufacturers who opt to fortify their processed foods or food products but do not apply for Sangkap Pinoy Seal shall fortify their processed food or food products based on acceptable standards on food fortification set by the DOH through the BFAD.

Section 6. Mandatory Food Fortification. - (a) the fortification of staple foods based on standards set by the DOH through the BFAD is hereby made mandatory for the following:

- (1) Rice - with Iron;
- (2) Wheat flour 0 with vitamins A and Iron;
- (3) Refined sugar - with vitamin A;
- (4) Cooking oil - with vitamin A; and
- (5) Other staple foods with nutrients as may later required by The NCC.

The National Nutrition Council (NCC) shall require other processed foods or food products to be fortified based on the findings of nutrition surveys. Such requirement shall be promulgated through regulations to be issued by the Department of Health (DOH) through the Bureau of Food and Drugs (BFAD) and other concerned agencies.

(b) The fortification of processed foods or food products under this Section shall be undertaken by the manufacturers: Provided, That in the case of imported processed foods or food products, the required fortification shall be done by the producers/manufacturers of such imported processed foods or food products. Otherwise, the importer shall have responsibility of fortifying the imported processed foods or food products before said products are allowed to be distributed or sold to the public: Provided, further, That the implementation of the mandatory fortification for wheat flour, refined sugar, cooking oil and rice, including those milled and/or distributed by the National Food Authority, shall commence after four (4) years from the effectivity of this Act.

(c) The DOH guidelines on micronutrient fortification of processed food or food products included in Administrative Order No. 4-A series of 1995 and such other necessary guidelines that may be issued by the DOH, shall serve as a basis for the addition of micronutrient(s) to processed foods or food products to avoid over or under fortification that may create imbalance in the diet as well as avoid misleading label claims to gain competitive marketing advantage.

(d) Manufacturers of processed foods or food products shall include on the label a statement of "nutrition facts" indicating the nutrient(s) and the quantities of said nutrients added in the food.

(e) Imported rice, wheat flour, refined sugar, cooking oil and other processed foods or food products that may be identified later by the NCC, shall comply with the requirements of this Act on entry in country, at the end of manufacturing process and/or at all points of sale or distribution.

Section 7. Quality Assurance. - The agencies charged with the implementation of this Act shall establish a quality assurance system. Likewise, the manufacturers and importers of processed foods or food products shall also establish their own quality assurance system in accordance with the quality assurance system of the implementing agencies.

Section 8. Implementation, Monitoring and Review. - The DOH through the BFAD shall be the lead agency responsible for the implementation and monitoring of this Act while the NNC, the policy-making and coordinating body of nutrition, shall serve as the advisory board on food fortification.

The DOH shall also be responsible in the conduct of promotional and advocacy activities on the use of fortified processed foods or food products through its Sangkap Pinoy Seal Program (SPSP) and/or other programs designed to promote nutrition. Products approved by the SPSP shall be allowed to use the Sangkap Pinoy Seal. Further, the DOH is hereby authorized to charge reasonable fees for applications in the SPSP and use of such fees in the promotion and advocacy activities of nutrition.

The NCC shall conduct a periodic review of the micronutrients added to food. This review will provide the basis for determining if the mandatory fortification is still required or not. The review shall be done at least every five (5) years to coincide with the conduct of the Food and Nutrition Research Institute's (FNRI) national nutrition survey and/or the assessment of the Philippine Plan of Action for Nutrition (PPAN).

The local government units, through their health officers or agricultural officers or nutritionist-dieticians or the sanitary inspectors shall assist in monitoring/checking that foods to be mandated to be fortified like rice, refined sugar, wheat flour and cooking oil are properly fortified and labeled with "nutrition facts" indicating the specific micronutrient it was fortified with.

The local food industries shall report on the production, marketing and distribution of fortified foods. They shall annual reports to the DOH, also indicating their industrial concerns and recommendations.

Section 9. Support to Affected Manufacturers. - The following government agencies shall support the implementation of this Act through their respective programs:

(a) The Department of Trade and Industry (DTI) is hereby required to assist and support affected manufacturers in upgrading their technologies by helping them obtain soft loans and financial assistance for the procurement of technologies and machines to comply with the provision of this Act;

(b) The Department of Science and Technology (DOST) shall develop and implement comprehensive programs for the acquisition, design and manufacture of machines and technologies and transfer said machines and technologies to manufacturers;

(c) The Land Bank of the Philippines (LBP) and the livelihood Corporation (LIVERCOR) are hereby required to assist and support the implementation of this Act by granting loans, to affected manufacturers, at preferential rates; and

(d) The various agencies/institutions with accredited analytical laboratories for nutrient analysis and other technology development generators shall provide the necessary services that may be required by the food industry in compliance with this Act.

Section 10. Noncompliance with Fortification Process. - The following shall be considered non compliance with the fortification process:

(a) if the food fortification levels do not comply with the DOH requirements, except when the deviation from the fortification levels are justified and are properly declared in the labeling;

(b) If the fortificant used is different from that approved by the DOH; and

(c) If the process of fortification does not conform to the DOH standard.

Section 11. Administrative Sanctions. - The DOH through the BFAD, after notice and hearing, shall impose any or all of the following administrative sanctions in cases of noncompliance with the food fortification guidelines it has set:

(a) Denial of registration of the processed foods or food products by the DOH through the BFAD if the processed foods or food products do not comply with the food fortification requirements. Said processed foods or food products shall not be allowed to be put in the market;

(b) Order the recall of the processed foods or food product(s); and

(c) Impose a fine or not less than Three Hundred Thousand Pesos (P300,000.00) and suspension of registration for the first violation; not more than Six hundred thousand pesos (P600,000.00) and suspension of registration for the second violation; and not more than one million pesos (P1,000,000.00) and cancellation of the registration of the product for the third violation of the provisions of this Act or its Implementing Rules and Regulations (IRR).

Section 12. Implementing Rules and Regulations. - The DOH through the BFAD and in consultation with other concerned government agencies, nongovernment organizations, private sectors and consumer groups involved in

nutrition, shall formulate the implementing rules and regulations (IRR) necessary to implement the provisions of this Act within ninety (90) days from the approval of this Act. The IRR issued pursuant to this Section shall take effect thirty (30) days after publication in a national newspaper of general application.

Section 13. *International Commitments.* - Nothing in this Act is intended to violate provisions of Treaties and International Agreements to which the Philippines is a party.

Section 14. *Repealing Clause.* - All laws, decrees, rules and regulations, executive orders inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 15. *Seperability Clause.* - If any provision of this Act is declared unconstitutional or unlawful, the remaining provisions shall remain legal and in full effect.

Section 16. *Effectivity.* - This Act shall take effect upon its approval.

Approved: November 7, 2000

(Sgd.) **JOSEPH EJERCITO ESTRADA**
President of the Philippines

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL
Region III

REGIONAL NUTRITION COMMITTEE
Resolution No. 2, Series of 2012
**ADOPTING THE GUIDELINES ON THE FABRICATION, VERIFICATION
AND MAINTENANCE OF WOODEN HEIGHT BOARDS**

WHEREAS, triggered by the adoption of the WHO-Child Growth Standards, the annual weighing of all preschool children or Operation Timbang (OPT) has been expanded to include the measurement of height (for children 2 years and older) or length (for children less than 2 years old) into what is now called Opt Plus;

WHEREAS, the measurement of height and length would require an affordable instrument;

WHEREAS, the World Health Organization has recommended the use of wooden height board, for which it has drawn up technical specifications for fabrication;

WHEREAS, there is a need to ensure the integrity of measurements using the wooden height board, through clear guidelines on fabrication, calibration, verification, and maintenance;

WHEREAS, in consideration of the above premises, the National Nutrition Council Governing Board approved the guidelines on the fabrication, verification, and maintenance of wooden height boards.

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, the Regional Nutrition Committee Governing Board hereby adopts the guidelines on the fabrication, verification, and maintenance of wooden height boards.

RESOLVED FURTHER that all agencies, local nutrition committees of local government units, or organizations procuring, fabricating or marketing, and using wooden height boards should use these guidelines in preparing technical specifications for procurement of height boards, in manufacturing, in inspecting deliveries, and in maintaining the boards.

RESOLVED FURTHER that the National Nutrition Council Region III Secretariat, together with the member agencies of the Regional Nutrition Committee ensures widest dissemination of the guidelines and monitor its implementation.


Approved this 6th day November 2012


LEONITA P. GORGOLON, M.D., MHA, MCHM, CEO VI
Regional Director, DOH-Center for Health Development RO3
Chairperson, Regional Nutrition Committee


Attested:


VICTORIA N. MANEZ
Regional Nutrition Program Coordinator


CONFORME




DIR. ANDREW B. VILLACORTA, CESO IV
Regional Director of Agriculture and
Vice-Chair, Regional Nutrition Committee




DIR. ELISA D. SALON
Regional Director of Budget and Management
Member, Regional Nutrition Committee




DIR. ADELINA S. APOSTOL
Regional Director of Social Welfare & Dev't
Member, Regional Nutrition Committee



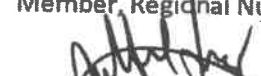
DIR. BLESILA A. LANTAYONA
Regional Director of Trade and Industry
Member, Regional Nutrition Committee




DIR. AMADEO B. DE GUZMAN
Regional Director of National Food Authority
Member, Regional Nutrition Committee




DIR. SEVERINO C. SANTOS
Regional Director of National Economic
and Development Authority
Member, Regional Nutrition Committee




DIR. WILLIAM L. BELTRAN
OIC-Regional Director of Phil. Information Agency
Member, Regional Nutrition Committee




DIR. FLORIDA M. DIJAN, CESO IV
Regional Director of Interior & Local Government
Member, Regional Nutrition Committee



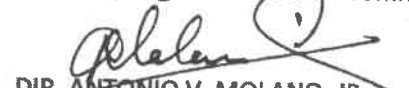
DIR. VICTOR B. MARIANO, DBA
Regional Director of Science and Technology
Member, Regional Nutrition Committee



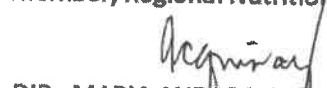
DIR. ISABELITA M. BORRES, CESO III
Regional Director of Education
Member, Regional Nutrition Committee




DIR. RAYMUNDO G. AGRAVANTE
Regional Director of Labor and Employment
Member, Regional Nutrition Committee



DIR. ANTONIO V. MOLANO, JR.
Regional Director of Public Works and Highways
Member, Regional Nutrition Committee



DIR. MARIA AURORA C. QUIRAY
Regional Director of Commission on Population
Member, Regional Nutrition Committee



MR. JESUS SIMON
Chairman of Regional Agricultural & Fishery Council
Member, Regional Nutrition Committee

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

National Nutrition Council Governing Board
Resolution No. 3, Series 2018

**APPROVING THE GUIDELINES ON THE SELECTION OF NON-WOOD HEIGHT
AND LENGTH MEASURING TOOL**

WHEREAS, the Philippines adopted the WHO Child Growth Standards (WHO-CGS) for determining the nutritional status of Filipino children under five years old;

WHEREAS, the WHO-CGS includes measurement of length and height of children to more accurately allow comprehensive child growth assessment;

WHEREAS, the NNC adopted the use of wooden height board in the country based on the recommendations of the World Health Organization where the first prototype of the wooden height board's specifications had been drawn and adapted;

WHEREAS, the NNC Governing Board on motion of the Department of Agriculture as Vice-Chair, instructed the Secretariat to explore other materials apart from wood for the fabrication of height board in view of the country's policy on total log ban;

WHEREAS, there is a need to field test height boards fabricated by various interest groups using other materials such as aluminum, acrylic, and plastics, a Field Trial of Alternative Height Measuring Equipment: Allensstick, Aluminum-Acrylic Height Board, Stadiometer vis-à-vis Wooden Height Board was conducted to provide evidence on accuracy, reliability, and ease of use of the other height board models; possibly replacing the wooden height board in the long-term in consideration of its weight and harm to the environment;

WHEREAS, the results of the field trial attested to the feasibility and practicability of the three (3) height boards tested made from other materials, i.e. aluminum-acrylic height board, fiberglass, and plastic, as acceptable measuring equipment for length/height of children in addition to the wooden height board with improvements as indicated in the study;

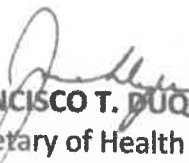
NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the above premises, the National Nutrition Council Governing Board hereby approves the Guidelines on the Selection of Acceptable Non-Wood Height and Length Measuring Tool and use of height boards made of aluminum-acrylic, fiberglass, and plastic as acceptable measuring equipment in addition to the recommended wooden height board for assessing growth of children in the Philippines.

2
2
NNC Governing Board Resolution No. 3

Guidelines on the Selection of Acceptable Non-Wood Height and Length Measuring Tool

RESOLVED FURTHER, that the National Nutrition Council Secretariat shall ensure the dissemination of this Resolution and shall provide guidance to local government units and other agencies and organizations producing height boards, conducting length/height assessment of children and purchasing length/height measuring equipment.

APPROVED this 24th day of April Two Thousand and Eighteen.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health and Chairperson
National Nutrition Council Governing Board

Attested by:

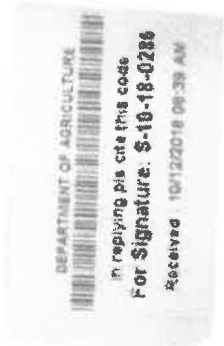

Assistant Secretary of Health Maria-Bernardita T. Flores, CESO II
Council Secretary and Executive Director IV
National Nutrition Council

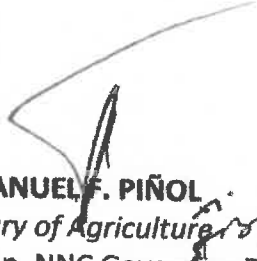
2


NNC Governing Board Resolution No. 3


Guidelines on the Selection of Acceptable Non-Wood Height and Length Measuring Tool


CONFORME:






EMMANUEL F. PIÑOL
Secretary of Agriculture
Vice-Chairperson, NNC Governing Board



EDUARDO M. AÑO
OIC-Secretary of the Interior and Local Government
Vice-Chairperson, NNC Governing Board



BENJAMIN E. DIOKNO
Secretary of Budget and Management
Member, NNC Governing Board



LEONOR M. BRIONES
Secretary of Education
Member, NNC Governing Board

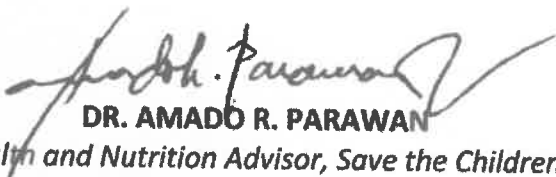

SILVESTRE H. BELLO III
Secretary of Labor and Employment
Member, NNC Governing Board



FORTUNATO T. DELA PEÑA
Secretary of Science and Technology
Member, NNC Governing Board


VIRGINIA N. OROGO
Acting Secretary of Social Welfare and Development
Member, NNC Governing Board


ERNESTO M. PERNIA
Secretary of Socio-Economic Planning and Director-General, National Economic and Development Authority
Member, NNC Governing Board


RAMON M. LOPEZ
Secretary of Trade and Industry
Member, NNC Governing Board


DR. AMADO R. PARAWAN
Health and Nutrition Advisor, Save the Children
Member, Philippine Coalition of Advocates for Nutrition Security
Member, NNC Governing Board


ROMEO C. DONGETO
Executive Director, Philippine Legislators' Committee on Population and Development
Member, NNC Governing Board



Republic of the Philippines
NATIONAL NUTRITION COUNCIL

NNC GOVERNING BOARD
Resolution No. 2, Series of 2012

**Approving the Revised Implementing Guidelines
on Operation Timbang *Plus* (OPT *Plus*)**

Whereas, nutrition plays a vital role in an individual's growth and development with growth as a measure of an individual's health and nutritional well-being;

Whereas, two methods of growth assessment in communities in the Philippines are being implemented, namely; Growth Monitoring and Promotion (GMP), the individual child regular growth monitoring for counseling and intervention, and the conduct of mass weighing referred to as Operation Timbang (OPT);

Whereas, OPT *Plus* is the annual mass weighing with the addition of the measurement of length or height of all preschool children aged 0-71 months old in a community to identify and locate families with malnourished preschool children, and determine the overall nutrition situation in the area every 1st quarter of the year;

Whereas, the "*Plus*" in OPT *Plus* refers to the:

1. Inclusion of length and height measurement in the conduct of OPT *Plus* because using weight and length or height in combination can help best describe a child's nutritional status in terms of stage of deterioration of nutritional status of the child;
2. Effort of the OPT Team to come up, through a group-coordinated effort, with only one set of OPT *Plus* data for consistency among the different functionaries and groups;
3. Extra effort of local nutrition committees, particularly members of Community Health Teams, to jointly discuss, analyze and utilize the OPT *Plus* results for identification of actions to address the malnutrition problem in the locality; and
4. Use of the Child Growth Standards (CGS) as the country's standard for growth assessment of children as the single international standard that represents the best physiological growth for all children from birth to five years of age and establish the breastfed infant as the normative model for growth and development as stipulated in NNC Governing Board Resolution No. 2, S 2008, "Adoption of the New WHO Child Growth Standards for Use for Children 0-5 years old in the Philippines".

NNC GOVERNING BOARD
Resolution No. 2, Series of 2012

Approving the Revised Implementing Guidelines on Operation Timbang Plus (OPT Plus)

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the above premises, we the National Nutrition Council Governing Board hereby approve the revised implementing guidelines on *OPT Plus*;

FURTHER RESOLVED that the following actions be pursued to support the implementation of the revised implementing guidelines on *OPT Plus*;

1. For agencies including but not limited to the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Education (DepED), and Department of the Interior and Local Government to issue the department-wide order in support of this Board Resolution; and
2. The National Nutrition Council (NNC) Secretariat and the National Center for Disease Prevention and Control of the DOH to lead in the conduct of orientation among local government functionaries on the revised implementing guidelines on *OPT Plus* to ensure its consistent adoption; and
3. The NNC Secretariat, with support from the DOH, DSWD, DepED, and Department of Science and Technology to ensure the availability of calibrated weighing scales and verified height boards.

Approved this 12th day of January 2012.



ENRIQUE T. ONA, MD
Secretary of Health and Chairperson
National Nutrition Council Governing Board

Attested:


Assistant Secretary Maria-Bernardita T. Flores, CESO II
Council Secretary and Executive Director IV
National Nutrition Council

10

**NNC GOVERNING BOARD
RESOLUTION NO. 6, S. 2012**

ADOPTION OF THE 2012 NUTRITIONAL GUIDELINES FOR FILIPINOS

WHEREAS, malnutrition and diet-related non-communicable diseases remain to be a problem in the Philippines and that poor nutrition can be caused by poor nutrition practices as a result of inadequate information on proper diet and nutrition behaviors;

WHEREAS, the development and dissemination of nutritional guidelines can contribute to improved nutrition since nutritional guidelines are primary recommendations to promote good health through proper nutrition including advice on consumption of foods for which there are public health concerns;

WHEREAS, the Philippines has developed the Nutritional Guidelines for Filipinos in 1990 which was later revised in 2000 to ensure that the messages responded to specific health and nutrition problems prevailing in the country at that time and that the NNC Governing Board approved its adoption in the country;

WHEREAS, the 2000 Nutritional Guidelines for Filipinos served as a tool for nutrition education, promotion of desirable dietary and nutrition habits and as such the messages have been promoted nationwide in the country;

WHEREAS, given changes in the nutrition situation in the Philippines and new information on nutrition and related interventions to address nutrition problems, the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) initiated the revision of the 2000 Nutritional Guidelines for Filipinos;

WHEREAS, the FNRI-DOST, through an inter-agency and multi-disciplinary technical working group, developed the 2012 Nutritional Guidelines for Filipinos by undertaking the necessary processes including multi-sectoral consultations;

WHEREAS, the 2012 Nutritional Guidelines for Filipinos, consisting of ten (10) key messages, includes both food-based and behaviour-driven guidelines and addresses current nutritional and dietary problems;

WHEREAS, the NNC Technical Committee approved the 2012 Nutritional Guidelines for Filipinos during its meeting on 16 October 2012 after finding it to be sufficient and acceptable for endorsement to the NNC Governing Board for approval;

NOW THEREFORE, BE IT RESOLVED, AS IT IS HEREBY RESOLVED, in consideration of the benefits of adopting a revised Nutritional Guidelines for Filipinos that is relevant to the current nutritional and related situation, to adopt the 2012 Nutritional Guidelines for Filipinos as the official nutritional guidelines in the country, as follows:

1. Eat a variety of foods everyday to get the nutrients needed by the body.

2. Breastfeed infants exclusively from birth up to 6 months then give appropriate complementary foods while continuing breastfeeding for 2 years and beyond for optimum growth and development.
3. Eat more vegetables and fruits everyday to get the essential vitamins, minerals and fiber for regulation of body processes.
4. Consume fish, lean meat, poultry, egg, dried beans or nuts daily for growth and repair of body tissues.
5. Consume milk, milk products and other calcium-rich foods, such as small fish and shellfish, everyday for healthy bones and teeth.
6. Consume safe foods and water to prevent diarrhea and other food and water-borne diseases.
7. Use iodized salt to prevent Iodine Deficiency Disorders.
8. Limit intake of salty, fried, fatty and sugar-rich foods to prevent cardiovascular diseases.
9. Attain normal body weight through proper diet and moderate physical activity to maintain good health and help prevent obesity.
10. Be physically active, make healthy food choices, manage stress, avoid alcoholic beverages and do not smoke to help prevent lifestyle-related non-communicable diseases.

RESOLVED FURTHER,

1. For the FNRI-DOST to develop the reference handbook and conduct researches toward continuous improvement of the Nutritional Guidelines for Filipinos;
2. For the FNRI-DOST to conduct policy review and evaluation of the 2012 Nutritional Guidelines for Filipinos by 2020 to determine its relevance and appropriateness to the changing diet, nutrition and health situation in the country;
3. For the NNC Secretariat to spearhead the formulation and evaluation of a communication and promotion plan to ensure the widest dissemination and use of the 2012 Nutritional Guidelines for Filipinos and ensure participation of non-government organizations, media, the academe and civil society;
4. For the Department of Agriculture to promote production of food commodities for Filipino consumers;

5. For the Department of Health to formulate new, and enhance existing policies, and develop guidelines on the use and promotion of NGF within the health sector and other related stakeholders;
6. For the Department of Education to integrate the 2012 Nutritional Guidelines for Filipinos in the school curricula for primary and secondary education;
7. For the Department of the Interior and Local Government to issue a memo circular to local government units to enjoin them to promote the Nutritional Guidelines for Filipinos among their constituents;
8. For the Department of Labor and Employment to disseminate the Nutritional Guidelines for Filipinos in the labor sector to promote health and nutrition among workers and employers; and
9. For the other members of the Governing Board to promote the Nutritional Guidelines for Filipinos within their networks.

AND RESOLVED FURTHER,


1. For the different relevant agencies to include budget in their annual appropriations to support the promotion of the Nutritional Guidelines for Filipinos; and
2. For the NNC to monitor and ensure the implementation of this GB resolution.

Approved this 31st day of October 2012.



HONORABLE ENRIQUE T. ONA, MD
Secretary of Health and Chairperson
National Nutrition Council Governing Board

Attested by:


Assistant Secretary of Health Marla-Bernardita T. Flores, CESO II
Executive Director IV, National Nutrition Council and
Council Secretary

**NNC GOVERNING BOARD
RESOLUTION NO. 6, S. 2012**

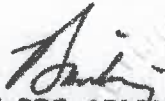
ADOPTION OF THE 2012 NUTRITIONAL GUIDELINES FOR FILIPINOS

CONFORME:

HON. PROCESO J. ALCALA
Secretary of Agriculture and
Vice-Chairperson, NNC Governing Board

HON. MANUEL A. ROXAS II
Secretary of the Interior and Local Government and
Vice-Chairperson, NNC Governing Board

HON. FLORENCIO B. ABAD
Secretary of Budget and Management and
Member, NNC Governing Board


HON. BRO. ARMIN A. LUISTRO, FSC
Secretary of Education and
Member, NNC Governing Board


HON. ROSALINDA DIMAPILIS-BALDOZ
Secretary of Labor and Employment and
Member, NNC Governing Board


HON. MARIO G. MONTEJO
Secretary of Science and Technology and
Member, NNC Governing Board

HON. CORAZON JULIANO-SOLIMAN
Secretary of Social Welfare and
Development and
Member, NNC Governing Board

HON. GREGORY I. DOMINGO
Secretary of Trade and Industry and
Member, NNC Governing Board

HON. ARSENIO M. BALISACAN
Secretary of Socio-Economic Planning and
Director General, National Economic and
Development Authority and
Member, NNC Governing Board


MR. EDGARDO AMISTAD
Member, Advisory Council
League of Corporate Foundations and
Member, NNC Governing Board


DR. IRENE B. MARAMAG
Secretary General, Rural Improvement Clubs
of the Philippines, Inc. and
Member, NNC Governing Board

MS. SONIA R. LORENZO
Executive Director
Union of Local Authorities of the Philippines and
Member, NNC Governing Board

Republika ng Pilipinas
KAGAWARAN NG KALUSUGAN
PAMBANSANG PANGASIWAAN SA NUTRISYON
(NATIONAL NUTRITION COUNCIL)
Nutrition Building, 2332 Chino Roces Avenue
Extension
Taguig City, Philippines

NNC Governing Board Resolution No.1, Series of 2009

Adopting the National Policy on Nutrition Management in Emergencies and Disasters

WHEREAS, the country continues to be affected by natural and human-induced emergencies;

WHEREAS, these emergencies disrupt the lives of populations affected, putting them at risk of developing various undesirable health and related conditions, including those that threaten the nutritional status of individuals especially the most vulnerable groups: infants, children, pregnant women and breastfeeding mothers, older persons, people with disabilities, and people living with debilitating conditions;

WHEREAS, the risk of a deterioration in the nutritional status of the population likewise threatens the gains achieved in improving the nutrition situation, which could reverse the high likelihood of achieving nutrition-related targets of Goal 1 of the Millennium Development Goals (MDGs) directly and the targets of the other MDGs indirectly;

WHEREAS, such a threat could be mitigated through the delivery of various nutrition and related interventions, which are best identified and implemented through processes that allow the maximum participation of those affected;


WHEREAS, the delivery of quality nutrition and related services could be facilitated through clear and practical quality standards;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the above premises, we the National Nutrition Council Governing Board hereby adopt the **National Policy on Nutritional Management in Emergencies and Disasters**, as per attached.

RESOLVED FURTHER, for member agencies of the National Nutrition Council Governing Board to issue the appropriate agency policy instrument on the adoption of this policy.

RESOLVED FURTHER, for the Nutrition Cluster to formulate the appropriate guidelines, manual of operations, and other user-friendly materials to implement the policy.

Approved this 3rd day of December 2009.


FRANCISCO T. DUQUE III, MD., MSc.
Secretary of Health and
Chairperson, NNC Governing Board

Attested by:



Assistant Secretary Maria-Bernardita T. Flores, CESO II
Executive Director and Council Secretary

National Policy on Nutrition Management in Emergencies and Disasters

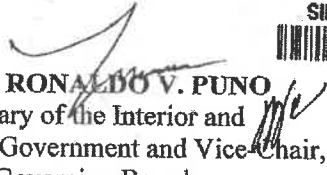
DEPARTMENT OF AGRICULTURE
Signature: S-02-19-0198
Date: 02-19-10 02:00 PM

CONFORME


Republic of the Philippines
DEPARTMENT OF THE INTERIOR
AND LOCAL GOVERNMENT
IN REPLYING, PLS CITE:
SILG10-000427


HON. ARTHUR C. YAP
Secretary of Agriculture and
Vice-Chair, NNC Governing Board

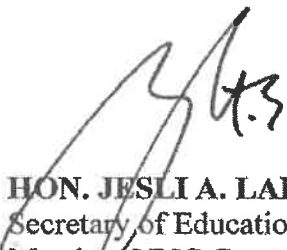
6/12


HON. RONALDO V. PUNO
Secretary of the Interior and
Local Government and Vice-Chair,
NNC Governing Board

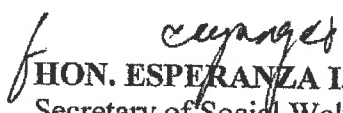
HON. ROLANDO G. ANDAYA, JR.
Secretary of Budget and Management
Member, NNC Governing Board



HON. ESTRELLA F. ALABASTRO
Secretary of Science and Technology
Member, NNC Governing Board


DOST-OSSEC
OSECTO - 55548
OFFICE OF THE SECRETARY
Department of Science and Technology

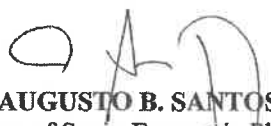

HON. JESLI A. LAPUS
Secretary of Education
Member, NNC Governing Board

Quater 19-5-10


HON. ESPERANZA I. CABRAL
Secretary of Social Welfare & Development
Member, NNC Governing Board


HON. MARIANO D. ROQUE
Secretary of Labor and Employment
Member, NNC Governing Board


HON. PETER B. FAVILA
Secretary of Trade and Industry
Member, NNC Governing Board


HON. AUGUSTO B. SANTOS
Secretary of Socio-Economic Planning
Director-General, National Economic
and Development Authority
Member, NNC Governing Board

Dept. of Labor & Employment
Office of the Secretary
100215

National Policy on Nutrition Management in Emergencies and Disasters

I. INTRODUCTION

The occurrence of emergencies and disasters has risen dramatically in recent years, with a parallel growth in the numbers of stricken communities, refugees and internally displaced persons. It threatens human lives and the general well-being of individuals, often resulting in food shortages, worsened nutritional status of a community, and even mortality in all age groups.

Thus, a primary concern during emergencies and disasters is to prevent death and malnutrition among the affected population, prioritizing the most vulnerable groups: infants, children, pregnant women and breastfeeding mothers, older persons, disabled people and people living with debilitating conditions. The resulting devastation is expected to aggravate the pre-existing health and nutrition situation. Therefore, nutrition is a key public health concern in emergency and disaster management.

Studies have shown that under nutrition and micronutrient deficiencies worsen during emergency and disaster situations because livelihood and food crops are lost, food supplies are interrupted, diarrheal and infectious diseases break out, and the practice of optimum infant feeding practices threatened and possibly impeded.

Furthermore, recent experiences of frequent emergencies and disasters, some of which have become prolonged, highlight the need to develop nutrition management capacities hence, reducing vulnerability of the population and mitigating the consequences of a potential nutrition crisis. The health sector has a precise role in all these areas: providing education, advocacy, and technical expertise to ensure vulnerability reduction and preparedness for appropriate nutrition-related relief, treatment and prevention of malnutrition, and ultimately promotion of nutrition in the context of broader health, community rehabilitation, and policy development. At the same time other sectors, e.g. agriculture, social welfare, etc. have roles to play in nutritional management in times of emergencies and disasters. Preparedness for appropriate nutrition-related response is crucial to the community's survival and continuing development.

Almost all countries have developed and are developing national plans of action for nutrition, which should include concerns on emergency and disaster preparedness and capacity-building for management of nutrition in emergencies and disasters.

Therefore, nutrition management in emergencies and disasters shall be an integral part of the entire disaster management system of local government units (LGUs) through local disaster coordinating councils (LDCCs).

This National Policy and Guide on Nutrition Management in Emergencies and Disasters shall address the need for standards and guidelines on appropriate nutrition

interventions and aid in identifying agency involvement; and shall serve as a motivation and basis for nutrition planning and evaluation.

II. SCOPE AND COVERAGE

The policy shall apply to all sectors, whether government, non-government or private institutions whose functions and activities contribute to the prevention of a deterioration in the nutritional status of Filipinos particularly the most vulnerable groups: infants, children, pregnant women and breastfeeding mothers, older persons, people with disabilities, and people living with debilitating conditions during emergencies and disasters.

It shall also guide LGUs in preparing and managing the food and nutrition situation in times of emergencies and disasters at various stages: early, intermediate and extended emergency.

This policy covers directions on strategies for nutrition management in emergencies and disasters particularly on planning, surveillance, rapid nutritional assessment, and implementation of nutrition interventions at various stages.

III. DEFINITION OF TERMS

- A. ***Acute Malnutrition.*** Condition arising from a deprivation of food or bout of infection in the immediate past and is manifested by muscle wasting. Acute malnutrition can be moderate or severe. Please see item K and T for definition of moderate and severe acute malnutrition, respectively.
- B. ***Complementary Feeding.*** Provision of additional foods and liquids in addition to breast milk for infants from 6 months of age onwards. It complements breastfeeding rather than replaces it.
- C. ***Disaster.*** An event causing great distress or ruin, in which local emergency management measures are insufficient to cope with a hazard, whether due to lack of time, capacity or resources, resulting in unacceptable levels of damage or number of casualties.
- D. ***Emergency.*** A sudden and unexpected turn of event that creates actual threat to public safety. It is the period characterized by chaos, death, injuries, damage to properties, displacement of families, and inadequate or lack of basic supplies.

- E. **Early Emergency.** It is the period immediately following a disaster, lasting from one to two days, or even for just a few hours depending on the nature of the disaster. The period is characterized by stress, anxiety and in some cases, shock where food supply is cut-off; no productive labor is possible and people are hungry but not starving.
- F. **Intermediate Emergency.** It is the transition period from initial onset of disaster to rehabilitation. Conditions are still far from normal but the initial shock is over. Provision of food is part of the relief package.
- G. **Extended Emergency.** It is the period after the worst is over. Rehabilitation to near-normal conditions takes place. At this phase, families start to go back to their homes to continue their everyday life. The affected community is encouraged to start anew so they do not become dependent on the subsistence given. The entire feeding should last not longer than two weeks. However, in devastated areas, the crisis may still be far from over after this time such that emergency mass feeding must be extended.
- H. **Food Security.** A condition that exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food for a healthy and active life
- I. **Malnutrition.** A pathological state resulting from a relative lack of nutrients (under nutrition) or excess of nutrients (over nutrition) or an absolute imbalance in nutrient intake. It results to impaired physical function to a point that the person cannot maintain adequate levels of performance at physical work, recovering from effects of disease, maintaining adequate level of growth and processes of pregnancy and lactation.
- J. **Mass Feeding.** Refers to the distribution of food rations to all those affected by an emergency or disaster regardless of nutritional status or risk to undernutrition.
- K. **Moderate Acute Malnutrition (MAM).** Characterized by a low weight-for-height (between minus 3 and minus 2 z-scores of the median growth standards). In the Philippine context, these are those classified as “moderately wasted”, based on the revised tables on weight and height measurements using the WHO Child Growth Standards (CGS). MAM is also indicated if mid-upper arm circumference (MUAC) is less than 125 mm (12.5 cm. or 4.9 in) but greater than or equal to 115 mm.
- L. **Multiple Micronutrient Powder (MNP).** Powder composed of vitamins and minerals in specified amounts added to foods after preparation of the food and just before consumption. Some known brands are Mix Me™ and Sprinkles™.

- M. **Nutrition Cluster**. Refers to a group composed of government, non-governmental and international humanitarian agencies that takes the lead in nutrition management during emergencies and disasters.
- N. **Nutrition Surveillance System**. It refers to watching over nutrition in order to make decisions leading to improvements on nutrition of the population by providing regular information about nutrition.
- O. **Persistent Diarrhea**. An episode of soft to watery stools lasting for more than 14 days but without signs of dehydration.
- P. **Planning for Nutrition Management in Emergencies**. Includes all aspects of planning for a nutrition response in emergencies. It refers to the management of nutritional risks and consequences of emergencies and disasters, including measures of prevention and preparedness in anticipation of possible hazards.
- Q. **Rapid Nutrition Assessment**. Refers to the assessment of nutritional status based on anthropometric data (weight, height, mid-upper arm circumference or MUAC, sex, age and presence of edema) and limited to children of preschool age, who serve to represent the general population. The data is limited to protein-energy malnutrition without attempting to assess other nutritional deficiencies as further variables can add workload and cause unnecessary delay.
- R. **Recommended Energy and Nutrient Intakes (RENI)**. Refers to the levels of intakes of energy and nutrients, which on the basis of current scientific knowledge, are considered adequate for the maintenance of health and well-being of nearly all healthy persons in the population.
- S. **Ready-to-Use Therapeutic Food (RUTF)**. Energy-dense, mineral and vitamin-enriched foods that deliver precise quantities of macro and micronutrients and are nutritionally equivalent to the F100 therapeutic milk used in hospital wards. These foods come in the form of oil-based pastes with the texture of peanut butter. They have very low moisture content and thus do not spoil and can be stored in simple packaging in tropical climates for at least six months. As they can be eaten straight from the pack and do not require cooking or dilution with water, the labor and fuel demands on poor households are minimized.
- T. **Severe Acute Malnutrition (SAM)**. Characterized by a weight that is below minus 3 z-scores of the median growth standards. In the Philippine context, these are those classified as “severely wasted”, based on the revised tables on weight and height measurements using the WHO Child Growth Standards (CGS). SAM is also indicated if mid-upper arm circumference (MUAC) is less than 115 mm (11.5 cm. or 4.5 in); and when bilateral edema is present.

- U. **Supplementary Feeding.** Refers to the provision of food to the undernourished or nutritionally vulnerable, equivalent to about 1/3 of the RENI for energy and protein. It also refers to the giving of foods in addition to what is available at evacuation centers; usually given to the nutritionally vulnerable such as young children, pregnant, and lactating women and older persons who are most prone to suffer from malnutrition and other illnesses. These foods include cereals, milk, meat or fish, vegetables, and fruits.
- V. **Undernutrition.** Refers to consequence of consuming and/or absorbing insufficient nutrients or using or excreting them more rapidly than they can be replaced. It refers to a range of conditions, including acute malnutrition (wasting/thinness), chronic malnutrition (stunting/shortness), and micronutrient deficiencies (vitamin A deficiency, iron deficiency anemia, and iodine deficiency disorders). In times of emergencies and disasters, undernutrition is of greater concern.

IV. OBJECTIVE

This guide is intended to help health, nutrition, and other professionals to work together and coordinate with each other in nutrition management in emergencies and disasters whether at the local and national level. By improving understanding among the various sectors who are collectively responsible for ensuring adequate nutrition among emergency and disaster-affected population, this guide will promote coordinated and effective action.

This will then ensure that appropriate and quality package of nutrition interventions are delivered to prevent deterioration of the nutritional status of the affected population particularly women, infants, children, older persons, persons with disabilities, and the minority groups in emergencies and disasters.

V. POLICY STATEMENTS

- Policy 1. **Universal Declaration of Human Rights.** All victims of emergencies and disasters have the right to a standard of living adequate for the health and well-being of himself/herself and of his/her family, including food.
- Policy 2. **Priority Targets (vulnerable groups).** Equitable delivery of nutrition interventions among vulnerable members of households including women, infants, children, older persons, disabled, marginalized, indigenous people, and compromised groups shall be observed. Gender-sensitive, age-sensitive, disability-sensitive, culture-sensitive and need-sensitive programming is a fundamental right of people being supported during an emergency and they shall be treated with respect and appropriate consideration throughout the emergency and disaster response.

- Policy 3. **Multi-sectoral Collaboration**. The support and contributions of all clusters and sectors shall be harnessed to mount a systematic and comprehensive nutrition management in emergencies and disasters.
- Policy 4. **Capacity Development**. All stakeholders involved in nutrition management in emergencies and disasters shall be psychologically prepared; equipped with the necessary knowledge, attitude and skills; and supported with appropriate and adequate resources to carry out their tasks considering that equipment and tools necessary for nutritional assessment are more likely not available in times of emergencies and disasters.
- Policy 5. **Community Empowerment**. The affected community shall be made aware on what to do before, during and after an emergency and disaster. Likewise, they shall be empowered to gain control of their lives through continuing participation in decision making and policy formulation; and planning for nutrition management in emergencies and disasters. They shall be equally and meaningfully involved in decision-making particularly on program design, implementation and monitoring and evaluation.
- Policy 6. **Nutritional Assessment**. Nutritional assessment shall be conducted for extended emergencies and disasters in affected areas at the soonest possible time at the local level.
- Policy 7. **Nutrition Intervention Package**. The nutritional requirements of the general population and vulnerable groups must be met primarily through infant feeding; food assistance; supplementary and therapeutic feeding; and micronutrient supplementation. These must be supported with nutrition education as well as interventions related to food, health, psychosocial care, water, sanitation and hygiene (WASH), and livelihood.
- Policy 8. **Nutrition Management Planning during Disasters**. All Emergency and Disaster Management Plans at all levels shall incorporate a nutrition management component with focus on vulnerable, marginalized, and compromised groups.
- Policy 9. **Research and Development**. Continuous research shall be conducted to update nutrition standards, develop ideal foods for emergency feeding and generate new evidences for planning and policy development in nutrition management in emergencies and disasters.

VI. IMPLEMENTING MECHANISMS

The following processes should be integral to emergency and disaster preparedness.

A. Coordination and Networking

This is a vital process in nutrition management in emergencies and disasters. It entails sharing relevant nutrition and other related-information, resources, services and systems among agencies or individuals directly involved.

Coordinated actions result to better complementation and delivery of interventions, maximum utilization of resources and wider service coverage.

1. The nutrition committee of each LGU shall function as the local nutrition cluster and in the context of emergency management shall be considered a sub-structure of the local disaster coordinating council. The local nutrition cluster should take charge of nutrition management in emergencies and disasters
2. In the absence of a functional nutrition committee, efforts must be exerted to reactivate said committee to include but not be limited to the local health office, nutrition office, social welfare and development, public elementary school system, academic institutions, other government agencies and non-governmental organizations (NGOs).
3. The local nutrition cluster shall ensure that its efforts and initiatives are linked with those of the other local clusters such as WASH, psychosocial, social protection, food and non-food clusters all of which are also under the local disaster coordinating councils.

B. Planning

This is a decision-making process based on an analysis of the initial and comprehensive assessment of nutritional status and socio-economic, cultural, and other demographic factors predictive of the nutrition situation in a community. The thorough analysis of available information facilitates in identifying targets, prioritizing the type of support and assistance needed, designing interventions to be implemented, and in deciding the monitoring and evaluation scheme to be used.

More specific concerns related to planning are as follows:

1. Nutrition management in emergency and disaster situations should be a component of the local plans of action for nutrition and should be incorporated in the local disaster preparedness plan.
2. The plans for nutrition management in emergency and disaster situations should define or identify:
 - a. Nutrition package and services to be delivered, including estimated or forecasted requirements of the following:
 - 1) Food rations for mass and supplementary feeding
 - 2) Multiple micronutrient powder
 - 3) Vitamin and mineral supplements
 - a) Vitamin A
 - b) Iron

- c) Zinc
 - d) Multiple micronutrient supplements
- 4) Equipment and tools for nutritional assessment
- b. Target groups
 - c. Logistics management (e.g. sources, delivery networks and warehousing)
 - d. Service providers (volunteers, health staff, private practitioners, referral units)
 - e. Funding requirements and sources
 - f. Capacity building on nutrition management, nutritional assessment, and monitoring and evaluation schemes
 - g. Rehabilitation strategies for the post-disaster phase or extended emergency.
3. These plans should be reviewed and updated according to the actual situation and unforeseen needs in emergencies and disasters. The plan must be regularly updated with provisions for new information and relevant staffing.

C. Capacity Building

This includes efforts to develop knowledge, attitudes, and skills to enhance performance of functions in nutrition management. It aims to develop understanding of basic concepts, standards, protocols, and procedures related to nutrition management in emergencies and disasters.

1. Training on nutrition management shall cover the members of the nutrition cluster, service providers, volunteer workers, designated personnel for special assignments (warehouse, desk officers, etc.), and other personnel involved in nutrition management in emergencies and disasters.
2. The training course shall cover rapid nutrition assessment methodologies and tools (e.g. identifying bilateral edema, measuring weight, height and MUAC and interpreting the results using growth charts and standards tables), logistics management, nutrition service standards, nutrition advocacy, education and information; and personality traits of a nutrition responder. The focus of training shall match the competencies required for each of the identified groups.
3. Staff training on psychosocial concerns to improve knowledge, understanding, and develop positive values and attitude towards disaster victims and their families shall likewise be implemented.

4. All service providers shall be provided with the necessary physical, psychological and emotional support to accomplish their tasks.
5. Emergency and disaster-affected communities shall be given opportunities to develop their skills and coping mechanisms to enable them to adapt to the new environment and to make optimal use of the assistance provided.

D. Organizational Support

This is the provision of political, technological, financial resources, and information to build the capacity to cope with the immediate issues and institute long-term and developmental nutrition initiatives.

Members of the nutrition cluster, service providers, and other stakeholders shall be given adequate and appropriate organizational support. Specifically, LGUs shall:

1. Adopt and pass local ordinances or resolutions to support compliance to national laws and policies related to nutrition management (e.g. micronutrient supplementation; mandatory fortification of rice, flour, sugar, cooking oil, and salt; regulation of the marketing of breastmilk substitutes, zinc supplementation for diarrhea management).
2. Mobilize the existing calamity fund and lobby for increased budgetary allocation for appropriate nutrition-related responses in emergencies and disasters.
3. Identify and mobilize additional resources.
4. Identify and dedicate an infrastructure with necessary transportation and communication facilities; and equipment which can serve as centers for nutrition management (e.g. evacuation/transit centers with provisions for breastfeeding rooms, community kitchen, feeding centers, and warehouse for stockpile).

E. Social Mobilization

This is the process of bringing together all feasible and practical inter-sectoral social allies for the common goal of protecting the nutritional status of individuals and communities. Efforts for nutrition management shall foster self-governance, empowering community members to rely on themselves; strengthen community organization and involvement; and mobilize expertise and resources. The guiding principles are sustainability, a participatory approach, gender equity, good governance, decentralization and human rights.

Based on the plans for nutrition management in emergency and disaster situations, LGUs shall:

1. Map out potential allies (e.g. donors, NGOs including civic organizations, church groups, and private companies) within and outside the locality and identify their areas of expertise and potential contributions.
2. Establish rapport as early as possible and seek commitments for assistance.
3. Follow-up provision or delivery of committed support and assistance.
4. Establish regular communication with stakeholders to sustain partnership.
5. Capacitate the community in planning, response rehabilitation, monitoring, evaluation and provision of long-term interventions for sustainability.

F. Advocacy

This is the act of persuading on behalf of a particular issue, idea or person on the importance of nutrition management in emergencies and disasters. Members of nutrition clusters at all levels must have a common understanding of key terminologies in nutrition management during emergencies and disasters. More specifically, cluster members shall:

1. Identify appropriate nutrition interventions based on an understanding of the general and specific effects of particular hazards occurring in specific communities, and their implications for immediate nutritional needs.
2. Encourage local adoption, adaptation, or execution of policies and guidelines.
3. Develop and disseminate information, education and communication materials for training and education.
4. Promote resource generation and social mobilization.
5. Utilize a central database of relevant nutrition and related information.

G. Logistics Management

This refers to ensuring that safe, adequate, and appropriate commodities are available for immediate distribution during emergencies and disasters. The logistics requirements for nutrition management during emergencies and

disasters with corresponding budget and source of funds shall be integrated into the overall contingency and emergency plan of the area. The LGU shall:

1. Ensure availability of essential supplies, drugs, tools, equipment (e.g. weighing scale, microtoise or infantometer or MUAC tape for the rapid assessment), and materials for nutrient management during the pre-emergency period.
2. Identify potential donors and observe protocols in accepting local and foreign donations during emergencies and disasters with due consideration of the provisions of DOH Administrative Order 2007-0017.
3. Make special arrangements with selected donors and suppliers to have a credit set-up during emergency and disaster for immediate purchases.
4. Pre-position items for supplementary feeding before the disaster season, including adequate supplies of multiple micronutrient powder
5. Prepare a monthly inventory report or maintain a database of supplies and materials including expiry dates which shall be circulated to all concerned offices.
6. Ensure that identified evacuation centers or transit centers have breastfeeding areas as well as provisions for the preparation of food for supplementary feeding.

H. Surveillance, Monitoring and Evaluation

This involves the generation, analysis, dissemination, and use of timely, accurate and complete information to provide the basis for decision-making vis-à-vis targets and intervention designs. Appropriate surveillance methodologies and tools shall be put in place before, during, and after the emergency and disaster period, thus:

1. At the pre-emergency stage or “normal” times
 - a. LGUs shall conduct Operation Timbang (OPT) according to the prescribed frequency per OPT guidelines.
 - b. To the extent possible, growth charts shall be used in recording the results of regular weighing.
 - c. OPT results should be organized into a database that can be used for planning and program monitoring and evaluation.

- d. OPT records must be maintained by the rural health midwife (RHM) and barangay nutrition scholar (BNS).
 - e. Information on the prevalence of underweight preschool children for each barangay as well as the ranking of barangays by prevalence of underweight preschool children must be ready at the municipal level.
 - f. Communication channels from the national to the local levels shall be set up.
 - g. Continuous monitoring and evaluation of the performance and effectiveness of nutrition interventions shall be conducted.
 - h. Buffer stocks of supplies for emergencies and disasters should be procured.
 - i. LGU should identify vulnerable groups.
 - j. Identified vulnerable groups shall be given information on how they can be easily attended and cared for when an emergency and disaster occurs and on clear directions on what to do during emergencies.
2. In the early stage of the emergency and disaster, rapid nutritional assessment may not be feasible or practical. However, a nutritional assessment should be done in the intermediate and extended phases since the disaster or emergency may have negative effects on the nutritional status especially of the nutritionally vulnerable.
- a. The nutritional assessment should aim to identify and locate preschool children with weights below the standard weight-for-height, which is indicative of wasting, a condition that requires a nutrition intervention
 - b. If measuring weight and height is not possible, the MUAC could be used as index for screening preschool children.
 - c. The presence of bilateral edema should also be watched out for as an indication of severe acute malnutrition.
 - d. The nutritional assessment should be complemented with

- 1) A profiling of the population affected in terms of the number of pregnant women, number of infants who are not exclusively breastfed, number of infants 6 months and older who are not receiving complementary foods, and extent of practice of proper complementary feeding
 - 2) The determination of the presence of other risk factors
 - a) Child-headed households
 - b) Orphan-hosting households (substitute households)
 - c) Elderly-headed households (caring for grandchildren)
 - d) Households caring for chronically sick members
 - e) High prevalence of HIV further exacerbated by the foregoing risk situations.
 - 3) An assessment instrument for measuring food security and/or insecurity
 - 4) Determination of the extent of diarrhea and acute respiratory tract infection among preschool children
 - 5) Determination of child mortality
 - e. Weight and height measurements of preschool children should be done monthly until “full normalcy” is achieved, by which time the OPT system can be used for nutritional assessment.
 - f. The nutrition cluster should spearhead the assessment and supervise its conduct to ensure that quality data is generated and disseminated.
3. There should also be efforts to monitor the extent of implementation of interventions at all stages of an emergency.
- a. The monitoring should determine the extent to which:
 - 1) The needy population is receiving the intended intervention on time and of right quality
 - 2) Interventions are reaching out to those who are not the intended targets

- 3) Interventions are being implemented as designed, e.g. frequency, duration, level of supplementation, among others
 - b. It should also determine reasons for observed trends to facilitate the identification of appropriate corrective actions.
 - c. To generate the aforementioned information, a reporting system should be set up and reported data analyzed.
 - d. A system for sharing the information among various stakeholders should also be set up.
 - e. Results of the monitoring should be used in making the needed adjustments in targeting, intervention design and implementation, and resource allocation.
- I. Service Delivery
 1. Objectives
 - a. The delivery of nutrition services in normal, emergency and disaster situations aims to ensure the nutritional well-being of the population especially those who are nutritionally vulnerable.
 - b. However, in the early emergency stage, the objectives are to:
 - 1) Mitigate hunger
 - 2) Re-establish body reserves for micronutrients
 - 3) Provide comfort and improve morale
 - 4) Help counteract shock
 - c. In the intermediate and extended states, the objectives are to:
 - 1) Improve the nutritional status of the malnourished
 - 2) Prevent a deterioration in the nutritional status of the affected population

2. Priority groups

While maintaining good nutrition among all those affected by an emergency and disaster is a general concern, special attention should be given to specific groups due to certain vulnerabilities, as follows:

- a. Pregnant women
- b. Lactating women
- c. Infants, 0-11 months old
- d. Young children, 1-2 years old
- e. Children below 6 years old
- f. Children with low weight-for-height or low MUAC
- g. Older persons
- h. Sick and injured
- i. Rescue workers
- j. Cases of HIV-AIDS

3. Key services that should be available in the emergency (early, intermediate, and extended) phase

- a. Protection and reinforcement of breastfeeding in the general population and among females who are HIV positive
 - 1) All efforts could be exerted to ensure that infants less than 6 months old are exclusively breastfed, infants 6 months and older receive complementary foods with continued breastfeeding up to the second year of life or beyond. Such efforts could include
 - a) Linking with other sectors to provide 'safe havens' for pregnant and lactating women in the early phase of an emergency. These 'safe havens' should be easily accessible areas where privacy, security and shelter are provided with access to water and food for pregnant and lactating women. An alternative would be designating a special area in evacuation centers or camps for pregnant and lactating women.
 - b) Provision of peer-to-peer support
 - c) Encouraging other mothers to breastfeed an infant who may have lost his/her mother
 - d) Discouraging the use of infant-feeding bottles and artificial teats during emergencies and disasters
 - e) Providing counseling services for relactation

- 2) In the very extreme and unlikely case of breastfeeding not being possible, breast milk substitutes may be used provided that it is given using the cup and spoon and that those responsible for feeding breastmilk substitutes are adequately informed and equipped (i.e. availability of safe drinking water and adequate fuel to allow proper sterilization of the cup and spoon) to ensure its safe preparation and use.
- b. Promotion of desirable complementary feeding practices
- 1) The key characteristics of complementary foods, i.e. nutritionally adequate, safe and therefore hygienically prepared, easy-to-eat and digest, given to the infant in a caring manner, and introduced at the right time, i.e. 6th month of life onward, should be highlighted.
 - 2) The preparation and giving of complementary foods should be the responsibility of the family even in evacuation centers or camps. However, caregivers should have a secure and uninterrupted access to appropriate ingredients with which to prepare and feed nutrient-dense complementary foods.
 - 3) When available, food aid in the form of blended foods, especially if fortified with essential nutrients, may be used in emergencies and disasters provided the child's caregiver is informed on the proper use of these blended foods. However, the use of blended foods should not interfere with promoting the use of local ingredients and other donated commodities for preparing suitable complementary foods.
 - 4) When possible, multiple micronutrient powder shall be used to enhance the quality of food given to infants and young children as well as pregnant women.
- c. Provision of food rations or mass feeding especially in the early stage of an emergency.
- 1) All those affected should be targeted. The nutrition cluster at the local level should also ensure quality of relief items to victims, especially rice.
 - 2) To the extent possible, food to be provided either in cooked or dry-ration form should be estimated based on

2,100 kcal per person per day, 10-12 percent of which will come from protein, and about 17 percent from fat. Adequacy of micronutrient intake should also be ensured through both fresh and fortified foods. Culture-sensitive food preference of families, particularly of indigenous people should also be ensured.

- 3) For HIV or HIV-AIDS cases, calorie allowance should be increased by 10 percent for asymptomatic (without signs/symptoms) and 20-30% for symptomatic (with signs/symptoms) HIV-infected adults; and 50-100% for children with acute weight loss and infection
- 4) For food rations, the choice of distribution site and its distance to affected households is important, particularly for child- and elderly-headed households, as carrying a large (monthly) ration can be difficult. Where feasible, smaller (2 week) rations should be considered in order to reduce the quantity to be carried.

d. Vitamin A supplementation

High-dose vitamin A supplements should be given to the following target groups.

- 1) 6-11 months old infants (100,000 IU), provided the infant did not receive a similar dose in the past four weeks
- 2) 12-59 month-old preschoolers (200,000 IU), provided the child did not receive a similar dose in the past four weeks
- 3) Lactating mothers but only within one month of delivery (200,000 IU)
- 4) Children with measles, one dose upon diagnosis, another after 24 hours regardless of when the last dose of vitamin A supplement was given. One dose is defined as follows
 - a) For infants 6-11 months old-100,000 IU
 - b) For children 12-59 months old and 5-9 years-200,000 IU

- 5) Children with severe pneumonia or persistent diarrhea, one dose except when the last supplementation was less than four weeks before diagnosis. One dose is defined as follows:
 - a) For infants 6-11 months old-100,000 IU
 - b) For children 12-59 months old and 5-9 years old-200,000 IU
 - 6) Those diagnosed to have xerophthalmia, one dose upon diagnosis, another the next day, and another dose 2 weeks after. One dose is defined as follows:
 - a) For infants 6-11 months old-100,000 IU
 - b) For children 12 months to 49 years old, post-partum and lactating women, - 200,000 IU
 - 7) Pregnant women with xerophthalmia, one capsule of 10,000 IU per day for 4 weeks upon diagnosis.

Do not give Vitamin A 10,000 IU if prenatal vitamins or multiple micronutrient tablets containing vitamin A are to be given. Vitamin A can be given regardless of age of gestation if pregnant woman has nightblindness.
 - 8) Lactating women with xerophthalmia, one capsule of 200,000 IU only within 4 weeks upon diagnosis.

Do not give Vitamin A 200,000 IU if multiple micronutrient tablets containing vitamin A are to be given.
- e. Iron supplementation
- 1) For infants with low birth weight, 0.3 ml of iron drops 15 mg elemental iron/0.6 ml starting at 2 months up to 6 months
 - 2) For non-pregnant women 10-49 years old, 1 tablet of 60 mg elemental iron and 2.8 mg folic acid weekly at menarche until one gets pregnant
 - 3) For non-pregnant women 10-49 years old and older persons in malaria-endemic areas, a tablet of 60 mg elemental iron and 400 mcg folate daily for 2 months, provided the malaria is treated first and that a program to treat and control malaria is in place.
 - 4) For non-pregnant women 10-49 years old in schistosomiasis-endemic areas, a tablet of 100 mg elemental iron/0.5 ml daily for 30 days. Administer iron supplement first before Prazinquantel.

- 5) For pregnant women, a tablet of 60 mg elemental iron and 400 mcg folic acid daily for 180 days starting from the determination of pregnancy
- 6) For lactating women, a tablet of 60 mg elemental iron with 2.8 mg folic acid once a week until one gets pregnant
- 7) For those clinically diagnosed as anemic
 - a) For those 10-49 years old, a tablet of 60 mg elemental iron with 400 mcg folic acid daily until hemoglobin reaches normal level
 - b) For children or those less than 10 years old, therapeutic dose of iron supplement but assess for further management of anemia
- f. Iodine supplementation of pregnant or lactating women at 250 ug/day or 400 mg/year provided the last iodine supplementation was a year ago.
- g. Zinc supplementation of children 6 -59 months old with diarrhea at 20 mg elemental zinc per day for 10-14 days.
- h. Multiple micronutrient supplementation, with at least 15 essential vitamins and minerals: vitamin A, C, D, E, B1, B2, B3, B6, B12, folic acid, iron, zinc copper, iodine and selenium should be given daily until access to nutrient-rich foods have been re-established. This is in addition to the aforementioned micronutrient supplements for children.

If the child is receiving fortified food, multiple micronutrient supplements may be given less often. However, pregnant and lactating women should receive multiple micronutrient supplements daily in addition to fortified foods.

- i. Supplementary feeding
 - 1) Targeted supplementary feeding, usually targeting preschool children as well as pregnant and lactating women, should be undertaken when the prevalence of wasting is 10-14 percent or when the prevalence of wasting is predicted to increase due to food insecurity or high level of disease.
 - 2) On the other hand, a blanket approach or coverage of all in a particular group is indicated when the prevalence of wasting is more than 14 percent.

- 3) The supplementary food may be given in dry or wet (cooked food eaten in a centralized location) form.
- j. Therapeutic treatment of preschool children who show wasting, with or without bilateral edema.
- 1) Those who show moderate acute malnutrition but have no medical complications should be supported in a supplementary feeding program that provides dry take-home rations, preferably of ready-to-use therapeutic food (RUTF), and standard medicines.
 - 2) Individuals with severe acute malnutrition (SAM) with no medical complications may be treated in outpatient care sites, with RUTF or equivalent local foods and routine medicines. The child may attend the outpatient care site weekly or biweekly.
 - 3) Individuals with SAM who have medical complications or infants with SAM need to be treated in an inpatient care facility until well enough to continue being treated in outpatient care.
 - 4) Adequate training and monitoring should be done to ensure the proper use of RUTF.

k. Psychosocial care

Nutrition has extremely close links with care practices. Caring practices are the way community members, including the vulnerable such as children, the elderly and the sick, are fed, nurtured, taught and guided which is the responsibility of the entire family and the community. The values of the society strongly influence the priority given to the care of children, women and the elderly.

A child's nutritional status is often determined as much by feeding practices, home environment, and the attention received from the primary caretaker as by the food he/she eats. During interventions, nutrition and food services shall not impede or distract from existing care practices. Within emergency nutrition programs, different activities to support the psychosocial aspects of nutrition shall be put in place the soonest time possible, in close coordination with the local psychosocial cluster.

These can include:

- 1) Stimulating children and helping families to favor the child's development, including the psychological and emotional aspects.
 - 2) Supporting play-sessions for mother and child, and ensuring that a play area with toys is available to parents and staff to interact with malnourished children.
 - 3) Offering social and psychological support to the families.
 - 4) Offering breastfeeding corners for pregnant and breastfeeding women to provide mothers with a space to share experiences, receive advice, and reinforce self-esteem.
 - 5) Facilitating discussions between the families and the staff when a severely malnourished child has to be treated in an inpatient facility to clarify who will take care of the rest of the family and the household in the absence of the mother.
4. Referral and follow-up

Cases with complications shall be referred to the appropriate in-patient facility for further medical and nutrition attention.

VII. Institutional Management

A. Government agencies

1. Department of Health-Health Emergency Management Staff (DOH-HEMS)
 - a. Serve as the lead of the Nutrition Cluster
 - b. Lead in organizing and coordinating efforts of agencies and organizations for emergency preparedness and response.
 - c. Lead in the development of plans, policies, programs, standards and guidelines for the prevention and mitigation of nutrition and nutrition-related emergencies.
 - d. Provide technical assistance, capacity building, and consultative and advisory services to implementing agencies in

- nutrition in preparation and response to emergencies and disasters.
- e. Coordinate with other relevant departments, bureaus, offices, agencies, and other instrumentalities of the government for assistance in the form of personnel, facilities, and resources as the need arises.
 - f. Coordinate the development, reproduction, and dissemination of information, education, and communication (IEC) materials
 - g. Include nutrition education as part of the protocol in emergency and disaster management
 - h. Collaborate in the evaluation of the suitability and nutritional adequacy; and monitor and coordinate the distribution of relief foods.
 - i. Promote the conduct of studies and researches related to nutrition in emergencies and disasters.
2. Department of Health-National Nutrition Council (DOH-NNC)
 - a. Lead in developing policies on nutrition management in emergencies and disasters.
 - b. Coordinate with regional offices in disseminating the policy
 - c. Provide technical assistance, consultative and advisory services to implementing agencies on nutrition management in emergencies and disasters.
 3. Department of Health-National Center for Disease Prevention and Control (DOH-NCDPC)
 - a. Provide technical assistance in the development of policies and guidelines on nutrition management in emergencies and disasters.
 - b. Monitor the implementation of micronutrient supplementation and infant and young child feeding
 - c. Augment logistics for micronutrient supplementation and advocacy activities.
 4. Department of Health-Food and Drug Administration (FDA)
 - a. Enforce guidelines on quality & safety of processed foods distributed during emergencies and disasters.
 - b. Monitor and ensure quality of processed foods, drugs and other related products through collection and analysis of samples from outlets and ports of entry.

- c. Provide technical assistance in the development of policies and guidelines on nutrition management in emergencies and disasters.
5. Department of Science and Technology-Food and Nutrition Research Institute (DOST-FNRI)
 - a. Provide essential nutrition data and recommendations for administrators, planners, and policy makers in both government and private sectors.
 - b. Provide technical assistance in the development of policies and guidelines on nutrition management in emergencies and disasters.
 - c. Develop cycle menus for disaster and emergency situations.
 - d. Conduct food and nutrition researches particularly on the development of food products suitable for emergencies and disasters.
6. Department of Trade and Industry. Intensify monitoring of the prices of commodities/goods within the area in times of disaster and emergencies.
7. Department of Social Welfare and Development (DSWD)
 - a. Coordinate with local field offices to comply with the implementation of the minimum standard rates of assistance to victims of emergencies and disasters.
 - b. Disseminate guidelines on the provision of family packs to affected families.
 - c. Monitor and coordinate the distribution of relief foods or food donations.
 - d. As lead of Camp Coordination and Management Cluster, coordinate with local camp managers on the setting up of breastfeeding room in evacuation centers/camps.
 - e. Coordinate with the Department of Agriculture in maintaining food stocks in anticipation of emergencies and disasters.
8. Department of Education (DepED)
 - a. Make available school buildings for use as temporary shelters of affected families.
 - b. Organize and train emergency and disaster control groups and reaction teams in all schools.

- c. Continue and expand the school feeding and health program in cooperation with NGOs, and other government agencies involved in providing health and nutrition services to children.
 - d. Provide emergency feeding assistance in disaster areas.
 - e. Provide nutrition counseling to parents and children.
 - f. Ensure that learning continues during emergencies and disasters by improving the nutritional and health status of children.
 - g. Conduct information dissemination campaign on the importance of health and nutrition to the general public.
 - h. Establish and maintain a data base on the nutritional status of school children.
9. Commission on Higher Education (CHED)
- Mainstream emergency and disaster risk reduction in the tertiary education system through the integration of appropriate concepts and learning experiences in the basic curricula in schools of health sciences.
10. Department of the Interior and Local Government (DILG)
- a. Issue directives to LGUs on strict implementation of the provisions of this policy.
 - b. Ensure LGU compliance through monitoring and report to the NNC-GB accordingly.
 - c. Assist in building the capacities of LGUs for nutrition management in emergencies and disasters.
11. Other Government Organizations
- a. Assist in the formulation of national food and nutrition policies and strategies in emergencies and disasters.
 - b. Assist in the coordinated planning, monitoring, and evaluation of the national nutrition program in emergencies and disasters according to their respective mandates, e.g.
 - 1) Department of Budget and Management - facilitate the release of funds, loans, and grants from government and NGOs
 - 2) Armed Forces of the Philippines
 - a) Assist in the transport and distribution of goods and commodities
 - b) Ensure the security of workers involved in emergencies and disasters

- 3) Provide essential nutrition data and recommendations for administrators, planners, and policy makers in both government and private sectors.
- 4) Serve as training institutions for human resource development.
- 5) Participate in the development of nutrition manuals and guidelines.
- 6) Suggest innovative technologies for effective emergency and disaster management

B. Non-government organizations (NGOs)/ International Multilateral Organizations (IMOs)

NGOs/IMOs shall help the government work with other alliances such as civil society groups, people's organizations, church and international organizations in conceptualizing and implementing programs and projects in the fight against malnutrition specifically those resulting from emergencies and disasters. It shall complement and coordinate government efforts specifically along the following concerns:

1. Nutrition-related emergency and disaster preparedness activities
2. Organization and implementation of community-based health and nutrition programs in times of emergencies and disasters, including the provision of RUTF
3. Nutrition information, education and communication
4. Intensifying food relief services
5. Establishment and operation of a systematic processing and marketing facility for a wide selection of food and other related products for feeding programs during emergencies and disasters,
6. Capacity building for effective nutrition management in emergencies and disasters,
7. Assisting in stress debriefing, counseling, transportation assistance, medical or hospitalization support, burial assistance, among others.

VIII. SEPARABILITY CLAUSE

Should any of the provisions herein be declared invalid or unconstitutional by the appropriate authority or courts of laws respectively, the same shall not affect the other provisions' validity unless otherwise so specified.