

48



Republic of the Philippines
PROVINCE OF LEYTE
Provincial Capitol
Tacloban City

-oOo-

PROVINCIAL LEGAL OFFICE

Item No.: 48
Date: 109 2025 UEC

Province of Leyte
Legal Office
Release: [Signature]
Time: [Signature]
Date: 12.2.25

Sangguniang Panlalawigan
Province of Leyte

RECEIVED

Date: DEC 03 2025
By: [Signature]

2nd INDORSEMENT

November 24, 2025

Respectfully returned to the Sangguniang Panlalawigan of Leyte, through SP Secretary, the attached Ordinance No. 2025-111 of the Sangguniang Bayan of Dulag, Leyte.

Issues/concerns for review/recommendation/legal opinion is/are as follows:

- Ordinance No. 2025-111 entitled: **“Dulag Nutrition Code Ordinance.”**

REVIEW/RECOMMENDATION/LEGAL OPINION:

This office is of the opinion that the subject Ordinance is generally in accordance to its power under Section 3 Paragraph 2, Article XV¹ of the 1987 Constitution in consonance with Section 447(a)(1) of the Local Government Code². Hence, we recommend for the declaration of its validity.

We hope to have assisted you with this request. Please note that the opinion rendered by this Office are based on facts available and may vary or change when additional facts and documents are presented or changed. This opinion is likewise without prejudice to the opinions rendered by higher and competent authorities and/or the courts.

ATTY. JOSE RAYMUND A. ACOL

Provincial Legal Officer

¹ (2) *The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development;*

² (a) *The sangguniang bayan, as the legislative body of the municipality, shall enact ordinances, approve resolutions and appropriate funds for the general welfare of the municipality and its inhabitants pursuant to Section 16 of this Code and in the proper exercise of the corporate powers of the municipality as provided for under Section 22 of this Code, and shall:*

(1) *Approve ordinances and pass resolutions necessary for an efficient and effective municipal government,*

Republic of the Philippines
PROVINCE OF LEYTE
Palo, Leyte

OFFICE OF THE SANGGUNIANG PANLALAWIGAN

1ST ENDORSEMENT
20 November 2025

Province of Leyte
Legal Office
11-24-25

The Provincial Legal Office is respectfully requested to review and submit recommendations on the herein enclosed **Ordinance No. 2025-111**, of the **Municipality of Dulag, Leyte**, entitled: **An Ordinance enacting the Municipal Nutrition Code of Dulag, Leyte.**



FLORINDA JILL S. UYVICO
Secretary to the Sanggunian



Republic of the Philippines
Province of Leyte
MUNICIPALITY OF DULAG

Sangguniang Panlalawigan
Province of Leyte

RECEIVED

Date: NOV 20 2025
By: _____

Office of the 13th Sangguniang Bayan

19 November 2025

TO THE HONORABLE MEMBERS
of the Sangguniang Panlalawigan
Province of Leyte

Through: **HON. LEONARDO M. JAVIER, JR.**
Vice-Governor
Province of Leyte

Subject: Endorsement of Municipal Ordinances for Review and Approval

Dear Honorable Members,

Warm greetings from the Municipality of Dulag!

In accordance with the provisions of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, and pursuant to the mandate of the Sangguniang Panlalawigan to review municipal ordinances for their consistency with existing laws and policies, we respectfully submit for your consideration and appropriate action the following municipal ordinances duly enacted by the Sangguniang Bayan of Dulag, Leyte:

- ✦ **Ordinance No. 2025 – I** – “An Ordinance Providing The Guidelines on the Utilization of the PhilHealth Capitation From The ‘Konsultasyong Sulit at Tama (KonSulTa) Package’ of the Municipal Health Office of Dulag”
- ✦ **Ordinance No. 2025 – II** – “An Ordinance Adopting The Implementing Rules and Regulations (IRR) of the Nutrition Code of Dulag, Leyte”
- ✦ **Ordinance No. 2025 – III** – “An Ordinance Enacting The Municipal Nutrition Code of Dulag, Leyte”
- ✦ **Ordinance No. 2025 – IV** – “An Ordinance Regulating The National Irrigation Administration (NIA) Water Supply and the Protection of Irrigation Infrastructures Within The Territorial Jurisdiction of the Municipality of Dulag, Leyte”
- ✦ **Ordinance No. 2025 – V** – “An Ordinance Declaring The Temporary Road Closure of Calle Kempis, Brgy. Serrano, Dulag, Leyte, From 7:00 o’clock In The Evening To 12:00 o’clock Midnight of May 16 – 25, 2025 For The Annual Celebration of Sta. Cruz de Mayo”
- ✦ **Ordinance No. 2025 – VI** – “An Ordinance Institutionalizing The ‘Katuwang sa Diwa at Gawa Para Sa Masaganang Ani at Mataas na Kita (KADIWA) ng Pangulo’ In The Municipality of Dulag, Leyte”
- ✦ **Ordinance No. 2025 – VII** – “An Ordinance Establishing The Integrated Pre-Emptive and Forced Evacuation System In Case of Emergencies Caused By Natural or Human Induced Hazards and Providing Penalties, Thereof”
- ✦ **Ordinance No. 2025 - VIII** - “An Ordinance Institutionalizing The Incident Command System As An On-Scene Disaster Response and Management Mechanism and Defining The Composition of the Dulag Incident Management Team, Defining Its Functions, Operational Framework and Providing Funds, Thereof”
- ✦ **Ordinance No. 2025 – IX** – “An Ordinance Declaring The Temporary Road Closure of Capitan Cidag, Capitan Tacio and Capitan Beroy Streets, Brgy. Buntay, Dulag, Leyte From 16 August 2025

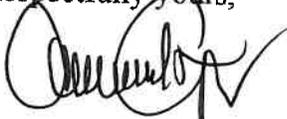
at 5:00 o'clock In The Morning Until 5:00 o'clock In The Morning of 08 September 2025 In Preparation For The 430th Araw Ng Dulag and Town Fiesta Celebrations”

- **Ordinance No. 2025 – X – “An Ordinance Declaring The Temporary Road Closure of Bautista/Yanuario Street, Brgy. Candao, Dulag, Leyte From 16 August 2025 At 5:00 o'clock In The Morning Until 5:00 o'clock In The Morning of 08 September 2025 For The Town Fiesta Celebration of Dulag, Leyte”**

These legislative measures were passed and deliberated by the Members of the Sangguniang Bayan. They are intended to promote public welfare, enhance local governance, and address specific needs and concerns of our constituents. We trust that the Sangguniang Panlalawigan will find these ordinances to be in order and consistent with national laws and policies.

Thank you for your continued support and partnership in advancing responsive and effective local legislation. We look forward to your favorable endorsement and approval.

Respectfully yours,



ORLANDO L. CAGARA
Secretary to the Sanggunian



Republic of the Philippines
Province of Leyte
MUNICIPALITY OF DULAG



Office of the Sangguniang Bayan

ORDINANCE NO. 2025-III

AUTHOR : COUN. ROMMEL D. CAPUNGCOL

Chairperson, Committee on Health and Sanitation

AN ORDINANCE ENACTING THE MUNICIPAL NUTRITION CODE OF DULAG, LEYTE

EXPLANATORY NOTE

Whereas maternal and child malnutrition continue to be at alarming levels in the Philippines as reported by the National Nutrition Survey conducted by the Food and Nutrition Research Institute – Department of Science and Technology (FNRI-DOST);

Whereas the nutrition profile of the Municipality of Dulag indicated by the Operation Timbang Plus (OPT Plus) results reveal that the levels of stunting and wasting among under five years children and other forms of malnutrition in the Municipality remain of serious public health concern;

Whereas global studies show that children with severe nutritional deprivation in the early years have 40% less brain mass than well-nourished children. These affected children have poorly developed temporal lobe which is critical to memory, perception, comprehension, and language, negatively affecting the development and learning potentials of children in later years;

Whereas the first 1000 days of life is the critical window of opportunity for a child's growth and development taking off from three major stages namely: (1) pregnancy, (2) birth to 6 months, and (3) older stage of infancy and toddlerhood (6-24 months) to which proper nutrition during this period leads to a child having 10 times more likelihood to overcome the most life-threatening diseases, complete 4.6x more grades in school, leads to more productive lives as adults earning 21% more in wages, thereby ensuring their ability to secure the overall health and well-being of future families in the Municipality of Dulag;

Whereas the COVID-19 pandemic has underscored the critical importance of ensuring access to good nutrition for optimal health, well-being, and immunity, particularly in times of crisis. This experience compels the local government to implement proactive measures to secure food, deliver essential health services, and maintain nutritional support to women, children, and vulnerable groups, especially during emergencies, disasters, and the critical first 1,000 days of life;

Whereas Article II, Section 15 of the 1987 Constitution mandates the State to protect and promote the right to health of the people and to instill health consciousness among them; and Article XV, Section 3 mandates the state to defend the right of children to assistance including proper care and nutrition;

Whereas Section 17 of Republic Act 7160, otherwise known as the Local Government Code of the Philippines, further mandates local government units to exercise their powers and discharge their functions as are necessary and appropriate for the effective provision of basic services including child welfare and nutrition services;

Whereas RA 11148 – *Kalusugan at Nutrisyon ng Mag-Nanay Act* (First 1000 Days Act) emphasizes the need to institutionalize and scale up nutrition in the first 1000 days of life in the plans of the national level down to the local government units' investment plans to ensure the health and nutrition of children, especially those aged zero to two years and of the pregnant and lactating women;

Whereas RA 11223 – Universal Healthcare Law emphasized the integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, protected from hazards, guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk through a framework that fosters a whole-of-system-government-society approach in the development, implementation, monitoring, and evaluation of health policies, programs, and plans;

Whereas the Municipal Government of Dulag recognizes that all nutrition interventions shall be anchored to the Philippine Government's commitment to United Nations Sustainable Development Goals (UN SDGs) 2 (Zero Hunger) and Goal 3 (Good Health and Well-being), emphasize the need for inclusive policies that promote nutritious food for all, including vulnerable populations such as persons with disability and elderly, the AmBisyon Natin 2040, the Philippine Development Plan (PDP), and the Philippine Plan of Action for Nutrition (PPAN), the Regional Plan of Action for Nutrition of Region VIII and aligned with the overall vision of the Province of Leyte;

Whereas the DILG MC. 2024-071 on the Adoption and Implementation of the PPAN 2023-2028 states the roles and responsibilities of LGUs in ensuring the integration of the nutrition programs, projects, and activities in the Comprehensive Development Plan and in the annual budget/appropriations of the municipality and in all its barangays;

Whereas there is a need to institutionalize a comprehensive nutrition program in the Municipality of Dulag recognizing that nutrition is fundamental to achieving optimum health and well-being as well as in the overall development of all its constituents,

Now, Therefore, Be it Ordained, as the Municipal Council of Dulag hereby resolves, to approve, as it hereby approves, the enactment of Municipal Ordinance No. 2025-III in a regular session assembled that:

ARTICLE I

TITLE, SCOPE, DECLARATION OF POLICIES AND PRINCIPLES

Section 1. SHORT TITLE – This ordinance shall be known as the **DULAG NUTRITION CODE ORDINANCE**.

Section 2. DECLARATION OF POLICY AND PRINCIPLES – The Municipal Government of Dulag upholds the right to food, health, and nutrition of its constituents and shall ensure that all appropriate measures are in place to uphold such rights.

It recognizes the multilevel and multi-stakeholder nature of addressing hunger and all forms of malnutrition, adhering to the global Scaling Up Nutrition Movement principle of bringing together sectors and stakeholders in a whole-of-government approach to address malnutrition.

It acknowledges that evidence-based interventions and good governance are key elements towards the attaining nutritional well-being of its constituents.

It prioritizes the most nutritionally vulnerable pregnant and lactating women, adolescent females including pregnant adolescents and children especially during the first 1,000 days of a child's life for their optimum health, well-being, and overall development.

Section 3. PURPOSE – The implementation of this Ordinance aims to:

1. Institutionalize a comprehensive, integrated and sustainable nutrition program including its component projects and activities that shall ensure the food security and nutritional well-being of the people, especially the nutritionally vulnerable groups such as pregnant and lactating women, children, persons with disability and elderly.
2. Ensure the delivery of proven and tested international, national, and local nutrition interventions and actions with special focus on the first 1,000 days of a child's life delivered during normal and emergency situations through multilevel, multi-sectoral strategies and approaches.
3. Strengthen and define the roles of the Municipal Nutrition Council and the program management structure including streamlining of roles and functions of the lead and support offices.
4. Strengthen the coordination and monitoring mechanisms for the effective and efficient implementation of the Comprehensive Nutrition Program (CNP).
5. Ensure the active and meaningful participation of various groups of stakeholders from both the government, non-government agencies, and private sector.
6. Provide an enabling policy environment towards improved nutrition.
7. Establish the process of formulating the Municipal Nutrition Action Plan and its integration to development plans and budgets to operationalize the CNP.
8. Define the roles and responsibilities of the stakeholders in the implementation of the CNP.

Section 4. SCOPE – The Ordinance shall cover all the constituents of the Municipality of Dulag with a special focus on the nutritionally vulnerable groups including pregnant and lactating women, adolescent females including adolescent mothers, persons with disabilities, elderly, and all newborns, infants, and young children. It shall be implemented in all barangays with priority accorded to those residing in barangays with the highest prevalence and magnitude of malnutrition and disaster-prone areas.

Section 5. LEGAL BASES. The enactment of the Dulag Nutrition Code is based on the following legal mandates:

- a. 1987 Philippines Constitution –
 1. Article II, Section 15 of the 1987 Constitution mandates the State to protect and promote the right to health of the people and to instill health consciousness among them;
 2. Article XV, Section 3 mandates the state to defend the right of children to assistance including proper care and nutrition;
- b. Republic Act 8172: An Act for Salt Iodization Nationwide (ASIN Law) and its IRR;
- c. Republic Act 8976: Philippine Food Fortification Act and its IRR;
- d. Republic Act 10028: Expanded Breastfeeding Promotion Act of 2009 and its IRR;
- e. Republic Act 10410: Early Years Act of 2013 and its IRR;
- f. Republic Act 11037: Masustansyang Pagkain Para sa Batang Pilipino and its IRR;
- g. Republic Act 11148: Kalusugan at Nutrisyon ng Mag-Nanay Act of 2019 and its IRR;
- h. Republic Act 11223: Universal Health Care Act and its IRR;
- i. Presidential Decree 1569: Strengthening the Barangay Nutrition Program by providing for a Barangay Nutrition Scholar in every Barangay;
- j. Executive Order 51: National Code of Marketing Breastmilk Substitutes, Breastmilk Supplements and Other Related Products;
- k. DILG Memorandum Circular 2011-54: Implementation and Monitoring of the National Breastfeeding Policy;
- l. DILG MC No. 2018-42: Adoption and implementation of PPAN 2017 – 2022;
- m. DILG MC No. 2024 – 071: Adoption and implementation of PPAN 2023 – 2028;
- n. DOH Administrative Order No. 2015 - 0055: National Guidelines on the Management of Acute Malnutrition for Children under 5 years;
- o. DOH Administrative Order No. 2015 - 0055: National Guidelines on the Management of Acute Malnutrition for Children under 5 years;
- p. NNC Governing Board Resolution No. 2 series of 2009: Adopting the National Policy on Nutrition Management in Emergencies and Disasters;
- q. NNC Governing Board Resolution No.2 series of 2012: Approving the Revised Implementing Guidelines on Operation Timbang Plus (OPT Plus);
- r. NNC Governing Board Resolutions No.3 S.2012: Approving the Guidelines on the Fabrication, Verification, and Maintenance of Wooden Height Boards;
- s. NNC Governing Board Resolution No. 6 series of 2012: Adoption of the 2012 Nutritional Guidelines for Filipinos;
- t. NNC Governing Board Resolution No.3 series of 2014: Approving and Adopting the Guidelines on Local Nutrition Planning;
- u. NNC Governing Board Resolution No. 1 series of 2017: Approving and adopting the PPAN 2017 – 2022;
- v. NNC Governing Board Resolutions No. 3 S.2018: Approving the Guidelines on the Selection of Non-Wood Height and Length Measuring Tool;
- w. NNC Governing Board Resolution No. 1 series of 2023: Approving and adopting the PPAN 2023 – 2028;
- x. RNC VIII Resolution No. 7, Series 2021: Encouraging Local Government Units in the Creation of Nutrition Office and Creation of Plantilla Positions for Nutrition Officers and Nutrition-Dietitians.

Section 6. All other existing ordinances and pertinent provisions of laws on nutrition-related programs as well as related executive orders, rules, and regulations or parts thereof which are consistent with the principles and policies laid down in this code are hereby adopted and incorporated.

Handwritten signatures and initials in blue and black ink at the bottom of the page. On the right side, there is a vertical signature in blue ink. Below it, there are several other signatures and initials in black ink, including a large 'A' and a signature that looks like 'P. A.'.

ARTICLE II

DEFINITION OF TERMS

Section 7. DEFINITION OF TERMS – For this Ordinance, the following terms are defined as follows:

- a. *Civil society organizations* – refers to non-state actors whose aims are neither to generate profits nor to seek governing power, such as non-government organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people’s organizations, social movements, networks, coalitions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations.
- b. *Dietary supplementation program* - commonly termed as "Supplementary Feeding Program", a nutrition-specific intervention that includes balanced energy and protein supplements intended to add further nutritional value to the normal diet to ensure adequacy in the dietary intake.
- c. *Enabling program* – refers to actions that aim to assist the nutrition-specific programs and projects to be achieved with a greater degree of efficiency and effectiveness through mobilization of the barangays for the delivery of positive nutrition outcomes, policy development for food and nutrition, and strengthening of management support for the improved management and coordination in the implementation.
- d. *First 1000 days of life* – refers to the period of a child's life, spanning the nine (9) months in the womb starting from conception to the first twenty-four (24) months of life, considered to be the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences.
- e. *Food security* – refers to the state at which people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
- f. *Malnutrition* - refers to deficiencies, excesses, or imbalances in a person's intake of protein such as kwashiorkor, energy (carbohydrates and fats) such as marasmus, and/or nutrients covering both undernutrition which includes suboptimal breastfeeding, stunting, wasting or thinness, underweight and micronutrient deficiencies or insufficiencies, as well as overnutrition, which includes overweight and obesity.
- g. *MELLPI PRO* – Monitoring and Evaluation of Local Level Plan Implementation Pro (MELLPI PRO) is the annual national monitoring and evaluation exercise by the National Nutrition Council that provides a quantitative assessment of LGU’s progress towards compliance to quality standards in nutrition program management, evidence-based validation, and mentoring through joint discussion for learning and action discussion with the LGU or nutrition workers being assessed.
- h. *Moderate Acute Malnutrition* - refers to low weight-for-length/height, defined as between two (2) and three (3) Standard Deviations (SD) below the median (<-2 up to -3 SD) of the WHO growth standards or a Mid-Upper Arm Circumference (MUAC) measurement of less than one hundred twenty-five millimeters (<125mm) and greater than or equal to one hundred fifteen millimeters (>115mm).
- i. *Nutrition-sensitive programs and projects* - refer to interventions or programs that address the underlying determinants of maternal, fetal, infant, and child nutrition and development, such as those pertaining to food security, social protection, adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment and incorporate specific nutrition goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.

[Handwritten signature]

- j. *Nutrition-specific interventions* - refer to interventions or programs that address the immediate determinants of maternal, fetal, infant, and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases.
- k. *Nutritionally-at-risk pregnant women* - refers to pregnant women, including teenage mothers, with a low pre-pregnancy body mass index (BMI) or those who do not gain sufficient weight during pregnancy, with any of the following predisposing factors: narrowly-spaced pregnancies and births, situated in families with low income, with a large number of dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors, such as obesity or anemia, with diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism and mental disorder.
- l. *Operation Timbang Plus* – refers to the annual weighing and height measurement of all preschool children 0-59 months old in the communities done to identify and locate the malnourished children for referral to relevant nutrition and nutrition-related services.
- m. *Severe Acute Malnutrition* - refers to very low weight for length/height, defined as less than three (3) SD below the median (<-3SD) of the World Health Organization (WHO) Growth Standards, characterized by visible severe wasting, or by the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters (<115mm).
- n. *Stunting* - refers to chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose height for age is below minus two (2) SD (moderate stunting) and minus three (3) SD (severe stunting) from the median of the WHO Child Growth Standards.
- o. *Wasting* - defined as the percentage of children aged zero (0) to fifty-nine (59) months with less than two (2) SD below the median weight for height from the median of the WHO Child Growth Standards, indicates in most cases a recent and severe process of weight loss, often associated with acute starvation or severe disease.

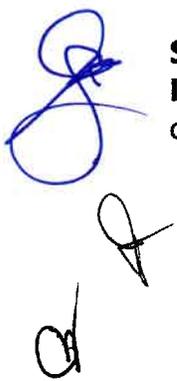
ARTICLE III

THE COMPREHENSIVE NUTRITION PROGRAM - COMPONENTS AND STRATEGIES

Section 8. COMPREHENSIVE NUTRITION PROGRAM FRAMEWORK - The CNP shall adopt the program framework provided in the Philippine Plan of Action for Nutrition consisting of three distinct types of programs: nutrition-specific programs, nutrition-sensitive programs, and enabling programs. The CNP has six (6) major programs with component projects and activities implemented together by various offices, barangays, and other stakeholders of the local government.

The Municipal Government shall ensure the efficient, effective, and sustainable implementation of the CNP to address food security, health and nutrition concerns.

Section 9. PROGRAM COMPONENT PROJECTS AND STRATEGIES FOR IMPLEMENTATION – The following are the component projects of the CNP and their corresponding strategies for implementation:



Section 9.a. Operation Timbang Plus Protocol - The Municipal Government shall adopt and fully implement the OPT Plus Protocol to generate data on the nutritional status of children aged 0 - 59 months and identify malnourished children in a barangay. The protocol also involves planning, follow-up, and data quality checks. The following activities are necessary for the effective implementation of OPT Plus and the generation of high-quality data:

1. *Pre-OPT Plus Protocol* - The preparation phase at the barangay and municipal levels shall include:
 - a. Organizing the OPT Plus team;
 - b. Collecting household profiles;
 - c. Preparing and updating of spot maps;
 - d. Calibrating and verifying weighing tools and equipment; and
 - e. Verifying length and height measurement tools and equipment.
2. *Anthropometric Measurements* - This involves collecting anthropometric measurements such as weight, length, height, and Mid-Upper Arm Circumference (MUAC) of children aged 0–59 months. These non-invasive quantitative measurements are useful for assessing the nutritional status of both adults and children.
3. *Data Processing, Encoding, and Report Generation* – Ensuring accuracy in recording and consolidating collected data.
4. *Data Interpretation and Action Planning* – Analyzing the data to formulate appropriate interventions.
5. *Monitoring and Evaluation* – Conducting follow-up activities to track progress and ensure program effectiveness.

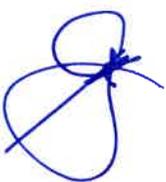
Strategy Implementation

The Municipal Nutrition Action Officer (MNAO) shall oversee and establish OPT Plus Teams at the barangay and municipal levels to ensure the protocol's effective implementation. The MNAO shall also provide initial and refresher training for OPT Plus Team members.

The Municipal Government shall utilize the collected data for action planning and prioritizing programs, projects, and activities related to nutrition and health.

Section 9. b. Philippine Integrated Management on Acute Malnutrition (PIMAM) – The Municipal Government shall adopt and fully implement the PIMAM Program as a nutrition-specific intervention to address cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) among children aged 0–59 months, as determined through nutrition assessment. The component projects and activities under this program are as follows:

1. Organization and Delivery of Outpatient Therapeutic Care (OTC) for the Integrated Management of Severe Acute Malnutrition (SAM) and the Targeted Supplemental Feeding Program (TSFP) for Moderate Acute Malnutrition (MAM), including active case finding.
2. Referral of SAM cases with complications to facilities with Inpatient Therapeutic Care (ITC) capacity.





3. Training of Health and Nutrition Workers on the identification and management of SAM and MAM cases.
4. Coordination and monitoring of PIMAM interventions and activities, including the management and delivery of PIMAM commodities.
5. Review of SAM cases to assess progress and identify necessary improvements.
6. Implementation of other PIMAM-related projects and activities as identified in the Municipal Nutrition Action Plan.

Strategy for Implementation

The MNAO shall lead the planning, implementation, monitoring, and evaluation of the PIMAM Program, in accordance with the Department of Health (DOH) PIMAM Guidelines. The MNAO shall fulfill, but not be limited to, the following tasks:

- a. Compile and submit monthly outpatient therapeutic care reports to the Municipal Health Officer (MHO) and the Provincial DOH Office.
- b. Collate and analyze monthly and annual reports, including program achievements, constraints, survey and screening data, and budgetary requirements.
- c. Identify ways to enhance case finding and referral processes for more efficient and effective service delivery.
- d. Monitor and ensure accountability for the delivery and utilization of PIMAM commodities, reporting any supply chain issues and suggesting solutions.
- e. Present updates on the program's status and case statistics during quarterly Nutrition Council meetings.
- f. Establish a mobile monitoring system to track the progress of SAM and MAM cases.
- g. Support and facilitate the activities of Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW) in managing SAM and MAM cases.
- h. Coordinate with other agencies and NGOs to strengthen collaboration for the local government's malnutrition management efforts.
- i. Perform other tasks necessary for the effective implementation of the PIMAM Program.

The concerned local government offices shall ensure the active case finding of SAM and MAM cases and maintain the availability of treatment commodities by strengthening supply chain management. This will support the efficient, effective, and timely management of identified cases.

Section 9.c. First 1000 Days Program

The following specific health and nutrition interventions shall be provided during the first 1,000 days of a child's life, including for pregnant and lactating women, adolescent females, and pregnant adolescents. The component projects include six (6) critical interventions, namely: *complete prenatal visits, iron-folic acid supplementation, dietary supplementation for pregnant women, exclusive breastfeeding, dietary supplementation for children aged 6 to 23 months, and micronutrient supplementation*. All these interventions aim to effectively reduce and prevent stunting and other forms of malnutrition:

1. *Prenatal period (First Two Hundred Seventy (270) Days) – Prenatal care services at the facility and community level shall include, but not be limited to, the following:*

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten initials]

[Handwritten signature]

- a. Intensive pregnancy tracking and enrollment to antenatal care (ANC) services to include counseling on proper diet and breastfeeding;
- b. Regular follow-ups to ensure completion of the recommended minimum number of quality ANC visits, with proper referral for high-risk pregnancies.
- c. Provision of micronutrient supplements, such as iron with folic acid (IFA), and other essential micronutrients.
- d. Balanced protein-energy dietary supplementation for pregnant women, with priority given to those who are nutritionally at risk.
- e. Additional interventions as may be defined in the Municipal Nutrition Action Plan.

2. First six (6) months of infancy (One Hundred Eighty (180) Days) – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

- a. Continuous support for mothers and infants to ensure exclusive breastfeeding, including referrals to trained health workers for lactation management and the creation/mobilization of breastfeeding support groups.
- b. Provision of immunization services, with integrated assessment of breastfeeding and Infant and Young Child Feeding (IYCF) counseling.
- c. Growth and development monitoring and promotion for all infants under six (6) months old, especially those with low birth weight, stunting, or acute malnutrition.
- d. Additional interventions as may be defined in the Municipal Nutrition Action Plan.

3. Infants Six (6) Months up to Two (2) Years of Age - Health and nutrition services at the community level shall include but not be limited to. the following:

- a. Dietary supplementation with age-appropriate, nutrient-dense, high-quality complementary foods.
- b. Provision of micronutrient supplements, including Vitamin A and Micronutrient Powder (MNP).
- c. Nutrition counseling for mothers and caregivers on complementary food preparation and feeding.
- d. Relevant health services, including growth monitoring and immunization.
- e. Additional interventions as may be defined in the Municipal Nutrition Action Plan.

4. Other Supportive Program Components – The LGU shall likewise include the following supportive projects and activities in the implementation of the program:

- a. Planning and adequate financing for the First 1000 Days Program.
- b. Policy, standards, and guideline development.
- c. Health and nutrition promotion and education, social mobilization and community organization, including advocacy.
- d. Provision of general health and nutrition services for adolescent females to include assessment of nutritional status to adolescent girls, provision of counseling on proper nutrition, mental health, family health, and psychosocial support to pregnant adolescents and their caregivers
- e. Service delivery improvement.
- f. Health and nutrition human resources capacity development.
- g. Sectoral collaboration and partnerships.
- h. Logistics and supply management.

- i. Knowledge and information management; and
- j. Monitoring and evaluation, and research and development.

Strategy for Implementation

The MNC shall organize a project team, including members from involved agencies and participating barangays, to plan, implement, monitor, and evaluate the F1K Program.

The MNAO shall supervise and manage the planning, implementation, monitoring, and evaluation of the First 1,000 Days Program.

The MNC shall lead the adoption of a Manual of Operations (MOP) developed by the DOH and NNC as provided in the Implementing Rules and Regulations of Republic Act 11148 – *First 1000 Days Law*. The MOP shall serve as a guide for the implementation of the F1K Program, detailing the roles and responsibilities of barangays as integral components of the municipal program. The package of services available to enrolled beneficiaries shall comply with F1K requirements, as defined in the MOP.

Section 9.d. National Government and Non-government Agency Funded Programs.

This includes programs implemented by the municipal government that are fully or partially funded by national government agencies (NGAs) or non-government agencies (NGOs). These programs include:

1. Dietary supplementation in Child Development Centers (CDCs) and Supervised Neighborhood Plays (SNPs) for children aged three to five years, funded by the Department of Social Welfare and Development (DSWD).
2. School-based Feeding Program, funded by the Department of Education (DepEd).
3. Healthy Lifestyle Program, funded by the Department of Health (DOH).
4. Other programs funded by NGAs, NGOs, and international organizations, as identified by the Municipal Nutrition Council (MNC) and outlined in the Municipal Nutrition Action Plan.

Strategy for Implementation

Municipal-level representatives and focal persons from national government agencies (NGAs), such as DSWD, DepEd, and DOH, shall lead the implementation strategies and resource identification. The planning and execution of NGA-funded programs shall be led by the concerned NGA, in accordance with approved memoranda of agreement (MOAs) or project proposals.

The local government may augment resources to enhance program implementation, if necessary, as determined by the Municipal Nutrition Council (MNC). Close coordination with the concerned offices and agencies shall be maintained for data sharing, progress reporting, and the joint resolution of issues arising from program coordination and implementation.

Section 9.e. Nutrition-sensitive Program

This ordinance aims to ensure community and household food security and resilience during epidemics, disasters, and emergency situations. The following programs will help families and communities sustain food production and achieve positive nutritional outcomes despite public health emergencies, disasters, and socio-economic challenges:

1. Sustainable Community and Home Food Production
2. Sustainable Livelihood Programs
3. Fisheries (TARGET)
4. Coconut Farming Development (KAANIB)
5. Infrastructure projects such as Farm to Market Roads, etc.
6. Agrarian Reform Beneficiaries Organizations projects
7. Other development projects as identified by the Municipal Nutrition Council and stipulated in the Municipality Nutrition Action Plan

Strategy for Implementation

After identifying priority development projects, the implementing office or agency, along with the Municipal Nutrition Office and the Barangay Nutrition Committees, shall undertake the following:

- A. Prioritization of beneficiaries from food-insecure and nutritionally disadvantaged households, as identified by the Nutrition Office and the barangay.
- B. Provision of nutrition education and mentoring on maternal, infant, and young child nutrition, as well as proper meal management, to the members of beneficiary households by the Barangay Nutrition Scholar and nutrition support groups during the implementation of development projects.
- C. Continuous monitoring and reporting of the nutrition status of pregnant women and children aged zero to 23 months within beneficiary households by the Barangay Nutrition Scholar.

Each department/sectoral agency of the local government shall appoint a focal person to coordinate with the Municipal Nutrition Office regarding the planning and progress of the implementation of nutrition-sensitive projects.

Section 9.f. Enabling Program for Nutrition

The Enabling Program for Nutrition shall have the following components projects and activities:

1. Mobilization of local government units/barangays
 - a. Advocacy and mobilization efforts for constituent barangays in the municipality.
 - b. Learning exchange visits (LEV) with other LGUs on nutrition programming.
 - c. Incentives and awards for performing barangays and innovations in nutrition programming with measurable results.
2. Policy development for food and nutrition
 - a. Meetings on policy development for food and nutrition.
 - b. Capacity-building activities among members of the Municipal Nutrition Council, Local Sanggunian and key stakeholders.



3. Strengthened management support for nutrition

Implementation and Coordination

- a. Establishment and operations of the Municipal Nutrition Office and deployment of staff.
- b. Establishment of the Municipal Nutrition Council and regular meetings.

Support to Barangay Nutrition Scholar (BNS) Program and other Stakeholder partners

- a. Support for honorarium, benefits and incentives to Barangay Nutrition Scholars (BNS).
- b. Support for meetings involving BNS and other stakeholder partners.
- c. Training and continuing education for BNSs, BHWs, CDWs, and other stakeholders.

Planning, Monitoring, and Evaluation

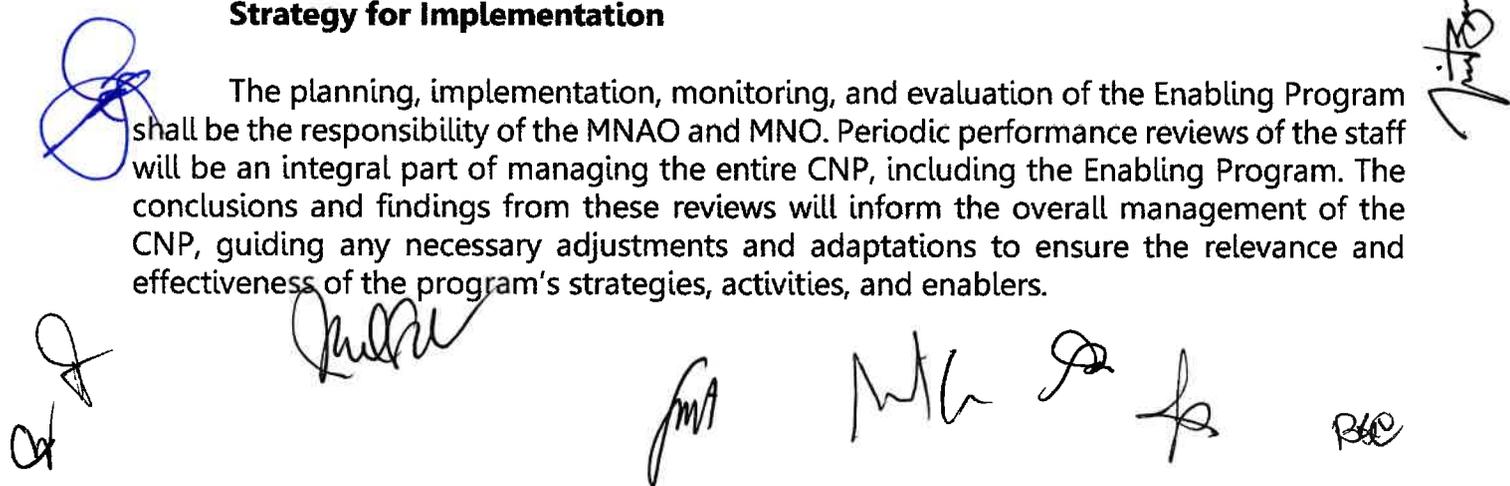
- a. Support for nutritional assessment/e-OPT Plus, including provision of equipment, regular calibration of weighing scales, and verification of height boards.
- b. Formulation and updating of the three-year Municipal Nutrition Action Plan.
- c. Technical assistance in formulating and updating the Barangay Nutrition Action Plan at the barangay level.
- d. Participation in the MELLPI PRO exercise of the National Nutrition Council (NNC).
- e. Compliance monitoring of food fortification (e.g., Bantay Asin).
- f. Municipal-wide communication and advocacy on food fortification.

Nutrition in Emergencies (NiE)

- a. Inclusion of a food security and nutrition component in the DRRM-H Plan with core agency commitments among partners for response to emergencies, disasters including pandemics.
- b. Review of LGU pandemic preparedness, including its response in the 2020 pandemic as well as learning from good practices.
- c. Training on NiE, including information management and training simulation for different types and levels of disasters and pandemic.
- d. Conduct of Nutrition Initial Needs Assessment (NINA) during emergencies, disasters including pandemics and conduct of post emergency nutrition assessment.
- e. Nutrition Cluster Coordination meetings before, during, and in the aftermath of disasters, emergencies and pandemic as provided for in the guidelines issued by DOH-NNC.

Strategy for Implementation

The planning, implementation, monitoring, and evaluation of the Enabling Program shall be the responsibility of the MNAO and MNO. Periodic performance reviews of the staff will be an integral part of managing the entire CNP, including the Enabling Program. The conclusions and findings from these reviews will inform the overall management of the CNP, guiding any necessary adjustments and adaptations to ensure the relevance and effectiveness of the program's strategies, activities, and enablers.



Section 10. OTHER COMPONENT NUTRITION PROGRAMS AND PROJECTS - The Municipal Government may add additional component programs, projects, and activities to the CNP as needed and include them in the Municipal Nutrition Action Plan to address emerging nutrition issues and concerns within the municipality.

Section 10.a) Strategy for Effective Implementation of the CNP – The overall strategy of the CNP is based on the premise that nutrition is a collective effort involving both the government and its citizens. It promotes a whole-of-government-and-society approach to the development, implementation, monitoring, and evaluation of policies, programs, and plans. This ordinance shall be implemented throughout the municipality, with the support of the Municipal Nutrition Council (MNC) member offices, the constituent barangays, and extending down to the household level.

The CNP shall pursue the following specific strategies, along with corresponding actions (but not limited to):

Strategy 1. Maximizing involvement of stakeholders in the CNP

- a. Creation of a social movement for nutrition improvement in the municipality, with participation from stakeholders at the municipal, barangay, and household levels.
- b. Increase youth participation in nutrition initiatives by engaging young people, through the Sangguniang Kabataan (SK) and other local youth-led organizations, in the implementation of the CNP.
- c. Continuous advocacy and mobilization of barangays to ensure their active involvement in the CNP.

Strategy 2. Strengthening health and nutrition service delivery system

- a. Utilize community-based platforms at the barangay level for delivering services, such as dietary supplementation for pregnant women and children.
- b. Introduce transitivity to existing programs and projects to maintain continuity during disasters and emergencies.

Strategy 3. Ensuring food security for every household, at all times

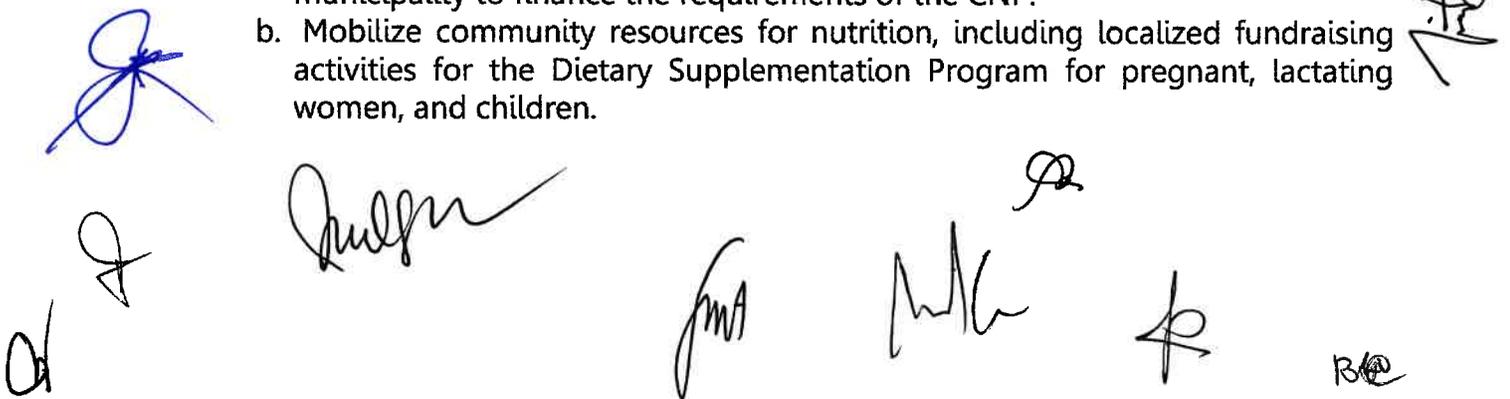
- a. Implement community and household food production programs, with the produce used as a source for the feeding programs in barangays and linked to the supply chain for income generation.

Strategy 4. Scaling up delivery of the six critical interventions during the First 1000 Days

- a. Prioritize pregnant and lactating women, and children aged 0-23 months, in the implementation of CNP component projects to effectively address all forms of malnutrition, particularly stunting.

Strategy 5. Expansion of resource generation and mobilization for nutrition

- a. Create an appropriate and sustainable resource generation mechanism in the municipality to finance the requirements of the CNP.
- b. Mobilize community resources for nutrition, including localized fundraising activities for the Dietary Supplementation Program for pregnant, lactating women, and children.



Handwritten signatures in blue and black ink are present at the bottom of the page, including a large blue signature on the left and several smaller black signatures on the right.

- Strategy 6. Improving monitoring and evaluation systems for the nutrition program*
- a. Implement modern technological tools for case finding and tracking of children enrolled in the **PIMAM program**.
 - b. Ensure immediate enrollment of pregnant women in the **First 1000 Days program** and continuous follow-up.
 - c. Conduct regular capacity-building activities for field health and nutrition workers on nutrition assessments, such as height and weight data collection for children aged 0-59 months and identifying wasted children.

In addition to the above listed strategies, maximum effort shall be undertaken by the municipal government to ensure that its component programs and projects are available and accessible to areas with high incidences of poverty, as the resources of LGU with the barangays can provide.

ARTICLE IV

IMPLEMENTATION AND COORDINATION MECHANISMS

Section 11. COMPOSITION AND FUNCTIONS OF THE MUNICIPAL NUTRITION COUNCIL – A Municipal Nutrition Council (MNC) shall be established through an Executive Order. The MNC shall serve as the primary mechanism for the planning, coordination, monitoring, and evaluation of the CNP.

Section 11.a) The members of the MNC shall include the following agencies/units or offices, as well as any other agencies deemed important based on the current and emerging needs of the locality:

Chairperson: Mayor
Vice Chairperson: As indicated in the recent Executive Order
Secretariat: Municipal Nutrition Office

Members:

- Sangguniang Bayan Chairperson on Health and Nutrition
- Municipal Planning and Development Coordinator
- Municipal Budget Officer
- Municipal Health Officer
- Municipal Agriculture Officer
- Municipal Social Welfare and Development Officer
- Municipal Population Officer
- Municipal Disaster Risk Reduction and Management Officer
- Municipal Local Government Operations Officer
- Municipal Engineer
- Municipal Treasurer
- Public Employment Services Officer
- Local Government Operations Officer
- DepEd District School Supervisor
- Department of Health Representative
- Private Schools Representative
- Liga ng mga Barangay President
- Sangguniang Kabataan Federation President
- Barangay Nutrition Scholars President
- Barangay Health Workers President
- Barangay Population Volunteer/ Worker Federation President
- CSO Representative

Section 11.b) As guided the National Nutrition Council, the Municipal Nutrition Council shall have the following functions:

- a. Review, enhance, and provide technical guidance on the Municipal Nutrition Action Plan to ensure its integration with the LGU's development plan and higher-level plans.
- b. Advocate for and mobilize support and resources to finance the plan.
- c. Monitor the progress of the plan's implementation and participate in periodic reviews, monitoring, and evaluation efforts.
- d. Review proposed local ordinances and recommend policies or interventions to enhance and scale up program implementation.
- e. Review reports on the enforcement of nutrition laws and policies, recommending measures to strengthen the efforts of relevant offices.
- f. Incorporate nutrition-related actions into their own agency/organization plans.
- g. Participate in training and orientations on technical updates regarding nutrition program management and support the development of their organization's personnel capabilities.
- h. Serve as the Municipal Nutrition Cluster to manage nutrition services during disasters and emergencies.
- i. Coordinate closely with the Municipal Health Board to secure technical and financial support, augment nutrition personnel, and enhance facilities as needed.

Section 12. INTERNAL RULES OF THE MNC – The MNC shall adopt its own internal rules of procedure and regulations to serve as guidelines for its members in the performance of their official functions. These rules shall cover the organization's structure, parliamentary procedures, meeting order, quorum requirements, discipline, and any other rules deemed necessary by the committee. The MNC shall convene regular quarterly meetings and may hold special meetings as deemed necessary or as called by the Chairperson.

Section 13. ESTABLISHMENT AND FUNCTIONS OF THE MUNICIPAL NUTRITION OFFICE – The Municipal Nutrition Office (MNO) shall be established and strengthened to beef up the capacity of the Municipal Government in realizing the provisions of this Ordinance. It shall serve as the coordinating and implementing arm focused on the effective and efficient management of the Comprehensive Nutrition Program. The functions of the MNO are as follows:

- a. Prepare inputs/data/reports needed for the formulation of the MNAP and follow up on its integration into relevant local development plans and other sectoral/thematic plans in the Municipality.
- b. Follow up on the inclusion of nutrition measures in the plans of other local government offices.
- c. Review nutrition laws/policies, disseminate them to concerned units/offices, recommend adoption or adaptation as needed, consolidate local ordinances in support of nutrition, and track compliance or violations related to nutrition laws and local ordinances.
- d. Conduct an inventory of training needs for BNS and MNC members and organize orientation/training programs in coordination with the NNC, DOH, and other agencies.
- e. Make an inventory of potential partners in nutrition and prepare advocacy materials for use by the MNAO and MNC members in mobilizing resources for nutrition.
- f. Assist in the development of IEC messages and materials and conduct IEC activities among targeted groups in coordination with concerned local offices.

Handwritten signatures and initials are present at the bottom of the page, including a large blue signature on the left, a signature in the center, and several initials on the right.

- g. Keep track of the allocation and utilization of the budget allocated for the CNP.
- h. Supervise the conduct of OPT Plus, ensuring that standards are followed, consolidate and analyze data, prepare reports, and ensure timely submission.
- i. Consolidate data from different local information systems as inputs to preparing progress reports and regular updates to the LCE and MNC members.
- j. As the Municipal Nutrition Cluster, plan and carry out activities for managing nutrition services before, during, and after disasters and emergencies.
- k. Serve as the secretariat for the Municipal Nutrition Council.

The MNO shall be a unit or division under the Office of the Municipal Health Officer, as deemed relevant and necessary by the Local Chief Executive, after due consultation with concerned entities.

The functions of the Municipal Nutrition Office as Secretariat to the MNC are as follows:

- a. Prepare the agenda for the regular and special meetings of the MNC including necessary materials, technical documents, reports, presentations to be used as references.
- b. Document minutes of meetings and furnish copies to all members.
- c. Follow up on actions assigned to MNC members during meetings, ensuring that agreements and resolutions are followed and acted upon by the concerned parties.
- d. Update the Chair/Vice- chair and other concerned members of the MNC of any development or progress on key issues concerning them.
- e. Conduct desk review or research on certain nutrition-related matters as needed by the MNC.
- f. Schedule MNC meetings and issue notice of meetings, signed by the Chair, to all members.
- g. Draft letters to resources persons or guests invited to the MNC meetings, to be signed by the Chair.
- h. Arrange logistics for the meeting (venue, equipment, food/meals) including reproduction of materials/documents.
- i. Maintain communication and other relevant files.

Section 14. ORGANIZATIONAL STRUCTURE - The municipal government may designate the MNAO, either on a full-time basis or in a concurrent capacity with other offices of the local government or may create a plantilla position and facilitate the hiring for this position in accordance with existing rules and regulations. To fully perform the duties and responsibilities of the MNAO, s/he shall be assisted by at least one technical staff member, one of whom will serve as the Municipal Nutrition Program Coordinator, and two administrative staff members, or more if necessary. The cadre of Barangay Nutrition Scholars shall continue to be placed under the administrative supervision of the MNAO.

Section 15. STAFFING AND OPERATIONS OF THE MUNICIPAL NUTRITION OFFICE – The Nutrition Office of the LGU shall be staffed with an adequate number of technical and administrative personnel. The operations of the Municipal Nutrition Office shall receive full support from the local government unit.

Section 15. a) MUNICIPAL NUTRITION ACTION OFFICER (MNAO) – The office shall be headed by the MNAO, who will oversee the day-to-day operations of the Municipal Nutrition Office, as well as the management and implementation of the CNP. The MNAO shall also serve as the Secretary of the MNC.

The MNAO shall perform the following functions:

- a. Supervise and manage the staff of the Municipal Nutrition Office, ensuring their effective performance of secretariat functions for the Municipal Nutrition Council.
- b. Provide technical and administrative support to the Chair/Head of the Municipal Nutrition Council, ensuring regular meetings and facilitating member attendance.
- c. Organize and lead a planning core group for the formulation of the MNAP and its integration into other relevant local development plans and sectoral plans.
- d. Coordinate with other local government offices to incorporate nutrition measures/actions into their agency or organization plans.
- e. Mobilize support from various stakeholders, including government offices, barangay captains, civil society organizations, and the private sector, to implement nutrition programs and activities.
- f. Review and facilitate the adoption of national nutrition laws, policies, and guidelines, ensuring dissemination and monitoring compliance with their provisions.
- g. Develop and coordinate a capacity-building program for Nutrition Office staff, BNS, and members of the Municipal and Barangay Nutrition Committees.
- h. Provide technical oversight in the design, development, and dissemination of nutrition messages and communication materials.
- i. Advocate for budget allocation and funding from the municipal government and external sources.
- j. Lead the monitoring and evaluation of the CNP's status and outcomes, and review proposed research designs and proposals.
- k. Act as the coordinator of the Municipal Nutrition Emergency Cluster, ensuring the delivery of nutrition services before, during, and after disasters and emergencies.

Section 15. b) TECHNICAL STAFF - Assists the MNAO on the following:

- a. Conduct and document Municipal Nutrition Council (MNC) meetings.
- b. Assist in the multi-sectoral preparation of the Municipal Nutrition Action Plan (MNAP), provide support to barangays in the preparation of their Barangay Nutrition Action Plans (BNAPs), and ensure the integration of nutrition activities into the province's annual investment plan.
- c. Organize and support training and continuing education activities for nutrition workers.
- d. Conduct periodic assessments of nutrition targets, monitor progress, and provide technical assistance through field visits.
- e. Strengthen and enhance existing nutrition programs of MNC members to make them more nutrition-sensitive.
- f. Plan and implement local initiatives and innovations to address malnutrition.
- g. Lead resource generation activities.
- h. Promote and advocate for nutrition through various activities.
- i. Coordinate with the Municipal Health Office regarding mandated nutrition programs.
- j. Document the activities and progress of nutrition programs.

Section 15. c) ADMINISTRATIVE STAFF – The administrative staff shall have the following functions:

[Handwritten signatures and initials are present below the text, including a large signature on the left and several smaller ones on the right.]

- a. Provides staff support during the conduct of meetings and activities of the MNC, including documentation.
- b. Assists in the follow-up and consolidation of reports from MNC members and municipalities.
- c. Coordinates the procurement of goods and services for nutrition-related activities.
- d. Ensures proper documentation of financial transactions related to the implementation of nutrition activities.
- e. Encodes services and provides other administrative support to the staff of the Nutrition Office.

ARTICLE V

ROLES AND RESPONSIBILITIES OF MNC MEMBER AGENCIES, OTHER AGENCIES OF THE LOCAL GOVERNMENT, BARANGAYS, AND OTHER STAKEHOLDERS

Section 16. THE ROLE OF MNC MEMBER AGENCIES – The management and implementation of the CNP requires the participation and involvement of all concerned local government offices and other stakeholders. The following are their roles and responsibilities as they contribute to addressing the malnutrition problem in the Municipality:

Municipal Health Office

- a. Deliver a package of quality health and nutrition services across the life stages, which include, but are not limited to: interventions for the first 1000 days, PIMAM services, provision of nutrition commodities, and delivery of counseling and IEC messages according to DOH protocols and standards.
- b. Become a member of the healthcare provider network to be established throughout the province and adhere to the referral protocol to ensure a continuum of care.
- c. Comply with PhilHealth requirements for reimbursement/financing of healthcare services.
- d. Ensure that health and nutrition services are incorporated into the LIPH.
- e. Participate in health and nutrition training programs and train other local health staff and BHWs.
- f. Promote health and nutrition care and services to various groups of clients and audiences.
- g. Design alternative service delivery mechanisms to reach vulnerable and marginalized population groups, such as persons with disabilities and the elderly.
- h. Maintain and operate health and nutrition information systems, such as FHSIS, PIMAM monitoring, and commodity allocation and utilization tracking.
- i. Ensure that members of the local health board are updated on progress as well as nutrition-related issues.

Municipal Agriculture Office

- a. Spearhead the implementation of sustainable community and household food production programs to ensure food security in every household.

[Handwritten signatures and initials are present at the bottom of the page, including a large signature on the left and several smaller ones on the right.]

- b. Ensure the availability and adequacy of food supplies in both normal and emergency situations.
- c. Promote the movement for vegetable gardening.
- d. Redesign and implement nutrition-sensitive programs in agriculture.

Municipal Social Welfare and Development Office

- a. Implement the dietary supplementation program for children in the Child Development Centers (CDC) and Supervised Neighborhood Plays (SNP)
- b. Integrate nutrition in the design of the Parent Effectiveness Seminars (PES) and Family Development Sessions (FDS) of the *Pantawid Pamilyang Pilipino Program (4Ps)*
- c. Participate in the Nutrition Cluster during disaster and emergency situations
- d. Design and implement an integrated nutritional program in the areas of livelihood, women empowerment, and training services for disadvantaged groups such as out-of-school youth, differently-abled persons, and senior citizens.

School District and Schools

- a. Undertake nutritional assessments of elementary school children at the start of the school year and monitor changes in their nutritional status.
- b. Provide supplementary feeding for school children.
- c. Integrate key nutrition messages into the school curriculum/lesson plans for relevant subjects.
- d. Administer health services such as deworming and immunization.

Municipal Environment and Natural Resources Office

- a. Secure environmental sanitation and conduct campaigns on proper solid waste management
- b. Recommend measures related to the protection, conservation, optimal utilization, and application of appropriate technologies concerning the environment and natural resources, considering their impact on families at risk of malnutrition.

Municipal Planning and Development Office

- a. Lead the integration of nutrition into local development plans.
- b. Advocate for the participation of the sectors in the implementation of the nutrition program
- c. Review and incorporate the MNAP into Comprehensive Development Plan
- d. Recommend budget allocation for nutrition programs and projects

Civil Society Organizations

- a. Align their nutrition programs and projects to the MNAP
- b. Provide support to the CNP in terms of augmentation in staffing, capacity building, evidence-building, and financing for the implementation of the program
- c. Assist in the development and implementation of new approaches and strategies to improve program implementation

Handwritten signatures and initials are present at the bottom of the page, including a large blue signature on the left, a signature in the center, and several initials on the right.

Section 17. THE ROLE OF BARANGAYS – All barangays are encouraged to support the institutionalization and implementation of this Ordinance by carrying out the Barangay Nutrition Program, organizing and strengthening the Barangay Nutrition Committees, and enhancing the Barangay Nutrition Scholar Program, among other initiatives.

A. The Barangay Nutrition Program

The Barangay Nutrition Program shall be developed and implemented at the barangay level and is an integral component of the Municipal CNP. The Barangay Nutrition Committees shall ensure that the Barangay Nutrition Program is consistent with the provisions of this Ordinance. Nutrition actions must be culturally-engaging and elicit maximum participation of the community members across different demographic groups.

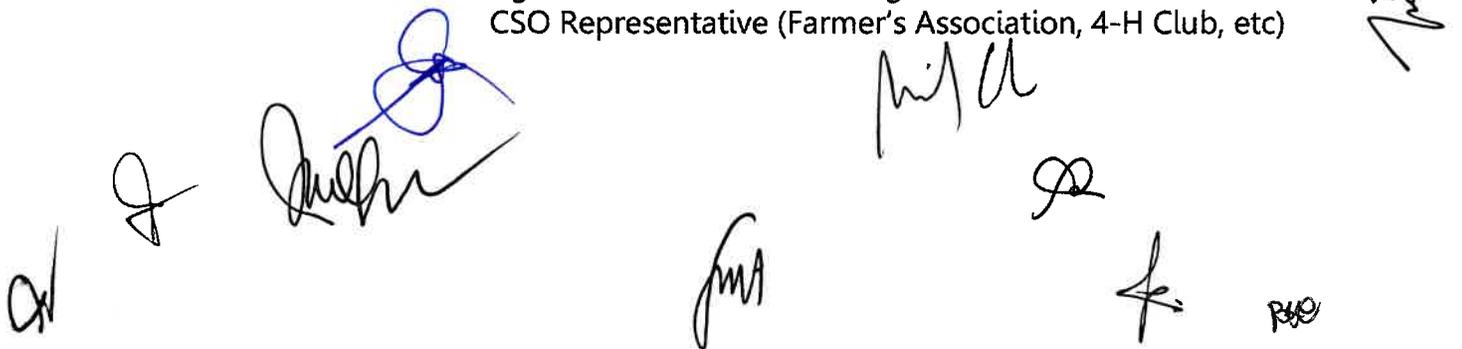
The Barangay Nutrition Program is fully described in the Joint Memorandum Circular of DILG, DOH, and NNC 2019-0001. Included are actions to support the PIMAM, First 1000 Days Program, Nutrition-sensitive Program, and Enabling Programs of the Municipality. The Barangay Nutrition Program shall be funded principally by the barangay budgetary resources, funds augmentation from the municipal government and from other sources including the budgets from the Barangay Council for the Protection of Children (BCPC), Gender and Development (GAD), Barangay Disaster Risk Reduction and Management (BDRRM), *Sangguniang Kabataan* (SK), and those that may be identified by the Barangay Development Committee.

B. The Barangay Nutrition Committee

All barangays in the Municipality shall establish a Barangay Nutrition Committee (BNC), which will serve as the mechanism for planning, coordination, reporting, implementation, and monitoring and evaluation of the Barangay Nutrition Program. The BNC shall be chaired by the Punong Barangay, with participation from the following BNC members. The Punong Barangay may assign additional members to the BNC as deemed necessary.

Chairperson: Punong Barangay
Vice Chairperson: Barangay Kagawad, Committee on Health and Nutrition
Secretariat: Barangay Secretary

Members: Barangay Kagawad, Committee on Agriculture
Barangay Treasurer
Barangay Health Worker
Barangay Nutrition Scholar
Barangay Population Volunteer/ Worker
Sanggunian Kabataan (SK) Chairperson
Child Development Worker
Elementary School Principal/Teacher Coordinator
President of Parent-Teacher-Child Association
Rural Health Midwife Assigned
Agriculturist Technician Assigned
CSO Representative (Farmer's Association, 4-H Club, etc)



Handwritten signatures and initials are present at the bottom of the page, including a large signature on the left, several smaller initials in the center, and a signature on the right.

As per guidance provided by the NNC, the BNC shall have the following functions:

- a. Undertake the formulation of its Barangay Nutrition Action Plan (BNAP) aligned with the overall Municipal Nutrition Action Plan.
- b. Coordinate the activities of the Barangay Nutrition Program.
- c. Organize multi-sectoral groups to support the implementation of the Barangay Nutrition Program
- d. Assess the progress of component activities of the Barangay Nutrition Program.
- e. Hold quarterly meetings to monitor program performance.
- f. Endorse appropriate policies to the Sangguniang Barangay to support program implementation.
- g. Lead advocacy efforts and resource mobilization activities to ensure participation and funding for the activities of the Barangay Nutrition Program.

C. The Barangay Nutrition Scholar Program

Essential to the Barangay Nutrition Program and the Municipal CNP is the deployment, adequate capacity building, monitoring of performance of the Barangay Nutrition Scholar (BNS). In accordance with Presidential Decree No. 1569 of 1979, all barangays are mandated to appoint at least one (1) Barangay Nutrition Scholar in their barangay to monitor the nutritional status of children and other nutritionally at-risk groups and link them with nutrition and nutrition-related service providers. The following are the qualifications of the BNS, as indicated in the decree:

- a. Bona fide resident of the barangay for at least four years and can speak the local language;
- b. Possess leadership potentials as evidenced by membership and leadership in community organizations;
- c. Willing to serve the barangay, part-time or full-time for at least one year;
- d. At least elementary graduate but preferably has reached high school;
- e. Physically and mentally fit;
- f. More than 18 years old, but younger than 60 years old.

Upon meeting the above qualifications, the BNS shall undergo the BNS Basic Course and practicum program.

All barangays are hereby directed to provide a minimum honorarium of Php6,000.00 per annum to the BNS from their annual barangay budget. Additionally, the LGU shall allocate at least Php2,000.00 per annum as an additional honorarium/incentive for the services rendered by the BNS to the barangay.

The appointment of the BNS shall not be affected by changes in the local chief executive or barangay administration. Removal may only occur for justifiable cause, based on the health, physical, and mental capacity of the individual to perform their duties, as well as internal discipline within the organization. However, the Punong Barangay may submit a report or findings regarding any misconduct or irregularities committed by the BNS and recommend disciplinary action to the Municipal Mayor through the MNAO. Furthermore, any removal must be supported by reasonable justification to ensure that the provision of timely and quality nutrition services in the barangay is not disrupted.

The bottom of the page contains several handwritten signatures and initials. From left to right, there is a signature that appears to be 'ah', followed by a signature with a blue scribble, a signature that looks like 'Juan', a signature that looks like 'Minda', a signature that looks like 'P', a signature that looks like 'f', and a signature that looks like 'PAB'.

Section 18. THE ROLE OF CIVIL SOCIETY ORGANIZATIONS, PRIVATE SECTOR, AND OTHER STAKEHOLDERS – Civil society organizations (CSOs), the private sector, and other stakeholders are essential partners of the local government in expanding coverage, building capacities, creating best practices, and improving the overall efficiency and effectiveness of interventions within the CNP to reach nutritionally vulnerable groups. The MNO shall coordinate with CSOs, the private sector, and other stakeholders to enlist their support and contributions to the CNP, and shall facilitate the matching of needs and resources to optimize efforts, ensuring maximum and sustainable impact across areas of partnership.

ARTICLE VI

FORMULATION OF THE MNAP AND INTEGRATION TO THE CDP, LDIP, AND AIP

Section 19. THE MUNICIPAL NUTRITION ACTION PLAN – The MNC shall formulate the MNAP and update it every three (3) years in accordance with the guidelines issued by the NNC, DILG, and DBM. The MNAP shall include all the program components of the CNP, specifying the sectoral offices responsible for each component, the outcome and output targets, and the annual budgetary requirements with identified funding sources for the implementation of the CNP. The budget required for the implementation of the CNP shall be integrated into the municipality's Annual Investment Program (AIP) each year.

The Nutrition Planning Core Group, or the Technical Working Group, shall be convened by the MNAO as a sub-group of the Municipal Nutrition Council to coordinate planning and budgeting activities for nutrition, in alignment with the timelines set by the DILG and DBM. The members of the Planning Core Group, along with their specific duties and responsibilities related to planning and budgeting for nutrition, are as follows:

- a. *Municipal Nutrition Action Officer* – Develop the proposed Work Plan for the planning activities as well as resources needed and other requirements; draft the nutrition situation analysis to describe current situation and propose outcome targets and nutrition PPAs; forward sections for integration into the long-term and short-term development plans of the municipality and identify budgetary requirements of the component programs and projects of the CNP for integration into the annual budgets.
- b. *Municipal Planning and Development Coordinator* – Ensure the integration of nutrition issues, objectives, targets, and PPAs in the Comprehensive Development Plan (CDP) and applicable national government agency mandated plans and other sectoral or thematic plans of the Municipality.
- c. *Municipal Budget Officer* – Ensure the integration of component programs and projects of the CNP in the Nutrition Action Plan in the budget instruments of the Municipality such as the Local Development Investment Program (LDIP) and the AIP.
- d. *Municipal Health Officer* – Ensure the integration of applicable component programs and projects of the CNP and their corresponding budgetary requirements into the Local Investment Plan for Health (LIPH).
- e. *Municipal Social Welfare and Development Officer* - Ensure that nutrition programs cater to vulnerable sectors and integrates social protection measures such as feeding programs, livelihood support, and family welfare services into the MNAP promote sustainable nutrition and well-being.

Handwritten signatures and initials are present at the bottom of the page, including a large signature in blue ink and several smaller initials in black ink.

- f. *Municipal Disaster Risk Reduction and Management Officer* - Ensures that the MNAP includes disaster preparedness and response strategies to maintain food security and proper nutrition during emergencies. Develops contingency plans, secures emergency food supplies, and strengthens community resilience against disasters that may impact nutritional status and food availability.

Section 20. INTEGRATION OF THE CNP INCLUDING ITS COMPONENT PROJECTS AND ACTIVITIES TO THE CDP, LDIP, AND AIP – The members of the planning core group shall ensure the integration of the CNP, as expressed in the MNAP, into the CDP and other sectoral/thematic plans, as guided by the process for mainstreaming indicated in the planning guidelines and issuances provided by the DILG and NNC.

Furthermore, budgetary requirements for the implementation of the component programs and projects of the CNP as indicated in the MNAP shall be integrated in the three-year Local Development Investment Program (LDIP), annually translated into the Annual Investment Program (AIP), and shall form part of the approved annual budgets of the Municipal Government. Total funding for the CNP should be in accordance with Article 7 of this ordinance.

ARTICLE VII

BUDGETARY APPROPRIATIONS

Section 21. The Municipal Government of Dulag shall allocate the necessary budgetary requirements to carry out the provisions of this Ordinance. At least 1% of the National Tax Allotment (NTA) or from its annual budget shall be set aside for this purpose.

Section 22. OTHER SOURCES OF FUNDS FOR NUTRITION – Additional fund sources to finance the implementation of this Ordinance shall be drawn from, but not limited to, the following:

- a. 1% Local Council for the Protection of Children (LCPC) Fund
- b. 5% Gender and Development (GAD) Fund
- c. 5% Local Disaster Risk Reduction and Management (LDRRM) Fund
- d. Local Investment Plan for Health (LIPH)
- e. Counterpart funding of barangays to the CNP
- f. Sangguniang Kabataan (SK) Federation
- g. PhilHealth package for the management and in-patient SAM clients, small babies, low birth weights (Z-Package)
- h. Community fund-raising activities

Appropriate PPAs in support to nutrition can also be charged against the 20% Development Fund (DF), subject to the guidelines set by the Department of Budget and Management and the Department of the Interior and Local Government.

Section 23. SUSTAINABLE RESOURCE MOBILIZATION FOR NUTRITION – The local government unit, through the Municipal Nutrition Council, and in consultation with relevant entities, shall ensure that appropriate and sustainable resource generation mechanism is in place to support the CNP.

[Handwritten signatures and initials are present at the bottom of the page, including a large blue signature on the left and several smaller ones in black ink.]

ARTICLE VIII

MONITORING, REVIEW, AND ASSESSMENT OF THE COMPREHENSIVE NUTRITION PROGRAM

Section 24. SETTING UP THE MONITORING AND EVALUATION MECHANISM. – The municipal government, through the Municipal Nutrition Council (MNC), shall regularly monitor, review, and assess the implementation of the Comprehensive Nutrition Program (CNP). The MNC shall ensure that a monitoring and evaluation mechanism is in place to determine the impact and effectiveness of the CNP, as well as to assess the extent to which the nutrition goals and targets—particularly in relation to wasting and stunting—set by the local government are being achieved. Quarterly management meetings and reports by the MNC will serve as the platform for regular monitoring, reporting of agency program accomplishments, and the resolution of any issues arising from the program's implementation.

Section 25. ANNUAL PROGRAM IMPLEMENTATION REVIEW (PIR) – The MNC shall lead the conduct of the annual Program Implementation Review (PIR) during the last quarter of each year. This exercise will provide a rigorous and reflective analysis of the program's implementation in the current year. The annual PIR will allow the MNC to implement remedial measures and introduce innovations for the following year. The substantial focus of the review during the PIR will be on reducing the prevalence of wasting and stunting in the municipality, based on the results of the annual Operation Timbang Plus (OPT Plus). The OPT Plus will be conducted in accordance with the standards and guidelines set by the National Nutrition Council and the Department of Health.

Section 26. REPORTORIAL REQUIREMENTS – The MNO shall closely coordinate with all concerned municipal offices to streamline the collection, consolidation, and processing of data for reports required by this Ordinance. Existing information systems will be updated and harmonized to ensure the availability of electronic and real-time reporting capabilities.

Section 27. INCENTIVE AND AWARDS SYSTEM – The MNC, in coordination with key local government offices and other stakeholders, shall develop an incentive and awards system to recognize outstanding barangays, program implementers, personnel, and private groups or individuals for their compliance with established standards, achievement of targets, and innovative practices. The MELLPI Pro may be considered as a tool for implementing this incentive and awards system.

ARTICLE IX

FINAL PROVISIONS

Section 28. RULES AND REGULATIONS – Within sixty (60) days after the approval of this ordinance, Rules and Regulations necessary for the efficient and effective implementation of all provisions of this ordinance shall be formulated.

Section 29. SEPARABILITY CLAUSE – If for any reasons, any part of this Ordinance is declared unconstitutional or invalid, the other portion or provisions hereof, which are not affected thereby, shall continue to be in full force effect.

Handwritten signatures and initials are present at the bottom of the page. From left to right, there is a signature in blue ink, a signature in black ink, and a signature in black ink. There are also some initials and marks scattered around the signatures.

Section 30. REPEALING CLAUSE – All existing Municipal Ordinance or part thereof which are inconsistent with the provision of this Ordinance, are hereby repealed or modified accordingly.

Section 31. EFFECTIVITY – This Ordinance shall take effect fifteen (15) days after its approval.

ENACTED by the Sangguniang Bayan on their 107th Regular Session on **26 February 2025**.

CONCURRED:

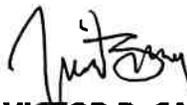

COUN. ROMMEL D. CAPUNGCOL
SB Member


COUN. NELSON M. LAUZON
SB Member


COUN. JERSON SIMON P. VELOSO
SB Member


COUN. VICENTE Q. PETILOS, JR.
SB Member


COUN. BENVINEDO Y. CAMPOSANO
SB Member

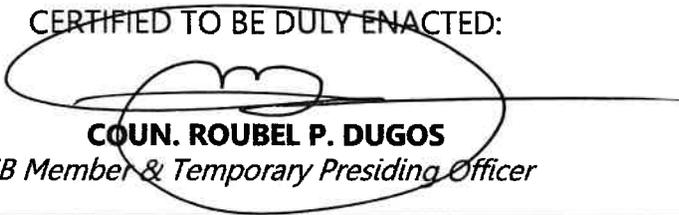

COUN. VICTOR B. CADAYONG
SB Member


COUN. MIGUEL O. CASTRO
SB Member


PRES. MANUEL SIA QUE
Liga ng mga Barangay


PRES. JERIC M. TUMANDAO
Pambayang Pederasyon ng mga Sangguniang Kabataan

CERTIFIED TO BE DULY ENACTED:


COUN. ROUBEL P. DUGOS
SB Member & Temporary Presiding Officer

I HEREBY CERTIFY to the correctness of the foregoing Municipal Ordinance No. 2025-III.


MARIA CECILIA R. TUPAZ
*Administrative Officer III (Records Officer II) /
Temporary Secretary to the Sanggunian*

APPROVED: 03 MAR 2025, 2025


ATTY. MILDRED JOY P. QUE, CPA
Municipal Mayor