



HOUSE OF REPRESENTATIVES

H. No. 5777

BY REPRESENTATIVES AGLIPAY-VILLAR, ESPINA, TAN (A.), VILLARAZA-SUAREZ, VILLAFUERTE, ANGARA-CASTILLO, ERIGUEL, MONTORO, GARIN (S.), BAGUILAT, RODRIGUEZ (M.), ANTONIO, OLIVAREZ, ZARATE, CATAMCO, ABAYON, PRIMICIAS-AGABAS, BRAVO (M.V.), NAVA, BATOCABE, SUANSING (E.), SUAREZ, ESPINO, LOBREGAT, HERRERA-DY, NOEL, DALIPE, SY-ALVARADO, LANETE, NOGRALES (K.A.), AMANTE, COJUANGCO, CUARESMA, DUAVIT, LEACHON, NUÑEZ-MALANYAON, SALCEDA, SAMBAR, SANDOVAL, BRAVO (A.), GARBIN, GONZALES (A.D.), HOFER, LACSON, LIMKAICHONG, DELOSO-MONTALLA, PANGANIBAN, UYBARRETA, YU, VILLANUEVA, ALVAREZ (P.), FARIÑAS, BONDOC, GULLAS, BELMONTE (R.), TAMBUNTING, EVARDONE, VILLARIN, BULUT-BEGTANG, DEL MAR, RELAMPAGOS AND SILVERIO, PER COMMITTEE REPORT No. 271

AN ACT STRENGTHENING THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS FOR PREGNANT AND LACTATING WOMEN, ADOLESCENT GIRLS OF REPRODUCTIVE AGE AND TEENAGE MOTHERS, INFANTS AND YOUNG CHILDREN IN THE FIRST 1,000 DAYS, AND APPROPRIATING FUNDS THEREFOR

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

- 1 SECTION 1. *Title.* — This Act shall be known as the “Kalusugan at
2 Nutrisyon ng Mag-Nanay Act”.

1 SEC. 2. *Declaration of Policy.* – The right to health is a fundamental
2 principle guaranteed by the State. Section 15, Article II of the 1987
3 Constitution emphasizes that “The State shall protect and promote the right
4 to health of the people and instill health consciousness among them.”
5 Moreover, pursuant to various international human rights instruments and
6 agreements that the State adheres to, the State guarantees the right to adequate
7 food, care and nutrition to pregnant and lactating mothers, including
8 adolescent girls, women of reproductive age, and especially children from
9 zero (0) to two (2) years old.

10 Furthermore, the State further commits to the Philippine Development
11 Plan and the Philippine Plan of Action on Nutrition (PPAN) to contribute to
12 the improvement of the quality of human resource in the country, and the
13 reduction of maternal and child mortality.

14 The State likewise declares its determination to eliminate hunger and
15 to reduce all forms of malnutrition. The State further maintains that nutrition
16 is both an end-goal and a means to achieve sustained development. It is a
17 multifaceted issue requiring committed inputs from all sectors. As such,
18 nutrition shall be a priority of the government to be implemented by
19 all its branches, in collaboration with nongovernment and civil society
20 organizations, development partners and the private sector, in an integrated
21 manner.

22 SEC. 3. *Objectives.* – This Act specifically aims, with respect to
23 pregnant and lactating women, infant and young children and adolescent girls
24 in their first 1,000 days, to:

25 (a) Provide a more comprehensive, sustainable and multisectoral
26 approach to address health and malnutrition;

27 (b) Provide a policy environment conducive to nutrition
28 improvement;

1 (c) Provide mechanisms, strategies and approaches in implementing
2 programs and projects to improve the health nutritional status and to eradicate
3 malnutrition and hunger;

4 (d) Strengthen and define the roles of the Department of Health
5 (DOH), and the National Nutrition Council (NNC) Governing Board as the
6 policy-making bodies on health and nutrition; and

7 (e) Ensure the meaningful and active participation, partnership
8 and cooperation of NNC-member agencies, other national government
9 agencies (NGAs), local government units (LGUs), civil society organizations
10 (CSOs) and nongovernment organizations (NGOs), health professional
11 organizations, academic and research institutions, and other private sector
12 organizations, in an integrated and holistic manner, for the promotion of the
13 nutritional well-being of the population.

14 SEC. 4. *Coverage.* — This Act covers those who are nutritionally at
15 risk, especially the highest importance among pregnant and lactating women,
16 particularly teenage mothers, women of reproductive age, most especially
17 adolescent girls; and all Filipino children who are newly born up to age
18 twenty-four (24) months.

19 Priority shall be given to those who reside in disaster-prone and
20 geographically isolated and disadvantaged areas (GIDA) such as areas that are
21 isolated due to distance, inaccessibility to transportation, and weather
22 conditions, unserved and underserved communities and other areas identified
23 to have high incidences of poverty, those persons belonging to the vulnerable
24 sector, communities in or recovering from situation of crisis or armed conflict
25 and recognized as such by a government body.

26 SEC. 5. *Definition of Terms.* — As used in this Act:

27 (a) *Anemia* refers to a condition in which the number of red blood
28 cells or their oxygen-carrying capacity is insufficient to meet physiologic

1 needs, which vary according to age, sex, altitude, smoking, and pregnancy
2 status;

3 (b) *Body Mass Index (BMI)* refers to a measure of body fat based on
4 weight and height that is commonly used to determine excess weight and
5 obesity in adults. It is defined as a person's weight in kilograms divided by
6 the square of his height in meters (kg/m^2);

7 (c) *Childhood obesity* refers to the condition among children
8 when their weight in reference to their height (WFH) is above the
9 normal for their age, or when it is greater than positive 2 standard
10 deviations (SD) of the World Health Organization (WHO) Child Growth
11 Standard Median;

12 (d) *Chronic Energy Deficiency* or *CED*, or *acute under-nutrition*
13 refers to a condition where there is negative energy balance due
14 to inadequate food and nutrient intake, problems in absorption
15 relatively rare, or excessive nutrient loss mostly due to infections and
16 malignancies;

17 (e) *Geographically isolated and disadvantaged areas (GIDA)* refer to
18 areas that are isolated due to distance, weather conditions and transportation,
19 unserved and underserved communities and other areas identified to have high
20 incidences of poverty, presence of vulnerable sector, communities in or
21 recovering from situation of crisis or armed conflict and recognized as such
22 by a government body;

23 (f) *Low birth weight* refers to weight at birth of an infant, whether
24 born full term or preterm, of less than 2,500 grams or 5.5 pounds; or 5 pounds
25 and 8 ounces;

26 (g) *Micronutrient deficiency* refers to a deficiency of substances
27 required by the body in small amounts for vital physiological functions which
28 include vitamin A, iron, folic acid, iodine and zinc, deficiency in which may
29 result in vitamin A deficiency (VAD), iron deficiency anemia (IDA), and
30 iodine deficiency disorders (IDD);

1 (h) *Nutrition-sensitive interventions and programs* refer to
2 interventions or programs that address the underlying determinants of
3 maternal-fetal, infant and child nutrition and development, such as those
4 pertaining to food security, adequate caregiving resources at the maternal,
5 household and community levels; and access to health services and a safe
6 and hygienic environment – and incorporate specific nutrition goals and
7 actions. Nutrition-sensitive programs can serve as delivery platforms for
8 nutrition-specific interventions, potentially increasing their scale, coverage,
9 and effectiveness;

10 (i) *Nutrition-specific interventions and programs* refer to
11 interventions or programs that address the immediate determinants of
12 maternal, fetal, infant and child nutrition and development – adequate food
13 and nutrient intake, feeding, caregiving and parenting practices, and low
14 burden of infectious diseases;

15 (j) *Nutritionally-at-risk pregnant women* refer to pregnant women,
16 including teenage mothers, with a low prepregnancy weight or those who do
17 not gain sufficient weight during pregnancy, with any of the following
18 predisposing factors: narrowly spaced pregnancies and births, situated in
19 families with low income, with large number of dependents where food
20 purchase is an economic problem, has previously given birth to a preterm or
21 low birth weight infant, or other unfavorable prognostic factors, such as
22 obesity or anemia, with diseases which influence nutritional status such as
23 diabetes, tuberculosis, drug addiction, alcoholism and mental disorder;

24 (k) *Overweight* refers to the condition of a person whose weight is
25 above normal for height, which is greater than positive 2 SD of the WHO
26 Child Growth Standard Median with a body mass index (BMI) of 23.00-27.5
27 for Asians;

28 (l) *Obesity* refers to the condition of a person who has abnormal or
29 excessive fat accumulation that may impair health and a BMI greater
30 than 27.5;

1 (m) *Severe Acute Malnutrition (SAM)* refers to a physical human
2 condition characterized by a very low weight-for-height index (below negative
3 3 SD of the median WHO growth standards), visible severe wasting, or by the
4 presence of nutritional edema;

5 (n) *Stunting* refers to a condition characterized by a height-for-age
6 index which is less than negative 2 SD of the WHO Child Growth Standard
7 Median and which is considered an indicator of long-standing or chronic
8 malnutrition;

9 (o) *Suboptimum breastfeeding* refers to newborn, infant and young
10 child feeding not consistent with the standards of exclusive breastfeeding for
11 the first six (6) months of life and thereafter, providing the appropriate
12 complementary feeding but with continuing breastfeeding up to two (2) years
13 old and beyond;

14 (p) *Underweight* refers to a condition characterized by low
15 weight-for-age index which is less than negative 2 SD of the WHO Child
16 Growth Standard Median; and

17 (q) *Wasting or thinness* refers to a physical condition characterized by
18 a low weight-for-height index which is less than negative 2 SD of the WHO
19 Child Growth Standard Median, indicating in most cases a recent and severe
20 process of weight loss often associated with acute starvation or severe disease,
21 which in some cases may also be the result of a chronic unfavorable condition.

22 SEC. 6. *The "First 1,000 Days" Strategy for Health and Nutrition of*
23 *Women, Infants and Young Children and Adolescent Girls.* – There shall be a
24 comprehensive and sustainable strategy to address health and nutrition
25 problems affecting pregnant and lactating women, infants and young children
26 and adolescent girls.

27 This shall be formulated by the DOH and the NNC Governing Board as
28 a program to operationalize the PPAN which integrates short-, medium- and
29 long-term plan of the government in response to the global call to eradicate
30 hunger and malnutrition. The strategy shall be formulated in cooperation with

1 other agencies, LGUs, CSOs and NGOs, private sector and relevant health
2 professional organizations within three (3) months from the effectivity of
3 this Act.

4 SEC. 7. *Health and Nutrition Services and Interventions for Women,*
5 *Infants and Young Children in the First 1,000 Days.* – The health and
6 nutrition services and interventions to be rendered in the first 1,000-day period
7 are the following:

8 (a) First 270 Days (Conception and Pregnancy). –

9 (1) Prenatal Period. – Prenatal care services at the barangay level of
10 each LGU shall include:

11 (i) Pregnancy-tracking and enrollment to prenatal care services;

12 (ii) Regular follow up to complete minimum of four (4) prenatal care
13 visits;

14 (iii) Provision of tetanus toxoid vaccine for the prevention of neonatal
15 tetanus;

16 (iv) Provision of oral health services, including oral health
17 assessment;

18 (v) Provision of nutrition counseling, smoking cessation, and
19 adoption of healthy lifestyle practices;

20 (vi) Identification of nutritionally-at-risk pregnant women;

21 (vii) Dietary supplementation for pregnant women;

22 (viii) Provision of micronutrient supplements with ferrous
23 sulfate-folic acid, and calcium carbonate;

24 (ix) Provision of iodized oil capsules in areas with low utilization of
25 iodized salt and high incidence of iodine deficiency disorders;

26 (x) Promotion of the use of iodized salt and fortified-rich foods;

27 (xi) Provision of anti-helminthic drugs for deworming and assessment
28 of risk for parasitism;

29 (xii) Counseling on hand washing, environmental sanitation and
30 hygiene;

1 (xiii) Empowering women on the preparation of birth, breastfeeding
2 and rooming-in plans; and breastfeeding counseling;

3 (xiv) Philippine Health Insurance Corporation (PhilHealth)
4 enrollment and linkage to community health workers and volunteers; and

5 (xv) Social welfare support for access to nutritious and healthy food
6 products and commodities for nutritionally-at-risk pregnant women belonging
7 to the poorest families.

8 (2) Women About to Give Birth and Immediate Postpartum Period. –
9 Health and nutrition services at the facility level, shall include:

10 (i) Provision of respectful care at the time of admission at the
11 facility;

12 (ii) Acknowledgement of the woman's birth, breastfeeding and
13 rooming-in plans;

14 (iii) Compliance of health facility to Republic Act No. 10028,
15 otherwise known as the "Expanded Breastfeeding Promotion Act
16 of 2009" and Executive Order No. 51, or the "Milk Code" and
17 other related administrative issuances of the DOH on maternal and
18 newborn care;

19 (iv) Provision of mother-friendly practices during labor and delivery
20 in compliance with the Mother-Baby-Friendly Health Facility Initiative
21 (MBFHFI) and current intrapartum protocols of the DOH, which include
22 companion and position of choice;

23 (v) Monitoring of progress of labor and conditions of both the mother
24 and the fetus;

25 (vi) Identification of high risk newborns that will be delivered,
26 the premature or the low birth weight infant, and provision of preventive
27 interventions to reduce complications of prematurity or low birth weight;

28 (vii) Maintenance of non-separation of the mother and her newborn for
29 early breastfeeding initiation;

1 (viii) Provision of support at birth on breastfeeding initiation
2 and continuation of exclusive breastfeeding in the facility, most especially for
3 caesarian section deliveries, and thereafter until discharge;

4 (ix) Nutrition counseling and provision of nutritious food and meals
5 at the facility, most especially for women who gave birth to small babies who
6 are preterm or low birth weight, until discharge;

7 (x) Provision of PhilHealth benefit packages for delivery; and

8 (xi) Provision of a women-friendly space where expectant mothers
9 will be able to give birth following prescribed maternal and intrapartum
10 protocol during calamities, disasters or other emergencies.

11 (3) Postpartum and Lactating Women. – Health and nutrition
12 services at the community level shall include:

13 (i) Follow-up preventive care visits to health facilities where they
14 gave birth;

15 (ii) Home visits for women in difficult to reach communities;

16 (iii) Breastfeeding support and counseling from birth up
17 to two (2) years and beyond, including those women who will return
18 to work;

19 (iv) Nutrition counseling to meet the demands of lactation in health
20 facilities and workplaces;

21 (v) Dietary supplementation;

22 (vi) Provision of micronutrient supplements with single dose
23 of vitamin A capsules, and daily ferrous sulfate-folic acid for
24 three (3) months;

25 (vii) Provision of ready-to-use supplementary food (RUSF) for
26 nutritionally-at-risk postpartum and lactating women, including teenage
27 mothers;

28 (viii) Designation of space for lactation in workplaces both in
29 government and private sector including small and medium enterprises, and in
30 public places and public means of transportation;

1 (ix) Organization of breastfeeding support groups in the workplaces,
2 in cooperation with occupational health workers and human resource
3 managers;

4 (x) Organization of community-based mother support groups or peer
5 counselors for breastfeeding and complementary feeding, in cooperation with
6 other health and nutrition workers;

7 (xi) Social welfare support for access to nutritious and healthy food
8 products and commodities for nutritionally-at-risk postpartum and lactating
9 women belonging to poorest of the poor families; and

10 (xii) Provision of a women-friendly and child-friendly space where
11 mothers and their infants will be able to continue breastfeeding during
12 calamities, disasters or other emergencies.

13 (b) 180 Days. – Health and nutrition services shall include, at the
14 facility level and community level:

15 (I) Birth and Newborn Period. –

16 (i) The provision of baby-friendly practices during delivery in
17 compliance with the MBFHFI and current newborn care protocols of the DOH
18 in all birthing facilities, including the provision of essential newborn care and
19 kangaroo mother care for small babies born preterm and who have low weight
20 at birth;

21 (ii) Maintenance of non-separation and observance of direct
22 rooming-in of the mother and her newborn for early breastfeeding initiation
23 and completion of exclusive breastfeeding;

24 (iii) Provision of routine newborn care services such as eye
25 prophylaxis and vitamin K, birth doses of Hepatitis B and BCG vaccines after
26 completion of the first breastfeeding;

27 (iv) Administration of newborn screening and newborn hearing
28 screening after twenty-four (24) hours of birth;

29 (v) Provision of continuous skin-to-skin contact and kangaroo mother
30 care for small babies born preterm and with low birth weight;

1 (vi) Availability of human milk pasteurizer for tertiary level facilities
2 with neonatal intensive care units to ensure breast milk supply for the small
3 babies born preterm and with low birth weight;

4 (vii) Provision of PhilHealth newborn care package (NCP) and
5 Z-benefit package for premature and small babies;

6 (viii) Provision of early referral to higher level facilities to manage
7 newborn illness and/or complications of prematurity or low birth weight;

8 (ix) Registration of birth certificate; and

9 (x) Provision of social welfare services to the poorest families of
10 newborn infants in need of support to avail access to health and nutrition
11 services and interventions.

12 (2) First Six (6) Months of Infancy. –

13 (i) Provision of continuous support to mother and her infant for
14 exclusive breastfeeding including referral to trained health workers on
15 lactation management and treatment of breast conditions;

16 (ii) Provision of appropriate and timely immunization services
17 integrated with assessment of breastfeeding, growth and development
18 promotion and infant and young child feeding (IYCF) counseling;

19 (iii) Counseling household members on hand washing, environmental
20 sanitation and hygiene;

21 (iv) Provision of early referral to higher level facilities to manage
22 childhood illness or acute malnutrition;

23 (v) Counseling on parent-infant interaction for child stimulation and
24 early childhood development;

25 (vi) Provision of social welfare services to the poorest of the poor
26 families of infants in need of support to avail access to health and nutrition
27 services and interventions; and

28 (vii) Assurance of a child-friendly space where exclusively breastfed
29 infants will be able to continue breastfeeding during calamities, disasters or
30 other emergencies.

- 1 (c) 550 Days. – Infants Six (6) Months up to Two (2) Years of Age.
2 – Health and nutrition services at the community level shall include:
- 3 (1) Timely introduction of safe, appropriate and nutrient dense quality
4 complementary food with continued and sustained breastfeeding for all infants
5 from six (6) months up to two (2) years of age or beyond;
 - 6 (2) Provision of nutrition counseling on complementary feeding to
7 mothers and caregivers;
 - 8 (3) Dietary supplementation of age appropriate nutrient dense quality
9 complementary food;
 - 10 (4) Assessment development, growth monitoring and promotion;
 - 11 (5) Micronutrient supplementation with vitamin A capsules, iron
12 sulfate drops or syrups, or micronutrient powder;
 - 13 (6) Counseling on parent-infant/child interaction for child stimulation
14 and early childhood development;
 - 15 (7) Provision of locally available grown crops, vegetables and fruits
16 in addition to other agricultural products to be used in complementary feeding
17 and dietary supplementation;
 - 18 (8) Management of childhood illnesses including moderate and severe
19 acute malnutrition;
 - 20 (9) Provision of oral health services including application of fluoride
21 varnish to prevent dental caries;
 - 22 (10) Provision of deworming tablets for children at one (1) to two (2)
23 years of age;
 - 24 (11) Availability of potable source of water including counseling of
25 household members on hand washing, environmental sanitation and hygiene;
 - 26 (12) Local government support for sanitation needs of households to
27 reduce food-and-water-borne diseases;
 - 28 (13) Social welfare support for access to nutritious and healthy food
29 products and commodities for the poorest families;
 - 30 (14) Support for home kitchen gardens; and

1 (15) Livelihood assistance for parents belonging to the poorest
2 families.

3 SEC. 8. *Nutrition in the Aftermath of Natural Disasters and*
4 *Calamities.* – Areas that are struck by disasters must be prioritized in the
5 delivery of health and nutrition services and interventions. National, regional,
6 and local government units are mandated to immediately provide emergency
7 services, food supplies for proper nourishment of pregnant, lactating mothers
8 and children, specifically those from zero (0) to two (2) years old. Women,
9 infant and child-friendly spaces shall be prepared and ready to accommodate
10 women and their children, provide their daily necessities such as food,
11 clothing, clean water, and shelter; readily available breastfeeding support and
12 counseling for those with children up to two (2) years or beyond, as well as
13 provision and guidance on the appropriate complementary food for children
14 over six (6) months old.

15 No milk formula donations or products covered by Executive Order
16 No. 51, “National Code of Marketing of Breastmilk Substitutes, Breastmilk
17 Supplements and Other Related Products” or better known as the “Milk
18 Code”, shall be allowed to protect the health and nutrition of pregnant,
19 lactating women, infants and young children.

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

23 The National Disaster Risk Reduction and Management Council
24 (NDRRMC) is hereby mandated to formulate guidelines in pursuit of this
25 section with guidance from the DOH. National and local disaster risk
26 reduction and management councils are hereby enjoined to involve women in
27 the decision-making process, allowing them to take part in implementing
28 disaster preparedness, recovery and rehabilitation programs.

29 SEC. 9. *Health and Nutrition of Adolescent Girls of Reproductive Age.*
30 – To address the cyclical nature of undernutrition and to address stunting

1 among the population, delivery of health and nutrition services for adolescent
2 girls of reproductive age, especially for teenage mothers, at facility and
3 community levels, shall include the following:

4 (a) Provision of age-appropriate vaccines according to DOH
5 guidelines;

6 (b) Provision of oral health services;

7 (c) Provision of anti-helminthic drug for deworming;

8 (d) Identification of nutritionally-at-risk adolescent girls;

9 (e) Dietary and nutrition counseling;

10 (f) Provision of iron sulphate and folic acid tablets, and iodized oil
11 capsules according to micronutrient supplementation guidelines of the DOH,
12 in partnership with the Department of Education;

13 (g) Promotion on the use of iodized salt and fortified foods;

14 (h) Counseling on smoking cessation, adoption of physical activity and
15 healthy lifestyle; hand washing, sanitation and hygiene;

16 (i) Referral to higher-level facilities to manage moderate or severe
17 acute malnutrition;

18 (j) Provision of RUSF or ready-to-use therapeutic food for
19 nutritionally-at-risk adolescent girls; and

20 (k) Referral to medical specialists for menstruation irregularities or
21 abnormalities that contribute to anemia and blood loss.

22 SEC. 10. *Strategy/Program Components.* – The strategy on health
23 and nutrition shall include the following components:

24 (a) Policy, standards, and guideline development;

25 (b) Health human resource and capacity development, to include
26 curriculum integration and pre-service training;

27 (c) Health and nutrition, inclusive of breastfeeding, complementary
28 feeding, counseling and support services, and investment planning and
29 financing;

- 1 (d) Service delivery;
- 2 (e) Sectoral collaboration and partnerships;
- 3 (f) Logistics and supply management;
- 4 (g) Knowledge management and information technology;
- 5 (h) Health promotion and education, social mobilization and
- 6 community organization, including advocacy;
- 7 (i) Monitoring and evaluation, accountability and sustainability; and
- 8 (j) Research and development.

9 SEC. 11. *The National Nutrition Council Governing Board.* – The
10 composition of the NNC Governing Board as stipulated in Executive Order
11 No. 234 (series of 1987), otherwise known as the Reorganization Act of the
12 National Nutrition Council (NNC), is hereby amended and the same shall now
13 be composed of the following:

- 14 (a) Secretary of the Department of Health as the Chairperson;
- 15 (b) Secretary of the Department of the Interior and Local Government
- 16 as the Vice Chairperson;
- 17 (c) Secretary of the Department of Agriculture;
- 18 (d) Secretary of the Department of Budget and Management;
- 19 (e) Secretary of the Department of Education;
- 20 (f) Secretary of the Department of Finance;
- 21 (g) Secretary of the Department of Labor and Employment;
- 22 (h) Secretary of the Department of Social Welfare and
- 23 Development;
- 24 (i) Secretary of the Department of Science and Technology;
- 25 (j) Secretary of the Department of Trade and Industry;
- 26 (k) Secretary of Economic Planning and Director General of the
- 27 National Economic and Development Authority;
- 28 (l) Chairperson of the Commission on Higher Education;
- 29 (m) Executive Director of the Council for the Welfare
- 30 of Children;

1 (n) Chairperson of the National Anti-Poverty Commission; and

2 (o) Three (3) representatives from the private sector to be appointed
3 by the President who shall come from any of the following: (1) health and
4 nutrition professional organizations sector; (2) women sector; (3) farmer and
5 fisherfolk; (4) urban poor; (5) organization of association of community health
6 workers or barangay nutrition scholars; (6) civil society organizations; and (7)
7 academe and research institutions. Said representatives shall serve for a term
8 of two (2) years.

9 The heads of departments may be represented by their duly
10 designated representatives who shall be of a rank not lower than an
11 Assistant Secretary.

12 Persons from the private sector with conflicts of interest especially as
13 described in Executive Order No. 51, series of 1986 shall be inhibited from
14 being members of the Council.

15 The composition of the NNC's Secretariat and Technical Committee
16 as defined in Executive Order No. 234 (series of 1987), otherwise known as
17 the Reorganization Act of the National Nutrition Council (NNC), shall be
18 maintained.

19 SEC. 12. *Functions, Roles, and Responsibilities of NNC Governing*
20 *Board.* – The NNC shall exercise the following functions and powers:

21 (a) Formulate national nutrition policies, plans, strategies and
22 approaches for nutrition improvement in accordance with the
23 PPAN, which include the strategy on women, infant and young
24 child nutrition;

25 (b) Oversee and serve as a focal point in the integration of nutrition
26 policies and programs of all member agencies and instrumentalities charged
27 with the implementation of existing laws, policies, rules and regulations
28 concerning nutrition;

29 (c) Coordinate, monitor and evaluate programs and projects of the
30 public and private sectors and LGUs relative to women, infant and young child

1 nutrition, hunger-mitigation, food fortification and national salt iodization
2 programs, and ensure their integration with national policies;

3 (d) Receive grants, donations and contributions, in any form, from
4 foreign governments, private institutions and other funding entities for
5 nutrition programs and projects: *Provided*, That no condition shall be made
6 contrary to the policies or provisions of this Act;

7 (e) Coordinate the release of public funds for the promotion of the
8 nutritional well-being of the country in accordance with the approved
9 programs and projects; and

10 (f) Call upon any government agency and instrumentality
11 for such assistance as may be required to implement the provisions
12 of this Act.

13 SEC. 13. *Appropriations.* – The amount necessary to carry out the
14 provisions of this Act shall be charged against the current year's
15 appropriations of the DOH. Thereafter, such sums as may be necessary for the
16 continued implementation of this Act shall be included in the annual General
17 Appropriations Act.

18 SEC. 14. *Implementing Rules and Regulations.* – Within ninety (90)
19 days from the effectivity of this Act, the Secretary of the DOH
20 shall, in coordination with the NNC Governing Board, and in
21 consultation with concerned stakeholders in the public and private sectors,
22 promulgate rules and regulations necessary for the effective implementation
23 of this Act.

24 SEC. 15. *Separability Clause.* – If any part or provision of this Act is
25 declared unconstitutional or invalid, other parts or provisions hereof which are
26 not affected shall continue to be in full force and effect.

27 SEC. 16. *Repealing Clause.* – All other laws, decrees, executive
28 orders, administrative orders or parts thereof inconsistent with
29 the provisions of this Act are hereby repealed, amended or modified
30 accordingly.

1 SEC. 17. *Effectivity.* - This Act shall take effect fifteen (15) days
2 after its publication in the *Official Gazette* or in a newspaper of general
3 circulation.

Approved,

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