Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
23rd City Council

PO23CC-109

39th Regular Session

ORDINANCE NO. SP- 3559 *, S-2026*

AN ORDINANCE STRENGTHENING THE INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH, AND NUTRITION IN THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Introduced by Councilors BERNARD R. HERRERA, KRISTINE ALEXIA MATIAS, RN, ALY MEDALLA, JOSEPH P. JUICO and VICTOR "Vic" D. BERNARDO

WHEREAS, Section 15, Article II of the 1987 Constitution of the Republic of the Philippines states that, "the State shall protect and promote the rights to health of the people and instill health consciousness among them";

WHEREAS, Republic Act No. 11148, otherwise known as "Kalusugan at Nutrisyon ng Mag-Nanay Act," declares that the right to health is a fundamental principle guaranteed by the State and Section 15, Article II of the 1987 Constitution of the Republic of the Philippines emphasizes that "The State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, pursuant to various international human rights instruments and agreements that the State adheres to, the State guarantees the right to adequate food, care, and nutrition to pregnant and lactating mothers, including adolescent girls, women of reproductive age, and especially children from zero (0) to two (2) years old;

WHEREAS, the State commits to the Philippine Development Plan and the national plans on nutrition to contribute to the improvement of the quality of human resource in the Country, and the reduction of maternal and child mortality and stunting;

WHEREAS, the State declares its determination to eliminate hunger and reduce all forms of malnutrition and further maintains that ensuring healthy lives, promoting well-being, ending hunger and food insecurity, and achieving good nutrition for all at all ages are essential to the attainment of sustainable development;

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

WHEREAS, the State prioritizes nutrition for adolescent females, pregnant and lactating women, infants and young children, to be implemented in an integrated manner by all branches of government, using a whole-of-government approach in collaboration with civil society organizations and the private sector;

WHEREAS, the State scales up nutrition intervention programs in the first one thousand (1,000) days of a child's life, and allocates resources in a sustainable manner to improve the nutritional status and to address the malnutrition of infants and young children from zero (0) to two (2) years old, adolescent females, pregnant and lactating women, as well as to ensure growth and development of infants and young children.

WHEREAS, the Quezon City Government, through Ordinance No. SP-2703, S-2018, institutionalized the Early Childhood Development Intervention Package for the First One Thousand (1,000) Days of a Child, recognizing the critical window for growth, development, and nutrition;

WHEREAS, the Quezon City Government likewise passed Ordinance No. SP-3146, S-2022, otherwise known as the "Free Postnatal Supplements for Breastfeeding QCitizen Mothers Ordinance of 2022," to provide necessary postnatal vitamins and nutritional support to breastfeeding mothers to ensure proper growth and development of infants;

WHEREAS, the City further enacted Ordinance No. SP-3192, S-2023, otherwise known as the "Free Maternal and Child Kit Ordinance of Quezon City," mandating the provision of maternity and child kits to expectant mothers who avail of pre-natal and post-natal care services in City-owned and managed facilities;

WHEREAS, notwithstanding these existing national and local measures, there remains a need to further strengthen, harmonize, and institutionalize an integrated, comprehensive, and sustainable strategy for Maternal, Neonatal, Child Health and Nutrition (MNCHN) in the First One Thousand (1,000) Days of Life in Quezon City, to ensure policy coherence, program convergence, adequate resource allocation, and effective delivery of services at the city and barangay levels.

NOW, THEREFORE,

BE IT ENACTED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. SHORT TITLE. – This Ordinance shall be known as the "First 1,000 Days – Kalusugan at Nutrisyon ng Mag-Nanay Ordinance."

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

SECTION 2. OBJECTIVES. – This Ordinance specifically aims to:

a. *provide comprehensive, sustainable, multi-sectoral strategies and approaches to address health and nutrition problems of newborns, infants and young children, pregnant and lactating women and adolescent females, as well as multi-factorial issues that negatively affect the development of newborns, infants and young children, integrating the short, medium and long-term plans of the government to end hunger, improve health and nutrition, and reduce malnutrition;*

b. *provide a policy environment conducive to nutrition improvement;*

c. *provide evidence-based nutrition interventions and actions which integrate responsive caregiving and early stimulation in a safe and protective environment over the first one thousand (1,000) days as recommended by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), as well as nutrition-specific and nutrition-sensitive mechanisms, strategies, programs and approaches in implementing programs and projects to improve nutritional status, and to eradicate malnutrition and hunger;*

d. *strengthen and define the roles of the Quezon City Health Department, and other government agencies tasked to implement nutrition programs in the first one thousand (1,000) days;*

e. *institutionalize and scale up nutrition in the first one thousand (1,000) days in the national plan on nutrition, the early childhood care and development intervention packages developed by the National Nutrition Council (NNC), the Philippine Development Plan, the National Plan of Action for Children, the regional development plans, and local government units (LGUs) investment plans for health and nutrition;*

f. *ensure the meaningful, active, and sustained participation, partnership and cooperation of Quezon City Nutrition Committee (QCNC) member agencies, other National Government Agencies (NGAs), LGU, civil society organizations (CSOs), and the private sector, in an integrated and holistic manner, for the promotion of the health and nutritional well-being of the population;*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

g. strengthen enforcement of Executive Order No. 51, otherwise known as the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Other Related Products" or the "Milk Code," and Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009," to protect, promote, and support optimal infant and young child feeding and maternity protection, and in consultation with the stakeholders in the public and private sectors, consider the new recommendations from the World Health Assembly (WHA) Resolution 69.9 (2016) to end the inappropriate promotion of food for infants and young children;

h. strengthen the implementation of other nutrition related laws, programs, policies, and guidelines including multi-sectoral integration, gender equality, and promotion of the United Nations Convention on the Rights of the Child (UNCRC); and

i. strengthen the family community support systems with the active engagement of parents and caregivers, with support from the NGAs, CSOs, and other stakeholders.

SECTION 3. SCALING UP HEALTH AND NUTRITION FOR THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE. – The Quezon City Health Department through the Quezon City Nutrition Committee, in coordination with other National Government Agencies (NGAs) and the Civil Society Organizations (CSOs), as well as other stakeholders, shall develop a comprehensive and sustainable strategy for the first one thousand (1,000) days of life to address the health, nutrition, and developmental problems affecting infants, young children, adolescent females, and pregnant and lactating women. It shall operationalize the latest national and local plan on nutrition, integrating the short, medium, and long-term plans of the government in response to the global call to eradicate hunger, improve nutrition, and prevent and manage malnutrition, as one (1) of the seventeen (17) Sustainable Development Goals (SDGs).

SECTION 4. COVERAGE. – This Ordinance covers those who are nutritionally-at-risk, especially pregnant and lactating women, particularly teenage mothers, women of reproductive age, adolescent girls, and all Filipino children who are newly born up to age twenty-four (24) months.

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

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

The Local Government Unit shall prioritize, which meet any of the following criteria:

a. *With the highest prevalence of undernutrition and nutrient-deficiency among pregnant and lactating women and children aged zero (0) to two (2) years;*

b. *Availability of facilities or capability to implement the program; and*

c. *Prioritizes such program in the barangays and willingness to provide counterpart resources for its implementation.*

SECTION 5. DEFINITION OF TERMS. – For purposes of this Ordinance, the following terms are defined as:

a. *Breastmilk Substitute – refers to any type of milk, in either liquid or powdered form, including soy milk and follow-up formula, that are specifically marketed for feeding infants and young children up to the age of three (3) years;*

b. *Chronic Energy Deficiency (CED) or acute undernutrition – refers to a condition where there is negative energy balance due to inadequate food and nutrient intake, problems in absorption, relatively rare or excessive nutrient loss mostly due to infections and malignancies;*

c. *Civil Society Organizations (CSOs) – refer to non-State actors whose aims are neither to generate profits nor to seek governing power, such as non-governmental organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, networks, coalitions, and labor unions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations;*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

d. *Early Stimulation – refers to the process where infants and young children receive external stimuli to interact with others and their environment. It provides different opportunities for the child to explore, develop skills and abilities in a natural way and understand what is happening around them. Examples of early stimulation are language, motor and sensory stimulation with the aim of optimizing their cognitive, physical, emotional and social abilities, to avoid undesired states in development;*

e. *First one thousand (1,000) days of life – refers to the period of a child's life, spanning the nine (9) months in the womb starting from conception to the first twenty-four (24) months of life, which is considered to be the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences;*

f. *Geographically Isolated and Disadvantaged Areas (GIDA) – refer to areas that are isolated due to distance or geographical isolation, weather conditions and lack of modes of transportation. This also refers to unserved and underserved communities and other areas identified to have access or service delivery problems, high incidence of poverty, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict, and those recognized as such by a government body;*

g. *Low birth weight – refers to weight at birth of an infant, whether born full term or preterm, of less than 2,500 grams or 5.5 pounds, or 5 pounds and 8 ounces;*

h. *Malnutrition – refers to deficiencies, excesses or imbalances in a person's intake of protein, energy (carbohydrates and fats) and/or nutrients covering both undernutrition which includes suboptimal breastfeeding, stunting, wasting or thinness, underweight and micronutrient deficiencies or insufficiencies, as well as over nutrition, which includes overweight and obesity;*

i. *Moderate Acute Malnutrition (MAM) – 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 Child 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);*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

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

k. *Nutrition-specific interventions and programs – refer to interventions or programs that address the immediate determinants of maternal, fetal, infant, and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases;*

l. *Nutritionally-at-risk pregnant women – refer 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 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;*

m. *Overweight and obesity – refer to the abnormal or excessive fat accumulation that may impair health. It is measured by BMI, a simple index of weight-for-height, which is commonly used to classify overweight and obesity among adults. BMI is calculated by dividing a person's weight in kilograms by the square of his/ her height in meters (kg/ m^2). According to the WHO, adults with a BMI greater than or equal to twenty-five (25) are overweight and a BMI greater than or equal to thirty (30) is obese. For children, it is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose weight for length/ height is above two (2) SD (overweight) or above three (3) SD (obese) from the median of the WHO Child Growth Standards;*

n. *Responsive caregiving – refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and then provides a response that is appropriate to the child's immediate behavior, needs and developmental state;*

o. *Severe Acute Malnutrition (SAM) – refers to very low weight for length/height, defined as less than three (3) SD below the median (<-3SD) of the 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); and*

p. *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.*

SECTION 6. PROGRAM IMPLEMENTATION AT ALL LEVELS. – The Quezon City Health Department, through the Quezon City Nutrition Committee, shall be responsible for the implementation of this Ordinance. It shall be implemented at the barangay level through the Health Centers, in coordination with the Barangay Nutrition Committee (BNC). The Barangay Nutrition Scholars (BNSs) and the Barangay Health Workers (BHWs) shall be mobilized and provided with resources, benefits and incentives to carry out their tasks.

The Quezon City Government, the Barangays, and the Sangguniang Kabataan is mandated to encourage and to integrate maternal, neonatal, child health and nutrition programs in the local nutrition action plans and investment plans for health, the Barangay Development Plans, and the Youth Development Plan, respectively. The Quezon City Nutrition Committee shall provide appropriate technical assistance to respective barangays counterparts in the development, formulation, and implementation of this Ordinance.

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

SECTION 7. PROGRAM COMPONENTS. – The program shall include health and nutrition services and interventions provided at the different life stages. The LGU, NGAs, barangays, concerned CSOs, and other stakeholders shall work together to ensure the delivery of these services and interventions.

a. *PRENATAL PERIOD (FIRST TWO HUNDRED SEVEN (270) DAYS). – Prenatal care services at the facility and community level shall include, but not be limited to, the following:*

   1. *Pregnancy tracking and enrollment to antenatal care (ANC) services;*

   2. *Regular follow up to complete the recommended minimum number of quality ANC care visits with proper referral for high-risk pregnancies;*

   3. *Provision of maternal immunizations including tetanus and diphtheria toxoid vaccine, and other vaccines as appropriate;*

   4. *Empowering women on the preparation of birth and emergency plans, and appropriate plans for breastfeeding and rooming-in, including counseling;*

   5. *Counseling on maternal nutrition, appropriate infant, and young child feeding practices;*

   6. *Early identification and management of nutritionally at-risk pregnant women and pregnant adolescent females and provision of Ready-to-Use Supplementary Food (RUSF) in addition to dietary supplementation;*

   7. *Provision of micronutrient supplements such as iron, folic acid, calcium, iodine, and other micronutrients deemed necessary;*

   8. *Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;*

SHRINE OF OUR LADY OF EDSA, MARY QUEEN OF PEACE

9. *Assessment of risk for parasitism and provision of anti-helminthic medicines;*

10. *Provision of oral health services including oral health assessment;*

11. *Counseling on proper handwashing, environmental sanitation, and personal hygiene;*

12. *Counseling on and utilization of responsible parenthood and family health services;*

13. *Counseling on nutrition, smoking cessation, and adoption of healthy lifestyle practices;*

14. *Philippine Health Insurance Corporation (PHIC) enrollment and linkages to facility and community-based health and nutrition workers and volunteers;*

15. *Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products and commodities for nutritionally-at-risk pregnant women belonging to poorest of the poor families, including those with disabilities;*

16. *Maternity protection during pregnancy;*

17. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;*

18. *Provision of counseling and psychosocial support to parents and caregivers with priority to high-risk pregnant women and adolescent females belonging to poorest of the poor families; and*

19. *Others as may be determined based on international and national guidelines and evidence generated locally.*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

b. *WOMEN ABOUT TO GIVE BIRTH AND IMMEDIATE POSTPARTUM PERIOD. – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:*

1. *Adherence to the couple's birth, breastfeeding, and rooming-in plans;*

2. *Provision of mother-friendly practices during labor and delivery in line with, and in compliance with, Mother and Baby-Friendly Health Facility Initiative (MBFHFI), Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009," Executive Order No. 51 or the "Milk Code," and other related administrative issuances of the DOH on maternal and newborn care;*

3. *Monitoring of the progress of labor and the well-being of both the mother and the fetus, and provision of interventions to any health issue that may arise;*

4. *Identification of high-risk newborns that will be delivered; the premature, small for gestational age (SGA), and/or low birth weight infants; and the provision of preventive interventions to reduce complications of prematurity or low birth weight;*

5. *Coverage and utilization of PhilHealth benefit packages for maternal care;*

6. *Nutrition counseling and provision of nutritious food and meals at the facility, most especially for women who gave birth to babies who are preterm, SGA, or low birth weight, until discharged;*

7. *Provision of lactation management services to support breastfeeding initiation and exclusive breastfeeding for six (6) months, most especially for caesarean deliveries, and thereafter until discharged;*

8. *Counseling on proper handwashing, environmental sanitation, and personal hygiene;*

SHRINE OF OUR LADY OF EDSA, MARY QUEEN OF PEACE

9. *Counseling on, and utilization of, modern methods of family planning and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as The Responsible Parenthood and Reproductive Health Act of 2012;*

10. *Maintenance of non-separation of the mother and her newborn and rooming-in for early breastfeeding initiation;*

11. *Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies;*

12. *Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counseling and positive parenting support interventions;*

13. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development; and*

14. *Others as may be determined based on international and national guidelines and evidence generated locally.*

c. *POSTPARTUM AND LACTATING WOMEN. – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:*

1. *Follow-up visits to health facilities where they gave birth;*

2. *Home visits for women in difficult-to-reach communities especially if located in a GIDA;*

3. *Lactation support and counseling from birth up to two (2) years and beyond, including those women who will return to work and for women in the informal economies, and those with breastfeeding difficulties;*

4. *Nutrition assessment and counseling to meet the demands of lactation in health facilities and workplaces;*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

5. *Identification and management of malnutrition of chronically energy deficient (CED) and nutritionally-at-risk postpartum and lactating women, including adolescent mothers, and provision of RUSF in addition to dietary supplementation, as appropriate;*

6. *Organization of community-based mother support groups and peer counselors for breastfeeding in cooperation with other health and nutrition workers;*

7. *Lactation breaks for women in the workplaces including micro, small and medium enterprises;*

8. *Availability of lactation stations in the workplaces, both in government and in the private sector, informal economy workplaces, and in public places and public means of transportation as stipulated in Republic Act No. 10028, otherwise known as the Expanded Breastfeeding Promotion Act of 2009 and its implementing rules and regulations;*

9. *Organization of breastfeeding support groups in workplaces, in cooperation with occupational health workers and human resource managers trained in lactation management for the workplace;*

10. *Provision of micronutrient supplements including iron, folic acid, Vitamin A and other micronutrients deemed necessary;*

11. *Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed;*

12. *Provision of oral health services;*

13. *Counseling on and utilization of modern methods of family planning, and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as The Responsible Parenthood and Reproductive Health Act of 2012;*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

14. *Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products, and commodities for CED and nutritionally-at-risk postpartum and/or lactating women belonging to poorest of the poor families;*

15. *Assurance of women-friendly and child-friendly spaces where mothers and their infants will be able to continue breastfeeding during calamities, disasters, or other emergencies;*

16. *Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counseling and positive parenting support intervention;*

17. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development; and*

18. *Others as may be determined based on international and national guidelines and evidence generated locally.*

d. *BIRTH AND NEWBORN PERIOD (TWENTY-EIGHT (28) DAYS). – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:*

1. *Provision of baby-friendly practices during delivery in line, and in compliance, with the MBFHFI and essential newborn care protocol of the MHO in all facilities providing birthing services;*

2. *Provision of early and continuous skin-to-skin contact to all full-term babies and continuous kangaroo mother care for small babies born preterm and low birth weight, in compliance with the newborn protocol of the MHO in all facilities providing birthing services;*

3. *Maintenance of non-separation of the mother and her newborn from birth for early breastfeeding initiation and exclusive breastfeeding;*

4. *Provision of routine newborn care services such as eye prophylaxis, Vitamin K supplementation, and immunizations;*

5. *Administration of newborn screening;*

6. *Availment and utilization of appropriate PhilHealth benefit packages for the newborn including the preterm, low birth weight and small babies;*

7. *Provision of early referral to higher level facilities to manage illness and/or other complications;*

8. *Assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters, or other emergencies;*

9. *Social welfare support to improve access to health and nutrition services for newborns belonging to poorest of the poor families;*

10. *Facilitate the prompt birth and death registration, including fetal deaths, including restoration and reconstruction of birth and death registration documents destroyed during disasters;*

11. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;*

12. *Provision of support to parents and caregivers on early stimulation and responsive care for infants; and*

13. *Others as may be determined based on international and national guidelines and evidence generated locally.*

e. *FIRST SIX (6) MONTHS OF INFANCY (ONE HUNDRED EIGHTY (180) DAYS). – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:*

1. *Provision of continuous support to mother and her infant for exclusive breastfeeding, including referral to trained health workers on lactation management and treatment of breast conditions;*

2. *Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, early child development, growth monitoring and promotion, and Infant and Young Child Feeding (IYCF) counseling;*

3. *Growth and development monitoring and promotion of all infants less than six (6) months old especially those who had low birth weight, are stunted, or had acute malnutrition;*

4. *Counseling of household members on handwashing, environmental sanitation, and personal hygiene;*

5. *Provision of early referral to higher level health facilities to manage common childhood illnesses including acute malnutrition;*

6. *Identification and management of moderate or severe acute malnutrition among infants less than six (6) months old and provision of lactation management services and management of medical conditions contributing to malnutrition;*

7. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;*

8. *Social welfare support to improve access to health and nutrition services for newborns belonging to poorest of the poor families;*

9. *Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counseling and positive parenting support interventions;*

10. *Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies where health and nutrition services for women and children shall be provided; and*

11. *Others as may be determined based on international and national guidelines and evidence generated locally.*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

f. 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:

1. *Timely introduction of safe, appropriate, and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age, with emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;*

2. *Provision of nutrition counseling on complementary food preparation and feeding to mothers and caregivers;*

3. *Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;*

4. *Growth and development monitoring and promotion in health facilities and at home;*

5. *Provision of routine immunizations based on the latest DOH guidelines;*

6. *Provision of micronutrient supplements deemed necessary;*

7. *Management of common childhood illnesses based on WHO and DOH guidelines;*

8. *Management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level health facilities as appropriate, for treatment and management, especially those with serious medical complications;*

9. *Provision of oral health services including application of fluoride varnish to prevent dental caries;*

10. *Provision of anti-helminthic tablets for children one (1) to two (2) years old as appropriate;*

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

11. *Availability of potable source of water, counseling of household members on handwashing, environmental sanitation, and personal hygiene, and support for sanitation needs of households to reduce food, water, and vector-borne diseases;*

12. *Counseling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development, and referral for development delays and other disabilities for early prevention, treatment and rehabilitation;*

13. *Social welfare support to improve access to health and nutrition services such as, but not limited to, dietary supplementation, complementary food, other healthy food products and commodities, assessment and referral for development delays and other disabilities for early prevention, treatment and rehabilitation for infants six (6) months and above who belong to poorest of the poor families;*

14. *Support for home kitchen gardens wherever feasible;*

15. *Provision of locally available grown crops, vegetables, and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;*

16. *Protection against child abuse, injuries, and accidents including the provision of first aid, counseling, and proper referrals; and*

17. *Others as may be determined based on international and national guidelines and evidence generated locally.*

SECTION 8. HEALTH AND NUTRITION OF ADOLESCENT FEMALES. – To address the cyclical nature of malnutrition among the population, delivery of health and nutrition services for adolescent females ten (10) to eighteen (18) years old at facility, school, and community levels shall include, but not be limited to, the following:

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

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

b. Provision of age-appropriate immunizations based on the latest DOH guidelines;

c. Provision of oral health services including oral health assessment;

d. Provision of anti-helminthic drugs for deworming;

e. Counseling on proper handwashing, environmental sanitation, and personal hygiene;

f. Provision of micronutrient supplements according to guidelines of the DOH, in partnership with the Department Education (DepEd);

g. Promotion of the consumption of iodized salt and foods fortified with micronutrients that may be deemed necessary;

h. Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and to manage complicated illnesses including moderate, severe acute malnutrition;

i. Counseling on proper nutrition, mental health, avoidance of risk-taking behaviors, smoking cessation, adoption of healthy lifestyle practices, and family health; and

j. Others as may be determined based on international guidelines and evidence generated locally.

SECTION 9. OTHER PROGRAM COMPONENTS. – The LGU, NGAs, concerned CSOs, and other stakeholders shall likewise include the following cross-cutting components in the implementation of the program:

a. *Local health and nutrition investment planning and financing;*

b. *Policy, standards, and guidelines development;*

c. *Service delivery;*

d. *Health and nutrition human resources capacity development;*

e. *Sectoral collaboration and partnerships;*

f. *Logistics and supply management;*

g. *Knowledge management and information; and*

h. *Monitoring and evaluation, and research and development.*

SECTION 10. NUTRITION IN THE AFTERMATH OF NATURAL DISASTERS AND CALAMITIES. – Areas that are affected by disasters and emergency situations, both natural and human-made must be prioritized in the delivery of health and nutrition services, and psychosocial services interventions. The LGU is mandated to immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old. Women, infant, and child-friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water, and shelter; readily available breastfeeding support and counseling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

Donations of milk formula, breastmilk substitutes, and/or products covered by the Milk Code without the approval of the Inter-Agency Committee (IAC) created under Executive Order No. 51, Series of 1986, shall be prohibited in order to protect the health and nutrition of pregnant and lactating women, infants, and young children before, during and after a disaster.

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

In emergency situations, donations or assistance from the private sector, with no conflicts of interest or those not involved with manufacture, marketing, and sales of products covered by the scope of the Milk Code, shall be allowed immediately in the aftermath of natural disasters and calamities. Strict compliance with the Milk Code and its revised Implementing Rules and Regulations (IRR) shall be observed, and options for mothers with breastfeeding problems will be provided, such as, but not limited to, the mobilization of breastfeeding support groups or strategic establishment of local milk banks.

The Quezon City Health Department, through the Quezon City Nutrition Committee, in coordination with the Quezon City Disaster Risk Reduction and Management Department (QCDRRMD), shall formulate guidelines and mechanisms in pursuit of this section, taking into consideration humanitarian, inclusive, gender and culture-sensitive standards for the protection of children, pregnant and lactating mothers, in accordance with Republic Act No. 10821, otherwise known as the "Children's Emergency Relief and Protection Act," its Implementing Rules and Regulations, and the Comprehensive Emergency Program for Children.

SECTION 11. CAPACITY-BUILDING OF BARANGAY HEALTH AND NUTRITION VOLUNTEERS AND THE SANGGUNIANG KABATAAN. – In coordination with NGAS, shall provide practical and effective training courses to BNS, BHWs, and other personnel concerned to upgrade their skills and competence in the implementation of the services and interventions for the health and nutrition of women and children.

SECTION 12. FUNDING. – The implementation of this Ordinance shall be funded through the annual appropriations of the Quezon City Government, subject to existing budgeting, accounting, and auditing laws, rules, and regulations.

The amount necessary for its effective implementation shall be mandatorily included in the Annual Investment Program (AIP) and the Annual Budget of the City. Thereafter, such sums as may be necessary for the continuous and sustained implementation of this Ordinance shall be appropriated annually.

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

Pursuant to Quezon City Ordinance No. SP-3242, S-2023, mandating the allocation by all Sangguniang Barangays and Sangguniang Kabataan of at least one percent (1%) of the barangay General Fund, or not less than One Hundred Thousand Pesos (Php100,000.00), whichever is higher, for nutrition-related programs, projects, and activities, the Barangays and their respective Sangguniang Kabataan are hereby directed to utilize said mandatory allocation to implement and support programs, projects, and interventions consistent with the First One Thousand (1,000) Days Strategy established under this Ordinance. Such programs, projects, and activities shall be expressly incorporated in their respective Barangay Nutrition Action Plans (BNAP), Annual Investment Plans, Youth Development Plans, and Annual Budgets.

In the absence of a specific city appropriation, implementation may be undertaken through the realignment and utilization of existing appropriations of concerned offices and departments, including but not limited to the Quezon City Health Department and other implementing agencies, in accordance with the Local Government Code of 1991 and other applicable laws.

SECTION 13. MONITORING, REVIEW, AND ASSESSMENT OF THE PROGRAM. – The Quezon City Nutrition Committee concerned shall regularly monitor, review, and assess the impact and the effectivity of the program.

SECTION 14. REPEALING CLAUSE. – All ordinances, local issuances, or rules inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 15. SEPARABILITY CLAUSE. – If for any reason, any provision of this Ordinance is declared unconstitutional or invalid, the remaining provisions not affected thereby shall continue to be in full legal force and effect.

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE

SECTION 16. EFFECTIVITY CLAUSE. – This Ordinance shall take effect fifteen (15) days from the date a copy thereof is posted in a bulletin board at the entrance of the City Hall, and in at least two (2) other conspicuous places in the City. In addition to being posted, the main features of the Ordinance shall be published once in a local newspaper of general circulation within the City

ENACTED: March 9, 2026.

CERTIFICATION

This is to certify that this Ordinance was ENACTED by the City Council on Second Reading on March 9, 2026 and was PASSED on Third/Final Reading on March 23, 2026.

GIAN G. SOTTO
City Vice Mayor

ALY MEDALLA
Majority Floor Leader
Acting Presiding Officer

APPROVED: OCT 16 2026

MA. JOSEFINA G. BELMONTE
City Mayor

ATTESTED:

ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(Secretary to the Sanggunian)

SHRINE OF OUR LADY OF EDSA,
MARY QUEEN OF PEACE