Republic of the Philippines
Province of Samar
Municipality of Pinabacdao
**OFFICE OF THE SECRETARY TO THE SANGGUNIANG BAYAN**
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April 30, 2025

**HON. ARNOLD V. TAN**
Vice Governor
Province of Samar
Capitol Building
Catbalogan City, Samar

SANGGUNIANG PANLALAWIGAN
PROVINCE OF SAMAR
RECEIVED
BY: MATILDA B. CELADA
DATE: APR 30 2025

Thru: **ATTY. JOSE CRISOSTOMO Y. GUADES**
Secretary to the Sangguniang Panlalawigan

Sir;

Respectfully transmitting herewith copies of **Municipal Ordinance 25-007**, entitled: AN ORDINANCE INSTITUTIONALIZING THE MUNICIPALITY COMPREHENSIVE NUTRITION PROGRAM THROUGH INTEGRATED, STRENGTHENED, AND SUSTAINED STRATEGIES TO SAFEGUARD THE NUTRITIONAL WELL-BEING OF THE PEOPLE OF PINABACDAO, SAMAR, APPROPRIATING FUNDS THEREOF AND FOR OTHER PURPOSES.approved by the Sangguniang Bayan of Pinabacdao, Samar on April 28, 2025, for review and proper action.

Please acknowledge receipt hereof.

Sincerely,

**MARY BERNARDETTE T. QUIJANO**
Secretary to the Sangguniang Bayan

Republic of the Philippines
Province of Samar
Municipality of Pinabacdao
**OFFICE OF THE SANGGUNIANG BAYAN**

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**MUNICIPAL ORDINANCE NO. 25-007**

**AN ORDINANCE INSTITUTIONALIZING THE MUNICIPALITY COMPREHENSIVE NUTRITION PROGRAM THROUGH INTEGRATED, STRENGTHENED, AND SUSTAINED STRATEGIES TO SAFEGUARD THE NUTRITIONAL WELL-BEING OF THE PEOPLE OF PINABACDAO, SAMAR, APPROPRIATING FUNDS THEREOF AND FOR OTHER PURPOSES.**

**Explanatory Note**

**WHEREAS,** maternal and child malnutrition continue to be of 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 Pinabacdao, Samar indicated by the Operation Timbang Plus (OPT Plus) results reveal that the levels of stunting and wasting among under five-year-old children and other forms of malnutrition in the Municipality remain to be 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 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 4.6 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 Pinabacdao, Samar;

**WHEREAS,** the Coronavirus disease (COVID-19) pandemic experienced by the country has further emphasized the need of the people to achieve good nutrition for optimum health, wellbeing, and immunity against non-communicable and infectious diseases and thereby compelling the local government to take proactive measures, both in normal and emergency situations, to secure food, optimum health-service delivery, and nutrition especially among women and children within the critical period of the first 1000 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 Philippine, 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 Municipality of Pinabacdao has been a recipient of nutrition recognition and awards (Green Banner, Consistent Regional Outstanding Winner in Nutrition (CROWN) Award, Nutrition Honor Award) conferred by the National Nutrition Council;

**WHEREAS,** the Municipality of Pinabacdao recognizes that all nutrition interventions shall be anchored to the Philippine Government's commitment to United Nations Sustainable Development Goals (UN SDGs), 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 over-all vision of the Province of Samar;

**WHEREAS,** the DILG MC. 2018-42 on the Adoption and Implementation of the PPAN 2017-2022 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 Pinabacdao 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 Pinabacdao hereby resolves, to approve, as it hereby approves, the enactment of Municipal Ordinance No: 25-007 in a regular session assembled that:

**ARTICLE 1**
**TITLE**

This ordinance shall be known as the **PINABACDAO COMPREHENSIVE NUTRITION PROGRAM ORDINANCE.**

**ARTICLE 2**
**DECLARATION OF POLICY AND PRINCIPLES**

The Municipality of Pinabacdao 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 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.

**ARTICLE 3**
**OBJECTIVES**

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

2. Ensure the delivery of proven and tested 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 Committee 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 Municipality Nutrition Action Plan and its integration to development plans and budgets to operationalize the CNP

8. Define the roles and responsibilities of the barangays in the implementation of the CNP

**ARTICLE 4**
**COVERAGE**

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

**ARTICLE 5**
**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 nongovernment 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 which 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 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. *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. *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 overnutrition, which includes overweight and obesity;

h. *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

i. *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)

j. *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

k. *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

l. *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 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. *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.

n. *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)

o. *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

p. *Wasting* - defined as 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 6
## THE COMPREHENSIVE NUTRITION PROGRAM - COMPONENTS AND STRATEGIES

Section 1. *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 five (5) 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 issues and concerns of its constituents.

Section 2. *Program Component Projects and Strategies for Implementation* – The following are the component projects of the CNP and their corresponding strategy for implementation:

A. Philippine Integrated Management of Acute Malnutrition (PIMAM)

The Municipality shall adopt and fully implement the PIMAM Program as a nutrition-specific program to address cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children age zero to 59 years old as determined by nutrition assessment. Component projects and activities under the program are as follows:

1. Organization and delivery of Out-patient Therapeutic Care (OTC) for the Integrated Management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) including Active Case Finding
2. Referral of SAM cases with complications to facilities with In-Patient 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 interventions and activities on the PIMAM including the management and delivery of PIMAM commodities
5. Review of SAM cases
6. Other PIMAM-related projects and activities as identified in the Municipal Nutrition Action Plan

Strategy for Implementation:

The Municipality shall assign/designate a PIMAM Manager to lead the planning, implementation, monitoring, and evaluation of progress of the PIMAM program, in accordance to the DOH PIMAM Guidelines. He/she shall fulfill the following tasks, but not limited to:

a. Compilation of in-patient and out-patient therapeutic care monthly reports and submit to the Municipal Health Officer and the Provincial DOH Office
b. Collate monthly and annual reports with an overview of program achievements constraints including survey and screening data and budgets
c. Seek ways for a more efficient and effective case finding and referral
d. Monitor and account for the delivery and utilization of PIMAM commodities and report issues related to problems on supply chain suggesting ways to overcome them.

e. Report to the regular quarterly meetings of the Nutrition Committee the status of the program and the cases in the Municipality
f. Institute a mobile system of monitoring progress of the cases of SAM and MAM
g. Facilitate activities of the BNS and BHW for the management of SAM and MAM cases
h. Liaise with other agencies and NGOs for collaboration in the local government's efforts for the management of SAM and MAM cases
i. Other tasks required for the effective implementation of the PIMAM program

The concerned local government offices shall ensure the active case finding of SAM and MAM cases, the availability of commodities at treatment points by enhancing the supply chain management for the efficient, effective, and timely management of identified cases of SAM and MAM.

B. First 1000 Days Program

The following specific health and nutrition interventions shall be provided during the first 1000 days period of a child including pregnant and lactating women, adolescent females and pregnant adolescents. The component projects include the six (6) critical interventions composed of: *complete prenatal visits, iron-folic acid supplementation, dietary supplementation for pregnant women, exclusive breastfeeding, dietary supplementation for children 6 to 23 months old, and micronutrient supplementation.* All of the following are interventions 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:

a. Intensive pregnancy tracking and enrollment to antenatal care (ANC) services to include counselling on proper diet and breastfeeding;
b. Regular follow up to complete the recommended minimum number of quality ANC care visits with proper referral for high-risk pregnancies;
c. Provision of micronutrient supplements such as iron with folic acid (IFA), and other micronutrients deemed necessary
d. Balanced protein-energy dietary supplementation for pregnant women with priority to nutritionally-at-risk
e. Others 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. Provision of continuous support to mother and infant for exclusive breastfeeding, including referral to trained health workers on lactation management and creation and mobilization of breastfeeding support groups
b. Provision of immunization services with integrated assessment of breastfeeding, and Infant and Young Child Feeding (IYCF) Counselling;
c. 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
d. Others 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 of age-appropriate and nutrient-dense quality complementary food
b. Provision of micronutrient supplements (Vitamin A, Micronutrient Powder)
c. Provision of nutrition counselling on complementary food preparation and feeding to mothers and caregivers
d. Provision of relevant health services including growth monitoring and immunization
e. Others as may be defined in the Municipal Nutrition Action Plan

4. Other Supportive Program Components – The Municipality 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 counselling 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 Municipality shall organize a project team including members from the agencies involved, all the participating barangays to plan, implement, monitor and evaluate the F1K program. A Program Lead/Coordinator for the First 1000 Days shall be appointed by the Municipality to supervise and manage the planning, implementation, and monitoring and evaluation of the First 1000 Days Program.

The Project Team shall lead the adaption of a Manual of Operations (MOP) developed by the DOH and NNC provided for in the Implementing Rules and Regulations of Republic Act 11148 – *First 1000 Days Law*. The MOP shall guide the implementation of the F1K Program and shall detail the involvement of the barangays as an integral part of the Municipal F1K program. The package of services that shall be made accessible to beneficiaries enrolled in the program shall follow the F1K requirements. All these shall be defined in the MOP.

C. National Government Agency Funded Programs.

The National Government Agency (NGA) Funded programs consist of programs implemented by the municipality but are either fully or partially funded by the national government agencies. These include the following:

c. Continuous monitoring and report of the nutrition status of pregnant women and children age 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 with regard to the plan and progress in the implementation of the tweaked nutrition-sensitive projects. An action research shall be part of the nutrition sensitive program to document and evaluate the impact of the tweaking process on nutritional well-being of the children and mothers in the households covered.

E. 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, innovations in nutrition programming with results

2. Policy development for food and nutrition

   a. Meetings on policy development on food and nutrition
   b. Capacity building activities among members of the Municipal Nutrition Committee, 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 Committee and regular meetings

   *Support to Barangay Nutrition Scholar (BNS) Program*

   c. Support for honorarium and other benefits/incentives to Barangay Nutrition Scholars (BNS)
   d. Support to BNS meetings
   e. Trainings and continuing education for BNS and BHWs

   *Planning, Monitoring, and Evaluation*

   f. Support to nutritional assessment/e-OPT Plus including the provision of equipment, regular calibration of weighing scales and verification of height boards
   g. Formulation and updating of the three-year Municipal Nutrition Action Plan
   h. Participation in the MELLPI PRO exercise of the NNC
   i. Compliance monitoring of food fortification (e.g. Bantay Asin)

Strategy 2. *Strengthening health and nutrition service delivery system*

d. Utilization of community-based platforms at the barangay level for the delivery of services such as Dietary Supplementation for pregnant women and children
e. Introduction of transitivity to existing programs and projects in the occurrence of disasters and emergencies

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

f. Implementation of far-reaching community and household food production programs with produce used as source of the requirements of the feeding programs implemented by the barangay and linked to supply chain for income generation

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

g. Prioritization of pregnant and lactating women and children age zero to 23 months old in the implementation of the component projects of the CNP to effectively address all forms of malnutrition particularly stunting

Strategy 5. *Expansion of resource generation and mobilization for nutrition*

h. Creation of an appropriate and sustainable resource generation mechanism in the Municipality to finance the requirements of the CNP
i. Community resource mobilization for nutrition such as localized fundraising activities for the Dietary Supplementation Program for pregnant women and children

Strategy 6. *Improving monitoring and evaluation systems for the nutrition program*

j. Modern technological case finding and tracking of cases of identified wasted children enrolled in the PIMAM program
k. Immediate enrollment of pregnant women to the First 1000 Days program and continuous follow-up
l. Regular capacity building to field health and nutrition workers on nutrition assessment such as height and weight data collection of children 0-59 months old as well as identification of wasted children

In addition to the above listed strategies, maximum effort shall be undertaken by Municipality to ensure that its component programs and projects are available and accessible to areas with high incidences of poverty, constituents in GIDA areas, Indigenous Peoples (IP) communities, as the resources of Municipality with the barangays can provide.

## ARTICLE 7
## IMPLEMENTATION AND COORDINATION MECHANISMS

A. The Municipal Nutrition Committee

Section 4. *Composition and Functions of the Municipal Nutrition Committee* – There shall be established a Municipal Nutrition Committee through an Executive Order. The MNC shall serve as the mechanism for planning, coordination, monitoring and evaluation of the MNP. Members of the MNC shall include the following agencies/units or offices, and other agencies it deems important depending on the current and emerging state of affairs in the locality:

Section 5. *Internal Rules of the MNC* – The MNC shall adopt their own internal rules of procedures and regulations to serve as guidelines for the members in the discharge of their official functions such as the organization's structure, parliamentary procedure, order of meeting and quorum, discipline and such other rules the committee may adopt. It shall convene regular quarterly meetings and hold special meetings as deemed necessary or as called by the Chairperson.

B. The Municipal Nutrition Office

Section 6. *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 Municipality in realizing the provisions of this Ordinance. It shall be serve as the coordinating and implementing arm to focus 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 in the formulation of LNAP and follow up integration into relevant local development plans and other sectoral/thematic plans in the Municipality
b. Follow up the inclusion of nutrition measures in other local government offices' plans
c. Review nutrition laws/policies, disseminate to concerned units/offices, recommend adoption/adaptation as needed; consolidate local ordinances in support to nutrition keep tract of compliance or violations relative to nutrition laws and local ordinances;
d. Conduct inventory of training needs of BNS and C/MNC members and organize orientation/training programs in coordination with NNC, DOH, other agencies
e. Make inventory of potential partners in nutrition and prepare advocacy materials for use by C/MNAO and C/MNC members in mobilizing resources for nutrition
f. Assist in the development of IEC messages and materials, conduct IEC among targeted groups in coordination with concerned local offices
g. Keep track of the allocation and utilization of budget allocated for the CNP
h. Supervise the conduct of OPT Plus ensuring standards are followed, consolidate and analyze data, prepare report 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, mount and carry out activities for managing nutrition services before, during and aftermath of disasters and emergencies
k. Serve as the secretariat to the Municipal Nutrition Committee

The MNO shall be attached to a relevant local government office or under the Office of Mayor as may be 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 actions of members of the MNC given or assigned with tasks during the meeting and ensure that agreements and resolutions reached are followed and acted upon accordingly by those concerned
d. Update the Chair/Vice- chair and other concerned members of the MNC of any development or progress on key issues concerning them;
e. Undertake desk review or researches 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, and signed by the Chair;
h. Arrange logistics for the meeting (venue, equipment, food/meals) including reproduction of materials/documents;
i. Maintain communication and other files.

Section 7. *Staffing and Operations of the Municipal Nutrition Office* – The Nutrition Office of the Municipality shall be staffed with an adequate number of technical and administrative personnel. The operations of the Municipal Nutrition Office shall be fully supported by the local government unit.

It shall be headed by a Municipal Nutrition Action Officer (MNAO) tasked to oversee day to day operations of the Nutrition Office as well as the management and implementation of the CNP. The MNAO shall also act as the Secretary of the MNC.

The MNAO shall perform the following functions:

a. Supervise and manage the staff of the Municipal Nutrition Office, and in performing their secretariat functions to the Municipal Nutrition Committee
b. Provide technical and administrative support to the chair/head of the Municipal Nutrition Committee to maintain its functionality by ensuring regular meetings and facilitating attendance of members
c. Organize and lead a planning core group in the formulation of the LNAP and its integration with other relevant local development plans and other sectoral plans
d. Coordinate with other local government offices to incorporate nutrition measures/ actions into their own agency/ organization plans
e. Mobilize the support of various groups of stakeholders from other government offices, the barangay captains, including the civil society organizations and private sector in the implementation of nutrition programs/activities;
f. Review and facilitate the adoption of national nutrition laws, policies and guidelines and ensure dissemination and monitor compliance to provisions
g. Develop and coordinate the capacity building program for Nutrition Office staff, BNS, members of the Municipal and Barangay Nutrition Committees

h. Provide technical oversight in the overall design and development and dissemination of nutrition messages and communication materials;
i. Advocate for budget allocation and funding from the municipal government and other external funding sources
j. Take the lead in the monitoring and evaluation of the status and outcome of the CNP and in the review of proposed research designs and proposals
k. Act as coordinator of the Municipal Nutrition Emergency Cluster and ensure delivery of nutrition in emergencies services before, during, and aftermath of disasters and emergencies

The local government may warrant the designation of the MNAO, either on full time basis or on concurrent capacity with other offices of the local government or the creation of a plantilla position and cause the hiring of such position following existing rules and regulations. To be able to fully the duties and responsibilities of the C/MNAO, s/he shall be assisted by *at least* two technical staff, one of which will be the Municipal Nutrition Program Coordinator, and an administrative staff. The cadre of Barangay Nutrition Scholars shall continue to be placed under the administrative supervision of the MNAO.

## ARTICLE 8
## ROLES AND RESPONSIBILITIES OF MNC MEMBERS AGENCIES, OTHER AGENCIES OF THE LOCAL GOVERNMENT, BARANGAYS, AND OTHER STAKEHOLDERS

Section 8. *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. Delivers package of quality health and nutrition services across the life stages which include but not limited to: interventions for the first 1000 days, PIMAM services, provision of nutrition commodities, provision of counselling and IEC messages according to DOH protocols and standards
b. Become a member of the health care provider network to be established in the whole province and adhere to the referral protocol to ensure continuum of care
c. Comply with PhilHealth requirements for reimbursements/financing of health care 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 GIDAs and other marginalized population groups
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 with the progress as well as nutrition-related issues

Local Agriculture Office

a. Spearhead implementation of sustainable community and household food production programs to ensure food security in every household
b. Ensure the availability and adequacy of food supply in normal and emergency situations
c. Promote the movement on vegetable gardening
d. Tweak/redesign and implement nutrition-sensitive programs in agriculture

Local 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. Tweak/redesign and implement nutrition-sensitive programs in the areas of livelihood, women empowerment, and non-formal training programs for disadvantaged groups such as out-of-school youth, differently-abled persons, and older persons

School District and Schools

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

Local Environment and Natural Resources Office

a. Secure environmental sanitation and conduct campaigns on proper solid waste management
b. Recommend measures relative to the protection, conservation, maximum utilization, application of appropriate technology and other matters related to environment and natural resources considering impact on families at risk to malnutrition

Local Planning and Development Office

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

Civil Society Organizations and Private Sector

a. Align their nutrition programs and projects to the LNAP
b. Provide support to the CNP in terms of augmentation in staffing, capacity building, evidence-building, and financing for the implementation of the program

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 5-day BNS Basic Course and practicum program managed by the local training team led by the Municipal Nutrition Action Officer

The Municipal Government shall provide Php. 500.00 as additional honorarium for the services rendered by the BNS to the barangay. All barangays are hereby directed to provide a minimum of Php. 1,000.00 as additional support to the BNS from their annual barangay budget.

The appointment of the BNS shall not be affected by the change of the local chief executive and barangay administration. Removal shall only be done with cause according to the health, physical, and mental capacity to perform the services and internal discipline of the organization. However, the Punong Barangay may render report or findings regarding any misconduct and irregularities made by the BNS and recommend disciplinary action to the Municipal Mayor through the MNAO. Provided further, that it is a reasonable justification for the removal of any BNS, so as not to impair the provision of timely and quality nutrition services in the barangay.

Section 10. *The Role of Civil Society Organizations, Private Sector, and Other Stakeholders* – Civil society organizations (CSOs), private sector, and other stakeholders are partners of the local

Development Investment Program (LDIP), annually translated into the Annual Investment Program (AIP), and shall form part of the approved annual budgets of Municipality. Total funding for the CNP should be in accordance with Article 10 of this ordinance

**ARTICLE 10**
**BUDGETARY APPROPRIATIONS**

The budgetary requirements necessary to carry out the provisions of this Ordinance is hereby authorized to be appropriated in the Annual Implementation Plan, specifically at least 5% of the gross income of the Local Government of Pinabacdao and additional at least 1% from each additional fund from other sources.

Section 13. *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 14. *Sustainable Resource Mobilization for Nutrition* – The local government unit, through the Municipal Nutrition Committee, and in consultation with relevant entities, shall ensure that appropriate and sustainable resource generation mechanism is in place to support the CNP.

**ARTICLE 11**
**MONITORING, REVIEW, AND ASSESSMENT OF THE COMPREHENSIVE NUTRITION PROGRAM**

Section 15. *Setting Up the Monitoring and Evaluation Mechanism.* – The local government, through the MNC, shall regularly monitor, review and assess the implementation of the Comprehensive Nutrition Program. The MNC shall ensure that a monitoring and evaluation mechanism in place to determine the impact and effectiveness of the CNP as well as in assessing the extent to which the nutrition goals and targets particularly in wasting and stunting set by the local government are being achieved. The Quarterly management meetings and reporting by the Municipal Nutrition Committee will be used as the platform for regular monitoring and reporting of agency program accomplishments and resolution of issues arising from the implementation of the Program.

Section 16. *Annual Program Implementation Review (PIR)* – The MNC shall lead the conduct of the annual PIR during the last quarter of every year as a means to undertake a rigorous and reflective

analysis of program implementation in the current year. The annual PIR exercise will enable the C/MNC to effect remedial measures and innovations in the following year. The substantial review during the PIR shall focus on the reduction of the prevalence of wasting and stunting in the municipality based on the results of the annual Operation Timbang Plus. The OPT Plus will be conducted in accordance to the standards and guidelines set by the National Nutrition Council of the Department of Health.

Section 17. *Reportorial Requirements* – The MNO units shall closely coordinate with all concerned offices of the municipality in order to streamline collection, consolidation, and processing of data for reports required by this Ordinance. Existing information systems shall be updated and harmonized to ensure availability of electronic and real-time generation of reports.

a. Quarterly Reports – Reports on CNP implementation by agencies shall be consolidated by the C/MNO every quarter and shall be reported during the quarterly meetings of the C/MNC

b. Annual Nutrition Progress Report – Before end of fiscal year, an Annual Nutrition Progress Report prepared by the MNO shall be submitted to LCE, Sanggunian, members of the C/MNC and other relevant offices and stakeholders. The annual report shall contain the report of the member agencies of the MNC, barangays and other relevant stakeholders as well as an analysis of budgets allocated and expended for the implementation of this Ordinance.

   It shall also provide the comprehensive assessment of the program as a result of the annual PIR conducted. Furthermore, gains and lessons on the implementation of the program shall be included in the *Annual State of Municipality Address/Report* of the LCE.

c. Evaluation Report – A three-year evaluation report shall be prepared by the MNO coinciding with the term of the LCE. The report shall consolidate the gains made and lessons learned from the implementation of the CNP and shall serve as reference in the upcoming updating of the Local Nutrition Action Plan

Section 18. *Incentive and Awards System* – The MNC in coordination with key offices of the local government and other stakeholders shall develop an incentive and awards system to recognize performing barangays, program implementers, personnel and private groups or individuals for compliance to set standards in these Rules, achievement of targets and innovative practices. The MELLPI Pro may be considered as a tool for the implement the incentive and awards system.

**ARTICLE 12**
**FINAL PROVISIONS**

Section 19. *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. Such rules and regulations shall take effect fifteen (15) days after posting in the three (3) conspicuous places in the Municipality of Pinabacdao, Samar.

Section 20. *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.

Section 21. *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 22. *Effectivity* – This Ordinance shall take effect fifteen (15) days after its posting at the Bulletin Board within the Municipal Hall at least two (2) other conspicuous places in the Municipality.

**ENACTED** by the Sangguniang Bayan this 28th of April, 2025 at Pinabacdao, Samar.

**HON. JOSE SANTIAGO T. QUIJANO**
**SB Member**

**HON. ELISEO B. CABORNAY JR.**
**SB Member**

**HON. JOEL R. PACAYRA**
**SB Member**

**HON. NESTOR C. OCENAR**
**SB Member**

**HON. ARLYN C. MABUTE**
**SB Member**

**HON. ROSEMARIE T. BADENAS**
**SB Member**

**HON. NINO A. RAGA**
**SB Member**

**HON. REYNALDO C. TUAZON**
**SB Member**

**HON. WILMA P. ESOY**
**ABC Pres./Ex-Officio Member**

**HON. JOSEPH ULDANE O. GACULA**
**SK Fed. Pres./Ex-Officio Member**

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**I HEREBY CERTIFY** the correctness of the foregoing Ordinance which was duly adopted by the Sangguniang Bayan of Pinabacdao, Samar during its regular session.

**MARY BERNADETTE T. QUIJANO**
**Secretary to the Sangguniang Bayan**

**ATTESTED:**

**HON. EDGAR M. TONELETE**
Vice- Mayor/Presiding Officer

**APPROVED BY HIS HONOR, THE MAYOR, ON** 29 APR 2025 :

**HON. TEODORICO A. MABAG**

Municipal Mayor