

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**SEVENTEENTH CONGRESS**  
First Regular Session

**HOUSE BILL No. 4365**



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**Introduced by BAYAN MUNA Rep. CARLOS ISAGANI T. ZARATE**

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**AN ACT**  
**TO PROTECT FILIPINO MOTHERS AND CHILDREN FROM MALNUTRITION**  
**BY ESTABLISHING A MATERNAL AND CHILD HEALTH CARE PROGRAM**  
**AND APPROPRIATING FUNDS FOR THE PURPOSE**

**EXPLANATORY NOTE**

Research have shown that the first 1,000 days of a child's life is most critical for growth and development. This period, which corresponds to the time spanning roughly between conception and the child's second birthday provides a "unique period of opportunity" when according to UNICEF, "the foundations of optimum health, growth, and neurodevelopment across the lifespan are established."<sup>1</sup>

However, in a developing country like the Philippines, where malnutrition continue to plague the poor majority, these first 1,000 days, and the next days and years after, are not only missed, but altogether neglected. Poverty, landlessness, food insecurity, joblessness coupled with long time government neglect, big business exploitation and many other socio- economic factors result to and maintain chronic malnutrition among the Filipino children and adults alike.

According to the National Nutrition Council<sup>2</sup>, among children below 5 years old, 2 in every 10 children are underweight, 1 in every 3 children is stunted, and 7 out of 100 children are wasted or thin. Anemia affects 39 out of every 100 infants 6-11 months old, 25 out of every 100 pregnant women and 17 out of every 100 lactating women. Undernourished babies and pregnant women are at high risk of dying. Further, undernourished pregnant women cannot nurture the growing fetus, resulting to undernutrition among babies.

Malnutrition is responsible for almost half of all deaths of children under age 5; virtually all of these deaths are preventable. Nearly 170 million children have had the growth of their young bodies and brains stunted by chronic malnutrition. The damage caused by poor nutrition early in life can be irreversible<sup>3</sup>.

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<sup>1</sup> <https://www.unicef-irc.org/article/958/>

<sup>2</sup> Philippine Nutrition Situation, presented by the National Nutrition Council during the House Committee on Health Briefing, October 12, 2016.

<sup>3</sup> <http://www.hmhb.org/2014/03/1000-days-matter/>

Malnutrition has not been adequately addressed in the Philippines. Supplementary feeding programs by the DSWD and the DepED target children of two years and older, when children are already in either Day Care or Elementary school. But these are not enough. The Philippines missed its Millennium Development Goal of halving malnutrition to 13.6%. Malnutrition rate in 2015 according to Food and Nutrition Research Institute is still high at 21.5%.

Hence, what is needed is to address the immediate and other causes of malnutrition. These may take a massive restructuring not only of the health care system but the socio-economic aspects as well. A program to combat malnutrition during the first 1,000 days, specifically targeting the poor population can be implemented to help reduce malnutrition at the critical stage of a child's development. The World Health Organization strongly recommends proper health care on the first 1,000 days of a child. The right nutrition during this 1,000 days has a profound impact on the ability of the child to grow, learn and lead a long-term healthy and stable life.

This bill seeks to establish a mother and child health care program in every barangay, in order to protect mothers and children from malnutrition. There is an imperative need to provide prenatal and postnatal maternity care service to a pregnant woman in order to protect her health as well as ensure the nutritional diet of her newborn child to eradicate malnutrition. The program shall include early and exclusive breastfeeding; timely, safe, appropriate and high-quality complementary food; and appropriate micronutrient interventions.

This is a counterpart bill of Senate Bill 161 filed by Senator Grace Poe in the Senate.

Intervention during the 1,000-day window is critical and deserves our urgent attention, thus approval of this bill is earnestly recommended.

*Approved,*

  
**REP. CARLOS ISAGANI T. ZARATE**  
**Bayan Muna Party-List**

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

**SECTION 1. *Short Title.*** - This Act shall be known as the “First 1,000 Days Act.”

**SECTION 2. *Declaration of Policy.*** -It is hereby declared the policy of the State:

- a) To equally protect the life of the mother and the life of the unborn from conception.
- b) To recognize the right of the child to the enjoyment of the highest attainable standard of health, and the duty of the State to ensure that no child is deprived of his or her right of access to such health care services

For purposes of this Act, the “First 1,000 days” refers to the period starting from Day One of a woman’s pregnancy, until the child reaches the age of two years.

**SECTION 3. *Establishing a First 1000 Days Program in every barangay.*** – The Department of Health (DOH) shall, in coordination with the Department of Interior and Local Government (DILG), the Department of Social Welfare and Development (DSWD), the National Nutrition Council (NNC), and the Food and Nutrition Research Institute-Department of Science and Technology (FNRI-DOST), develop a comprehensive health care program for pregnant and lactating women as well as the health and nutrition of their newborn children from 1 to 1,000 days, in every barangay.

**SECTION 4. *Program Content.*** – The maternal and child health care services which may be provided to eligible individuals during the 1,000-day period shall include the following:

- a) Instruction and counseling regarding future health care for the mother and child;
- b) Nutrition counseling;
- c) Milk-feeding program for pregnant and nursing mothers, including breastfeeding for new-born children;
- d) Treating malnourished children with special and therapeutic foods;
- e) General family counseling, including child and family development; and
- f) Timely intervention through safe, appropriate and high-quality complementary food.

**SECTION 5. *Implementing Rules and Regulations.*** - Within ninety (90) days from the effectivity of this Act, the Secretary of Health shall, in coordination with the Secretary of the Interior and Local Government, and Secretary of Social Welfare and Development and representatives of recognized women's and children's organizations and academic communities, promulgate rules and regulations necessary for the effectivity of this Act.

**SECTION 6. *Appropriation.*** - To carry out the provisions of this Act, such amount as may be necessary is hereby authorized to be appropriated from the National Treasury. Thereafter, the amount necessary for the continuous operation of the Program shall be included in the annual appropriation of the DOH.

**SECTION 7. *Separability Clause.*** - If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

**SECTION 8. *Repealing Clause.*** - Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with any provision of this Act is hereby repealed, modified, or amended accordingly.

**SECTION 9. *Effectivity Clause.*** - This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

*Approved,*