



Republic of the Philippines
PROVINCE OF SURIGAO DEL SUR
Municipality of Lingig



OFFICE OF THE SECRETARY TO THE SANGGUNIAN

October 15, 2025

The Honorable Members

Sangguniang Panlalawigan
Province of Surigao del Sur
Tandag City

Thru : Hon. MANUEL O. ALAMEDA, Sr.
Vice Governor/Presiding Officer

Honorable Ladies and Gentlemen;



Respectfully submitting herewith the following document for your appropriate review action, to wit;

- **Municipal Ordinance No. 2023-37, series of 2025, entitled "AN ORDINANCE INSTITUTIONALIZING THE MUNICIPAL COMPREHENSIVE NUTRITION PROGRAM THROUGH INTEGRATED, STRENGTHENED, AND SUSTAINED STRATEGIES TO SAFEGUARD THE NUTRITIONAL WELL-BEING OF THE PEOPLE OF LINGIG, APPROPRIATING FUNDS THEREOF AND FOR OTHER PURPOSES."**

Thank you.

Very truly yours,


JETHRO P. LINDO
Secretary to the Sanggunian

Refer To: Committee on Health, Sanitation and Nutrition



Republic of the Philippines
PROVINCE OF SURIGAO DEL SUR
Municipality of Lingig



11TH SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 108TH REGULAR SESSION OF THE 11TH SANGGUNIANG BAYAN OF LINGIG, SURIGAO DEL SUR HELD AT SB SESSION HALL DATED MARCH 11, 2025.

Present:

- Hon. EDGAR L. ACDOG
- Hon. MARY AILYN CHRISTINE M. PALER
- Hon. BELZAR MAE L. CANOY
- Hon. MOMAR A. DELOSO
- Hon. ARNOLD T. MALAQUE
- Hon. JOSELITO O. PLAZA
- Hon. ISAGANI V. ONSING
- Hon. RITO D. ORILLO
- Hon. ELESIA T. GAY-OD
- Hon. REYNALD T. GAY-OD
- Hon. REY ANTHONY F. SALIGUMBA
- Hon. SHERICA YVONNE A. EVANGELIO

Municipal Vice Mayor – Reg. Presiding Officer

Regular SB Member

Ex-officio Member, Sectoral Representative, IP

Ex-officio Member, Pres., Liga ng mga Brgy.

Ex-officio Member, Pres., Pederasyon ng mga SK



Absent:

MUNICIPAL ORDINANCE NO. 2025-37
Series of 2025

Sponsored by: Committee on Health, Sanitation, and Social Services

Chairperson: Hon. MARY AILYN CHRISTINE M. PALER

Members: Hon. ELESIA T. GAY-OD

Hon. SHERICA YVONNE A. EVANGELIO

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

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

WHEREAS, global studies indicate that children who experience severe nutritional deprivation in their early years have 40% less brain mass compared to well-nourished children. These affected children have poorly developed temporal lobes, which are critical to memory, perception, comprehension, and language,

SURIGAO DEL SUR
Telephone No.: (086) - 211 - 5832
E-Mail: tpsurigaosur@yahoo.com

OSSP-SDS-25-05128

Tanggapang ng Sangguniang Panlalawigan

Received by: _____
Date: _____
Time: _____

thereby negatively impacting their development and learning potential in later years.

WHEREAS, the first 1,000 days of life constitute a critical window of opportunity for a child's growth and development, encompassing three major stages: (1) pregnancy, (2) birth to six months, and (3) infancy and toddlerhood (six to 24 months). Proper nutrition during this period significantly increases a child's likelihood of overcoming life-threatening diseases, completing 4.6 more years of schooling, and leading more productive lives as adults, earning 21% more in wages. This, in turn, contributes to securing the overall health and well-being of future families in the Municipality of Lingig;

WHEREAS, the coronavirus disease (COVID-19) pandemic has further underscored the necessity of achieving good nutrition for optimum health, well-being, and immunity against both communicable and non-communicable diseases. This compels the local government to take proactive measures—both in normal circumstances and during emergencies—to ensure food security, optimal health service delivery, and proper nutrition, particularly for women and children within the critical first 1,000 days of life;

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

WHEREAS, Section 17 of Republic Act No. 7160, otherwise known as the Local Government Code of the Philippines, further mandates local government units (LGUs) to exercise their powers and discharge their functions as necessary and appropriate for the effective provision of basic services, including child welfare and nutrition services;

WHEREAS, Republic Act No. 11148, or the *Kalusugan at Nutrisyon ng Mag-Nanay Act* (First 1,000 Days Act), emphasizes the need to institutionalize and scale up nutrition interventions during the first 1,000 days of life by integrating them into national and local government investment plans to ensure the health and nutrition of children aged zero to two years, as well as pregnant and lactating women;

WHEREAS, Republic Act No. 11223, or the *Universal Health Care Act*, highlights the importance of an integrated and comprehensive approach to ensuring that all Filipinos are health-literate, provided with healthy living conditions, protected from hazards, guaranteed equitable access to quality and affordable healthcare services, and safeguarded against financial risk through a whole-of-system, whole-of-government, and whole-of-society approach in the development, implementation, monitoring, and evaluation of health policies, programs, and plans;

WHEREAS, the Municipality of Lingig recognizes that all nutrition interventions must be aligned with the Philippine Government's commitments to the United Nations Sustainable Development Goals (UN SDGs), *AmBisyon Natin*



2040, the Philippine Development Plan (PDP), and the Philippine Plan of Action for Nutrition (PPAN), as well as the overarching vision of the Province of Surigao del Sur;

WHEREAS, the Department of the Interior and Local Government (DILG) Memorandum Circular No. 2018-42 on the Adoption and Implementation of the PPAN 2017-2022 outlines the roles and responsibilities of LGUs in integrating nutrition programs, projects, and activities into their Comprehensive Development Plan and annual budget/appropriations at both the municipal and barangay levels;

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

NOW, THEREFORE, BE IT ORDAINED, by the Sangguniang Bayan of Lingig in a regular session assembled that:

ARTICLE 1

GENERAL PROVISIONS

TITLE, DECLARATION OF PRINCIPLES, POLICIES, OBJECTIVES, COVERAGE, AND DEFINITION OF TERMS

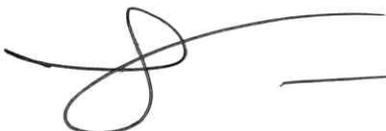
Section 1. Title. This ordinance shall be known as the **LINGIG COMPREHENSIVE NUTRITION PROGRAM ORDINANCE**.

Section 2. Declaration of Principles and Policies. The Municipality of Lingig upholds the right of its constituents to food, health, and nutrition, and shall ensure that all necessary measures are in place to protect and promote these rights. It recognizes the multi-level and multi-stakeholder nature of addressing hunger and all forms of malnutrition, adhering to the principles of the global Scaling Up Nutrition Movement, which advocates for a whole-of-government approach to combating malnutrition through collaboration among various sectors and stakeholders.

Furthermore, the Municipality acknowledges that evidence-based interventions and good governance are fundamental to achieving nutritional well-being. As such, it prioritizes the most nutritionally vulnerable populations, particularly pregnant and lactating women, adolescent females (including pregnant adolescents), and children—especially during the first 1,000 days of life—to ensure their optimum health, well-being, and overall development.

Section 3. Objectives. This Ordinance aims to:

1. Institutionalize a comprehensive, integrated, and sustainable nutrition program, including its component projects and activities, to ensure food



security and nutritional well-being, particularly for nutritionally vulnerable groups;

2. Ensure the delivery of proven, evidence-based nutrition interventions and actions, with a special focus on the first 1,000 days of a child's life, through multilevel and multi-sectoral strategies during both normal circumstances and emergencies;
3. Strengthen and define the roles and functions of the Municipal Nutrition Committee and the program management structure, including the streamlining of roles and responsibilities among lead and support offices;
4. Enhance coordination and monitoring mechanisms to ensure the effective and efficient implementation of the Comprehensive Nutrition Program (CNP);
5. Promote active and meaningful participation of stakeholders from government agencies, non-government organizations, and the private sector in nutrition initiatives;
6. Provide an enabling policy environment that supports sustainable nutrition improvements;
7. Establish a systematic process for formulating the Municipal Nutrition Action Plan and integrating it into the municipal development plans and budget to operationalize the CNP effectively; and
8. Define the roles and responsibilities of barangays in implementing the CNP to ensure localized and community-driven nutrition initiatives.

Section 4. Coverage. This Ordinance shall apply to all constituents of the Municipality of Lingig, with special attention given to nutritionally vulnerable groups, including pregnant and lactating women, adolescent females (including teenage mothers), and all newborns, infants, and young children.

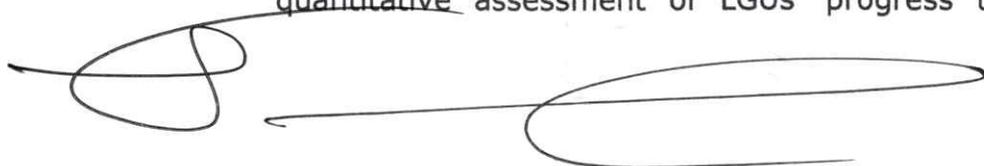
The Ordinance shall be implemented in all barangays of the municipality, with priority given to communities with the highest prevalence and magnitude of malnutrition, disaster-prone areas, and geographically isolated and disadvantaged areas (GIDAs).

Section 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 that includes balanced energy and protein supplements intended to add further nutritional value to the normal diet to ensure adequacy in the dietary intake.
- c. **Enabling program** - refers to actions that aim to assist the nutrition-specific programs and projects to be achieved with a greater degree of efficiency and effectiveness through mobilization of the barangays for the delivery of positive nutrition outcomes, policy development for food and nutrition, and strengthening of management support for 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 in which people always 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 sectors, communities in or recovering from situations 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 over-nutrition, 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 LGUs' 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 (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 about 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, 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 a large number of dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors, such as obesity or anemia, with diseases which influence nutritional statuses 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 (<-3 SD) 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.

- 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 the percentage of children aged zero (0) to fifty-nine (59) months with less than two (2) SD below the median weight for height from the median of the WHO Child Growth Standards, indicates in most cases a recent and severe process of weight loss, often associated with acute starvation or severe disease.

ARTICLE II THE COMPREHENSIVE NUTRITION PROGRAM - COMPONENTS AND STRATEGIES

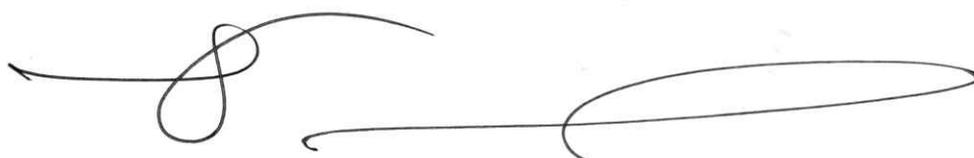
Section 6. Comprehensive Nutrition Program Framework. The CNP shall adopt the program framework provided in the Philippine Plan of Action for Nutrition, consisting of three distinct types of programs: nutrition-specific programs, nutrition-sensitive programs, and enabling programs. The CNP Phase Five (5) major programs with component projects and activities are 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 7. 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 aged zero to 59 years old, as determined by nutrition assessment. Component projects and activities under the program are as follows:

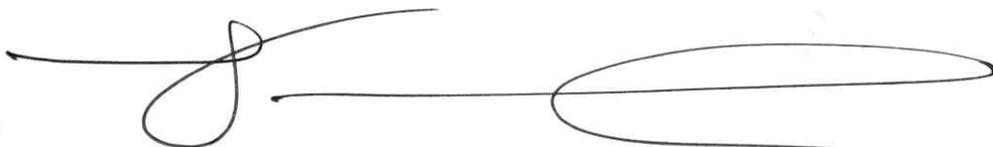


1. Organization and delivery of Outpatient Therapeutic Care (OTC) for the Integrated Management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), including Active Case Finding;
2. Referral of SAM cases with complications to facilities with In-Patient Therapeutic Care (ITC) capacity;
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; and
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 the progress of the PIMAM program, by 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 submission to the Municipal Health Officer and the Provincial DOH Office;
- b. Collate monthly and annual reports with an overview of program achievement 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 the supply chain, suggesting ways to overcome them;
- e. Report to the regular quarterly meetings of the Nutrition Committee on the status of the program and the cases in the Municipality;
- f. Institute a mobile system for monitoring the 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; and
- 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 and 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.

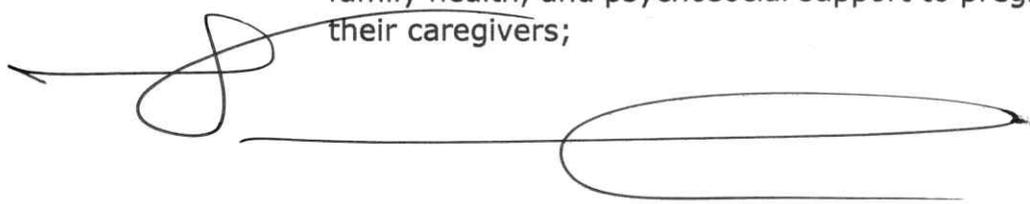
B. First 1000 Days Program

The following specific health and nutrition interventions shall be provided during the first 1000-day 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 counseling 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; and
 - 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; and
 - 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 counseling on complementary food preparation and feeding to mothers and caregivers;
 - d. Provision of relevant health services, including growth monitoring and immunization; and
 - 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 counseling on proper nutrition, mental health, family health, and psychosocial support to pregnant adolescents and their caregivers;



- e. Service delivery improvement;
- f. Health and nutrition human resources capacity development;
- g. Sectoral collaboration and partnerships;
- h. Logistics and supply management;
- i. Knowledge and information management; and
- j. Monitoring and evaluation, research and development

Strategy for Implementation

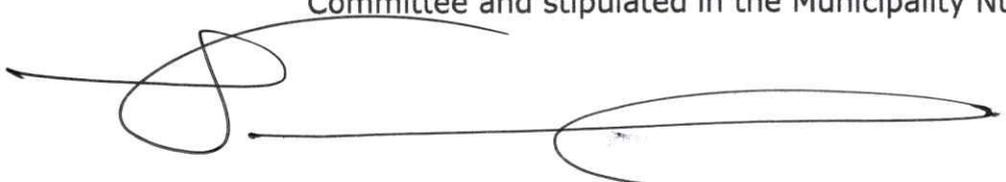
The Municipality shall organize a project team including members from the agencies involved, and all the participating barangays to plan, implement, monitor, and evaluate the F1K program. A Program Lead/Coordinator for the First 1000 Days shall be appointed by the Municipality to supervise and manage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

The Project Team shall lead the adaptation of a Manual of Operations (MOP) developed by the DOH and NNC, provided for in the Implementing Rules and Regulations of Republic Act 6 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:

1. Dietary Supplementation in Child Development Centers (CDCs) and Supervised Neighborhood Plays (SNPs) for children three to five years old by DSWD;
2. School-Based Feeding Program by DepEd;
3. Healthy Lifestyle Program by DOH; and
4. Other NGA-funded programs as identified by the City/Municipal Nutrition Committee and stipulated in the Municipality Nutrition Action Plan.



Strategy for Implementation

All programs in items 1 to 3 have implementing strategies and program focal points in DSWD, DepEd, and DOH at the municipal level. Budgets for NGA-funded programs come from the national government. The local government may augment resources to improve the implementation of the programs if deemed necessary, as determined by the Municipal Nutrition Committee.

Close coordination with the concerned offices shall be ensured for data sharing, progress reporting, and joint resolution of issues and concerns arising from program coordination and implementation.

D. Nutrition-sensitive Program

Ensuring community and household food security and building food resiliency during pandemics, disasters, and emergencies, sustained community and household food production shall be a primordial consideration in the implementation of this Ordinance. Consistent with the pandemic-proofing through nutrition investments, the projects listed below are projects that lend easily to tweaking the design to produce their original objectives as well as nutritional outcomes:

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

Strategy for Implementation

Upon identification of development projects for nutrition sensitivity, the following tweaking strategies shall be applied by the implementing office together with the Municipal Nutrition Office, with the involvement of the Barangay Nutrition Committees:

- a. Prioritization of beneficiaries to the program from food-insecure and nutritionally disadvantaged households, as identified by the Nutrition Office with the barangay;

- b. Provision of nutrition education and mentoring on maternal, infant, and young child nutrition and proper meal management to the members of beneficiary households by the Barangay Nutrition Scholar and nutrition support groups while the development projects are being implemented; and
- c. Continuous monitoring and report of the nutrition status of pregnant women and children aged zero to 23 months within beneficiary households by the Barangay Nutrition Scholar.

Each department/sectoral agency of the local government shall appoint a focal person to coordinate with the Municipal Nutrition Office concerning the plan and progress in the implementation of the tweaked nutrition-sensitive projects. Action research shall be part of the nutrition-sensitive program to document and evaluate the impact of the tweaking process on the nutritional well-being of the children and mothers in the households covered.

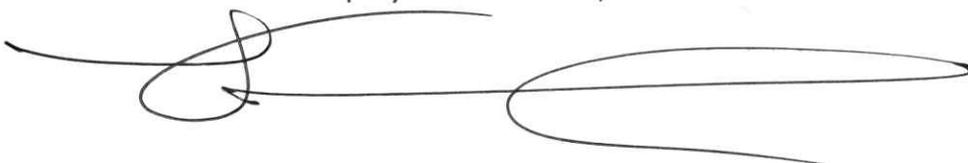
E. Enabling Program for Nutrition

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; and
 - c. Incentives and awards for performing barangays, and innovations in nutrition programming with results.
2. Policy development for food and nutrition
 - a. Meetings on policy development on food and nutrition; and
 - 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; and



- b. Establishment of the Municipal Nutrition Committee and regular meetings.

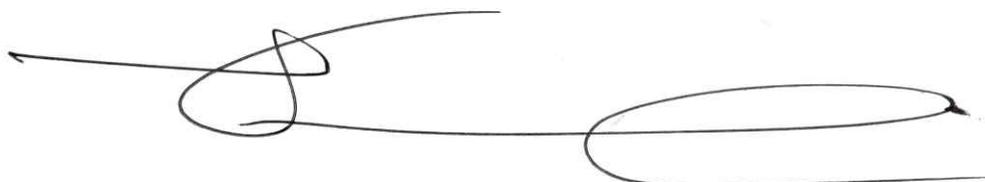
Support to Barangay Nutrition Scholar (BNS) Program

- c. Support for honorarium and other benefits/incentives to Barangay Nutrition Scholars (BNS);
- d. Support to BNS meetings; and
- e. Training 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);
- j. Municipal-wide communication/advocacy on food fortification, Nutrition in Emergencies (NiE);
- k. Inclusion of a food security and nutrition component in the DRRM-H Plan with core agency commitments among partners for response to emergencies, disasters, including pandemics;
- l. Review of LGU pandemic preparedness, including its response to the 2020 pandemic, as well as learning from good practices;
- m. Training on NiE, including information management and training simulation for different types and levels of disasters and pandemics;
- n. Conduct of Nutrition Initial Needs Assessment (NINA) during emergencies, and disasters, including pandemics, and conduct post-emergency nutrition assessment; and
- o. Nutrition Cluster Coordination meetings before, during, and in the aftermath of disasters, emergencies, and pandemics as provided for in the guidelines issued by DOH-NNC.

Strategy for Implementation



The planning, implementation, monitoring, and evaluation of the enabling program rests with the Nutrition Action Officer and the Municipal Nutrition Office. Periodic review of the staff performance is an integral part of the management of the entire CNP, including the Enabling Program. The conclusions and findings of this periodic review shall feed the overall management of the CNP, including adjustments and adaptations needed to ensure relevance and effectiveness of the strategies and activities of the program and their enablers.

F. Other Component Nutrition Programs and Projects

The Municipality may add the necessary additional component programs, projects, and activities to the CNP and include these in the Municipal Nutrition Action Plan to respond to emerging nutrition issues and concerns within the Municipality.

Section 8. Strategy for Effective Implementation of the CNP. The CNP's overall strategy is premised on the idea that nutrition is a movement of government and its people and therefore fosters a whole-of-system-government-society approach in the development, implementation, monitoring, and evaluation of policies, programs, and plans. The ordinance shall be implemented across the municipality with the support of the MNC member offices and the constituent barangays, down to the level of the households.

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

Strategy 1. Maximizing the involvement of stakeholders in the CNP

- a. Creation of a social movement for nutrition improvement in the Municipality, participated by stakeholders from the municipality, barangay, and household level;
- b. Increasing youth participation in nutrition by engaging the youth, through the Sangguniang Kabataan (SK) and other local youth-led organizations, in the implementation of the CNP; and
- c. Continuous advocacy and mobilization of barangays and their involvement in the CNP.

Strategy 2. Strengthening the 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; and



- 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 a source of the requirements of the feeding programs implemented by the barangay and linked to the 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 aged zero to 23 months old in the implementation of the component projects of the CNP to effectively address all forms of malnutrition, particularly stunting.

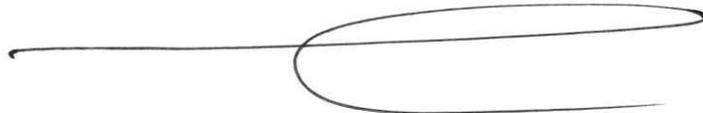
Strategy 5. Expansion of resource generation and mobilization for nutrition

- h. Creation of an appropriate and sustainable resource generation mechanism in the Municipality to finance the requirements of the CNP; and
- 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; and
- l. Regular capacity building for 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 the Municipality to ensure that its component programs and projects are available and accessible to areas with high incidences of poverty, constituents in GIDA areas, and Indigenous Peoples (IP) communities, as the resources of the Municipality with the barangays can provide.



ARTICLE III
IMPLEMENTATION AND COORDINATION MECHANISMS

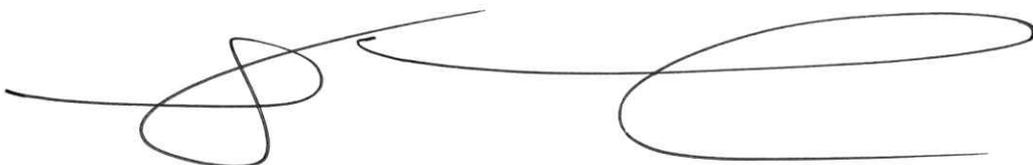
A. The Municipal Nutrition Committee

Section 9. 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 CNP. 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:

Chairperson:	Mayor
Vice Chairperson:	As indicated in the Executive Order
Secretariat:	Municipal Nutrition Office
Members:	Sangguniang Bayan Chairperson on Health and Nutrition Municipal Planning and Development Coordinator Municipal Budget Officer Municipal Health Officer Municipal Agriculture Officer Municipal Social Welfare and Development Officer Municipal Population Officer Municipal Disaster Risk Reduction and Management Officer Municipal Local Government Operations Officer Municipal Engineer Municipal Treasurer Public Employment Services Officer DepEd District School Supervisor Liga ng mga Barangay President Barangay Nutrition Scholars Federation President Accredited NGO Representative Private Sector Representative

As per guidance provided by the National Nutrition Council, the Municipal Nutrition Committee shall have the following functions:

- a. Review, enhance, and provide directional and technical inputs to the Local Nutrition Action Plan that shall be complementary and integrated into the development plan of the LGU and higher-level plans;
- b. Serve as advocates and champions to help mobilize support and resources to finance the plan;



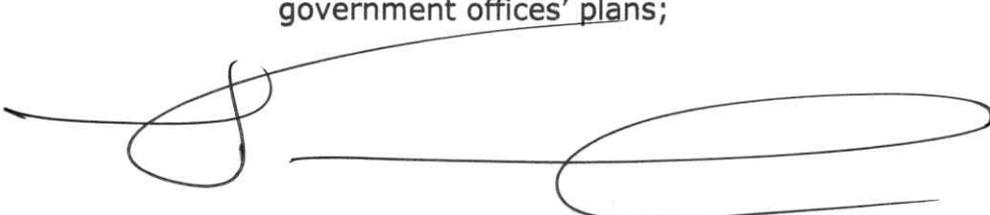
- c. Keep track of the progress and status of the implementation of the plan and participate in the periodic program implementation and other monitoring and evaluation efforts;
- d. Review proposed local ordinances and recommend policies and interventions for scaled-up implementation of programs;
- e. Review reports on the enforcement of nutrition laws and policies and recommend measures to support and strengthen assigned offices;
- f. Incorporate nutrition measures/actions into their own agency/ organization plan;
- g. Participate in training/orientation on technical updates on nutrition program management and endeavor to develop the capability of their own organization's personnel on nutrition. 10 Serve as the Municipal Nutrition Cluster to manage nutrition services during disasters and emergencies; and
- h. Closely coordinate with the Municipal Health Board for technical and financial support, augmentation of nutrition personnel, and facility enhancement for nutrition as needed.

Section 10. Internal Rules of the MNC. The MNC shall adopt its 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 11. 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 to realize the provisions of this Ordinance. It shall 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 on the inclusion of nutrition measures in other local government offices' plans;

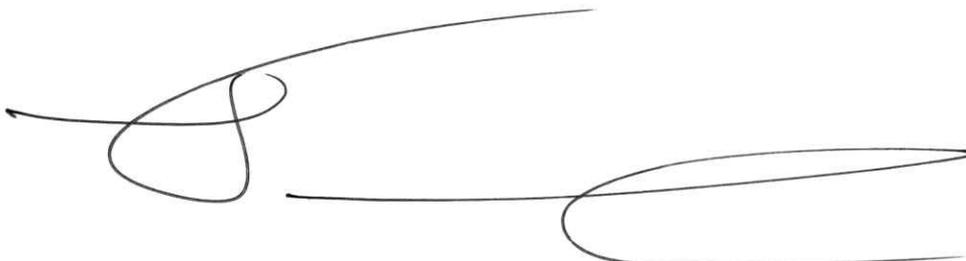


- c. Review nutrition laws/policies, disseminate to concerned units/offices, recommend adoption/adaptation as needed; consolidate local ordinances in support of nutrition and keep track of compliance or violations relative to nutrition laws and local ordinances;
- d. Conduct inventory of training needs of BNS and MNC members and organize orientation/training programs in coordination with NNC, DOH, and other agencies;
- e. Make an inventory of potential partners in nutrition and prepare advocacy materials for use by MNAO and MNC members in mobilizing resources for nutrition;
- f. Assist in the development of IEC messages and materials, and conduct IEC among targeted groups in coordination with concerned local offices;
- g. Keep track of the allocation and utilization of the budget allocated for the CNP;
- h. Supervise the conduct of OPT Plus, ensuring standards are followed, consolidate and analyze data, prepare reports, and ensure timely submission;
- i. Consolidate data from different local information systems as inputs to preparing progress reports and regular updates to the LCE and C/MNC members;
- j. As the Municipal Nutrition Cluster, mount and carry out activities for managing nutrition services before, during, and after disasters and emergencies; and
- 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 the 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, and presentations to be used as references;
- b. Document minutes of meetings and furnish copies to all members;



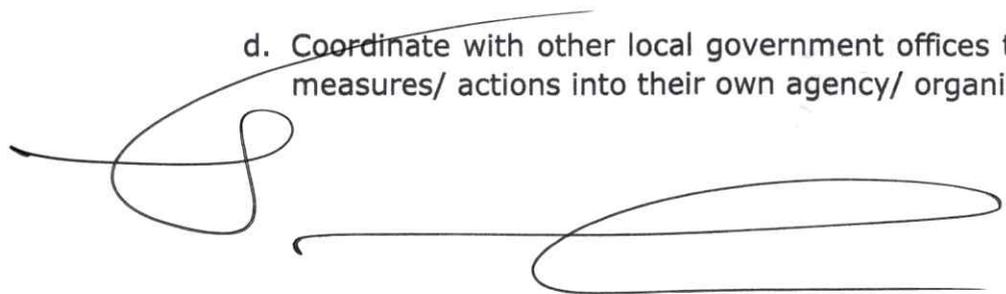
- c. Follow-up actions of members of the MNC given or assigned tasks during the meeting and ensure that agreements and resolutions reached are followed and acted upon accordingly by those concerned;
- d. Update the Chair/Vice-Chair and other concerned members of the MNC on any development or progress on key issues concerning them;
- e. Undertake desk review or research on certain nutrition-related matters as needed by the MNC;
- f. Schedule MNC meetings and issue notice of meetings signed by the Chair to all members;
- g. Draft letters to resource 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; and
- i. Maintain communication and other files.

Section 12. 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 local government unit shall fully support the operations of the Municipal Nutrition Office.

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:

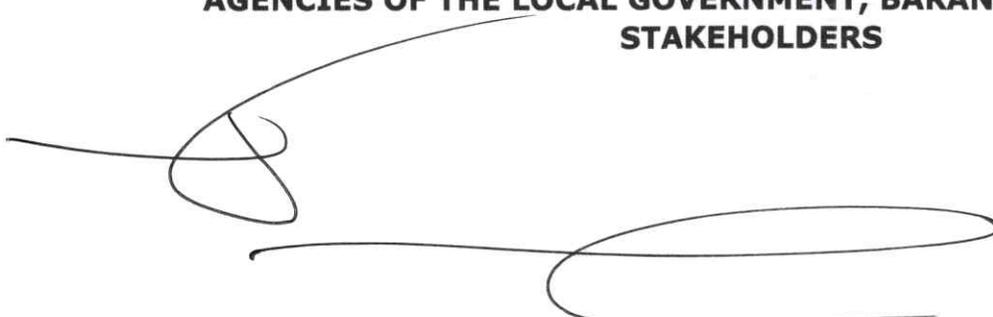
- a. Supervise and manage the staff of the Municipal Nutrition Office, and in performing their secretariat functions to the Municipal Nutrition Committee;
- b. Provide technical and administrative support to the chair/head of the Municipal Nutrition Committee to maintain its functionality by ensuring 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 the 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 with provisions;
- g. Develop and coordinate the capacity building program for Nutrition Office staff, BNS, and members of the Municipal and Barangay Nutrition Committees;
- h. Provide technical oversight in the overall design, 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 the review of proposed research designs and proposals; and
- k. Act as coordinator of the Municipal Nutrition Emergency Cluster and ensure delivery of nutrition in emergency services before, during, and after disasters and emergencies;

The local government may warrant the designation of the MNAO, either on a full-time basis or in 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 perform the duties and responsibilities of the MNAO, s/he shall be assisted by at least two (2) technical staff, one of whom will be the Municipal Nutrition Program Coordinator and one (1) administrative staff. The cadre of Barangay Nutrition Scholars shall continue to be placed under the administrative supervision of the MNAO.

ARTICLE IV
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 require 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 counseling, 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 municipality and adhere to the referral protocol to ensure a 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; and
- i. Ensure that members of the local health board are updated with the progress as well as nutrition-related issues.

Local Agriculture Office

- a. Spearheaded 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 emergencies;

- c. Promote the movement on vegetable gardening; and
- d. Tweak/redesign and implement nutrition-sensitive programs in agriculture.

Local Social Welfare and Development Office

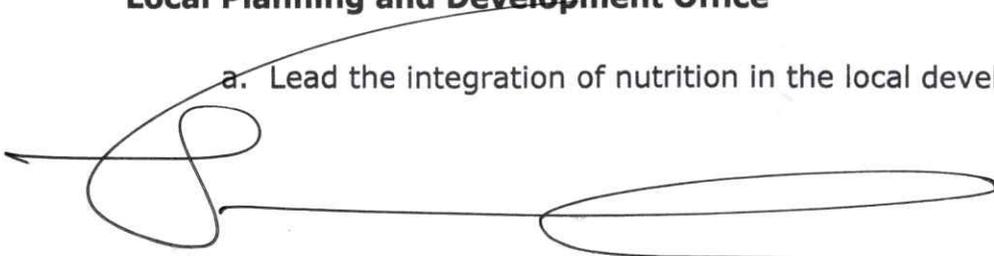
- a. Implement the dietary supplementation program for children in the Child Development Centers (CDC) and Supervised Neighborhood Plays (SNP);
- b. Integrate nutrition in the design of the Parent Effectiveness Seminars (PES) and Family Development Sessions (FDS) of the Pantawid Pamilyang Pilipino Program (4Ps);
- c. Participate in the Nutrition Cluster during disasters and emergencies; and
- 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 into the school curriculum/lesson plan key nutrition messages in relevant subjects;
- d. Administer health services such as deworming and immunization;
- e. Local Environment and Natural Resources Office;
- f. Secure environmental sanitation and conduct campaigns on proper solid waste management; and
- g. Recommend measures relative to the protection, conservation, maximum utilization, application of appropriate technology, and other matters related to the environment and natural resources, considering the impact on families at risk of 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 the Comprehensive Development Plan; and
- d. Recommend budget allocation for nutrition programs and projects.

Civil Society Organizations and the Private Sector

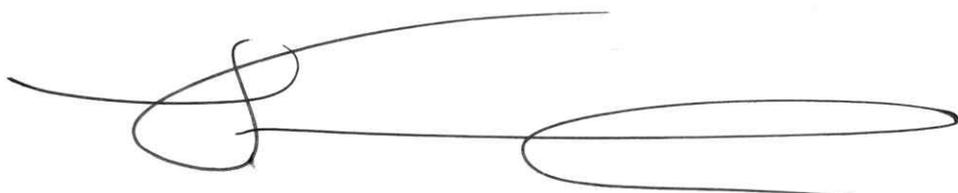
- a. Align their nutrition programs and projects to the LNAP;
- b. Provide support to the CNP in terms of augmentation in staffing, capacity building, evidence building, and financing for the implementation of the program; and
- c. Assist in the development and implementation of new approaches and strategies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

Section 14. The Role of Barangays. All barangays are encouraged to support the institutionalization and implementation of this Ordinance through the implementation of the Barangay Nutrition Program, the organization and strengthening of the Barangay Nutrition Committees, and the strengthening of the Barangay Nutrition Scholar Program, among others.

A. The Barangay Nutrition Program

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

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



B. The Barangay Nutrition Committee

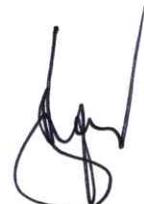
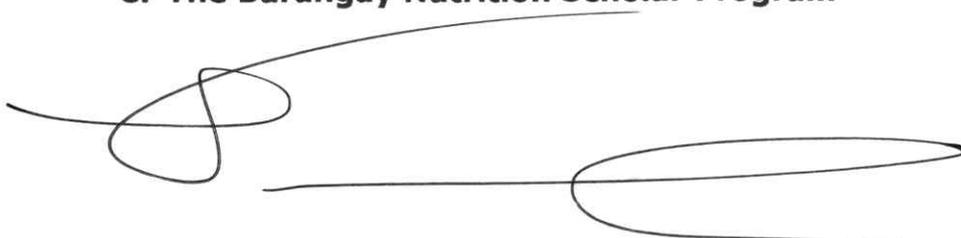
All barangays in the Municipality shall constitute a Barangay Nutrition Committee (BNC), which shall serve as the mechanism for planning, coordination, reporting, implementation, and monitoring and evaluation of the Barangay Nutrition Program. The BNC is chaired by the Punong Barangay with the participation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

Chairperson: Punong Barangay
Vice-Chairperson: Barangay Kagawad, Committee on Health and Nutrition
Secretariat: Barangay Secretary
Members: Barangay Kagawad, Committee on Agriculture
Barangay Treasurer
Barangay Health Worker
Barangay Nutrition Scholar
Sanggunian Kabataan (SK) Chairperson
Day Care Worker
Elementary School Principal/Teacher Coordinator
President of Parent-Teacher-Child Association
Rural Health Midwife Assigned

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; and
- 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, and monitoring of the 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:

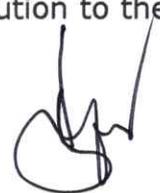
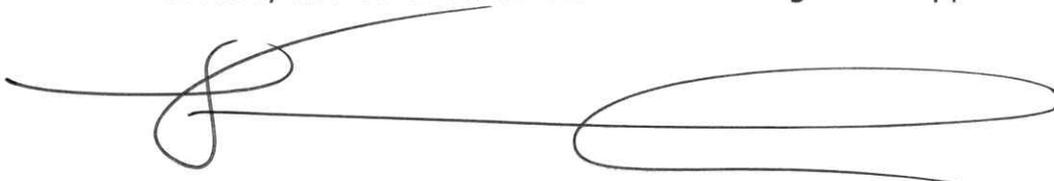
- a. Bona fide resident of the barangay for at least four (4) years and can speak the local language;
- b. Possess leadership potential as evidenced by membership and leadership in community organizations;
- c. Willing to serve the barangay, part-time or full-time, for at least one (1) year;
- d. At least an elementary graduate, but preferably has reached high school; e. Physically and mentally fit; and
- e. 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 an additional honorarium for the services rendered by the BNS to the barangay. All barangays are hereby directed to provide 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 for 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 a 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 15. The Role of Civil Society Organizations, Private Sector, and Other Stakeholders. Civil society organizations (CSOs), the private sector, and other stakeholders are partners of the local government in expanding coverage, building capacities, creating best practices, and improving the overall efficiency and effectiveness of the interventions in the CNP to reach the nutritionally vulnerable groups. The MNO shall coordinate with the CSOs, private sectors, and other stakeholders in enlisting their support and contribution to the



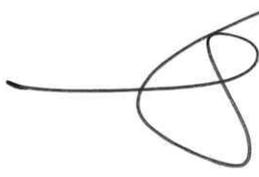
CNP and shall conduct a matching of needs and resources to optimize efforts and ensure maximum and sustainable impact across areas of partnership.

ARTICLE 5
FORMULATION OF THE LNAP AND INTEGRATION TO THE CDP, LDIP, AND AIP

Section 11. The Local Nutrition Action Plan – The Municipality of Lingig shall formulate the LNAP and update this every three (3) years by the guidelines issued by the DILG and DBM. The LNAP shall contain all the program components of the CNP, including the sectoral offices responsible for each component, outcome, and output targets, and the annual budgetary requirements with the identified funding sources for the implementation of the CNP. The budget required for the implementation of the CNP shall then be integrated into the Annual Investment Program (AIP) of the municipality every year.

The Nutrition Planning Core Group shall be convened by the MNAO as a sub-group of the Municipal Nutrition Committee to coordinate the planning and budgeting activities for nutrition, coinciding with the timelines set by the DILG and DBM for such activities. The members of the planning core group and their duties and responsibilities specific to planning and budgeting for nutrition are as follows:

- a. Municipal Nutrition Action Officer – develop the proposed Work Plan for the planning activities as well as resources needed and other requirements; draft the nutrition situation analysis to describe the current situation and propose outcome targets and nutrition PPAs; forward sections for integration into the long-term and short-term development plans of the municipality and identify budgetary requirements of the component programs and projects of the CNP for integration into the annual budgets;
- b. Municipal Planning and Development Coordinator – ensure the integration of nutrition issues, objectives, targets, and PPAs in the Comprehensive Development Plan (CDP) and applicable national government agency-mandated plans and other sectoral or thematic plans of the Municipality;
- c. Municipal Budget Officer – ensure the integration of component programs and projects of the CNP in the Nutrition Action Plan in the budget instruments of the Municipality, such as the Local Development Investment Program (LDIP) and the AIP; and
- d. Municipal Health Officer – ensure the integration of applicable component ~~programs and projects~~ of the CNP and their corresponding budgetary requirements into the Local Investment Plan for Health (LIPH).



Section 12. Integration of the CNP, including its component projects and activities into the CDP, LDIP, and AIP. The members of the planning core group shall ensure the integration of the CNP, as expressed in the LNAP, into the CDP and other sectoral/thematic plans, as guided by the process for mainstreaming indicated in the planning guidelines and issuances provided by the DILG and NNC.

Furthermore, budgetary requirements for the implementation of the component programs and projects of the CNP, as indicated in the LNAP, shall be integrated into the three-year Local Development Investment Program (LDIP), annually translated into the Annual Investment Program (AIP), and shall form part of the approved annual budgets of the Municipality. Funding for the CNP should be provided by Article 10 of this ordinance.

ARTICLE 10 BUDGETARY APPROPRIATIONS

The budgetary requirements necessary to carry out the provisions of this Ordinance are hereby authorized to be integrated into the Annual Investment Plan and appropriated in the Annual Municipal Budget of the Local Government of Lingig, and additional funding from other sources.

Section 18. Other Sources of Funds for Nutrition. Additional fund sources to finance the implementation of this Ordinance may 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, and low birth weights (Z-Package); and
- h. Community fund-raising activities

Appropriate PPAs in support of 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 19. Sustainable Resource Mobilization for Nutrition – The local government unit, through the Municipal Nutrition Committee and in consultation with relevant entities, shall ensure that an appropriate and sustainable resource generation mechanism is in place to support the CNP.

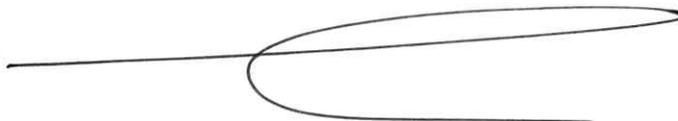
**ARTICLE VII
MONITORING, REVIEW, AND ASSESSMENT OF THE COMPREHENSIVE
NUTRITION PROGRAM**

Section 20. 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 is in place to determine the impact and effectiveness of the CNP as well as to assess the extent to which the nutrition goals and targets, particularly in 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 21. 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 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 according to the standards and guidelines set by the National Nutrition Council of the Department of Health.

Section 22. Reportorial Requirements – The MNO units shall closely coordinate with all concerned offices of the municipality to streamline the collection, consolidation, and processing of data for reports required by this Ordinance. Existing information systems shall be updated and harmonized to ensure the availability of electronic and real-time generation of reports.

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



- b. Annual Nutrition Progress Report –Before the end of the fiscal year, an Annual Nutrition Progress Report prepared by the MNO shall be submitted to LCE, Sanggunian, members of the 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 a 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 the Municipality Address/Report of the LCE;

- c. Evaluation Report–A three (3) -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 a reference in the upcoming updating of the Local Nutrition Action Plan.

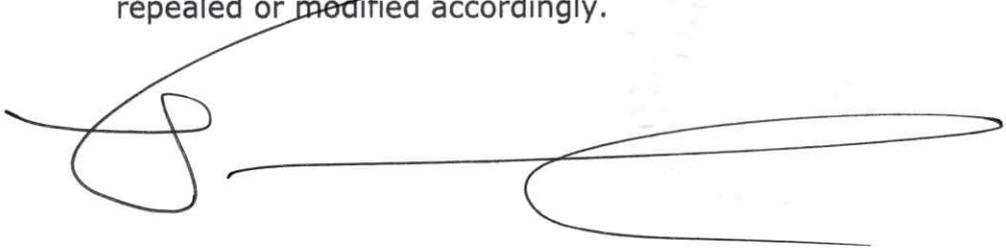
Section 23. Incentive and Awards System – The MNC, in coordination with key offices of the local government and other stakeholders, shall develop an incentive and awards system to recognize performing barangays, program implementers, personnel, and private groups or individuals for compliance with set standards in these Rules, achievement of targets, and innovative practices. The MELLPI Pro may be considered a tool for the implementation of the incentive and awards system.

ARTICLE VIII FINAL PROVISIONS

Section 24. 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 and issued through an Executive Order. Such rules and regulations shall take effect fifteen (15) days after posting in three (3) conspicuous places in the Municipality of Lingig.

Section 25. Separability Clause– If, for any reason, any part of this Ordinance is declared unconstitutional or invalid, the other portions or provisions hereof, which are not affected thereby, shall continue to be in full force and effect.

Section 26. Repealing Clause – All existing Municipal Ordinances or parts thereof which are inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.



SECTION 27. Effectivity. This Ordinance shall take effect after ten (10) days from the date of posting following Section 59 of RA 7160.

ENACTED: March 11, 2025.

I HEREBY ATTEST the correctness of the foregoing Ordinance.


NILDA T. FERRANDO
LISO-II
Temporary Secretary

**CERTIFIED
TO BE DULY ENACTED:**


EDGAR L. ACDOG
Municipal Mayor
Presiding Officer

APPROVED:


ELMER P. EVANGELIO
Municipal Mayor

Date of Approval: 10-14-2025