Republic of the Philippines
PROVINCE OF LA UNION
City of San Fernando

TANGGAPAN NG SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE JOURNAL OF THE 102nd REGULAR SESSION OF THE 20th SANGGUNIANG PANLALAWIGAN OF LA UNION HELD AT THE SPEAKER PRO-TEMPORE FRANCISCO I. ORTEGA PROVINCIAL LEGISLATIVE BUILDING AND SESSION HALL, PROVINCIAL CAPITOL, CITY OF SAN FERNANDO, PROVINCE OF LA UNION ON JUNE 11, 2015

Hon. Aureo Augusto Q. Nisce. ..... Vice-Governor / Presiding Officer

PRESENT:

Hon. Francisco "Kit" C. Ortega, Jr. ..... Member
Hon. Jonathan Justo A. Orros ..... Member
Hon. Joaquin C. Ostrea, Jr. ..... Member
Hon. Reynaldo M. Mosuela ..... Member
Hon. Victoria L. Aragon ..... Member
Hon. Nancy Corazon M. Bacurnay ..... Member
Hon. Robert B. Madarang, Jr. ..... Member
Hon. Christian I. Rivera ..... Member
Hon. Ruperto A. Rillera, Jr. ..... Member
Hon. Bellarmin A. Flores II ..... Member
Hon. Manuel "Mannix" R. Ortega, Jr. ..... Member

ABSENT:

Hon. Alfredo Pablo R. Ortega ..... Member (OB)

ORDINANCE NO. 070-2015

AN ORDINANCE INSTITUTIONALIZING THE IMPLEMENTATION OF MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES IN THE PROVINCE OF LA UNION, APPROPRIATING FUNDS THEREOF, AND FOR OTHER PURPOSES

Sponsors: *Hon. Francisco "Kit" C. Ortega, Jr.*
Hon. Jonathan Justo A. Orros
Hon. Joaquin C. Ostrea, Jr.
Hon. Reynaldo M. Mosuela
Hon. Victoria L. Aragon
Hon. Nancy Corazon M. Bacurnay
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Hon. Bellarmin A. Flores II
Hon. Alfredo Pablo R. Ortega
Hon. Manuel "Mannix" R. Ortega, Jr.

Be it enacted by the Sangguniang Panlalawigan of La Union in session duly assembled that:

CHAPTER I

SHORT TITLE, RATIONALE, LEGAL BASIS, SCOPE AND COVERAGE, AND DEFINITION OF TERMS

SECTION 1. Short Title

This ordinance shall shortly be called **"Maternal, Neonatal, Child Health and Nutrition (MNCHN) Ordinance in the Province of La Union"**

SECTION 2. Rationale

The Provincial Health status of the Province of La Union reveals that a number of maternal deaths are still due to postpartum hemorrhage, complications of pregnancy like hypertension and infection, complications during labor and delivery. This happens because certain factors are not properly managed such as poor detection and management of high risk pregnancies especially during the antenatal period, a certain percentage of women still opt to deliver at home without a skilled birth attendant, pregnant women do not avail of maternal care services being provided in the rural health unit and other barangay health stations, malnutrition, do not practice family planning, poor access to maternal health care services and inappropriate health seeking behavior of women.

The goal of this Ordinance, therefore, is to provide a continuum care/service to the women, mother, and child, such as pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care, to include infant and young child feeding, so as to rapidly reduce the incidence of maternal and child death, at the same time, give priority to the general health and nutrition of the mother and child.

SECTION 3. Legal Basis

The Maternal, Neonatal, Child Health and Nutrition (MNCHN) Strategy/Services was instituted by the Department of Health (DOH) by virtue of its Administrative Order No. 2008-0029. It was issued because of the fact that despite the initiatives launched towards the reduction of maternal and child death, as embodied in the Millennium Development Goals (MDGs), the problem remains perennial, for lack of enforcement and support.

MNCHN is a call, therefore, to strengthen the collective support, and incorporate locally customized interventions in ensuring the safety and dignity of women, mother, and their children. The passage of this ordinance will institutionalize its implementation in the local level.

SECTION 4. Scope and Coverage

This ordinance covers the whole MNCHN strategy/services, to include the infant and young child feeding (IYCF), as the means for the rapid reduction of maternal and child death and for the general health and nutrition of the mother and child.

This ordinance shall be applied in the whole province. It covers all government and private institutions.

SECTION 5. Definition of Terms

1. MNCHN - or the Maternal, Neonatal, Child Health and Nutrition Strategy/Services, instituted by the DOH, for the rapid reduction of maternal and child death through the provision of a continuum care/service to the women, mother, and child, such as pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care, to include infant and young child feeding.

2. Maternal Death - the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

3. Under Five Death - refers to the death of infants and children under the age of five or between the age of one month to four years.

4. Infant Mortality Rate - is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation.

To avoid discrimination to working breastfeeding mothers, government and private entities shall do the following, to be recognized/awarded by the Provincial Government of La Union in the standards/criteria to be formulated later in the implementation:

1. Work places shall provide an enabling environment for breastfeeding mothers who return to work. These include breastfeeding rooms, refrigerators for storage for breastmilk, crèche (a day nursery for young children), or breaks for breastfeeding or expressing milk, among others.

2. Working mothers shall be able to continue breastfeeding and caring for their children. Breastfeeding breaks shall not be a deduction of their salary/wage, and that maternity leave shall be available to them.

SECTION 6. Responsibility of the Local Civil Registry (LCR) and Municipal Health Office (MHO)

It shall be the responsibility of the Local Civil Registry (LCR), through the Municipal Civil Registrar, to oblige the would-be couples, as part of the pre-marriage requirements, to undergo a free one-day or half-day seminar, as the case may be, in the Municipal Health Office (MHO) on the importance of infant and young child feeding practices.

The MHO, through the assigned health personnel, shall then conduct the required seminar to would-be couples, and provide after the seminar a piece of document manifesting their compliance.

SECTION 7. Fine Imposition

Mothers not complying the provisions of Section 6 of Chapter III without valid reason/s, unless under exceptionally difficult/medical conditions/circumstances provided in Section 3, Chapter III, of this Ordinance, shall be fined with the following:

1st Offense	:	P 500.00
2nd Offense	:	P1,500.00
3rd and subsequent offenses	:	P2,500.00

It is not the primary aim of this ordinance to penalize the mothers, but to teach them to value infant and young child feeding practices for their health benefits and for their infants and young children. Thus, any collected fine shall be shared by the barangay and municipality, to be distributed in this manner: barangay-60%, municipality-40%.

Public and private health facilities shall be held administratively liable for non-compliance of the mandates of this ordinance. Accountable health personnel include the attending physician, the health worker/s assisting the physician, midwife, and the medical officer on duty of the day, including the chief/administrator of the hospital for command-responsibility.

Failure of public and private work places, without valid reason, to provide an enabling environment for working breastfeeding mothers, as enunciated in Section 5, shall be dealt with administratively for non-compliance, without prejudice to the filing of labor dispute in the Department of Labor and Employment or in the competent quasi-judicial body/ court. Accountable personnel in the local government are the human resource officer or his/her equivalent and the department head for command-responsibility. Accountable personnel in the private include the human resource officer or his/her equivalent, and the division head/manager for command-responsibility.

Other public officials who failed to enforce this Ordinance, without valid reason, shall be dealt with administratively.

Traditional Birth Attendants (TBAs)/Hilots shall strictly adhere to her role specified in Section 4, Chapter II, otherwise she shall be fined with the following:

1st Offense : P 500.00

5. Maternal Mortality Rate - The number of registered maternal deaths due to birth or pregnancy-related complications per 100,000 registered livebirths.

CHAPTER II

MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY/SERVICES

SECTION 1. MNCHN Principles

Recognizing that all pregnant women are at risk, MNCHN is anchored on the following guiding principles:

- Every pregnancy is wanted, planned and supported;
- Every pregnancy is managed throughout its course;
- Every delivery is facility-based and delivered by skilled birth attendants; and
- Every mother-and-newborn care secures postpartum/postnatal care with smooth transitions to the women's health care package for the mother, and child's survival package for the newborn.

SECTION 2. Definition of Terms

1. Basic Emergency and Obstetric and Newborn Care (BEmONC)

   - Refers to lifesaving services for emergency maternal and newborn conditions/complications being provided by a health facility or professional. In the Philippines, Basic Emergency Obstetric and Newborn Care includes the following signal functions: (a) parenteral administration of oxytocin during the third stage of labor, (b) parenteral administration of loading dose of Magnesium Sulfate, (c) parenteral administration of initial dose of antibiotics, (d) parenteral administration of initial dose antenatal steroid (e) manual removal of retained placenta, (f) manual removal of retained products and blood clots, (g) delivery of imminent breech, and (h) performance essential newborn care. Any health facility that provides such services will be named a BEmONC Facility.

2. Comprehensive Emergency Obstetric and Newborn Care (CEmONC)

   - Refers to lifesaving services for emergency maternal and newborn conditions/complications and performs the eight signal functions of a BEmONC and in addition, performs the following: (a) assisted vaginal deliveries either forceps or speculum, (b) abdominal delivery, (c) blood transfusion services, (d) advance newborn resuscitation and (e) neonatal intensive care.

SECTION 3. MNCHN Core Service Package

MNCHN calls for facility-based deliveries and deliveries by skilled birth attendants. It calls for the organization of Women's or Barangay's Health Teams, establishment and mobilization of a local transportation and communication network for the pregnant women, community blood collection, masterlisting of pregnant women and children eligible for immunization.

The integrated MNCHN services shall be delivered through a seamless continuum of care that includes pre-pregnancy service, antenatal care, care during delivery, and postpartum/postnatal care. The minimum standard services are:

3.1 Pre-Pregnancy Services

a. Provision of correct information and responsive counseling on fertility awareness, maternal nutrition, birth spacing and adolescent reproductive health;

b. Active identification and servicing of population segments with unmet needs for family planning and referral to alternative sources of services and supplies when these are not available in one's own health facility;

c. Assurance of free family planning services and supplies for the indigent potential users;

d. Provision of other basic and essential services for young females, pregnant women and other women of reproductive age such as micro-nutrients (iron w/ folic acid), tetanus toxoid immunizations, fertility awareness, birth spacing and family planning counseling, oral health, counseling and services on STD/HIV/AIDS, management of lifestyle-related diseases including nutrition and healthy lifestyle.

3.2 Antenatal Care

a. Consistent coverage of all 8 essential antenatal care functions, such as: monitoring height and weight, taking blood pressure, blood testing, urine testing, iron and folate supplementation, tetanus toxoid immunization, malaria prophylaxis, birth planning;

b. Focused attention to individualized birth preparedness counseling about the place of delivery and transport arrangements to increase the mother's readiness to deliver in health facilities;

c. Discussion with household member(s) and preparation of childbirth with partner support and involvement in care-seeking decisions;

d. Promotion of exclusive breastfeeding for the first six months.

3.3 Care During Delivery

a. Aggressive promotion of the shift from home-based delivery to deliveries in health facilities/BEmONC/CEmONC facilities;

b. Deliberate planning and special provisions for hard-to-reach segments of the population to promote facility-based deliveries;

c. Active conversion and mobilization of traditional birth attendants or hilots into advocates and agents of facility-based deliveries;

d. Community blood collection at the rate of one mass blood donation per barangay per year.

3.4 Postpartum/Postnatal Care

a. Provision of postpartum and postnatal care for mothers and neonates including physical exam (BP monitoring, pelvic exam), identification of early signs and symptoms of postpartum complications like hemorrhage, infection and hypertension, micronutrient supplementation, provision of family planning services, counselling on nutrition, exclusive breastfeeding up to six months, neonatal care;

b. Provision of the whole range of women health care services for mothers and child survival package for children.

3.5 Infant and Young Child Feeding

a. Require the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding

practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding, with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/circumstances of the mother and/or child, it provides for appropriate feeding options;

b. Continuous advocacy that breastmilk is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and child; bestows upon the newborn the protection against infection; provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy. Malnutrition is the primary outcome of children who do not breastfeed.

3.6 Immunization – the process of creating immunity or protection against vaccine preventable diseases in the country before the child's first birthday. The fully immunized child must have completed BCG, PENTA 1-2-3, OPV 1-2-3 and Measles before reaching 12 months old. It is one of the most important and equitable preventive health care services made available even to population in areas that are hardest to reach. It has been proven to be the most effective public health intervention, aiming at reducing illness, disability and mortality from childhood diseases preventable by immunization. These diseases are referred as Expanded Program of Immunization target diseases and cause millions of ailments, disabilities and deaths each year like Poliomyelitis, Neonatal Tetanus, Measles, Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B (HIB) and Childhood Tuberculosis.

SECTION 4. Provisions on Compliance

The following shall be adhered:

A. Promotion of Facility-based Delivery

Facility based delivery shall be promoted and sustained in all barangays and municipalities. All pregnant women identified by the community health team (CHT) shall make an appropriate birth plan indicating the choice of birth facility. This must be in placed at the time of the first antenatal check up. The barangay health workers shall closely coordinate with the BEmONC staff once the woman goes into labor for support caring transport of the patient to the facility.

B. Role of Barangay Trained Hilot/Traditional Birth Attendant (TBA)

The traditional birth attendant (TBA) shall be part of the community health team. She will be part of the service delivery networking. Her main role is to help encourage all women to avail of the maternal health service in the barangay health stations and rural health unit including but not limited to antenatal care, counseling on nutrition and breastfeeding, family planning services and pre-pregnant health advocacies, provision of iron supplementation, Vitamin A and tetanus immunization. She will be tasked to identify all pregnant women and encourage them to deliver in a health facility.

SECTION 6. LGU Support and Incentive

In order to facilitate the shift, schemes should be developed to provide the TBAs with incentives to refer deliveries to facility-based deliveries. Aside from enjoining them to join in the CHT, qualified TBAs may be provided educational assistance to become midwives.

For the pregnant women, incentives can be provided, like zero payment for the indigent patients and cash transfer vouchers for the transportation cost of gas utilizing Multi-Cab of the Barangay/Municipality.

For the sustainability of MNCHN program, the municipal LGUs shall provide finances through the utilization of Gender and Development Fund, Philhealth Capitation Fund, Philhealth reimbursements, and government grants.

LGUs shall facilitate the accreditation of health facilities to PhilHealth and enrolling poor families to PhilHealth Sponsored Program. To ensure that facilities and services are utilized by residents and members of the province/municipality/barangay, the LGUs shall provide funds to support MNCHN information dissemination among women and men in the communities, couples and partners, in support of implementation of MNCHN interventions.

SECTION 7. Responsibility of the LCR and MHO

It shall be the responsibility of the Local Civil Registry (LCR), through the Municipal Civil Registrar, to oblige the would-be couples, as part of the pre-marriage requirements, to undergo a seminar on MNCHN, especially the appreciation on facility-based delivery.

The MHO, through the assigned health personnel, shall then conduct the required seminar, and provide, after the seminar, a piece of document manifesting their compliance.

SECTION 8. Administrative Sanction

Failure of public officers to perform the mandates of this ordinance, without valid cause, shall be held administratively liable, for violation, negligence or dereliction of duty.

CHAPTER III

MNCHN Infant and Young Child Feeding (IYCF)

SECTION 1. Definition of Terms

1. Infant and Young Child Feeding – or IYCF, requires the early initiation of breastfeeding to the newborn and the exclusive breastfeeding for the first 6 months, provides appropriate complementary feeding practices beginning at 6 months in addition to breastfeeding, and mandates the extended breastfeeding, with complementary feeding, up to two or three years of age. Under exceptionally difficult/medical conditions/circumstances of the mother and/or child, it provides for appropriate feeding options.

2. Breastmilk - is widely recognized as the best source of nutrition for babies. It promotes the development of emotional bonding between the mother and child; bestows upon the newborn the protection against infection; provides for the mother natural contraception after delivery; and protects the mother from closely-spaced pregnancy.

3. Breastfeeding - is the method of feeding an infant directly from the human breast.

4. Complementary Feeding - a feeding practice using complementary food - any food, except milk substitutes, whether manufactured or locally prepared, suitable as a complement to breastmilk to satisfy the nutritional requirements of the infant.

5. Expressed Breastmilk, feed by cup - the human milk which has been extracted from the breast by hand or by breast pump, feed to the infant using cup.

6. Breastfeeding from Healthy Wet Nurse - the feeding of a newborn from another mother's breast when his/her own mother cannot breastfeed.

7. Human Milk from Milk Bank, feed by cup- the human milk which is extracted from the breastmilk collection and storage of a health facility/milk bank, feed to infant using cup.

8. Infant Formula - means one of the breastmilk substitutes formulated industrially in accordance with applicable Codex Alimentarius standards.

9. Codex Alimentarius Standards - are collections of internationally recognized standards, codes of practice, guidelines and other recommendations relating to food, food production and food safety.

SECTION 2. Compliance Provision

The following shall be followed:

A. IYCF Practices

A.1. Early Initiation of Breastfeeding

Infants shall be initiated to breastfeeding right after birth, even women who delivered through caesarian section are required to breastfeed at birth. This will stimulate early onset of full milk production and promote bonding of mother and child. All medically trained personnel (doctors, nurses, midwives) shall ensure that newborns are supported with their early initiation to breastfeeding.

Newborns need the first yellow-colored milk called colostrum that is secreted from the human breasts in the first three days after birth, as it contains more antibodies. It is rich in growth factors which stimulate the development of the baby's immature intestine. It prepares the baby's intestine to digest and absorb milk and to prevent the absorption of undigested protein. Without colostrum, other food can damage the intestine and cause allergies.

A.2. Exclusive Breastfeeding for the First 6 Months

Infants shall be exclusively breastfed for the first 6 months of life to achieve optimum growth and development. Exclusive breastfeeding means giving breastmilk alone and no other food or drinks, not even water, with the exception of vitamins and medicine drops. The conclusion of experts in their systematic review of the optimal duration of breastfeeding is that there is no observable deficits in growth for infants exclusively breastfed for 6 or more months. In addition, this also reduces morbidity due to gastro-intestinal infections, and their mothers are more likely to remain amenorrheic for 6 months postpartum.

A.3. Extended Breastfeeding, with Complementary Feeding, up to Two Years and Beyond

Breastfeeding shall be continued as frequent and on demand for up to 2 years of age and beyond. Although volume of breastmilk consumed declines as complementary foods are added, breastmilk contributes significantly as it provides one-third to two-thirds of average total energy intake towards the end of first year.

B. Complementary Feeding Practices

B.1. Appropriate Complementary Feeding

In addition to breastfeeding, infants shall be given appropriate complementary food at age 6 months in order to meet their evolving nutritional requirements.

Appropriate complementary feeding means:

timely – meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding;

adequate – meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs;

safe - meaning that they are hygienically stored and prepared, and fed with clean hands using clean utensils, and not bottles and teats or artificial nipples; and

properly fed – meaning that they are given consistent with a child's signals of appetite and satiety, and that meal frequency and feeding method – actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding – are suitable for age.

B.2. Use of Locally Available and Culturally Acceptable Food

Appropriate complementary food shall include locally available and culturally acceptable food that meet the energy and nutrient need of young children. Mothers shall be provided with sound and culture-specific nutrition counseling and recommendations of a widest array of indigenous foodstuffs. The agriculture sector has a particular important role to play in ensuring that suitable food for use in complementary feeding are produced, readily available and affordable.

B.3. Low-cost Complementary Food/Industrially-processed Food

Low-cost complementary food, prepared with locally available ingredients using suitable small-scale production technologies in community settings, shall be encouraged to meet the nutritional needs of older infants and young children. Industrially-processed food, on the other hand, provides an option for some mothers who have means to buy them and the knowledge and facilities to prepare and feed them safely. Processed-food products for infants and young children shall, when sold or otherwise distributed, meet the applicable standards recommended by the Codex Alimentarius Commission/Codex Code of Hygienic Practice for Foods for Infants and Children.

C. Micronutrient Supplementation

Universal Vitamin A supplementation shall continue to be provided to infants and children 6-7 months of age. Vitamin A supplementation shall be given to children at risk, particularly those with measles, persistent diarrhea, severe pneumonia and malnutrition to help re-establish body reserves of Vitamin A and protect against severity of subsequent infections and/or prevent complications. Postpartum women shall be given Vitamin A capsule within one month after delivery to increase Vitamin A concentration of her breastmilk as well as Vitamin A status of their breastfed children. Children with xerophthalmia, although rare, shall be treated. Children during emergencies shall be a priority for Vitamin A supplementation following schedule for universal supplementation and for high-risk children.

Iron supplementation shall be provided to pregnant and lactating women and low birth weight babies and children 6-11 months of age. In addition, anemic and underweight children 1-5 years of age shall also be provided with iron supplements.

D. Salt Iodization and Food Fortification

Families shall be encouraged and educated to use iodized salt and fortified food for older infants and young children.

SECTION 3. Feeding Options in Exceptionally Difficult/Medical Conditions/ Circumstances

This section serves as the exemptions to the IYCF requirement in Section 2.

1. For infants who do not receive breastmilk for medical condition/difficult circumstance/situation, supplemental feeding with a suitable breastmilk substitute – infant formula or other specially prepared formula that conform with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient

supplements – shall be demonstrated only by health workers, or other government-recognized community workers, and only to the mothers and other family members who need to use it; and the information given shall include adequate instructions for appropriate preparation and the health hazards of inappropriate preparation and use.

Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. There are three (3) metabolic disorders that may interfere with breastfeeding, viz:

a. Galactosemia – infants suffering from this disease cannot be fed by either breastmilk or other infant or milk formula since lactose must be eliminated from the diet of these infants. Specially formulated milk-based, but lactose-free preparations or soya-based formula are required.

b. Phenylketonuria – infants suffering from this may be breastfed while their phenylalanine blood levels are monitored. Breastmilk should be supplemented with or replaced by a special low-phenylalanine formula if concentrations reach the dangerous levels.

c. Maple Syrup Urine Disease – as in the case of phenylketonuria, breastmilk can be combined with special synthetic formulas low in the non-tolerated amino acids.

2. Mothers who are either (a) seriously ill; (b) taking medications contraindicated to breastfeeding; (c) violent psychotics; or (d) whose conditions do not permit breastfeeding as determined by the attending physician, shall be exempted from the breastfeeding requirement.

3. Families in natural and man-made calamities and in other difficult/medical situations shall require the special attention and practical support to be able to feed their children adequately. Wherever possible, mothers and babies shall remain together and be provided the support they need to exercise the most appropriate feeding option under the circumstances.

   The following are the range of feeding options for infants and young children in times of crises or difficult/medical situations: (a) expressed breastmilk, feed by cup; (b) breastfeeding from healthy wet nurse; (c) human milk from milk bank, feed by cup; and/or (d) infant formula (preferably generically labeled), feed by cup.

4. Artificial feeding is difficult in times of crises/disasters because the basic needs for artificial feeding, such as clean water and utensils are scarce. Transport and adequate storage conditions of breastmilk substitutes cause additional problems. To minimize the risks of artificial feeding and avoid commercial exploitation of crises/disasters, the following procedures are recommended:

   a. Donations of breastmilk substitutes, feeding bottles, teats and commercial baby foods should be limited, if not refused;

   b. If needed, breastmilk substitutes should never be part of a general distribution. Distribution should only be to infants with a clear need, and for as long as the infant need them (until a maximum of 1 year or until breastfeeding is re-established);

   c. Bottles and teats should never be distributed, and their use should be discouraged. Cup feeding should be encouraged instead; and that

   d. Information on adequate preparation and the hazards of inappropriate preparation of breastmilk substitutes or milk supplements should be given.

5. All HIV-infected mothers shall receive counseling, which includes provision of general information about meeting their own nutritional requirements and about the risks and benefits of various feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Feeding options for HIV-positive mothers include exclusive breastfeeding, wet-nursing, expressing and heat-treating breastmilk, breastmilk from banks, commercial infant formula, and home-modified animal milk.

6. Children living in special circumstances shall require extra attention and consideration – like the orphans and children in foster care, and children born to adolescent mothers, mothers suffering from physical or mental disabilities, drug- or alcohol-dependence, or mothers who are imprisoned.

SECTION 4. Responsibility of the Health Care System

Government and private health facilities shall provide the following:

1. All health facilities, public or private, in the Province of La Union, shall conduct proper latching-on immediately after birth and the initiation of breastfeeding within an hour thereafter.

2. All health facilities shall provide a supportive environment to infant and young child feeding practices. The health facility shall not display, in consonance with the Philippine Code of Marketing of Breastmilk Substitutes or Milk Code (EO No. 51, s.1986), any breastmilk substitutes or any poster or sampling of such, instead provide an enabling environment to improve and promote breastfeeding and appropriate complementary feeding practices to infants and health and nutrition of mothers.

3. There shall be an Infant and Child Feeding Specialist/s to promptly respond to common problems of mothers in initiating and sustaining exclusive and continued breastfeeding practices and other feeding difficulties. Some common problems - insufficient milk, breast and nipple problem, child refusal - can be corrected through objective, consistent, accurate and complete information. This specialist can be a doctor, nurse, midwife, or an effective community health volunteer who have undergone an appropriate training.

4. The hospitals shall support and provide an enabling environment for mothers to ensure continued breastfeeding and adequate complementary feeding to their hospitalized sick children.

5. Mothers, fathers and other caregivers shall have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence. In particular, they need to know about the recommended period of early initiation; exclusive and continued breastfeeding; the timing of the introduction of complementary food; what type of food to give, the quantity, frequency and how to feed this food safely.

6. Health care system shall recognize the community-based networks offering mother-to-mother support and trained breastfeeding counselors working within, or closely with them (health care system).

7. A communication and coordination plan shall be developed to generate high political support, including that from communities and families.

8. Continuing trainings shall be conducted for health personnel to ensure the continuous promotion, protection, support and improvement of infant and young child feeding.

9. Cause the advocacy of this Ordinance and the infant and young child feeding practices and perform such other commendable acts for infant and young child

To avoid discrimination to working breastfeeding mothers, government and private entities shall do the following, to be recognized/awarded by the Provincial Government of La Union in the standards/criteria to be formulated later in the implementation:

1. Work places shall provide an enabling environment for breastfeeding mothers who return to work. These include breastfeeding rooms, refrigerators for storage for breastmilk, crèche (a day nursery for young children), or breaks for breastfeeding or expressing milk, among others.

2. Working mothers shall be able to continue breastfeeding and caring for their children. Breastfeeding breaks shall not be a deduction of their salary/wage, and that maternity leave shall be available to them.

SECTION 6. Responsibility of the Local Civil Registry (LCR) and Municipal Health Office (MHO)

It shall be the responsibility of the Local Civil Registry (LCR), through the Municipal Civil Registrar, to oblige the would-be couples, as part of the pre-marriage requirements, to undergo a free one-day or half-day seminar, as the case may be, in the Municipal Health Office (MHO) on the importance of infant and young child feeding practices.

The MHO, through the assigned health personnel, shall then conduct the required seminar to would-be couples, and provide after the seminar a piece of document manifesting their compliance.

SECTION 7. Fine Imposition

Mothers not complying the provisions of Section 6 of Chapter III without valid reason/s, unless under exceptionally difficult/medical conditions/circumstances provided in Section 3, Chapter III, of this Ordinance, shall be fined with the following:

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2nd Offense	:	P1,500.00
3rd and subsequent offenses	:	P2,500.00

It is not the primary aim of this ordinance to penalize the mothers, but to teach them to value infant and young child feeding practices for their health benefits and for their infants and young children. Thus, any collected fine shall be shared by the barangay and municipality, to be distributed in this manner: barangay-60%, municipality-40%.

Public and private health facilities shall be held administratively liable for non-compliance of the mandates of this ordinance. Accountable health personnel include the attending physician, the health worker/s assisting the physician, midwife, and the medical officer on duty of the day, including the chief/administrator of the hospital for command-responsibility.

Failure of public and private work places, without valid reason, to provide an enabling environment for working breastfeeding mothers, as enunciated in Section 5, shall be dealt with administratively for non-compliance, without prejudice to the filing of labor dispute in the Department of Labor and Employment or in the competent quasi-judicial body/ court. Accountable personnel in the local government are the human resource officer or his/her equivalent and the department head for command-responsibility. Accountable personnel in the private include the human resource officer or his/her equivalent, and the division head/manager for command-responsibility.

Other public officials who failed to enforce this Ordinance, without valid reason, shall be dealt with administratively.

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CHAPTER IV

FINAL PROVISIONS

SECTION 1. MNCHN Action Team

There shall be created a MNCHN Monitoring Team to take charge in the implementation, monitoring and evaluation of the mandates of this ordinance, to wit:

Chairperson	-	Provincial Governor
Co-Chair	-	Provincial Health Officer
Members	-	Sangguniang Panlalawigan Committee Chairperson on Health, Sanitation & Population Control
		Provincial Maternal and Child Health Coordinator,
		President, Liga ng mga Barangay
		NGOs/Private Sector that actively advocate for MNCHN

Additional members can be added by the Honorable Governor. The Monitoring Team shall conduct meetings, as necessary, to ensure the proper implementation of the ordinance. They shall be given necessary travelling expenses, subject to accounting and auditing rules and regulations. The Maternal and Child Health Coordinator in the Provincial Health Office shall serve as the Head of the Secretariat, providing, among others, technical assistance, documentation, and coordination with the municipality, barangay, national government agencies and other stakeholders for the effective implementation of the ordinance.

Specifically, the MNCHN Monitoring Team shall have the following powers, duties and functions:

1. Enforce and monitor the implementation of this ordinance. Issue guidelines, if needed, to ensure the proper implementation of the law. Secure the regular reporting of midwives/barangay health workers/barangay health teams to their respective barangay councils on MNCHN services/, and the subsequent reporting to the municipal health offices and finally to the Provincial Health Office.

2. Ensure that feedback from the communities on access and quality of MNCHN services are solicited, including problems encountered, and the proposed actions to further improve the implementation of the ordinance at the local level.

3. In the later part of the implementation of the ordinance, design an incentive and award system to LGUs and private entities, including public and private health facilities, having the best MNCHN services/practices, to be awarded in one of the activities of the National Nutrition Month.

4. Recommend to the Governor the necessary funding for the proper implementation of the ordinance.

5. Perform such other functions deemed important, including the advocacies.

In the monitoring of the non-compliance, the MNCHN Monitoring Team shall be assisted by the deputized municipal personnel, like the barangay health workers and barangay nutrition scholars.

SECTION 2. Appropriations

An annual appropriation, from the General Fund of the Provincial Government of La Union, shall be appropriated to correspondingly improve the utilization of MNCHN services. Other sources of funds, such as the Gender and Development (GAD) Fund, DOH-MNCHN grant to LGUs, Philhealth reimbursements and capitation funds, may also be utilized subject to guidelines/authorization.

SECTION 3. Supplementary Clause.

International and national issuances/papers on infant and young child feeding shall serve as supplemental reference of this Ordinance.

SECTION 4. Repealing/Amendatory Clause

If there are provisions of local enactments, ordinances and resolutions that are inconsistent with this Ordinance, such are hereby repealed or modified accordingly.

SECTION 5. Separability Clause

In the event that provisions of this Ordinance have been found or declared to be invalid, all other provisions hereof not affected shall remain to be in full force and effect.

SECTION 6. Effectivity

This Ordinance shall take effect in accordance with the provisions of the Local Government Code of 1991.

APPROVED:

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I HEREBY CERTIFY to the correctness of the foregoing ordinance.

DONATO A. RIMANDO
Secretary to the Sangguniang

ATTESTED:

AUREO AUGUSTO Q. NISCE
Presiding Officer
Vice-Governor

FRANCISCO "KIT" C. ORTEGA, JR.
Sangguniang Panlalawigan Member

NANCY CORAZON M. BACURNAY
Sangguniang Panlalawigan Member

JONATHAN JUSTO A. ORROS
Sangguniang Panlalawigan Member

ROBERT B. MADARANG, JR.
Sangguniang Panlalawigan Member

JOAQUIN C. OSTREA, JR.
Sangguniang Panlalawigan Member

CHRISTIAN I. RIVERA
Sangguniang Panlalawigan Member

REYNALDO M. MOSUELA
Sangguniang Panlalawigan Member

RUPERTO A. RILLERA, JR.
Sangguniang Panlalawigan Member

VICTORIA L. ARAGON
Sangguniang Panlalawigan Member

BELLARMIN A. FLORES II
Sangguniang Panlalawigan Member

MANUEL "MANNIX" R. ORTEGA, JR.
Sangguniang Panlalawigan Member

APPROVED:

MANUEL C. ORTEGA
Governor