

Implementation Model of Kalusugan at Nutrisyon ng Mag Nanay Act for the selected LGUs of Camarines Sur

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Article History:

Date Received: July 7, 2026

Date Revised: August 7, 2026

Date Accepted: August 10, 2026

Date Published: August 28, 2026

DOI: <https://doi.org/10.67903/ijroms0259>

Document ID: 2026IJROMS0259

Recommended Citation:

Lumbo, J. L. (2026). Implementation Model of Kalusugan at Nutrisyon ng Mag Nanay Act for the selected LGUs of Camarines Sur. *International Journal of Research on Multidisciplinary Studies*, 1(7), 361-373. <https://doi.org/10.67903/ijroms0259>

Abstract. This study aimed to have an Implementation Model of Kalusugan at Nutrisyon ng Mag Nanay Act for the selected LGUs in Camarines Sur. The goal was to improve healthcare delivery and nutritional status among infants and young children from zero to two years old, adolescent females, pregnant, and lactating women. Specifically, the study determined the following objectives 1. To describe the administrative capability of the selected LGUs in Camarines Sur that implement RA 11148 or First 1000 Days Law in terms of a. health workforce capacity, b. budget allocation, c. facilities, d. local legislation & policy support, e. monitoring and evaluation; 2. To determine the performance of the selected LGUs in implementing the RA 11148 or First 1000 Days Law in the following areas, a. good nutrition, b. adequate nutrition, c. opportunities for early education, d. responsive caregiving, and e. safety and security; 3. To identify the factors that influence the implementation of RA 11148 of the selected LGUs in Camarines Sur; 4. To propose an Enhanced Implementation Model of RA 11148 for the selected LGUs in Camarines Sur. The study utilized the descriptive research design, a purposeful sampling method involving the application of a questionnaire as the main data gathering instrument among the identified 24 municipal nutrition action officers and 1 city nutrition action officer of the selected LGUs in Camarines Sur, supplemented by focus group discussion. The statistical tools used were the percentage technique and weighted mean. Findings, for the health workforce, there is no full-time MNAO in the LGUs, there is budget allocation and coordination among different departments and agencies within the LGU to support the programs and activities, the LGU actively engages with community leaders and organizations to promote awareness and participation in F1KD programs and activities and the LGU collaborates with external partners to supplement resources for acquiring facilities and equipment for RA 11148 implementation. The performance, for good health, adequate nutrition, responsive caregiving, all indicators under this category as Agree. Security and Safety indicates that open defecation cases or reports still persist in the LGU (or ZOD coverage is incomplete), serving as an environmental health and sanitation bottleneck for implementing Republic Act 11148. The factors that influence the implementation, political barrier, lack of support from the LGU and lack of materials/equipment is not a hindrance in implementing the RA 11148. While a strong commitment to the job and good communication between the nutrition staff and clients is observed. The following conclusions were drawn there is a need for LGUs to provide manpower such as a full-time Municipal/City Nutrition Action Officer, improvement of the administrative capability should be given focus. LGUs should enhance their performance in terms of safety and security, such as sanitation. LGUs should consider upscaling of the factors on shortage of transportation services as well as limitations on funding for F1KD services while the other factors should likewise be promoted and Enhanced Implementation Model is proposed.

Keywords: Camarines Sur; Local Government Unit; Maternal and child nutrition; Public health policy; RA11148.

Introduction

Nutrition is a fundamental human right and a critical determinant of a child's ability to grow, learn, and thrive. It forms the foundation for overall development, impacting education, health, income, and equality, both at the individual and societal levels (Thurow, 2016). Global health experts have emphasized the "First 1,000 Days"—from conception to a child's second birthday—as a crucial window for ensuring long-term physical, cognitive, and emotional well-being (Elicay, 2025). During this time, good nutrition and proper healthcare interventions are vital. Organizations such as the World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), the Philippine Pediatric Society, and the Department of Health (DOH) all recognize this period as decisive in preventing malnutrition and developmental delays.

In 2016, the United Nations launched the 2030 Agenda for Sustainable Development, with a focus on Goals 2 (Zero Hunger) and 3 (Good Health and Well-being), emphasizing a global effort to end hunger, achieve food security, and improve nutrition. Despite this global commitment, malnutrition remains a significant challenge to health and development. WHO reports that stunting—largely irreversible after the first two years of life—continues to affect millions of children worldwide, impeding their ability to learn and earn later in life. The World Health Assembly had targeted a 40% reduction in stunted children by 2025, yet in 2019, 145 million children were still stunted globally.

The Philippines exemplifies this global issue. According to UNICEF (2025), the country faces a triple burden of malnutrition—undernutrition, micronutrient deficiencies (hidden hunger), and rising childhood obesity. Stunting, in particular, continues to affect one-third of Filipino children, with 27 out of every 1,000 not reaching their fifth birthday (Chanco, 2023). This condition not only reflects the failure of health systems but also contributes to long-term economic losses. The World Bank estimated that childhood undernutrition cost the Philippine economy USD 4.4 billion or 1.5% of GDP in 2015 (Chanco, 2023). The Human Capital Index (HCI) reflects this reality, showing that a child born in the Philippines today will only achieve 52% of their full potential productivity due to deficits in health and education (Mbuya et al., 2019). Moreover, the problem is more pronounced in regions such as the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), MIMAROPA, Bicol, Western Visayas, and SOCCSKSARGEN, where stunting rates reach 40–45% (Chanco, 2023). Hunger worsened during the COVID-19 pandemic, with Social Weather Stations (SWS) reporting that 31% of families experienced hunger in September 2020—the highest in over two decades (SWS, 2024). In response, the Philippine government enacted Republic Act No. 11148, also known as the "First 1000 Days Law," in 2018. This landmark legislation aims to provide a comprehensive, multisectoral strategy for ensuring optimal maternal and child health and nutrition from conception to age two. RA 11148 recognizes the interdependence of adequate food, healthcare, and nurturing care during early life stages. It aligns with Section 15, Article II of the 1987 Philippine Constitution, which guarantees the people's right to health. It also affirms the State's obligation, under various international treaties, to provide proper food and nutrition, particularly to pregnant and lactating women, as well as children aged 0–2 years (Republic Act No. 11148, 2018). The Philippine Plan of Action for Nutrition (2023–2028) underscores this commitment, stating that malnutrition violates human rights and that every individual deserves a standard of living adequate for health and well-being. There is no study yet seeking the status of the Municipal Nutrition Action Officers, this gap is critical because MNAOs play a central role in coordinating and implementing nutrition programs at the municipal level.

Research Questions

This research generally aimed to determine the administrative capability, performance, and factors that influence the implementation of RA 11148 of the selected LGUs in Camarines Sur. Specifically, it attained the following objectives;

1. To describe the administrative capability of the selected LGUs in Camarines Sur that implement RA 11148 or First 1000 Days Law in terms of;
 - 1.1 Health Workforce Capacity;
 - 1.2 Budget Allocation;
 - 1.3 Facilities;
 - 1.4 Local legislation & policy support; and
 - 1.5 Monitoring & Evaluation?
2. To determine the performance of the selected LGUs in implementing the RA 11148 or First 1000 Days Law on the following areas;
 - 2.1 Good Health;
 - 2.2 Adequate Nutrition;
 - 2.3 Opportunities for Early Education;
 - 2.4 Responsive Caregiving; and
 - 2.5 Safety and Security
3. To identify the factors that influence the implementation of RA 11148 of the selected LGUs in Camarines Sur.
4. To propose an Enhanced Implementation Model of RA 11148 for the selected LGUs in Camarines Sur.

Scope and Delimitation of the Study

The present study aimed to describe the administrative capability and determine the performance of the selected LGUs in the implementation of RA 11148 and identify the factors that influence the implementation of *Kalusugan at Nutrisyon ng Mag Nanay Act* or First 1000 Days in Camarines Sur. The



research encompassed an in-depth analysis of the health and nutrition strategies and their outcomes in the selected LGUs, to provide valuable insights into the overall progress and challenges faced in lowering the malnutrition rate. The study's scope includes a comprehensive review of available data, reports, and accomplishments related to implementation in Camarines Sur from the fiscal year 2019-2025. The study drew data from the National Nutrition Council Region 5 Ranking of the Prevalence Rate of Malnutrition among 0-59 months in the Bicol Region, 2019 among municipalities and Cities by Province, to access the 2019 accomplishment reports, which served as a significant basis for the analysis. However, certain limitations and delimitations need to be acknowledged. First, the study is confined to Camarines Sur. The findings may not be generalizable to other provinces or regions. Second, the research primarily relied on the availability of data and reports from Municipal and City Nutrition Action Officers of the selected LGUs from 2023 to 2025. The analysis did not capture any developments or changes in the implementation beyond this period. Additionally, the study may not have extensively explored the qualitative perspectives and stakeholder views due to its primary focus on quantitative analysis. Moreover, while the study aimed to assess the implementation of First 1000 Days in selected LGUs, it may not have delved deeply into specific organizational and policy factors that could influence *Kalusugan at Nutrisyon ng Mag Nanay Act* Implementation.

Literature Review

Administrative Capability

Early intervention programs designed to support maternal and child health during the first 1000 days are effective in improving cognitive and physical outcomes. These programs often focus on improving nutrition, healthcare access, and parental education, thus improving overall child development (Barker, 2018). According to Webb et al. (2018) global commitments to nutrition have supported calls for better evidence to support effective investments at the national level. However, too little attention has so far been paid to the role of governance in achieving impacts. Nepal offers an example of effective efforts to improve nutrition governance across sectors at all levels of administration. The promotion of awareness, capacity, and new ways of working shows promise. Trainings, information sharing, and management support led to a growing willingness among civil servants to engage across sectors.

Performance of the LGU

The National Nutrition Council (NNC) launched the "Tutok Kainan" Supplementation Program to help prevent stunting among children up to 23 months old. According to NNC, the program seeks to improve the quality and quantity of food and nutrition intake and the utilization of Early Childhood Care and Development—First 1,000 Days Program (EECD F1KD) services among "nutritionally at-risk" pregnant women and children aged six to 23 months in select areas. NNC Executive Director Azucena Dayanghirang said government efforts to prevent malnutrition would help achieve "human development" in the country. She also quoted "*Sa pamamagitan ng Tutok Kainan at iba pang programa ng Philippine Plan of Action for Nutrition, mga programa ng Inter-Agency Task Force on Zero Hunger, ating Philippine Development Plan, magtulong-tulong tayong lahat para maiahon ang Pilipinas sa malnutrition para makamit natin ang totoong human development ng ating bansa.*" (Through Tutok Kainan and other programs of the Philippine Plan of Action for Nutrition, Inter-Agency Task Force on Zero Hunger, and Philippine Development plan, let us all unite to let the Philippines rise up from malnutrition and achieve true human development in the country.) Based on the Second Congressional Commission on Education (EDCOM II) Policy Brief: Opportunities to Address Undernutrition in the Early Years, 2021 Expanded National Nutrition Survey (ENNS), 72.4% of children started breastfeeding within 1 hour after birth while 60.1% of children 0–5.9 months were exclusively breastfed, 13.3% and 13.8% of children 6–23 months receive a minimum acceptable diet (MAD) and meet minimum dietary diversity (MDD), respectively. From the published report of Cabalza (2024), The Philippine Health Insurance Corp. (PhilHealth), with support from the United Nations Children's Fund (UNICEF), has launched its Severe Acute Malnutrition (SAM) Outpatient Therapeutic Care Benefit Package. The package, said to be the first of its kind in the world, aims to address a problem currently affecting an estimated one million Filipino children aged 5 and below. Under PhilHealth Circular No. 2024-0017, among the "mandatory" essential services of the SAM treatment package is the anthropometric and clinical assessment for SAM. It also provides medical care and ready-to-use therapeutic foods, which help restore weight and treat the underlying infections affecting children with severe acute malnutrition. Families are also supported through counseling from health professionals, who can guide them in the proper feeding of infants and young children, as well as in hygiene practices to prevent the recurrence of malnutrition. Based on UNICEF data for the East Asia and Pacific region, the Philippines has the second-highest incidence (after Indonesia) of child wasting or being underweight, with around 800,000 cases or 16.44 percent of the total number of children aged 5 and below.



In some LGUs, the conduct of the *Idol Ko Si Nanay Training of Trainers* aims to capacitate health workers at the barangay level in the promotion of the First 1000 Days in the prevention of malnutrition and to familiarize the participants with the *Idol Ko Si Nanay* Learning Sessions. The activity "*Idol Ko si Nanay*" is a 10-module class inclusive of lectures and discussions with participants to increase their knowledge of "Early Childhood Care and Development (ECCD) in the First 1000 (F1K) Days (Malgaway, 2024). The reviewed literature establishes that technological skills—specifically video editing, creating presentations, word processing, and internet navigation—are significant predictors of academic performance. Socioeconomic status further shapes students' ability to develop these skills by influencing access to technological resources. Despite the increasing integration of technology in education, inequities in access and skill development persist. These findings highlight the importance of examining the combined influence of technological skills and socioeconomic status on academic performance, providing a strong foundation for the present study.

Methodology

Research Design

This study utilized quantitative descriptive research designs to comprehensively describe the administrative capability of selected LGUs in Camarines Sur that implement RA 11148, or the First 1000 Days Law. The quantitative phase involved data collection through surveys and secondary data sources, including OPT results, FHSIS, the Functionality Checklist, and other pertinent special laws, memoranda, and issuances. Additionally, data from government reports and health databases were utilized. Further data were obtained from a review of related literature, studies, and reports from official websites, as well as journals, books, and magazines, which substantially enriched the primary data. The qualitative phase included in-depth interviews and focus group discussions with healthcare and nutrition providers, policymakers, and community members to gain insights into the challenges, facilitators, and experiences related to the implementation of RA 11148.

Research Locale

The research was conducted in Camarines Sur, the largest province in the Bicol Region in terms of both population and land area, encompassing approximately 5,497.03 square kilometers. The province includes two cities: Naga City, a highly urbanized and independent city that serves as the religious, cultural, commercial, and financial center; and Iriga City, a component city recognized as the focal point of the Rinconada area and the Rinconada language.

Research Participants

The purposive sampling technique was utilized and deemed appropriate for selecting key informants to participate in interviews and group discussions. These included 25 selected Municipal Nutrition Action Officers (MNAOs) and the City Nutrition Action Officer (CNAO) from First-, Fourth-, and Fifth-Class municipalities, as classified by the Department of Trade and Industry (DTI) Cities and Municipalities Competitive Index (DTI, 2023). The goal was to determine the administrative capacities and performance of these municipalities. For comparative purposes and to identify salient data on the Prevalence Rates of Malnutrition Among Children Aged 0–59 Months in the Bicol Region (2019), it was noted that the top three municipalities—Garchitorena, Presentacion, and Siruma—all belong to the Fourth-Class category. Among the two cities considered, only Iriga City is classified as Fourth Income Class. Meanwhile, Naga City, which falls under the Second Income Class, was excluded from the study. Respondents were selected based on their specific roles and extensive experience in the health and nutrition sector. In addition, the researcher conducted a quantitative analysis and employed purposive sampling to extract records from existing secondary data sources, including e-OPT, the Field Health Services Information System (FHSIS), and the master list of target groups. The participating municipalities were distributed as follows: eight First-Class Municipalities—Ragay, Sipocot, Libmanan, Calabanga, Pili, Tinambac, Buhi, and Nabua; thirteen Fourth-Class LGUs—Iriga City, Del Gallego, Milaor, Pamplona, San Fernando, Canaman, Magarao, Garchitorena, San Jose, Presentacion, Sagñay, Siruma, and Balatan; and four Fifth-Class Municipalities—Cabusao, Gainza, Bombon, and Camaligan. In total, 25 LGUs were included in the study.

Data Gathering Procedure

First, the researcher prepared a letter seeking permission from the Provincial Development Officer of the Department of Health in Camarines Sur. After approval, another letter was sent to the Local Chief Executives of the selected LGUs, requesting permission for the Municipal Nutrition Action Officers (MNAOs) to complete the survey form. These letters were sent via email or personal messages facilitated by the researcher through the respective MNAOs. Upon approval from the Local Chief Executives, the researcher personally distributed the questionnaires during a scheduled seminar involving the MNAOs to ensure a 100%

retrieval rate and to address any questions from the respondents. For the remaining 13 respondents, a link to the online questionnaire, created using Google Forms, was sent via email and Facebook Messenger. The data collection was conducted from December 2024 to February 2025. Subsequently, in-depth interviews and focus group discussions were conducted with the appropriate respondents for this study.

Research Instrument

This study utilized both printed questionnaires and online Google Forms based on structured surveys adapted from the Nurturing Care Framework (NCF), which promotes child well-being during early development. The NCF emphasizes five key components: Good Health, Adequate Nutrition, Responsive Caregiving, Opportunities for Early Learning, and Safety and Security, all of which are crucial during the first 1,000 days of life. The questionnaire was designed to assess how local government units (LGUs) and healthcare providers support these components within maternal and child health programs under the Kalusugan at Nutrisyon ng Mag Nanay Act. The research also involved collecting both primary and secondary data, with secondary data sourced from various tools, including the Local/Municipal Nutrition Council Data Board, Nutrition Ordinances, e-OPT, FHSIS, MELLPI Protocol, and Functionality Checklists. The questionnaire consisted of three parts: Part 1 assessed administrative capability, Part 2 evaluated the LGU's performance in implementing RA 11148, and Part 3 identified factors affecting implementation. A 4-point Likert Scale was used for descriptive ratings. The instrument was validated through content validation by the research adviser, the Nutrition Staff, and the Provincial DOH Office - HRH Nutritionist-Dietitian, with all findings addressed and revised as needed.

Results and Discussions

Research Question 1: To describe the administrative capability of the selected LGUs in Camarines Sur that implement RA 11148 or First 1000 Days Law in terms of Health Workforce Capacity, Budget Allocation, Facilities, Local legislation & policy support and Monitoring & Evaluation?

Table 1. Administrative Capability of the LGU in terms of Health Workforce Capacity

Indicators	Mean	Interpretation
1. The LGU has a separate Nutrition Office.	2.88	Agree
2. There is a full-time MNAO.	2.40	Disagree
3. The Municipal Nutrition Office has 2 qualified staff.	2.68	Agree
4. There is an Executive Order on the Municipal Nutrition Council Organization.		
5. -Members of the MNC	3.92	Strongly Agree
6. -Functions		
7. The Municipal Nutrition Council has partnered with civil society organizations	3.24	Agree
8. or the private sector with corresponding MOA/MOU document.		
9. Regularly conducts quarterly meetings with Municipal Nutrition Council Meetings.	3.88	Strongly Agree
10. Continuous training and professional development opportunities are provided		
11. to the Municipal Nutrition Council members.	3.52	Strongly Agree
12. There is effective coordination among different departments and agencies within		
13. the LGU to support RA 11148 programs and activities.	3.16	Strongly agree
14. Adequate incentives and support systems are in place to support the BNS.	3.24	Agree
Average Weighted Mean	3.21	Agree

Based on Table 1, findings on the health workforce reveal that four indicators were rated as "Strongly Agree": the existence of an Executive Order on the Municipal Nutrition Council (MNC) Organization, the regular conduct of quarterly MNC meetings, the availability of continuous training and professional development for MNC members, and the effective inter-departmental coordination within the LGU to support RA 11148 programs. The overall average weighted mean of 3.21 ("Agree") indicates that respondents generally affirm the LGUs' administrative capabilities in implementing the First 1000 Days Law. However, a significant concern arises from the fact that 9 out of 25 respondents strongly disagreed that there is a full-time Municipal Nutrition Action Officer (MNAO), a critical role in ensuring proper implementation of nutrition programs. Although LGUs demonstrate strength in organizational structure, partnerships, and training, there is inconsistency regarding the staffing and qualifications within the Nutrition Office, with some LGUs lacking at least two qualified personnel. This highlights a gap in administrative capacity that could hinder effective program execution, as also emphasized in previous findings by Candelario (2023), who noted challenges in local coordination, data quality, and personnel training under the Philippine Plan of Action for Nutrition (PPAN). The National Nutrition Council (2021) underscores the need for LGUs to establish Nutrition Offices

with sufficient and qualified personnel, particularly in light of increased national tax allocations under the Mandanas-Garcia ruling. The presence of a fully staffed Nutrition Office would ensure the delivery of integrated and inclusive nutrition programs, particularly targeting high-risk and vulnerable populations. Despite the lack of national laws mandating such offices, several LGUs have proactively established them, recognizing their critical role in public health (National Nutrition Council, 2021).

Table 2. Administrative Capability of the LGU in terms of Budget Allocation

	Indicators	Mean	Interpretation
1.	The LGU has allocated a substantial budget specifically for RA 11148 implementation.	2.92	Agree
2.	Budget allocation for RA 11148 implementation is transparent and follows established guidelines.	3.24	Agree
3.	The LGU sets aside adequate funds to support the implementation of RA 11148.	3.12	Agree
4.	The LGU efficiently releases the budget as planned or according to the time frame.	3.16	Agree
5.	It is transparent to determine how much money is spent on RA 11148 Implementation.	3.28	Agree
6.	The LGU has financing policies and strategies in place to ensure the viability and sustainability of RA 11148.	3.28	Agree
	Average Weighted Mean	3.17	Agree

Findings show that the majority of the LGUs have a substantial budget and allocation to support the implementation of RA 11148. Likewise, the selected LGUs have financing policies and strategies in place to ensure the viability and sustainability of the law's programs. Transparency and the efficient release of the budget as planned are being observed. Based on the data presented, all indicators were interpreted as "Agree." Tracking budgets is essential not only for policymakers but also for citizens and donors. Governments need reliable budget data to prioritize plans, make informed decisions on financial allocation, and monitor and evaluate policy implementation (Picanyol, 2018).

Table 3. Administrative Capability of the LGU in terms of Facilities

	Indicators	Mean	Interpretation
1.	LGUs provide comprehensive, sustainable, multisectoral strategies and approaches to address health and nutrition problems of newborns, infants, women, and adolescent females.	3.64	Strongly Agree
2.	Healthcare services in the LGUs are accessible to all residents, regardless of socioeconomic status.	3.80	Strongly Agree
3.	There is an existing Information System in place in the LGU that efficiently gathers and coordinates health and nutrition data.	3.20	Agree
4.	Services are delivered on time, minimizing wait times for clients.	3.32	Agree
5.	Patient satisfaction with healthcare services is consistently high.	3.32	Agree
6.	LGU has data confidentiality measures in place to protect patients' health information from unauthorized access.	3.80	Strongly Agree
7.	LGU is an accredited Mother-Baby Friendly Health Facility Initiative (MBFHI)	2.20	Disagree
	Average Weighted Mean	3.33	Agree

Table 3 presents the respondents' perceptions of the LGUs' administrative capacity in terms of Facilities, with an Average Weighted Mean of 3.33, indicating overall agreement. Three indicators were rated as "Strongly Agree"—namely: "Healthcare services in the LGUs are accessible to all residents, regardless of socioeconomic status" and "The LGU has data confidentiality precautions to protect patients' health information from unauthorized access," both with a mean of 3.80, and "The LGU provides comprehensive, sustainable, multisectoral strategies and approaches to address the health and nutrition problems of newborns, infants, and women and adolescent females," with a mean of 3.64. The remaining three indicators were interpreted as "Agree," including timely service delivery and high patient satisfaction (mean: 3.32), and the existence of an information system for gathering and coordinating health and nutrition data (mean: 3.20). According to the National Nutrition Council (2021), the National Nutrition Information System (NNIS) is the country's central database for encoding, analyzing, and reporting nutrition-related data. It is supported by the Nutrition in Emergencies Reporting System (NiERs) for disaster response and recovery, as well as the Early Childhood Care and Development Reporting System (ECCD RS), which tracks services provided to pregnant and postpartum women and children during the first 1,000 days. The Philippine Multisectoral Nutrition Project (PMNP) conducted a National Dissemination Forum on August 20, 2024, highlighting findings from

235 project sites and 40 BARMM municipalities, emphasizing the importance of strengthening NNIS nationwide.

Table 4. Administrative Capability of the LGU in terms of Legislation and Policy Support

Indicators	Mean	Interpretation
1. The LGU demonstrates a strong leadership commitment to RA 11148.	3.40	Agree
2. Minutes of meetings are documented and filed	3.68	Strongly Agree
3. There is effective coordination among different departments and agencies within the LGU to support the programs and activities of RA 11148.	3.56	Strongly Agree
4. The LGU has adopted the Nutrition-Related Policies		
a. Republic Act 11148 -Kalusugan at Nutrisyon ng Mag Nanay Act of the First 1000 Days Law	3.40	Agree
b. Republic Act 11210- Expanded Maternity Leave Law	3.40	Agree
c. Republic Act 11037- Masustansyang Pagkain Para sa Batang Pilipino Act	3.36	Agree
d. Republic Act 10410- Early Years Act	3.28	Agree
e. Republic Act 10028- Expanded Breastfeeding Promotion Act of 2009	3.44	Agree
5. The LGU actively engages with community leaders and organizations to promote awareness and participation in F1KD programs and activities	3.68	Strongly Agree
6. The LGU collaborates with external partners to supplement resources for acquiring facilities and equipment for RA 11148 implementation.	3.52	Strongly Agree
Average Weighted Mean	3.47	Agree

Results show that data on the LGUs' adherence to and implementation of legislation yielded an average weighted mean of 3.47, interpreted as "Agree." The LGUs demonstrate strong performance in operational aspects, as evidenced by "Strongly Agree" ratings for the following indicators: *"Minutes of meetings are documented and filed," "Effective coordination exists among different departments and agencies," "The LGU actively engages with community leaders and organizations to promote awareness and participation in F1KD programs and activities,"* and *"The LGU collaborates with external partners to supplement resources for acquiring facilities and equipment for RA 11148 implementation."* While the LGUs have formally adopted several key nutrition-related policies, the perceived level of implementation varies. All listed policies received an "Agree" rating, but the weighted means reveal subtle differences: RA 11148 – *Kalusugan at Nutrisyon ng Mag-Nanay Act* – had a mean of 3.40; RA 11210 – *Expanded Maternity Leave Law* – also scored 3.40; and RA 10028 – *Expanded Breastfeeding Promotion Act of 2009* – had a slightly higher mean of 3.44, indicating relatively stronger implementation. In contrast, RA 11037 – *Masustansyang Pagkain Para sa Batang Pilipino Act* – had a mean of 3.36, and RA 10410 – *Early Years Act* – scored the lowest at 3.28. The LGUs' strong commitment to RA 11148 is further supported by "Strongly Agree" ratings for their engagement with community leaders (3.68) and collaboration with external partners (3.52).

This is reinforced by the existence of health and nutrition legislation such as RA 11210, RA 11037, and RA 10028, which emphasize the importance of comprehensive policies to support maternal and child health. A robust information system is critical to the success of F1KD programs, as it enables the tracking of essential indicators such as maternal nutrition, child growth, breastfeeding rates, immunization coverage, and program participation. Such data are vital for effective planning, decision-making, monitoring progress, and identifying areas in need of intervention. According to Schwarzenberg et al. (2018), prioritizing public policies that ensure the provision of adequate nutrients and healthy eating during early childhood builds a strong foundation for optimal neurodevelopment and long-term health. The LGUs' collaboration with external partners for acquiring necessary resources and equipment further illustrates their commitment. Through collective resource sharing, capacity-building, and community engagement, LGUs can significantly expand the impact and reach of RA 11148 implementation.

Table 5. Administrative Capability of the LGU in terms of Monitoring and Evaluation

Indicators	Mean	Interpretation
1. The LGU ensures that healthcare facilities are adequately equipped to support health and nutrition services.	3.40	Agree
2. LGU complies with the Submission of Functionality		
3. Checklist bi-annual	3.32	Agree
4. LGU participates in the Monitoring and Evaluation of Local Level Plan Implementation Protocol (MELLPI PRO)	3.64	Strongly Agree
5. LGU conducts a regular Program Implementation		
6. Review conducted annually	3.40	Agree
Average Weighted Mean	3.44	Agree

From the data, the average weighted mean of 3.44 indicates that the LGU generally "Agrees" with the statements regarding its monitoring and evaluation practices. Two indicators, both with a weighted mean of 3.40, indicate that healthcare facilities are adequately equipped to support health and nutrition services and

that the LGU conducts regular program implementation reviews annually. It can also be seen from the table that the LGU complies with the bi-annual submission of the Functionality Checklist, which received a weighted mean of 3.32, interpreted as "Agree." Notably, the LGU's participation in the Monitoring and Evaluation of Local Level Plan of Implementation (MELLPI Pro) was rated with a weighted mean of 3.64, interpreted as "Strongly Agree."

The annual conduct of MELLPI Pro is evaluated by the Provincial and Regional Nutrition Evaluation Team, which assesses all LGUs in the region on their implementation and management of nutrition programs from the previous year. Findings from the regional evaluation team and local nutrition focal points—including the Provincial Nutrition Action Officer, City/Municipal Nutrition Action Officers, District Nutrition Program Coordinators, City Nutrition Program Coordinator, and Barangay Nutrition Scholars—are discussed, along with score computations and award deliberations. During the evaluation meetings, the team presents the final LGU scores, and the results are carefully reviewed to determine the outstanding LGUs in the region, which will receive the Green Banner Seal of Compliance, among other recognitions (Jumahari, 2025). Furthermore, the Department of the Interior and Local Government (DILG), through Memorandum Circular No. 2015-19 issued by Secretary Mar Roxas, mandates all LGUs to accomplish and submit the Checklist on the Functionality of Provincial/City/Municipal Nutrition Committees to the National Nutrition Council Executive Director by the end of June and December of each year.

Research Question 2: To determine the performance of the selected LGUs in implementing the RA 11148 or First 1000 Days Law in terms of Good Health, Adequate Nutrition, Opportunities for Early Education, Responsive Caregiving and Safety and Security

Table 6. Performance of the LGU in terms of Good Health

	Indicators	Mean	Interpretation
1.	LGU has complete Family Planning services.	3.60	Strongly Agree
2.	LGU has available HIV Testing for pregnant women.	3.40	Agree
3.	LGU has services or care for children with developmental difficulties or disabilities	3.36	Agree
Average Weighted Mean		3.45	Agree

As revealed in the table, the LGU's performance in providing good health services received an average weighted mean of 3.45, indicating that the LGU generally "Agrees" with the statements regarding its delivery of health services. All three indicators were rated as "Agree." The LGU performs particularly well in the provision of family planning services, which received a weighted mean of 3.40. However, there are opportunities to improve access to and awareness of HIV testing for pregnant women, as well as services for children with developmental difficulties or disabilities, since these received the lowest weighted mean among the three. This finding relates to Republic Act No. 11166, *An Act Strengthening the Philippine Comprehensive Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Prevention, Treatment, Care, and Support*, which reconstitutes the Philippine National AIDS Council (PNAC) and repeals RA 8504, the *Philippine AIDS Prevention and Control Act of 1998*. Specifically, Section 32 mandates that healthcare providers offering prenatal care must also offer provider-initiated HIV testing for pregnant women, with the Department of Health (DOH) responsible for issuing appropriate guidelines for the conduct of this screening.

Table 7. Performance of the LGU in terms of Adequate Nutrition

	Indicators	Mean	Interpretation
1.	LGU has available Maternal nutrition services.	3.44	Agree
2.	LGU has 90 % accomplishment for exclusively breastfeeding for 6 months and Complementary Feeding	3.20	Agree
3.	LGU provides Micronutrient Supplementation.	3.36	Agree
4.	LGU conducts a management of moderate and severe malnutrition as well as overweight and obesity	3.52	Strongly Agree
Average Weighted Mean		3.38	Agree

As shown in Table 7, the performance of the LGU in providing adequate nutrition services yielded an average weighted mean of 3.38, indicating that the LGU generally *agrees* that it provides sufficient nutrition services. Specifically, three indicators were rated as "Agree": (1) the LGU achieved a 90% accomplishment rate in promoting exclusive breastfeeding for the first six months and complementary feeding, (2) it provides micronutrient supplementation, and (3) maternal nutrition services are available. The highest weighted mean in this table is 3.52, interpreted as *Strongly Agree*, which corresponds to the LGU's efforts in managing moderate and severe malnutrition, as well as addressing overweight and obesity, highlighting its focus on malnutrition management.

The National Nutrition Council (NNC) launched the “Tutok Kainan” Supplementation Program to help prevent stunting among children up to 23 months old. According to the NNC, the program aims to improve the quality and quantity of food and nutrition intake and increase the utilization of Early Childhood Care and Development–First 1,000 Days (ECCD F1KD) services among nutritionally at-risk pregnant women and children aged 6 to 23 months in selected areas. Based on the Second Congressional Commission on Education (EDCOM II) Policy Brief: *Opportunities to Address Undernutrition in the Early Years* and the 2021 Expanded National Nutrition Survey (ENNS), 72.4% of children were breastfed within the first hour after birth, while 60.1% of children aged 0–5.9 months were exclusively breastfed. Additionally, only 13.3% and 13.8% of children aged 6–23 months received a Minimum Acceptable Diet (MAD) and met Minimum Dietary Diversity (MDD), respectively (EDCOM II, 2024).

Table 8. Performance of the LGU in terms of Opportunities for Early Learning

	Indicators	Mean	Interpretation
1.	LGU provides activities encouraging young children to move their bodies, activate their five senses, & explore.	3.24	Agree
2.	LGU has quality standards in formal childcare spaces.	3.20	Agree
3.	The LGU capacitated staff to provide the First 1000 days intervention.	3.60	Strongly Agree
	Average Weighted Mean	3.35	Agree

As shown in Table 8, regarding the LGU's performance in providing opportunities for early learning, the average weighted mean of 3.35 indicates that the LGU generally agrees with the statements about its provision of early learning opportunities. The LGU demonstrates strong performance in capacitating staff for First 1,000 Days (F1KD) interventions. However, there are opportunities for improvement in the availability and perceived quality of activities that encourage exploration and sensory development, as well as in ensuring the consistent implementation of quality standards in formal childcare spaces. For the indicators on activities that encourage young children to move their bodies, activate their five senses, and explore, as well as on the quality standards in formal childcare spaces, both were rated as "Agree," with weighted means of 3.24 and 3.20, respectively. According to Salang (2018), in a blog post, there are not many daycare providers that accept 1-year-old children. Most centers only accept those aged 1 year and 6 months and above. Daycares also have a limited capacity, usually accommodating just around 10–15 children, making enrollment dependent on slot availability. Some daycare centers offer short classes facilitated by preschool teachers and are inspired by specific approaches such as Montessori, Waldorf, or Reggio Emilia. These programs can serve as a good transition to formal schooling for toddlers. This is supported by initiatives in some LGUs, such as the Idol Ko Si Nanay Training of Trainers, which aims to capacitate health workers at the barangay level in promoting the First 1,000 Days and in familiarizing participants with the Idol Ko Si Nanay learning sessions. The Idol Ko Si Nanay activity consists of a 10-module class that includes lectures and discussions designed to enhance participants' knowledge of Early Childhood Care and Development (ECCD) in the First 1,000 Days (F1KD) (Malgaway, 2024).

Table 9. Performance of the LGU in terms of Responsive Caregiving

	Indicators	Mean	Interpretation
1.	LGU facilitates Caregiving or Parenting Classes.	3.16	Agree
2.	LGU educates parents to observe and respond to children's movements, sounds, gestures, and verbal requests.	3.64	Strongly Agree
3.	LGU has local support groups in the municipality.	3.64	Strongly Agree
	Average Weighted Mean	3.48	Agree

As revealed in Table 9, the LGUs' performance in Responsive Caregiving practices received an average weighted mean of 3.48, interpreted as “Agree.” Notably, LGUs only “Agree” (3.16) that they facilitate parenting or caregiving classes, but they “Strongly Agree” (3.64) that they educate parents on observing and responding to children's cues and that local support groups exist within the municipality. According to Lumen Learning's Child and Adolescent Psychology, developmental challenges such as learning disabilities or spectrum disorders significantly impact a child's life, often being identified in school settings. While some difficulties may no longer be apparent in adulthood depending on the job and severity, skills like critical thinking, creativity, and problem-solving can and should be developed early. Salang (2018) adds that daycare centers are often limited in availability and typically cater to children aged 1 year and 6 months and older, with enrollment subject to slot availability.

Meanwhile, child development is not only hindered by poverty but also by the lack of stimulation at home. Dr. Carmen Ramos-Bonoan, a pediatrician and early literacy advocate, emphasizes that while nutrition is vital, stimulation activities, such as talking, reading, singing, and playing—are equally crucial for cognitive

and socio-emotional growth, particularly during the first 1,000 days of life. She leads the Reach Out and Read (ROR) Philippines program, which integrates early literacy promotion into pediatric care and encourages reading aloud through book distributions during medical visits. ROR, endorsed by the American Academy of Pediatrics, has shown that mothers who receive books during visits are significantly more likely to read to their children.

Table 10. Performance of the LGU in terms of Security & Safety

Indicators	Mean	Interpretation
1. LGU provides food security and access to clean water.	3.44	Agree
2. LGU has no zero Open Defecation cases/reports	2.72	Agree
3. LGU has designated safe places to play.	3.04	Agree
Average Weighted Mean	3.07	Agree

According to Health Undersecretary Gerardo Bayugo, the Philippine Approach to Sustainable Sanitation (PhATSS) and the national standards on the design, construction, operation, and maintenance of septic tank systems have been signed and already set for implementation. "Many Filipinos can buy their cellphones, but their households do not have proper toilet facilities. Maybe you can also prioritize the dignity of your family," Bayugo pointed out. He also said that the PhATSS policy will guide LGUs on how to track the sanitation situation of each community and take supportive action to ensure that no one is left behind without access to a sanitary toilet. Bayugo stressed the need for the implementation of new regulations to stop the contamination of rivers due to poor management of septic tanks, which could lead to the spread of diseases like polio. Based on DOH data, only 11 percent or 4,625 of all barangays nationwide have been certified ZOD, a status wherein the whole community has abandoned the practice of defecating in fields, bushes, and bodies of water, and already uses toilets (Jaymalin, 2019).

Research Question 3: To identify the factors that influence the implementation of RA 11148 of the selected LGUs in Camarines Sur.

Table 11. Factors that influence the implementation of RA 11148 of the selected LGU

Indicators	Mean	Interpretation
1. Strong commitment to the job is observed	3.60	Strongly Agree
2. Good communication between the nutrition staff and clients.	3.76	Strongly Agree
3. LGU provides reasonable Allowance or Honorarium.	3.16	Agree
4. LGU has a shortage of transportation services and a budget for fares.	2.64	Agree
5. LGU has limited funding for F1KD services, that no policy mandating a portion of the local budget.	2.64	Agree
6. Some barangays are far, resulting in transportation constraints.	2.88	Agree
7. There is a Political Barrier to implementing the services for RA 11148.	2.16	Disagree
8. A lack of support from the LGU hinders the implementation of the programs.	2.20	Disagree
9. Lack of materials/equipment in the LGU to implement services.	2.48	Disagree
10. Negative Attitudes of Mothers in the implementation of the program.	3.00	Agree
Average Weighted Mean	2.85	Agree

Table 11 highlights that various factors influence the implementation of RA 11148 in selected LGUs, with an overall average weighted mean of 2.85, interpreted as "Agree." Respondents strongly agreed that good communication between nutrition staff and clients (3.76) and a strong staff commitment (3.60) are key strengths in program implementation. However, these positive aspects are offset by several barriers such as limited funding, transportation issues, geographic distance, and negative attitudes among some mothers. While the LGU provides reasonable allowances (3.16), constraints such as transportation (2.64), budget limitations (2.64), and the absence of a mandated policy for local budget allocation to nutrition services (2.64) hinder the program's reach and sustainability. Furthermore, logistical difficulties in reaching remote barangays (2.88) and unfavorable maternal attitudes (3.00) necessitate stronger communication efforts to boost program acceptance.

Despite these challenges, political and administrative support appears relatively stable. Respondents disagreed that political barriers (2.16), lack of LGU support (2.20), or insufficient materials and equipment (2.48) significantly hinder program implementation. However, nationwide reports indicate staffing remains a bottleneck, with the NNC, as cited by EDCOM II, reporting only 49,779 Barangay Nutrition Scholars (BNSs) serving in 39,942 out of 42,001 barangays. Querri et al. (2020) emphasized staffing shortages and difficulty meeting recommended community-to-worker ratios. Ibo (2019) noted that BHWs often serve far more than

the recommended 20 households. Mbuya et al. (2021) also identified inadequate compensation and high turnover as key issues limiting program supervision.

Table 12. Summary of Indicators in the Implementation of RA 11148 of the selected LGU

Indicators	Mean	Interpretation
Administrative Capability		
Health Workforce Capacity	3.21	Agree
Budget Allocation	3.17	Agree
Facilities	3.33	Agree
Legislation & Policy Support	3.47	Agree
Monitoring & Evaluation	3.44	Agree
Performance		
Good Health	3.45	Agree
Adequate Nutrition	3.38	Agree
Opportunities for Early Learning	3.35	Agree
Responsive Caregiving	3.48	Agree
Security & Safety	3.07	Agree
Factors that influence the implementation of RA 11148	2.85	Agree

The LGU's administrative capability received an "Agree" interpretation, suggesting that respondents generally acknowledge the current adequacy of these capabilities. In terms of Health Workforce Capacity, an average weighted mean (WM) of 3.21 indicates a moderate level of capability in managing health workforce needs. Budget Allocation received an average WM of 3.17, implying that while the funding for health-related initiatives is adequate, there is room for improvement. The Facilities component had the highest WM of 3.33, reflecting a relatively strong capability in providing adequate health infrastructure. Legislation and Policy Support earned an average WM of 3.47, showing strong backing from existing policies and laws—an essential element for implementing effective health programs. Lastly, Monitoring and Evaluation had a WM of 3.44, indicating that the LGU is viewed as capable of tracking and assessing the effectiveness of its health programs.

The performance of the LGU indicators also received an "Agree" interpretation across all dimensions, reflecting general satisfaction with the LGU's efforts. Good Health received an average WM of 3.45, indicating moderate success in promoting health outcomes. Adequate Nutrition had a WM of 3.38, suggesting a moderate level of effectiveness in ensuring proper nutrition. Opportunities for Early Learning garnered a WM of 3.35, reflecting a moderate capacity to provide early education services. Responsive Caregiving stood out with the highest WM of 3.48, pointing to strong performance in delivering caregiving support. Meanwhile, Security and Safety received the lowest WM of 3.07, indicating agreement among respondents but also suggesting that improvements are needed in this area.

Regarding the factors influencing the implementation of RA 11148, the overall weighted mean was 2.85, which still falls under the "Agree" category but is slightly lower than the scores for other indicators. This implies that while respondents acknowledge these influencing factors, enhancements are necessary to improve how they support and impact the implementation of the law. Based on the findings of the study, an Enhanced Implementation Model for the *Kalusugan at Nutrisyon ng Mag-Nanay Act* (RA 11148) is proposed and recommended for the selected LGUs in Camarines Sur. This model aims to strengthen the implementation process and ensure a more effective and sustainable delivery of services under RA 11148.

Ethical Considerations

The data collection process was guided by ethical principles, ensuring informed consent and confidentiality of participants' information. The permission of all Local Chief Executives was sought upon explanation of this study on the Enhanced Implementation Model. Once consent was obtained without force or duress, survey questionnaires were sent to the respondents either personally or virtually to obtain information that was spearheaded from December 2024 to January 2025. Research protocols were systematically set and observed. Throughout the data collection process, stringent adherence to ethical principles, privacy, and confidentiality was maintained, ensuring the provision of informed consent and safeguarding the confidentiality of participants' information. Furthermore, secondary data from government reports, health databases, and academic publications were obtained and analyzed to complement and validate the findings from the primary data collection. Lastly, it is guaranteed with utmost honesty that no information obtained in the study would be used against the selected LGUs and that the gathered data were used for research purposes only.



Conclusion

Based on the foregoing results and discussion, the following conclusions were drawn: LGUs need to provide sufficient manpower, such as appointing a full-time Municipal or City Nutrition Action Officer, and must prioritize improving administrative capability better to serve their constituents, particularly mothers and children. LGUs should also enhance their performance in terms of safety and security, which was identified as the weakest area, and ensure that improvements are implemented sustainably. Furthermore, LGUs are encouraged to address the shortage of transportation services, budget limitations for fares, and the insufficient funding for F1KD services, while also promoting improvement in other influencing factors. Lastly, an Enhanced Implementation Model has been proposed to strengthen the overall execution of RA 11148.

Recommendations

Based on the findings and conclusions of the study, several recommendations are proposed to strengthen the implementation of the Kalusugan at Nutrisyon ng Mag-Nanay Act (Republic Act No. 11148) among selected local government units (LGUs) in Camarines Sur. In terms of administrative capability, LGUs should consider appointing a full-time Municipal or City Nutrition Action Officer to ensure sustained leadership and coordination of nutrition-related programs. The establishment of a dedicated Municipal or City Nutrition Office is likewise recommended, with at least two qualified personnel to support program planning, implementation, monitoring, and evaluation. These administrative measures may enhance institutional capacity and improve the continuity and effectiveness of nutrition interventions. With regard to the performance of selected LGUs, local governments should pursue accreditation under the Mother-Baby-Friendly Health Facility Initiative and strengthen the allocation of financial and logistical resources for First 1,000 Days mother services, particularly transportation and other essential program-related needs. LGUs should establish appropriate policies that ensure a designated portion of the local government budget is allocated to F1KD services. Moreover, behavior change interventions should be strengthened, particularly those addressing Zero Open Defecation. Negative maternal attitudes that may hinder program implementation should also be addressed through sustained community outreach, education, and empowerment initiatives that encourage mothers to actively participate in and support nutrition and health programs. Regarding the factors influencing implementation, the findings and outputs of this study should be considered by relevant government agencies and LGUs in Camarines Sur in further developing and strengthening the implementation of RA 11148. In particular, the proposed Enhanced Implementation Model of the Kalusugan at Nutrisyon ng Mag-Nanay Act (RA 11148) is recommended for consideration as a framework for improving program implementation and service delivery. The model may include the systematic collection and compilation of relevant Facebook accounts and pages, government and partner agencies, books, and mobile applications related to RA 11148 to develop a directory that can support stakeholder mapping and facilitate access to reliable information and services. It may also incorporate a Social and Behavior Change Communication Plan that can serve as a reference for other LGUs in designing context-responsive communication and community engagement strategies. Furthermore, the model should provide clearly defined action steps for addressing observed gaps and deficiencies in service delivery, consistent with the Manual of Procedures for the First 1,000 Days. Such action lines may serve as a practical guide for LGUs in strengthening implementation, improving service delivery, and addressing identified deficiencies in the implementation of RA 11148. Overall, the proposed Enhanced Implementation Model is recommended for consideration and possible adaptation by other LGUs seeking to improve the delivery of integrated maternal, infant, and young child health and nutrition interventions.

References

- Candelario, C. M. C. (2023). Assessing the progress of the Philippine Plan of Action for Nutrition from 1974 to 2022: A narrative review. *Journal of Nutrition Education and Behavior*, 44(3), 1–10. <https://doi.org/10.1177/03795721231192742>
- Chanco, B. (2023, March 15). Bansot. *The Philippine Star*. <https://www.philstar.com/business/2023/03/15/2251813/bansot>
- Department of Trade and Industry. (2023). *Cities and municipalities competitive index: Province of Camarines Sur*. <https://tinyurl.com/38uzu8m9>
- EDCOM II. (2024). *Opportunities to address undernutrition in the early years* (PB-2024-001). <https://tinyurl.com/3e5pw672>
- Elicay, K. (2025). Newly signed law provides support for new moms during their baby's first 1,000 days. *Smart Parenting*. <https://tinyurl.com/3sezawf8>

- Fathirah, D., Nirwana, N., & Imran, H. (2024). Budget transparency and accountability in local government. *Asian Journal of Management Analytics*, 3(4), 1171–1184. <https://doi.org/10.55927/ajma.v3i4.11878>
- Ibo, J. A. S. (2019). Assessment of workplace of Barangay Health Workers in selected municipalities in the Province of Albay, Philippines. *BU R&D Journal*, 22(1), 1–9.
- Implementing Rules and Regulations RA 11148. (2018). *Kalusugan at Nutrisyon ng Mag-Nanay Act or First 1000 Days Law*. Republic of the Philippines. <https://tinyurl.com/2uh864kh>
- Jaymalin, M. (2019). DOH issues zero open defecation policies. *The Philippine Star*. <https://tinyurl.com/nebhv398>
- Jaymalin, M. (2022). Only 60 LGUs ready with family-planning services. *The Philippine Star*. <https://tinyurl.com/4ceu48xm>
- Jumahari, M. (2025). *MELLPI* [Presentation]. <https://www.scribd.com/presentation/671450690/MELLPI>
- Malgaway, A. (2024). Bontoc LGU strengthens support to nutrition movers through trainers training on "Idol ko si Nanay." *Amianan Balita Ngayon*. <https://tinyurl.com/yahh39pv>
- Mbuya, N. V. N., Demombynes, G., Piza, S. F., & Adona, A. J. V. (2019). *Undernutrition in the Philippines*. World Bank Publications. <https://tinyurl.com/yk9p78nb>
- Mbuya, N. V. N., Demombynes, G., Piza, S. F. A., & Adona, A. J. V. (2021). *Undernutrition in the Philippines: Scale, scope, and opportunities for nutrition policy and programming*. World Bank Publications. <https://hdl.handle.net/10986/35530>
- National Nutrition Council. (2021). *Strengthening of the LGU nutrition program: Creation of LGU nutrition offices*. <https://tinyurl.com/mr4apvy7>
- Philippine Daily Inquirer. (2018, September 25). To save mothers and their babies. *Philippine Daily Inquirer*. <https://tinyurl.com/2rmh5mw9>
- Picanyol, C. (2018). *Tracking government investments for nutrition at country level* [Conference presentation]. SUN Movement Global Gathering.
- Querri, A. G., Ohkado, A., Kawatsu, L., Bermejo, J., Vianzon, A., Recidoro, M. J., & Medina, A. (2020). Assessment of the role of community health volunteers in delivering primary health care in Manila, the Philippines. *Journal of International Health*, 35(1), 15–25. <https://doi.org/10.11197/jaih.35.15>
- Saavedra, J. R. (2024). National Council cites LGUs' role in addressing malnutrition. *Philippine News Agency*. <https://www.pna.gov.ph/articles/1227411>
- Salang, A., & Garcia, L. (2018). I placed my child in daycare: Why it's worth the money and heartache. *Smart Parenting*. <https://tinyurl.com/3hbrzysa>
- Schwarzenberg, S. J., & Georgieff, M. K. (2018). Advocacy for improving nutrition in the first 1,000 days to support childhood development and adult health. *Pediatrics*, 141(2), e20173716. <https://doi.org/10.1542/peds.2017-3716>
- Schwarzenberg Vera, A. (2023). *NNC pushes for the establishment of nutrition offices in LGUs*. <https://tinyurl.com/bd8s4b7d>
- Social Weather Stations. (2024). *Hunger rises to 22.9% in September 2024 from 17.6% in June 2024* [Social Weather Report]. <https://tinyurl.com/2s4zft3h>
- Thurrow, R. (2016). Why the first 1,000 days matter most. <https://tinyurl.com/v56p2f9k>
- UNICEF Philippines. (2025). *How communities in the Philippines are working to combat child malnutrition: Macalelon's commitment to nutrition for every child*. <https://tinyurl.com/mt85jse4>