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Navotas City's Action Towards Malnutrition and Prenatal Care: Assessing the 1000 Days of Life Program

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EXECUTIVE SUMMARY

Navotas City Ordinance No. 2018-02, the First 1000 Days of Life Program, prioritizes the well-being of residents from conception to the child's second year. Focused on essential health interventions, it targets prenatal care, neonatal health, and infant well-being to combat malnutrition and foster a healthier community. Executed through a collaborative effort involving local and national bodies, along with the private sector, the program faces challenges such as limited funds, beneficiary compliance, and administrative changes. From this, the researchers include introducing incentives and improving health center facilities for more effective policy implementation as a recommendation.

Keywords: *Navotas City, City Ordinance, N1KD Program*

BACKGROUND OF THE POLICY

The City of Navotas takes an important step ahead in its pursuit of the holistic well-being of its citizens through City Ordinance No. 2018-02. This ordinance created the Navotas First 1000 Days of Life Program (N1K) and adopted it to all the barangays in the city.

Objectives, Goals, and Key Components

The N1K program is a pioneering and progressive initiative by the city of Navotas to ensure the well-being of its citizens from infancy. Based on the fundamental idea that

health is a basic right for every Navoteño, the policy emphasizes the city's commitment to providing essential health interventions and services to all residents, regardless of barangay of residence.

At its core, the N1K program sets out a clear and ambitious objective: to invest strategically in the first 1000 days of an individual's life, from conception to the completion of the child's second year. This is considered a critical period since foundational elements of health, nutrition, and psychosocial development are needed. The program is intended to fulfill individuals' multifaceted needs during

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these critical early years in a holistic manner. The ordinance emphasizes the care of either the mother or the child, depending on the period. The city ordinance also assures necessary services, facilities, and spaces for the child's growth and development.

The city ordinance also ensures that such services are accounted for during natural disasters and calamities. Should a disaster happen, implementing bodies must immediately provide emergency services and essential supplies for beneficiaries. The ordinance also addresses the issue of malnutrition among the population by ensuring that the health and nutrition of adolescent girls are accounted for.

Implementing Bodies

The **Office of the Mayor** will ensure that all necessary bodies are prepared to implement the program by creating the N1K Council and its Technical Working Group (TWG), and Navotas Gender and Development (GAD) Council and its TWG, which the Program Management Officer will supervise. They are to spearhead all guidelines, manual operations, fiscal support provisions, staff appointments, and task delegation to the N1K Barangay coordinator.

The **barangay** shall serve as the main implementing body of the ordinance. It is mandated to spearhead the delivery of services (N1K coordinator), record (barangay council), and be trained by professional health workers (barangay health workers).

The **public health nurse and midwives** will directly provide proper care and contact health agencies to monitor beneficiaries during the timeline mentioned above.

The **National Nutrition Council (NNC)** monitors the implementation of the national nutrition policies and strategies for the target beneficiaries and coordinates with other national agencies and private institutions to manage the funds and instrumentality necessary for program implementation. The Department of Health (DOH) will lead in providing technical assistance and augmentation support to all LGUs.

Private sectors, NGOs, and CSOs are encouraged to participate and partner with the government in providing health and nutrition services. Maternity guidelines are also communicated to them to ensure that target beneficiaries receive protection.

CONTEXT AND ORIGINS OF THE PROBLEM

A research health article shows the prevalence of malnutrition and its effects on younger children and their families in the Philippines, stating that households headed by fisherfolk (HHF) are particularly vulnerable to the effects of this issue. Furthermore, with fisherfolks accounting for being the most in poverty, the authors recommended that serious health and intervention measures be taken to mitigate the detrimental effects of child malnutrition (Capanzana et al., 2018). Navotas City, dubbed as the fishing capital in the Luzon region and with 70% of its population deriving their livelihoods directly or indirectly in the fishing industry (Guia, 2012), can generally be assumed to be facing such issues as well. The context of Navotas City's First 1,000 Days of Life Program (N1K) is hinged upon Navotas' poverty mitigation programs. Mayor John Rey Tiangco stated that this program was created to safeguard children and their families from the effects of malnutrition, contributing to growing costs in a family,

which can lead to poverty for the affected families (Politiko, 2018).

This malnutrition problem prompted the establishment of the ordinance revolving around the potential consequences of malnutrition in children during the critical first 1,000 days, extending from conception to the age of two (David, 2018). The program identifies this specific period as a pivotal "golden window of opportunity" crucial for a child's comprehensive physical and mental development. Moreover, the connection between childhood malnutrition, frequent illnesses, and financial burdens on families due to escalating healthcare costs is identified as a pivotal driver behind the implementation of this initiative. The ordinance demonstrates a particular emphasis on enhancing prenatal services (Raymundo, 2018). This encompasses the provision of complementary prenatal checkups, the development of comprehensive birth plans, and the implementation of postpartum services such as immunization and feeding for undernourished children. This approach is designed to comprehensively promote the overall well-being of Navoteño families, focusing on the challenges associated with malnutrition and poverty in a concerted and impactful manner.

CRITIQUE OF THE POLICY

To start, one critique revolves around the participation of non-government actors, such as CSOs and NGOs. These actors are potentially advantageous for Navotas City in fully realizing the ordinance. The issue of malnutrition is a multifaceted problem that requires a multisectoral solution (Solon, 2006). This means there should be increased collaboration with the Navotas LGU, CSOs, and NGOs. Emphasizing the need for increased multisectoral collaboration can vastly improve the potency and

effectiveness of the program. However, the ordinance did not specify CSOs and NGOs that it actively seeks to partner with for this ordinance. Moreover, no specific section tackles how to proceed with sectoral collaboration. These omissions can hinder future endeavors toward collaboration for a multisectoral solution. In the case of Section 17, in particular, inclusivity regarding the sectors that can be chosen as a third-party evaluator should be more pronounced. Sectors that house NGOs that emphasize social justice or the issue being tackled by the ordinance should be considered.

The ordinance exhibits inclusivity and equity in notable aspects, such as Section 13 dictating that areas affected by disasters will be prioritized in the delivery of health and nutrition services and interventions. It is also displayed in Section 14, wherein additional attention is directed towards adolescent girls from ages 10 to 18 years old. As potential mothers themselves, introducing adolescent girls to these services and interventions strengthens their maternal capacities in the future, thereby creating a healthier cycle of reproduction for future Navotas residents.

Building the capacity of those involved in health promotion programs has been shown to improve health gains not only in the health issue of interest but also on a bigger scale due to the problem-solving focus exhibited by the institution via the utilization of capacity-building (Hawe et al., 1997). Capacity building is covered in Section 16 of the ordinance, which states that training courses will be provided through coordination with the DOH and the NNC.

Moreover, the N1K program is administered by many implementing bodies before disseminating it to the constituents. The implementing bodies and

N1K network are visually depicted in an organizational chart in the city ordinance (refer to Appendix A). While numerous actors offering technical assistance is a positive aspect, it also impedes the implementation process and the timely delivery of deliverables to the beneficiaries. Given that the NNC and DOH are already tasked with furnishing LGUs with general guidelines, the Navotas LGU could have simplified the implementation of the programs and benefits by eliminating a third party (e.g., N1K Coordinators) or involving the barangay directly with the TWG or N1K Council. Health professionals must now support the beneficiaries in appropriately addressing health concerns.

The training of N1K coordinators lacking medical background could present challenges in the absence of consistent supervision by medical professionals. Despite the provision of training, more is needed in light of the city ordinance's emphasis on the critical nature of the initial one thousand days following a child's birth. In light of this, N1K coordinators ought to collaborate closely with medical professionals instead of assuming the role of care providers. In line with the significance of the first 1000 days following birth, the age range of the beneficiaries is insufficient to provide adequate assistance to mothers in their child's care. Multiple studies indicate that the initial 36 to 60 months of a child's life are the most critical for health and development (Leonidas, 2013; Arizona State University, n.d.). An infant must receive adequate care and nutrition until age five, when their brain is significantly growing (Cusick & Georgieff, 2013).

POLICY EVALUATION

An evaluation and assessment of the chosen policy will be provided through the data

gathered from the stakeholders of the policy which consists of the implementing bodies and the beneficiaries. The data is gathered through a Focus Group Discussion and a one-on-one interview.

Factors of Effective Ordinance Implementation

Effectiveness

In the development plan of Navotas City under Mayor Tiangco, their main focus is health and education. The city believes that health would improve the life of an individual, wherein there will be a continuum effect if the first 1000 days of life of an individual are taken care of. Dr. Liberty Domingo, the city Gender and Development (GAD) - Technical Working Group (TWG) chairperson and one of the managers of the ordinance, suggests that taking care of the golden years of a person would build a strong foundation of an individual leading them to a successful life. Moreover, Ms. Renee Dela Rosa, the city ordinance's overall program coordinator, emphasized the importance of taking good care of a child's golden years since it would be challenging to address the problems it may cause once neglected.

To evaluate the effectiveness of the policy, its implementation has been decentralized along with GAD. The decentralization is done to monitor the N1k programs efficiently and effectively. The N1k coordinators and personnel have been extensively monitoring their efforts. Monitoring is also done by national government agencies: DILG, DSWD, DOH, and DA. Moreover, the tools for monitoring are provided by the NNC to help N1k coordinators monitor the program effectively. The city also conducts a yearly review of the N1k program with DOH, assessing the accomplishment of each initiative under N1k.

The overall effectiveness of the policy was assessed through the program's success in achieving its goals and objectives and the beneficiaries' perspective regarding the program's implementation. As observed, the program is successful in achieving its objectives and goals. City health workers, even before the policy in 2018, have been creating health programs to address the health and nutrition problems of mothers and their children since 2010. However, this intensified when the city created a formal ordinance. Since then, the N1k personnel have been focused on tracking and visiting. They are constantly monitoring through house visits, encouraging mothers and their children to go to centers to receive free services, lectures, and advice. Services include checkups, free hospital bills, and medicine. The N1k personnel also monitor the child's health starting from the day they are born. They also provide services like helping mothers accomplish requirements such as filing and submitting birth certificates, encouraging mothers to have their checkups, and providing jobs for mothers who want to be employed through their hanap-buhay and prenatal health centers. Moreover, the N1k program also provides seminars about the importance of the first 1000 days of life, immunizations, breastfeeding, and the right way to feed the child. According to Ms. Geraldine Gonzales, a barangay health worker and an N1k coordinator, these programs aim to achieve one of their objectives and goals, which is for the mother to have a safe delivery and a healthy newborn child.

The program's beneficiaries, who wished not to be named in this study, have corroborated the program's effectiveness. The beneficiaries have stated that they have been frequently visited by the N1k coordinators and personnel taking care of them and their children, always reminding

them of their monthly checkups and attending to their needs and that they always receive the services of the N1k program. This shows that the N1k program has achieved its objective of investing in an individual's first 1000 days of life, including prenatal to postpartum care. Moreover, the hard work and dedication of the N1k personnel to achieve their objectives and goals says a lot about the effectiveness of the policy. Thus, the N1k program effectively implements and achieves its objectives and goals.

Efficiency

The policy's efficiency can be evaluated by assessing its economic and resource efficiency and examining whether it is cost-effective in achieving its goals. The N1k program has utilized both its economic and non-economic resources efficiently. Although the allocated budget for the N1k is insufficient, which will be discussed later, the N1k personnel has utilized this limited budget to the fullest. They have been conducting cost-effective services. Conducting lectures and advising at the houses of their beneficiaries would be the best option for the N1k personnel not to use up too much of their budget while also achieving their goal of educating their beneficiaries and raising awareness about the program and its benefits.

During the pandemic, the N1k program has continued to provide basic services through mobile registration, online seminars, and Facebook groups to maintain interaction and contact with their respective beneficiaries. Aside from this, N1k program managers continuously educate and train N1k coordinators and personnel to execute the ordinance effectively. During these lectures, orientations, and seminars, the POLICY BRIEF Navotas City N1k personnel are taught about their operation manual.

It can be argued that the N1k program has efficiently achieved its intended outcomes relative to the costs incurred. The focus on utilizing their non-economic resources, like manpower, time, and technology, has helped this efficiency. Thus, their strong capacity-building strategies are commendable. Thus, the N1k program efficiently uses its available economic and non-economic resources, displaying the ordinance's efficiency.

Commitment to Capacity Building

A pivotal factor contributing to the success of effective policy implementation lies in the commitment to capacity building. Dr. Liberty's affirmation, "Bugbog na sila sa mga capacity-building programs," underscores the program's dedication to enhancing the skills and knowledge of its coordinators.

Originally serving as barangay healthcare workers, coordinators underwent a thorough orientation on N1K, armed with an operational manual for the responsibilities involved. This targeted training ensures their readiness for managing the N1K program. Furthermore, the continued investment in longtime coordinators reflects a sustained commitment to their professional growth, evolving from grassroots roles to indispensable leaders in the program's success. The reluctance to replace them signals community recognition of their invaluable experience and expertise, fostering stability and accumulated knowledge that positively influences program outcomes.

Described as incredibly skilled and efficient, coordinators play a pivotal role as the "eyes on the ground." Their in-depth understanding of issues faced by mothers needs assessments showcases a holistic approach to addressing community needs.

An essential aspect of capacity-building involves recognizing the need for increased attentiveness among newly elected barangay captains. This emphasizes a proactive approach to community leadership, highlighting the importance of engaging local authorities in successfully executing the ordinance.

Coordinators, having transitioned from barangay healthcare workers, serve as a bridge between grassroots and program management, collaborating effectively with barangay captains. Sentiments regarding potential leadership changes underscore the community's desire for stability and continuity in program implementation, extending beyond coordinators to address potential impacts at the barangay or city level. It emphasizes the need for new leadership to recognize and support existing capacity-building initiatives, fostering a collaborative environment that strengthens overall program effectiveness.

Challenges of the City Ordinance

Lack of Budgetary Resources and the Effects of the Mandanas-Garcia Ruling

Dr. Liberty Domingo admitted that the city's annual budget for City Health is large. Still, the fact that the city is also implementing other health programs limits the annual budget. The nutrition sector is just one of the many programs the city looks over. Such budget is further diminished as the city has Maintenance and Other Operating Expenses and Personnel Services to account for. What is left from such expenditures is used to implement the N1K program and other health programs.

Dr. Domingo also mentioned how the Mandanas-Garcia ruling had introduced a series of challenges, especially with how the devolution program had made the delivery of services and budgeting more complicated

than before. Before the ruling, the Navotas LGU would receive aid and additional funds from government institutions such as DOH. With devolution transition plans in full swing and government arms abiding by the ruling, the DOH can only provide technical support for the new responsibilities now brought down to the local government level. This is in connection with the scholarly criticisms about the devolution plan, with the limited capacities of LGUs being taken into account for the success of its implementation (see Gallanosa & De Castro, 2023).

To address these challenges, Dr. Liberty merges the N1K Program with other GAD Programs. Ms. Dela Rosa also mentioned that they utilize caravans to merge the N1K services with other services, such as family planning, making the implementation packaged with other services to uphold the nutrition of their constituents better.

The lack of budgetary resources is reflected in the Barangay Health Centers in Navotas City. The barangay health centers are the main facilities for distributing medical services and supplies for the N1K program. Some barangay health centers, such as the Sipac-Almacen Health Center (refer to Appendix F), need more space to accommodate constituents. Although there is evident service delivery of the centers to their constituents, the N1K program is just one of the many health centers provide.

Compliance from Beneficiaries

In the interview with the N1K Barangay Coordinators, they expressed the grueling challenge in the delivery of the ordinance's services due to their target beneficiaries' lack of willingness to accept such services. Despite various efforts, such as monthly home visits and providing different packages of free medicine and checkups for them and their infants, some target

beneficiaries expressed their unwillingness to receive such efforts.

To address this challenge, the N1K Barangay Coordinators formulate ways to encourage people to join the program through barangay hall activities being hosted on specific days weekly and capacity-building programs that focus on training mothers to care better for their babies. They also coordinate with their assigned barangay's captain to further encourage their target beneficiaries' compliance.

Changes in Administration

Dr. Domingo expressed how administration changes are often a wellspring of problems, especially regarding the intensity of continuing with the N1K program. When new barangay officials were elected, local administrators had different priorities set in mind, which were different from the previous concentration of priorities that focused on the N1K and other such ordinances. When this happens, there is a chance that the efforts that had built up for years to make the ordinance's continuous implementation possible would be undermined. There are also concerns that different specialists may replace N1K coordinators as the new administrators see fit, potentially wasting the years of training invested into these coordinators.

To deal with such an issue, N1K coordinators quickly remind and petition the new administrators on the importance of keeping the ordinance going. Though when compared to the bigger challenges of budget allocation and the lack of beneficiary compliance, administration changes may not be as problematic as it would seem on the surface. Nevertheless, it would be catastrophic for the program's implementation progress if local administrators were to remove their focus

on the N1K or remove trained coordinators for newer and possibly less skilled specialists.

POLICY RECOMMENDATION

Following the comprehensive evaluation of the N1K program's implementation and challenges, the researchers offer the following recommendations:

To enhance beneficiary compliance with the city ordinance, the researchers propose introducing **incentive programs** within the N1K program. These programs, encouraging regular attendance and health checkups, aim to create a positive community environment. Collaborating with local businesses for tailored rewards fosters engagement, supporting both program success and local economic well-being.

The changes in administration present an issue that could possibly hinder the implementation and development of the N1K Program. Although little can be done about the personal reservations of newly-elected administrators, it would serve the program coordinators well that a comprehensive document detailing a summary and a timeline of the program's implementation and effectiveness be crafted to convince or at least provide supporting data to persuade the administrators to **continue their focus towards previous well-received ordinances**. This document can be crafted with technical support and data from involved stakeholders.

Despite barangay health centers being the main facilities for delivering the N1K program's services and supplies, some health centers cannot efficiently do their responsibilities as they lack the space needed to do so. Different health initiatives are also implemented through health

centers, and the researchers recommend **providing better health center facilities** so that different constituents are accommodated more efficiently. The construction of new infrastructures will be made possible through an increase in the fiscal budget devoted to this endeavor. The said increase can be achieved through increased public participation via deliberation, involving the coordinators with their first-hand accounts of the pressing need for better facilities.

NOTICE:

The views expressed in this paper do not represent the official views of the authors' institutional affiliation. The findings and insights in this study are offered as means and resource to be considered by the respective stakeholders. The researchers are solely responsible for the errors.

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