

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
First Regular Session

House Bill No. **2465**

Introduced by **Hon. Nelson L. Dayanghirang**

Explanatory Note

It is indisputable that the country's economic productivity is considerably affected by the health status of its labor force. In the same vein, the learning capacities of students including their acquisition of knowledge and skills that are essential in the production of goods and services are likewise greatly influenced by the health condition of the learners.

Thus, the Constitution under Section 15 of Article II mandates the State to "... to protect and promote the right to health of the people and instill health consciousness among them." The injunction aims to develop an integrated, responsive and efficacious health care system that can enhance national development.

Lamentably, government has never given health care the priority it deserves. Its P9.9-B health budget for FY 2004 is a minuscule 1.62% of the P609-B total national budget. Neither do Filipino families prioritize health. In the highlights of the 1997 Family Income and Expenditures Survey (FIES) released by the National Statistics Office (NSO), health expenditure is not at all specified. It is subsumed under the expenditures on "others". In the 1988 FIES health's share in the total family expenditures was only 2%, even smaller than the 3% share of tobacco and alcoholic beverages.

It is urgent that health consciousness be instilled among Filipinos. Needless to stress, the school plays a vital role in making the people aware of the importance of health care.

Toward this end, government commits to "... fully integrate our health care system with the school system, with preventive health care, personal hygiene, and nutrition education being pursued as active programs in basic education."

The School Health and Nutrition Program (SHNP) of the Department of Education, Culture and Sports (DECS), which is designed to promote, protect and maintain the health and nutritional wellbeing of the various sectors of elementary and secondary educational institutions, needs to be modernized and upgraded to maximize its contribution to quality basic education.

This proposed legislation that seeks to modernize the SHNP prioritizes the following

concerns:

- a. Recruitment of school health and nutrition personnel to attain the ratio of one personnel to 2,000 pupils/teachers over a five-year period;
- b. Upgrading of the salary of health and nutrition personnel to be at par with counterparts in other Departments and full implementation of the benefits of the Magna Carta for Public Health Workers;
- c. Provision of equipment, medical and dental supplies and medicines;
- d. Health examination of all Grade 1 entrants and provision of supplementary feeding (breakfast and/or milk) to the Grade 1 pupils and nutritionally deprived school children.

Accordingly, to actualize these priority concerns toward the effective promotion of the health and nutritional well-being of the school population, approval of this measure is earnestly sought.


NELSON L. DAYANGHIRANG

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A N A C T

**PROVIDING FOR THE MODERNIZATION OF THE SCHOOL HEALTH
AND NUTRITION PROGRAM (SHNP) OF THE DEPARTMENT OF
EDUCATION, CULTURE AND SPORTS, AUTHORIZING THE APPROPRIATION OF
FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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

SECTION 1. Title. – This Act shall be known as the "School Health and Nutrition
Modernization Act."

Sec. 2. Declaration of Policy. – It is hereby declared the policy of the State to promote, maintain and protect the health and nutritional well-being of the school population through the delivery of preventive health care to the students, teachers and school administrators in the elementary and high school levels and to the non-teaching personnel. Toward this end, the School Health and Nutrition Program of the Department of Education, Culture and Sports shall be modernized and upgraded to ensure the attainment of a health status that can enhance the active learning capacities of the children and for the teachers and other personnel to function more effectively, thus, enabling the achievement of the goals of quality basic education.

It is likewise declared the policy of the State to pursue the modernization program under this Act through: a.) the development of an efficient and effective health care delivery system in the schools; b.) the development, evaluation and application of appropriate methods and procedures in preventive health care; c.) the development of reforms in the management of human and material resources; and d.) the acquisition and upgrading of appropriate equipment and technology.

Sec. 3. Definition of Terms. The following terms shall be understood in this Act to mean:

- a. Department** – means the Department of Education, Culture and Sports.
- b. School Health and Nutrition Program** – is a comprehensive education and service package, delivered to the schools, eventually to the homes and communities, in order to improve the health and nutritional status of the total school population, with the elementary grades children as its priority group.
- c. Public Health** – the science and the art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts.
- d. Preventive Health Care** – the systematic organization of all the personal services necessary to prevent disease and attain the highest level of health.
- e. Health and Nutrition Center** – refers to the agency that takes charge of the overall management of the integrated School Health and Nutrition Program (SHNP).
- f. Basic Education** – consists of six years elementary and four years secondary education. Basic education is that which brings the child to a point where he can be an autonomous learner, one who is self-reliant and creative.
- g. Health Education** – refers to the teaching and counseling on healthy living, including hygiene, nutrition, sex education, alcohol and drug abuse, smoking and other threats to health.
- h. Quality Education** – refers to the appropriateness, relevance and excellence of the education given to the individual in meeting his/her needs and aspirations and those of society.

Sec. 4. Objectives of the SHNP. The SHNP modernization be implemented in accordance with the following objectives

- a. To provide a comprehensive preventive health care to school children and teachers in the elementary and secondary levels of education and to the non-teaching personnel of the Department;
- b. To inculcate health and nutrition values and behavior and encourage healthy lifestyles among the school populace;
- c. To encourage parents to provide their children with proper health care and to perform effective parenting to prevent drug abuse;
- d. To develop effective linkages between the school and community for better school health;
- e. To strengthen the Health and Nutrition Center in the management of the Program; and
- f. To establish and maintain adequate health and sanitation facilities like school clinics, canteens, water supply, sanitary toilets and garbage disposal in the schools.

Sec. 5. Components of the SHNP Modernization. The modernization program shall consist of the following components:

- a. **ORGANIZATIONAL DEVELOPMENT** — To carry out effectively their functions, it is necessary to restructure, expand and upgrade the staff and personnel of the Regional Health and Nutrition Units and the Division Health and Nutrition Sections including the creation of nurse supervisor positions to oversee nursing care of the school children: Provided, That in the upgrading of plantilla positions, the compensation and benefits shall be at par with those of health and nutrition personnel in other government agencies in accordance with existing laws, rules and regulations.
- b. **HUMAN RESOURCE DEVELOPMENT** — This component pertains to programs and educational activities of health and nutrition personnel to enhance their skills and competencies through workshops, conferences and in-service trainings relative to the delivery of health care, and on mobilization as well as administrative responsibilities. A continuing health resource development program shall be implemented.
- c. **INFRASTRUCTURE DEVELOPMENT** — This component consists of the construction of physical plants and facilities such as sanitary toilets, facilities for washing hands, water system, school clinics and feeding centers/canteens in the public elementary schools to ensure health and nutritional needs in public elementary schools including suitable sites for the Alay-Tanim/Tree Planting program.
- d. **INFORMATION AND SYSTEMS ORGANIZATION** — This component consists of the acquisition and development of an extensive computer network for health and nutrition care; the upgrading of methods and procedures in preventive health care; monitoring and evaluation; and research in support of the total program.

The Department Secretary in coordination with the Secretary of Health shall formulate guidelines to implement this section in accordance with the objectives of the modernization program enumerated in the preceding section.

Sec. 6. Priority Programs for SHNP Modernization. — For a more effective implementation of the objectives of the SHNP and consistent with the mandate of the Constitution relative to health care, the following program/activities shall be given priority consideration:

- a. Recruitment of school health and nutrition personnel to attain the ratio of one personnel to 2,000 pupils/teachers over a five year period;
- b. Upgrading of the salary of health and nutrition personnel to be at par with counterparts in other Departments and full implementation of the benefits of the Magna Carta for Public Health Workers;

- c. Provision of equipment, medical and dental supplies and medicines;
- d. Health examination of all Grade 1 entrants and provision of supplementary feeding (breakfast and/or milk) to Grade 1 pupils and nutritionally deprived school children;

Sec. 7. Period of Implementation. The Modernization Program under this Act shall be implemented over a period of five (5) years from 2009 to 2014.

Sec. 8. Appropriations. To effectively carry out the objectives of this Act, the initial amount of TWO HUNDRED MILLION PESOS (P200,000,000.00) is hereby authorized to be appropriated out of any funds in the National Treasury not otherwise appropriated, and from the funds of the Bases Conversion and Development Authority. Thereafter, such funds as are necessary shall be included in the Annual General Appropriations Act.

Sec. 9. Separability Clause. If any provision of this Act shall be declared unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

Sec. 10. Repealing Clause. All laws, decrees, orders, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

Sec. 11. Implementing Rules and Regulations. The Department, in consultation with the Department of Health, Shall formulate the implementing rules and regulations within 60 days upon effectivity of this Act.

Sec. 12. Effectivity Clause. This Act shall take effect upon its publication in at least two (2) newspapers of general circulation.

Approved,