

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City**

**TWENTIETH CONGRESS
First Regular Session
House Bill No. 2656**



**Introduced by
REPRESENTATIVE JASON P. ALMONTE**

EXPLANATORY NOTE

The 1987 Philippine Constitution mandates the State to "protect and promote the right to health of the people and instill health consciousness among them" (Article II, Section 15). This duty must extend with utmost priority to Filipino children in their most critical years of development.

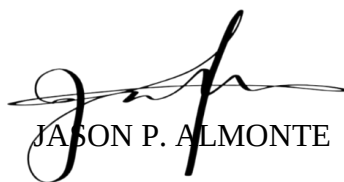
Globally and locally, data confirm that developmental disabilities and delays affect millions of children, many of whom are not diagnosed early enough to benefit from life-changing interventions. The Philippine Health Insurance Corporation estimates that one in every seven Filipino children lives with a disability. Meanwhile, the 2016 National Disability Prevalence Survey (NDPS) showed that 47% of Filipinos aged 15 and older experience moderate disability, with around 12% suffering from severe disability. Research from the Development Academy of the Philippines further reveals that one in every five persons with disabilities is a child aged 0–14.

And yet, despite these numbers, our country still lacks a nationwide, integrated system for developmental screening and early intervention. Families are left on their own to navigate a fragmented system of services, often losing critical years where early diagnosis and intervention could have made the greatest difference.

This bill responds to that long-standing gap by establishing a comprehensive national framework for the early detection of developmental delays and disabilities in children from birth to five years old. It further mandates the creation of the Developmental Delays and Disability Detection Council of the Philippines to serve as the lead coordinating body among various agencies.

The immediate passage of this bill is crucial if we are to make equity in child health and development a lived reality and not just a constitutional promise.

In view of the foregoing, the swift enactment of this measure is earnestly sought.


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**AN ACT INSTITUTING A NATIONAL COMPREHENSIVE PROGRAM FOR THE
EARLY DETECTION OF DEVELOPMENTAL DELAYS AND DISABILITIES IN
CHILDREN AGES 0-5 YEARS OLD AND PROVIDING FUNDS THEREFOR**

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

Section 1. Short Title. – This Act shall be known as the Early Detection of Developmental Delays and Disabilities in Children 0-5 Years Old.

Section 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of children to full, healthy and holistic development. The State shall institutionalize a comprehensive program for the timely determination of developmental delays and disabilities and include awareness and active referral process for early diagnosis for purposes of empowering and providing them quality of life. Towards this end, the State commits to implement an institutional screening procedure for the detection of developmental delays and disabilities.

Section 3. Definition of Terms. - As used in this Act, the following terms shall mean:

3.1 Audiologic Diagnostic Evaluation - refers to a service related to diagnosis of hearing loss administered by professionals or by Newborn Hearing Screening Centers;

3.2 Children/Persons with Disabilities - are those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Children with disabilities include those with health conditions, such as cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments. These children may be born with these disabling health conditions or may acquire a disability as a result of illness, injury or poor nutrition;

3.3 Congenital Hearing Loss - refers to hearing impairment already present at birth;

3.4 Developmental Milestone - refers to a set of functional skills or age-specific tasks that most children can do at a certain age range. For instance, beginning to hold head up and smile by 2 months or recognizing familiar faces and responding to his own name by 6 months;

3.5 Developmental Delay - refers to children who experience significant variation in the achievement of expected milestones for their actual or adjusted age and may be mild, moderate or severe. Developmental delays are caused by poor birth outcomes, inadequate stimulation, malnutrition, chronic ill health and other organic problems, psychological and familial situations, or other environmental factors. While developmental delay may not be permanent, it can provide a basis for identifying children who may experience a disability;

3.6 Developmental Monitoring - means observing how your child grows and changes over time and whether your child meets the typical developmental milestones in playing, learning, speaking, behaving, and moving. Usually a checklist of milestones is used to do developmental monitoring. Its purpose is to identify children who may be at risk for developmental delays;

3.7 Developmental Screening - means more in-depth than monitoring and may identify children with a developmental risk that was not identified during developmental monitoring. Screening tools for specific conditions, such as autism or cerebral palsy may be used. Developmental Screening does not, however, come up with a diagnosis;

3.8 Disability - refers to any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions);

3.9 Early Interventions - means doing things as early as possible to work on the child's developmental, health and support needs. These may include medical or surgical treatments and therapy, which may come from doctors, nurses, Physical Therapists, Occupational Therapists, Speech Therapists, special education professionals, counseling for the parents and family, and provision of assistive devices, among others;

3.10 Newborn - refers to an infant from the time of complete delivery to thirty (30) days old;

3.11 Newborn Screening Test - is a blood test done on the newborn after 24 to 72 hours after birth. It enables early detection and management of several congenital disorders, which may lead to mental retardation and/or death, if untreated;

3.12 Newborn Hearing Loss Screening - refers to an objective, physiological procedure performed on a newborn for the purpose of determining if the newborn has hearing impairment;

3.13 Newborn Hearing Screening Test - a test done on the newborn to detect congenital hearing impairment;

3.14 Recall - refers to a procedure of locating an infant with a possible hearing loss for purposes of providing diagnostic services to confirm hearing condition and, as appropriate, provide intervention or treatment;

3.15 Vision Screening - refers to a set of simple vision tests and assessments that help identify people who may have certain eye problems.

Section 4. Services - The services under the early detection program shall include, among others, the following:

4.1 Regular monitoring and screening of children. The regular monitoring and screening of children for disabilities and developmental delays using the Developmental Milestones Checklist as well as other prescribed screening forms.

4.2 Interventions through medical referrals and therapy. If necessary, timely referral to the Municipal or City Health Officers and/or other appropriate professionals for diagnoses, intervention and advice on assistive device as well as other needs from clinical experts.

4.3 Capacity building of medical and developmental workers of children. Capacity building of nurses, midwives, barangay health workers, child development workers and barangay nutrition scholars on disability prevention, detection and simple management strategies.

4.4 Counseling and capacity building of parents and families. Counseling and capacity building of parents and families on detection of developmental delays and disabilities as well as handling and management of children in the homes.

4.5 Information, Education and Advocacy Campaign. Publication of reading materials and dissemination of IEAC on early detection, prevention and management of disability in early childhood shall be made regularly.

Section 5. Epidemiological Surveillance Programs. - The National Institutes of Health (NIH) is hereby mandated to conduct an annual epidemiological survey to determine the extent and total incidence and prevalence of persons with developmental delays and disabilities in the country in order for the government to provide the necessary and appropriate interventions to address the needs faced by children with developmental delays and disabilities.

The NIH is further mandated, in coordination with the Department of Health (DOH), to strengthen its research focus on developmental delays and disabilities; to renew its investment into basic and clinical research; to expand its research into the link between environmental factors and developmental delays and disabilities; and to continue investigations into causation, diagnosis, early detection, and treatment of developmental delays and disabilities.

Sec. 6 . Developmental Delays and Disability Detection Council of the Philippines. - There is hereby created an Early Detection Council of the Philippines ("Council") under the DOH which shall serve as an inter-agency and multi-sectoral mechanism tasked to undertake the overall implementation, monitoring and periodic evaluation of the Program.

Section 7. Composition of the Developmental Delays and Disability Detection Council of the Philippines. The Council shall be headed by the Secretary of Health as the Chairperson. It shall be composed of the following members, or their representative;

- a. The Secretary of Social Welfare and Development;
- b. The Secretary of Education;
- c. The Secretary of Labor and Employment;
- d. The Chairperson of the Council for the Welfare of Children (CWC);
- e. The Chairperson of the National Council on Disability Affairs (NCDA);
- f. The Head of the NIH;
- g. Representative from an accredited NGO working with Persons with Disabilities or Children;

Section 8. Function. The Developmental Delays and Disability Detection Council of the Philippines shall endeavor to:

8.1 Institute implementation, monitoring and evaluation mechanisms to ensure the effective and sustained implementation of the Early Detection Program;

8.2 Provide referral services to patients with developmental delays and disabilities and identify the appropriate educational and medical expertise and facilities suited to their needs;

8.3 Ensure that all children, as part of the health, nutrition and early childhood education program of the Program are monitored for delays and disabilities from when they are born until the age of 5 years;

8.4 Promote public awareness, education, and information on issues concerning developmental delays and disabilities;

8.5 Establish sustainable networks of support groups for families of children and adults with developmental delays and disabilities;

8.6 Undertake research and/or collaborate with other entities on research activities regarding developmental delays and disabilities in the Philippines;

8.7 Coordinate with schools in formulating individualized programs for school children and young students with developmental delays and disabilities;

8.8 Receive donations and grants from international donor institutions, foundations, and multilateral and bilateral foreign donor agencies involved in the prevention, cure and rehabilitation of persons with developmental delays and disabilities;

8.9 Promote the advocacy against bias and stereo-typing against persons with developmental delays and disabilities thereby eliminating discrimination and/or misconceptions of the notion of being developmentally disabled with the end in view of opening the doors of productive economic opportunities to persons with developmental delays and disabilities;

8.10 Provide the avenue for exchange of information, exchange programs and sharing of best practices on issues relating to the early detection, prevention, cure, treatment, and rehabilitation of persons with developmental delay and disabilities;

8.11 Network with other organizations, institutions and professionals working for the promotion of legislation and public programs for persons with developmental delays and disabilities;

8.11 Establish and implement capacity-based training, employment, and livelihood programs for persons with developmental delays and disabilities;

8.12 Assist in the creation of appropriate programs for persons with developmental delays and disabilities; and

8.13 Ensure policy development and develop models that can further improve the implementation of the Early Detection Program as new outcomes in child development and disability arise;

Section 9. Local Early Detection Team (LED). A Local Early Detection Team shall be created in each city and municipality of the Province. The Team shall be composed of the representatives from the following offices:

a. Municipal Mayor - Chairperson

b. SP/SB Chairperson of the Committee on Women, Children and Family

c. SP/SB Chairperson of the Committee on Health

d. Rural Health Unit/City Health Office

e. Municipal/City Social Welfare Office

- f. Municipal/City Nutrition Office
- g. City/Municipal Persons with Disabilities Affairs Office
- h. City/Municipal Gender and Development Office
- i. Barangay Health Worker City/Municipal Federation President
- j. Child Development Workers City/Municipal Federation President
- k. Barangay Nutrition Scholars City/Municipal Federation President
- l. Representative from an accredited NGO working with Persons with Disabilities or Children
- m. Representative from the local Department of Education (DepEd) Office, preferably the Coordinator of Kindergarten Education

Section 10. Functions of the Local Early Detection Team. The LED shall:

- a. Ensure proper and timely conduct of screening and monitoring processes of children 0-5 years old in each city or municipality based on the mechanism guidelines set by the Developmental Delays and Disability Detection Council of the Philippines.
- b. Make certain that all children who are identified to have disabilities, chronic medical impairments or significant developmental delays are referred to the Rural Health Nurse/Midwife for Developmental Screening and then to the Municipal or City Health Officer for assessment or referral to other clinical experts;
- c. Implement an active and functioning referral process for diagnosis, early intervention services and provision of appropriate devices in the respective city or municipality, if necessary, either through private, government or community-based service providers;
- d. Conduct awareness and learning sessions for parents on facilitating optimum child development as well as handling strategies for parents of those identified to have disabilities and impairments;
- e. Coordinate with churches/religious institutions, NGOs and other government offices to increase awareness about causes and prevention of disability possibly through inclusion of topics on disability prevention in pre-wedding seminars;
- f. Monitor the implementation of the early detection program at the LGU level;
- g. Make certain that one Focal Person from each barangay in the respective City/Municipality is appointed to facilitate communication and information dissemination;
- h. Collect data from the agencies concerned on children who were screened;
- i. Maintain a database on children with significant developmental delays, disabilities and medical impairments and shares this with the Council;
- j. May conduct mass screening for developmental delays and disabilities at the barangay level, if warranted.

SECTION 11. BARANGAY EARLY DETECTION TEAM (BED). There shall be created a Barangay Early Detection Team that shall be under the Barangay Council for the Protection of Children. It shall be composed of the following:

- a. Punong Barangay - Chairperson
- b. Barangay Health Worker
- c. Child Development Worker
- d. Barangay Nutrition Scholar, all of whom have undergone the training on early detection conducted by the Early Detection and Education Team (EDE)
- e. Either a PWD or an SK member
- f. Barangay Committee Chairperson on Women and Children
- g. Barangay Committee Chairperson on Health
- h. Kindergarten teacher from the Local Barangay Elementary School

Section 12. Functions of the Barangay Early Detection Team. The BED shall:

- a. Ensure that screening and monitoring are conducted for all children 0-5 years old in the barangay;
- b. Make sure that should significant developmental delay and/or disability is detected in a child during developmental monitoring, the child is referred to the Rural Health Midwife or Rural Health Nurse for Developmental Screening, who shall in turn, refer the child to the Municipal or City Health Officer for further assessment, diagnosis, or referral to other medical specialists, if necessary;
- c. . Ensure that children who are identified to have significant delays or disabilities are provided with appropriate support either in terms of family education, community acceptance or any support that the barangay deems necessary and within its capacity to provide;
- d. Conduct awareness and learning sessions for parents on facilitating optimum child development as well as handling strategies for parents of those identified to have disabilities and impairments;
- e. Maintain a database of all children identified to have significant developmental delays or disability at the barangay level.

Section 12. SCREENING AND MONITORING. Developmental monitoring shall be conducted at each barangay level by Trained Barangay Health Workers, Child Development Workers and Barangay Nutrition Scholars and Kindergarten Teachers based on the based on the guidelines set by the Developmental Delays and Disability Detection Council of the Philippines.

The newborn screening test, newborn hearing screening test and all other pertinent tests that are required for newborns shall be conducted for all children born in any of the hospitals in the province, government or private, as well as in the birthing homes. Copies of all test results must be provided to the barangay health nurse or midwife by the parents in order to form part of the health record of the child as well as to determine the risks of delayed development or disability.

12. 1.1 Newborn Screening. Newborn Screening should be conducted in all newborns after 24 hours of life, but not later than 3 days after complete delivery. All newborns who have a confirmed diagnosis of a heritable condition prior to discharge from the hospital or birthing center shall give a copy of the results and all other instructions from the duly licensed physician or medical specialist to the rural health nurse or midwife to ensure continued monitoring and medical care, thus preventing complications from the condition.

For newborns who register positive on the Newborn screening, but who have already been discharged from the hospital or birthing center, DOH guidelines on recall and conduct of confirmatory testing shall be followed. Copies of all results and instructions from the duly licensed physician or medical specialist shall be given to the rural health nurse or midwife to ensure that monitoring and treatment are continued.

The Municipal/City Health Officer shall also be provided with copies of the medical records of children who are positive for any of the disorders in the newborn screening panel to ensure coordination between all medical professionals and other stakeholders, including the family, in the overall management of the child.

12.1.2 Newborn Hearing Screening Test

a. All infants born in hospitals or birthing centers in the Province shall be made to undergo Newborn Hearing Loss Screening before discharge, unless the parents or legal guardians of the newborn object to the screening because of religious or cultural beliefs, in which case, a waiver should be executed by the parents which shall form part of the newborn's medical records;

b. Infants who are born in the home or anywhere outside birthing facilities, Hearing Loss Screening should be done within the first three months after birth. The attending medical worker should see to it that this is done by informing the rural health nurse or midwife or directly referring the child to the health officer of the particular city or municipality in which the child is born;

c. In the event of a positive Newborn Hearing Loss Screening result, the newborn shall undergo audiologic diagnostic evaluation before the age of 6 months. The audiologic diagnostic evaluation shall be performed only by Newborn Hearing Screening Centers in the Province that are duly certified by the DOH. Assistance should be provided by the Rural Health Unit or the Municipal Social Welfare Office to ensure that the child will have access to this service;

d. Newborns who are confirmed to have congenital hearing loss through the audiologic diagnostic evaluation shall be referred back to the respective Municipal/City Health Officer, with recommendations for follow-up or intervention. Copies of this shall be given to the rural health nurse or midwife of the particular barangay in which the child lives;

12.2 Barangay Health Workers shall do developmental monitoring of each child from 0-3 years old, and all other children above 3 years old who are not attending Daycare, using the developmental milestones checklist as well as the other prescribed forms, if necessary. This shall be incorporated during the periodic weighing and vaccination activities and micronutrient supplementation administration.

12.3 The Barangay Nutrition Scholars shall also conduct their developmental monitoring specifically for children 0-5 years old who are identified as over nourished, undernourished or stunted. This shall be done during regular weight and height monitoring activities and home visitation of both pregnant and lactating women and other regular activities;

12.4. Child Development Workers shall conduct developmental monitoring and vision screening of children who are enrolled in the Daycare System;

12.5. Kindergarten teachers shall conduct developmental monitoring, vision and hearing screenings and screening for learning disabilities for children who are enrolled in Kindergarten;

12.6. All children who manifest signs of significant developmental delay, developmental disability, learning disability, visual impairments or hearing impairments shall be referred to the Barangay Midwife or Rural Health Nurse for developmental screening. Likewise, all newborns 0-3 months old, who have not undergone the newborn hearing loss screening and audiologic diagnostic evaluation shall be referred by the Barangay Health Workers to the Barangay Midwife or Rural Health Nurse;

12.7 All children who screen positive for any impairment or disability in any of the screening processes, as well as newborns 0-3 months old who have not been screened for hearing loss or audiologic diagnostic evaluation, shall be referred to the Municipal/City Health Officer for diagnosis, impression or referral to other specialists and/or closest Newborn Hearing Screening Center;

12.8 Once a diagnosis or impression is made, either by the City/Municipal Health Officer or other specialists, child monitoring is continued by the Barangay Health Worker, the

Barangay Nutrition Scholar and the Child Development Worker to ensure that support or interventions, in whatever form, are provided to the child. This will help avoid or minimize negative attitude in the family as well as in the community;

12.9 Timely information about the cause and the implication of the delay, disability and/or the medical problem shall be provided to the parents by the Rural Health Nurse/Midwife in a simple, empathic yet informative manner in order to assuage the feelings of uncertainty and fear, as well as help develop positive attitude around and within the child;

12.10 Trained health, nutrition and early childhood education workers as well as kindergarten teachers can give simple management strategies to the parents to improve the child's condition and/or manage behavior;

12.11 All information gathered shall be treated with confidentiality and submitted to the Barangay Early Detection Team (BED) to be incorporated into a databank that shall be managed by the Team itself and shared with the Local Early Detection Team and the Council.

12.12 Community awareness activities shall be conducted at the City/Municipal and Barangay levels in order to increase understanding about disability as well as disability in early childhood development.

Section 13. Conduct of Training. Capacity building of pertinent personnel is an important factor in the success of the Program and should be treated as such.

13.1 The Council shall provide regular and mandatory training for disability awareness and total understanding of the technicalities and smooth implementation of the Early Detection Program at the provincial level;

13.2 The Council shall conduct regular trainings for the Local Early Detection Team of each city and municipality as well as for all Rural Health Nurses and Rural Health Midwives;

13.3 The Council shall also train all Barangay Health Workers, Barangay Nutrition Scholars, Child Development Workers and kindergarten teachers with special focus on strengthening observation skills, as well as conduct of monitoring processes, including the use of special monitoring tools;

13.4 Training of other personnel from the Rural Health Unit/City Health Office and other barangay service providers, aside from those mentioned above, although highly recommended, shall be upon the discretion of the local government unit;

13.5 Trainings shall also be conducted for parents on handling strategies in the home for children with developmental delays and disabilities;

Section 14. Appropriations. – The amount necessary to carry out the provisions of this Act shall be included and incorporated in the annual general appropriations of the Department of Health.

Section 15. Implementing Rule and Regulations. – Within six (6) months from the date of effectivity of this Act, the DOH, in coordination with the DSWD, DepED, CWC, NIH, NCDA and PIA shall promulgate the necessary implementing rules and regulations to implement the provisions of this Act.

Section 16. Separability Clause. – If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall continue to be in full force and effect.

Section 17. Repealing Clause. – All laws, executive orders, presidential decrees, proclamations, rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 18. Effectivity Clause. – This Act shall take effect withing fifteen (15) days following its publication in the Official Gazette or in two (2) newspapers of general circulation in the Philippines.

Approved,