



Philippine IYCF Strategic Plan of Action for 2011 - 2016

Infant and Young Child Feeding Program
Family Health Office
National Center for Disease Prevention and Control
Department of Health
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EXECUTIVE SUMMARY

Statistics show a steady but slow decline in infant and under five mortality rates. Despite this, the Philippines remains to be one of the 42 countries that accounts for 90 percent of global deaths for children under five years old.

From 1998 to 2008 the Under Five Mortality rate decreased from 45 to 34 per 1,000 live births and the Infant Mortality Rate from 32 to 25 per 1,000 live births. The slow decline is attributed to the non-improvement in the neonatal mortality. It accounts for 64 percent of deaths during infancy and almost half (47 percent) of the underfive deaths. Breastfeeding and complementary feeding practices in the country are suboptimal. The comparison between the national Infant and Young Child Feeding (IYCF) data in 2003 and 2008 shows no significant improvement. The 2008 IYCF data reported that the initiation to breastfeeding within the first hour after birth was at 53.5 percent with exclusive breastfeeding among infants less than 6 months of age at 34 percent, and receiving complementary feeding at 6-9 months of age at 58 percent. These figures are way off the 2010 and 2016 targets set by the IYCF Program.

In 2004, despite the existing laws and policies, infant and young child feeding practices in the country was rated poor to fair based on the World Health Organization assessment protocol. To address problems in poor performance, the first National IYCF Plan of Action was formulated. It aimed to improve the nutritional status and health of children especially those under-three years old, and consequently aimed to reduce infant and under-five mortality. The approval of the National Plan of Action in 2005 facilitated the Department of Health and its partners in the development of the first National Policy on Infant and Young Child Feeding. This policy is intended to guide health workers and other stakeholders in ensuring the protection, promotion and support of exclusive breastfeeding and adequate and appropriate complementary feeding with continued breastfeeding. During the past five years, the IYCF Program has made great strides in improving the IYCF situation.

It was marked by the following significant achievements:

1. more vigorous policy development;
2. revision of the Implementing Rules and Regulations of Executive Order #51 otherwise known as the Milk Code;
3. formalization of the peer counseling strategy;
4. launching of the Mother-Baby Friendly Workplaces and Public Places;
5. advancement in the collaboration with medical/professional associations;
6. beginning of the Accelerated Hunger Mitigation Program with intensive IYCF training;
7. revitalization of the Mother-Baby Friendly Hospital Initiative (MBFHI);
8. signing of the Joint Programme for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines; and
9. the integration/updating of good IYCF practice into the medical, nursing, midwifery and nutrition curricula.

Several constraints hinder the achievement of the IYCF Program goals. These challenges are related to intra-sectoral and intersectoral collaboration, weak management structure, weak enforcement of the Milk Code, backsliding of the MBFHI, non-improvement in the exclusive breastfeeding rates, scaling up of the Mother-Baby Friendly workplace, making the professional groups partners on advocacy for appropriate IYCF practices, lack of or lagging behind promotion of good complementary feeding practice, lack of protection and support for nutrition of infants and young children during emergencies/disasters and the need to integrate IYCF in the curriculum.

In 2009, the Department of Health took off from the National Plan of Action for IYCF 2005-2010 and planned for the 2011-2016 IYCF Program. The program planning was highly participatory. Two workshops were conducted, the first in September 15-17, 2009 to review the program performance and determine the planning framework and the second in March 24-26, 2010, to set the strategies and the activities of the plan. A series of consultations followed before the completion of the document.

The goal of the IYCF Strategic Plan of Action for 2011-2016 is to reduce child mortality and morbidity through optimal feeding of infants and young children. Its main objective is to ensure and accelerate the promotion, protection and support of good IYCF practice. It aims to achieve by 2016 the following outcomes: 90 percent of newborns are initiated to breastfeeding within one hour after birth; 70 percent of infants are exclusively breastfed for the first 6 months of life; and 95 percent of infants are given timely adequate and safe complementary food starting at 6 months of age through the attainment of the following targets: 50 percent of hospitals providing maternity and child health services are certified MBFHI; 60 percent of municipalities/cities have at least one functional IYCF support group; 50 percent of workplaces have lactation units and/or implementing nursing/lactation breaks; 100 percent of reported alleged Milk Code violations are acted upon and sanctions are implemented as appropriate; 100 percent of elementary, high school and tertiary schools are using the updated IYCF curricula including the inclusion of IYCF into the prescribed textbooks and teaching materials; and 100 percent of IYCF related emergency/disaster response and evacuation are compliant to the Infant and Young Child Feeding in Emergencies guidelines.

The IYCF Program shall execute five key strategies and corresponding strategic action points to confront the main constraints to achieving optimal feeding of infants and young children. These are:

1. Partnerships with NGOs and GOs in the coordination and implementation of the IYCF Program
 - 1.1 Formalize partnerships with GOs and NGOs working on IYCF Program coordination and implementation
2. Integration of key IYCF action points in the MNCHN Plan of Action
 - 2.1 Institutionalize the IYCF monitoring and tracking system for national, regional and LGU levels
 - 2.2 Participation of the IYCF Focal Person in MNCHN planning and monitoring activities
3. Harnessing of the executive arm of government to implement and enforce IYCF related legislations and regulations (EO 51, RA 7200 and RA 10028)

- 3.1 Consultation mechanism with the IAC and DOJ for the enforcement of the Milk Code and with other relevant GOs for other IYCF related legislations and regulations
- 3.2 Support Civil Society in the implementation and enforcement of IYCF related laws and regulations
4. Intensified focused activities to create an environment supportive to IYCF practices
 - 4.1 Modeling the MBF system in the key intervention settings in selected regions
 - 4.2 Creation of a regional and national incentive and awarding systems for the most outstanding IYCF champions in the different sectors of society
 - 4.3 Allocate/Raise/Seek resources for IYCF research activities that document best practices in the Philippines
5. Engaging the Private Sector and International Organizations to raise funds for the scaling up and support of the IYCF Program
 - 5.1 Setting up of a fund raising mechanism for IYCF with the participation of international organizations and the private sector

The key strategies and action points will be supported by three (3) pillars:

- a) Capacity Building
- b) Supportive Supervision and
- c) Communication Plan

to ensure a comprehensive and sustainable approach in the implementation of the IYCF Strategic Plan 2011-2016.

i BACKGROUND

A. DEVELOPMENT OF THE INFANT AND YOUNG CHILD FEEDING PROGRAM

A global strategy for Infant and Young Child Feeding (IYCF) was issued jointly by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 2002, to reverse the disturbing trends in infant and young child feeding practices. This global strategy was endorsed by the 55th World Health Assembly in May 2002 and by the UNICEF Executive Board in September 2002 respectively.

In 2004, infant and young child feeding practices were assessed using the WHO assessment protocol and rated poor to fair. Findings showed four out of ten newborns were initiated to breastfeeding within an hour after birth, three out of ten infants less than six months were exclusively breastfed and the median duration of breastfeeding was only thirteen months. The complementary feeding indicator was also rated as poor since only 57.9 percent of 6-9 months children received complementary foods while continuing to breastfed. The assessment also found out that complementary foods were introduced too early, at the age of less than two months. These poor practices needed urgent action and aggressive sustained interventions.

To address these problems on infant and young child feeding practices, the first National IYCF Plan of Action was formulated. It aimed to improve the nutritional status and health of children especially the under-three and consequently reduce infant and under-five mortality. Specifically, its objectives were to improve, protect and promote infant and young child feeding practices, increase political commitment at all levels, provide a supportive environment and ensure its sustainability. Figure 1 shows

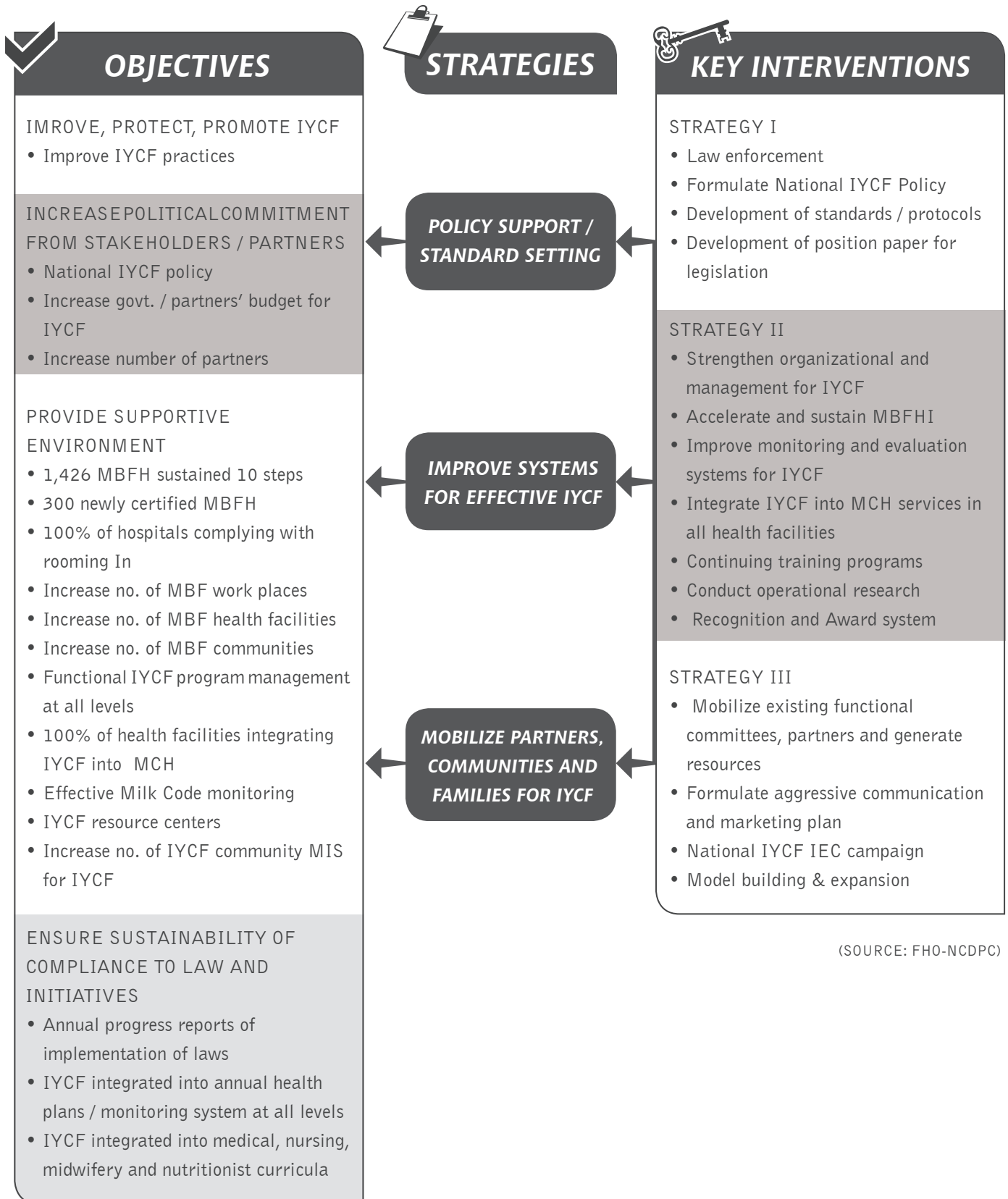
the identified key objectives, supportive strategies and key interventions to guide the overall implementation and evaluation of the 2005-2010 Plan of Action. The main efforts were directed towards creating a supportive environment for appropriate IYCF practices. The approval of the National Plan of Action in 2005 helped the Department of Health (DOH) and its partners, in the development of the first (1st) National Policy on Infant and Young Child Feeding. Thus on May 23, 2005, Administrative Order (AO) 2005-0014: National Policies on IYCF was signed and endorsed by the Secretary of Health. The policy was intended to guide health workers and other concerned parties in ensuring the protection, promotion and support of exclusive breastfeeding and adequate and appropriate complementary feeding with continued breastfeeding. (1)

The National Policies on IYCF identified the policy guidelines for breastfeeding, complementary feeding, micronutrient supplementation, universal salt iodization, food fortification, exercising other feeding options, feeding in exceptionally difficult circumstances and support systems. It also created the IYCF Program and stipulated its management structure. DOH units with the corresponding Focal Persons were designated to take responsibility of the major components of the program namely: National Center for Health Facility Development for the Mother-Baby Friendly Hospital Initiative (MBFHI), Bureau of Food and Drugs (BFAD) which became Food and Drug Administration (FDA) in 2009 for the enforcement of the Milk Code and National Center for Disease Prevention and Control (NCDPC) for the public health initiatives. (1)



FIGURE 1: FRAMEWORK OF THE NATIONAL PLAN OF ACTION FOR INFANT AND YOUNG CHILD FEEDING- PHILIPPINES, 2004-2010

GOAL: To improve the health and nutritional status of infants and young children through optimal feeding and contribute to the reduction of infant and child morbidity and mortality



(SOURCE: FH0-NCDC)

B. STATUS OF THE INFANT AND YOUNG CHILD FEEDING PROGRAM: A REVIEW FROM 2005 TO 2010

During the past five years, the IYCF Program has made great strides in improving the IYCF situation. It was marked by the following significant achievements:

1. more vigorous policy development;
2. revision of the Implementing Rules and Regulations of Executive Order #51 otherwise known as the Milk Code;
3. formalization of the peer counseling strategy (almost 300 community support groups established);
4. launching of the Mother-Baby Friendly (MBF) Workplaces and Public Places (in collaboration with the Trade Union Congress of the Philippines, Employers Confederation of the Philippines as well SM Malls and other establishments);
5. advancement in the collaboration with medical/professional associations;
6. beginning of the Accelerated Hunger Mitigation Program with intensive IYCF training (more than 8000 health workers trained);
7. revitalization of the MBFHI;
8. signing of the Joint Programme for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines; and
9. the integration/updating of good IYCF practice into the medical, nursing, midwifery and nutrition curricula.

Table 1 presents the achievements of the IYCF Program based on the results of the NDHS and the NNS (2008) and the 2nd IYCF Program Implementation Review in 2009 (covering the period 2005-2009). Results for year 2010 was sourced from CHD reports, data from IYCF Program related activities at NCDPC – Family Health Office (FHO) and information shared during the planning sessions.

TABLE 1: IYCF PROGRAM STATUS

OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
OBJECTIVE 1: TO IMPROVE, PROTECT AND PROMOTE APPROPRIATE INFANT AND YOUNG CHILD FEEDING PRACTICES		
- 70% of newborns initiated to breastfeeding within 30 minutes after birth	53.5% (NDHS 2008)	40.7% (NDHS 1998)
- 80% of 0-6 months infants are exclusively breastfed	34% (NDHS 2008)	33.5% (NDHS 2003)
- 50 % of infants are exclusively breastfed for 6 months	22.2% (NDHS 2008)	16.1% (NDHS 2003)
- median duration of breastfeeding is 18 months	15.1 months (NDHS 2008)	13 months (NDHS 1998)
- 90% of 6- <10 months infants are given timely, adequate and safe complementary foods	58% (NDHS 2008)	57.9% (NDHS 2003)
- 95% of children 6 months to 59 months received Vitamin A supplementation every 6 months	75.9% (NDHS 2008)	76% (NDHS 2003) NDHS 2008 and 2003 data refers to those that received vitamin A in the past 6 months from the interview
- 70% of low birth weight babies and iron deficient 6 months to less than 5 years received complete dose of iron supplements	37% of children age 6-59 months received iron supplements in the seven days before the survey (NDHS 2008)	72.8% of 6-59 months received iron drops / syrup (not specified if complete dose, MCHS 2002)

OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
	78.3% of children 6-59 months consumed foods rich in iron in the past 24 hours from the time of the survey (NDHS 208)	
- 80% of pregnant women have at least 4 prenatal visits	77.8% (NDHS 2008)	67.5% (MCHS 2002)
- 80% of pregnant women received complete dose of iron supplements	82.4% (NDHS 2008)	82% (not specified if complete dose, MCHS 2002)
- 80% of lactating women received vitamin A capsule	45.6% (NDHS 2008)	44.6% (NDHS 2003) NDHS 2003 and 2008 data represents the % of women that received Vitamin A dose during post-partum
- 80% of household using iodized salt	41.9% (NDHS 2008) 81.1% household positive for iodine in salt (NDHS 2008)	38%, household using iodized salt and 56.4% household positive for iodine in salt (NNS 2003)
OBJECTIVE 2: TO INCREASE POLITICAL COMMITMENT AT DIFFERENT LEVELS OF GOVERNMENT, INTERNATIONAL ORGANIZATIONS, NON-GOVERNMENT ORGANIZATIONS, PRIVATE SECTOR, PROFESSIONAL GROUPS , CIVIL SOCIETY, COMMUNITIES AND FAMILIES		
- Approved and widely disseminated National Infant and Young Child Feeding Policy	IYCF Policy approved May 25, 2005 and disseminated to all Regions and LGUs.	
- Approved multi-sectoral National IYCF Plan of Action	IYCF Plan of Action 2005-2010 approved.	
- IYCF policy enhancement for emerging issues	AO 2007-0017: Guidelines on the Acceptance and Processing of Local and Foreign Donations During Emergency and Disaster Situations was signed May 28, 2007.	
- Increase number of organizations actively involved in IYCF	New groups were active in supporting activities on IFE mostly during the post-ONDoy interventions and in relation to breastfeeding support.	Active organizations include Latch, La Leche League, Save the Children, Plan International and Arugaan.

OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
- Increase budget for IYCF	<p>From 1 million pesos in 2005 to 20 million pesos in 2010.</p> <p>Additional funds were secured by the Joint program on MDG-F, wherein UN Agencies (Unicef, FAO, ILO and WHO) with NNC and DOH, started implementing key IYCF interventions.</p>	<p>Additional funds for IYCF were secured since April 2007, the start of the AHMP with intensive IYCF training.</p> <p>September 2009, signing of the JP for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines, funded by the Government of Spain through the MDG Achievement Fund.</p>
OBJECTIVE 3: PROVIDE SUPPORTIVE ENVIRONMENT THAT WILL ENABLE PARENTS, MOTHER, CAREGIVERS, FAMILIES AND COMMUNITIES TO IMPLEMENT OPTIMAL FEEDING PRACTICES FOR INFANTS AND YOUNG CHILD		
PROGRAMME MANAGEMENT		
- Functional IYCF Program authority and responsibility flow at the national, regional and LGU level	<p>National TWG active and 11/12 Regions confirmed having established a TWG.</p> <p>At the LGU level 7/80 provinces, 9/120 cities and 175/1425 municipalities have passed a resolution/ordinance in support of IYCF.</p>	<p>Data as of Dec 2009.</p> <p>Although the national TWG is considered active, the collaboration between agencies can be considered deficient.</p>
- Existing local committees functioning as IYCF committees		No available data.
INSTITUTIONAL SUPPORT		
- 1,426 currently certified MBF hospitals sustained 10 steps	<p>AO 2007-0026: Revitalization of the MBFHI in Health Facilities with Maternity Services was signed and endorsed on July 10, 2007.</p> <p>PhilHealth Circular No. 26 S-2005: Requirement for Accredited Hospitals to be "Mother- Baby Friendly" was issued on October 11, 2005.</p>	<p>Within 2 years after the issuance of COC, 0/47 hospitals applied for accreditation to become MBF based on the new standards and requirements.</p>

OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
- 300 additional hospitals/lying-in certified as MBF	Only 47/1487 have received a COC since 2007	
- 100% of hospitals rooming-in their newborns		No available data.
- All offices of government agencies who are members of the IYCF IAC will be MBF	RA 10028: Expanded Breastfeeding Promotion Act of 2009 was enacted on March 16, 2010.	RA 10028 set the standards to becoming MBF.
- At least one model workplace per province/city certified as MBF	6/16 Regions reported that there are at least 88 breastfeeding friendly workplaces.	
- At least one model IYCF resource center 1 province and 1 city in each region	No resource center established.	
- At least 3 IYCF model barangay/ municipality per province and city	10/16 Regions reported that there are at least 2159 breastfeeding support groups at the barangay level.	
- Functional milk bank in all medical centers	Milk bank is functional in 3 Medical Centers: PGH, DJFMH and PCMC	RA 10028 encourages other Medical Centers to set up their own milk bank.
IMPROVING SYSTEMS		
- 100% of national, regional and LGU health facilities have integrated IEC on IYCF into regular MCH services with clearly stated protocols on how to provide key IYCF	Based on monitoring visits and reports from CHDs, public health facilities have ensured the integration.	No available data on private health facilities.
- Functional and effective Milk Code Monitoring system	Only 4/13 Regions reported some sort of Milk Code monitoring activities. At the FDA, from 2007 to 2009, there were 67 reports of violations and only 3/13 Regions reported filing a complaint for the alleged violations.	
- Institutionalize facility IYCF MIS system in place by end of 2009	Draft tool developed and used in two key instances. No institutionalization yet.	
- Improving skills of health manpower	28,063/34,298 staff were trained on IYCF Counseling.	NCDPC and NNC combined report.

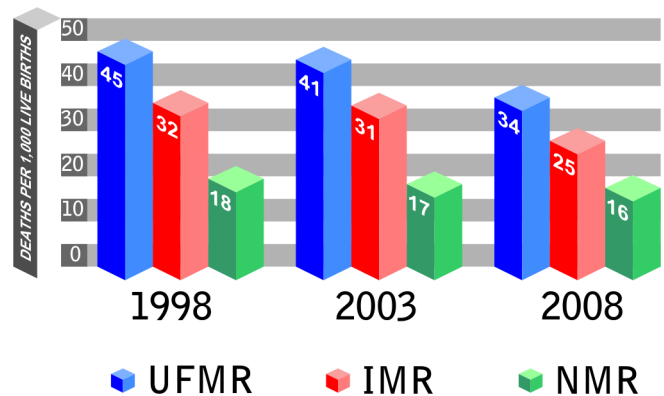
OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
- Available national / regional IYCF trainers	16/17 Regions reported conduct of training on IYCF.	
- Active IYCF Speakers' Bureau		No available data.
- Available IYCF counselors in 50% of health facilities	28,063/34,298 staff were trained on IYCF Counseling.	NCDPC and NNC combined report.
- At least 10 Filipino health professionals internationally accredited as breastfeeding counselors by the International Board of Lactation Consultants Examiners	DOH focused on capacitating health workers on Counseling and Lactation Management.	With the support of NNC.
- A lactation specialist is available in tertiary hospitals	9/13 Regions reported having trained a total of 1485 hospital based health workers on Lactation Management with the support of DJFMH, NCDPC, CHDs and NNC.	No denominator available.
- Improved curricula for IYCF of medical / nursing / midwifery schools	In June 2010 a workshop on integration/ updating of good IYCF practice into the medical, nursing, midwifery and nutrition curricula was conducted.	The process of integration is on-going.
- Inclusion of breastfeeding in elementary education	RA 10028: Expanded Breastfeeding Promotion Act of 2009 mandates the integration.	RA 10028 was enacted on March 16, 2010. The IRR is yet to be signed.
- Community level support systems and services	10/16 Regions reported that there are at least 2,159 barangay level BF support groups and more than 40 BF friendly public places.	As of Dec 2009. RA 10028 will help boost the number of breastfeeding friendly public places.
- 100% of target communities with functional community level monitoring system of IYCF practices and changes		No available data.
- At least 50% of city and poblacion municipalities with adequate number of trained IYCF peer counselors	10/16 Regions reported that there are at least 2,159 BF support groups at the barangay level.	
- At least one functional BF / IYCF support group in poblacions and selected communities	10/16 Regions reported that there are at least 2,159 BF support groups at the barangay level.	

OBJECTIVES AND TARGETS SET IN 2005 - 2010	STATUS OF ACHIEVEMENT	REMARKS
OBJECTIVE 4: ENSURE SUSTAINABILITY OF INTERVENTIONS TO IMPROVE, PROTECT AND PROMOTE INFANT AND YOUNG CHILD FEEDING		
- Functional self assessment health facility tools for IYCF in certified MBFH and main health centers	Tool Drafted. Not yet institutionalized.	
- Annual progress reports of status of implementation of Milk Code, Rooming In and Breastfeeding Act, ASIN Law, Food Fortification and ECCD Law / IYCF Policy	1st IYCF PIR: 2007 2nd IYCF PIR: 2009	
- IYCF integrated into Philippine Plan of Action for Nutrition and annual planning and health monitoring systems at all levels	IYCF integrated in PPAN 2005-2010. PIR was conducted last quarter of 2010.	Key result of integration was the intensive training on IYCF Counseling in AHMP target areas.
- Periodic feedback of IYCF status during annual conventions of health professionals/Leagues of Provinces/Cities/Municipalities and Barangays	Regular Presentations are offered by DOH on IYCF status (2005: 1st presentation during National Convention Liga Ng Barangay)	

C. THE SITUATION OF INFANT AND YOUNG CHILD FEEDING PRACTICES IN THE PHILIPPINES AFTER FIVE (5) YEARS OF PROGRAM IMPLEMENTATION IN COMPARISON WITH 2003 DATA

The Philippines is one of the 42 countries that accounts for 90 percent of global underfive deaths. (2) Figure 2 demonstrates a steady but slow decline in underfive and infant mortality rates (UFMR and IMR) from 1998, 2003 to 2008. The UFMR decreased from 45 to 34 per 1,000 live births and the IMR from 32 to 25 per 1,000 live births. The slow decline is attributed to the non-improvement in the neonatal mortality rate. In 2008, around two thirds (74 percent) of the under-five mortality occurred among less than one year old children. Among infants, the most vulnerable period is the first 28 days of life, or the neonatal period. It accounts for 64 percent of deaths during infancy and almost half (47 percent) of the underfive deaths.

FIGURE 2: TRENDS IN UNDERFIVE, INFANT AND NEONATAL MORTALITY RATES, 1998 - 2008



(SOURCE: PHILIPPINES NDHS 2008)

FIGURE 3: NATIONAL IYCF DATA 2003 VS. 2008

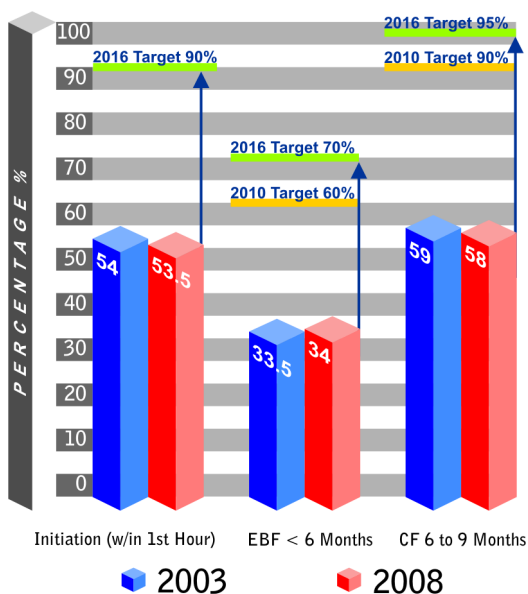


Figure 3 demonstrates that breastfeeding and complementary feeding practices in the country are suboptimal. The comparison between the national IYCF data in 2003 and 2008 shows no significant improvement. The 2008 IYCF data on initiation to breastfeeding within the first hour after birth at 53.5 percent, exclusive breastfeeding (EBF) among infants less than 6 months of age at 34 percent, and receiving complementary feeding at 6-9 months of age at 58 percent, are way off the 2010 and 2016 targets set by the IYCF program.

(SOURCE: PHILIPPINES NDHS 2003 AND 2008 AND NATIONAL IYCF PLAN 2005-2010)

Figure 4 shows the wide disparities on breastfeeding initiation practice among regions in the country ranging from a very low 26.3 percent in Region III to 75.3 percent in Region VII.

(SOURCE: PHILIPPINES NDHS 2008)

FIGURE 4: (%) INITIATED WITHIN 1ST HOUR

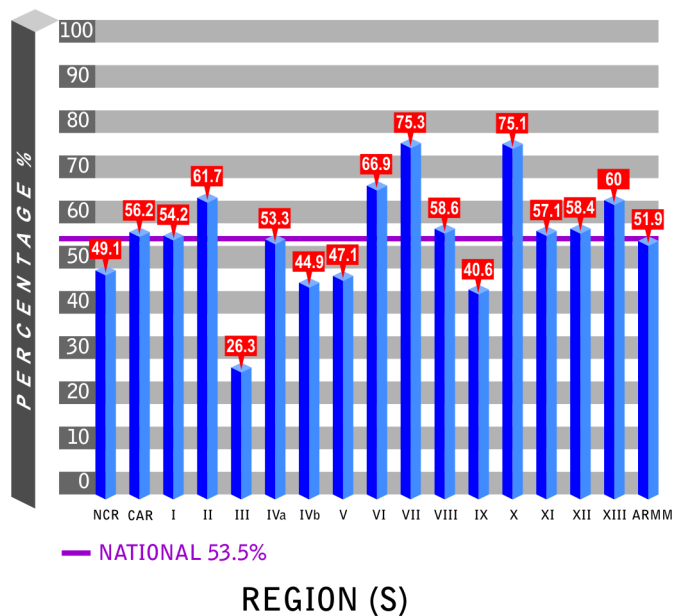
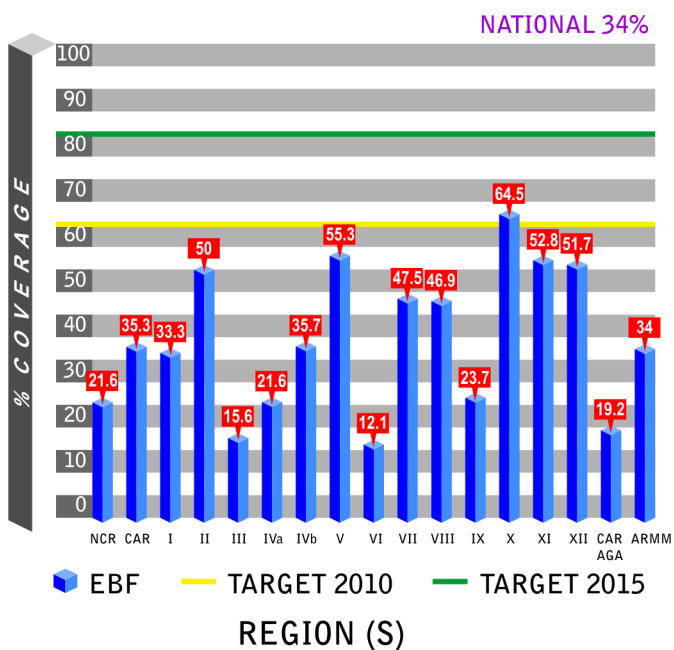


FIGURE 5: EBF RATES AT THE REGIONAL LEVEL



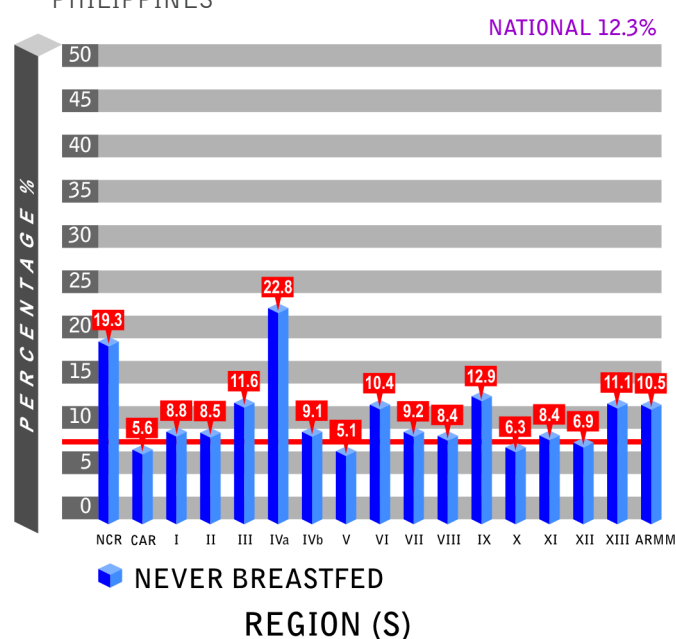
Of all the 16 regions in the country (Figure 5), only regions V, VIII, X and XXI reported rates higher than the national average of 33.5 percent.

(SOURCE: PHILIPPINES NDHS 2008)

Some 12.3 percent of infants were never breastfed (Figure 6). This is most evident in the highly urbanized regions of National Capital Region and Region IV-A.

(SOURCE: PHILIPPINES NDHS 2008)

FIGURE 6: (%) OF NEVER BREASTFED IN THE PHILIPPINES



It is noteworthy that children born at home were more likely put to the breast within one hour of birth than those born in the health facility (57 and 50 percent respectively). Babies delivered with the assistance of a traditional birth attendant were also more likely to be breastfed within one hour of birth than those delivered by a health professional (58 and 51percent respectively). (3)

Misconceptions on breast feeding persist. Two main reasons cited for discontinuing breastfeeding were inadequate milk flow and working outside home/too busy (Table2). Some 35 percent opted to breastfeed for nutritional reasons in contrast to some 41.7 percent who did so for economic reasons. This is significant and reveals a critical need for vigorous exclusive breastfeeding promotion. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system. (5)

TABLE 2: DISTRIBUTION OF CHILDREN BY MAIN REASON WHY BREASTFEEDING WAS STOPPED: PHILIPPINES 2008

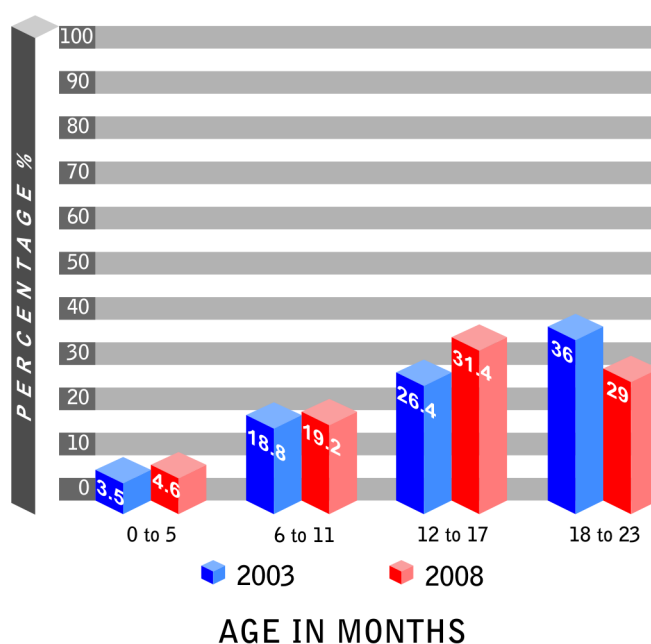
MAIN REASON	PERCENTAGE
Inadequate milk flow	34.5
Working outside home/too busy	25.5
Another pregnancy	9.1
Mother ill/weak/underwent surgery	7.6
Cracked nipple/breast infection	5.4
Child old enough for weaning	2.8
Child ill/weak	2.5
Child abandoned/separated from mother	1.5
Others	2.9
As advised by health persons/relatives/friends	0.5
Child not gaining weight	0.1

(SOURCE: 7TH NATIONAL NUTRITION SURVEY 2008, FOOD AND NUTRITION RESEARCH INSTITUTE)

Figure 7 shows that ages 6 months to 2 years are vulnerable periods to becoming undernourished. A comparison of the prevalence of underweight for ages 0 to 17 months, among 0-2 years old children in 2003 and 2008 showed a consistent increase for all specified months except the 18 to 24 months. The national prevalence increased from 24.6 in 2003 to 26.2 per cent in 2008.

(SOURCE: 7TH NATIONAL NUTRITION SURVEY 2008, FOOD AND NUTRITION RESEARCH INSTITUTE)

FIGURE 7: PREVALENCE UNDERWEIGHT FOR AGE (0 TO 2 YEARS OLD)



D. ANALYSIS OF MAJOR CONSTRAINTS AND CHALLENGES

Several constraints hinder the achievement of the IYCF Program goals. An analysis of these issues set forth the identification of the strategies and the key result areas for this plan.

1. INTRA-SECTORAL AND INTERSECTORAL COORDINATION AND MANAGEMENT STRUCTURE

The implementation of the IYCF Program needs very strong intra sectoral and intersectoral coordination and a management structure that will allow for such collaboration.

Currently NCDPC-FHO is responsible for the day-to-day operations of the IYCF program. It is also the center for coordination and collaboration through TWG meetings which takes place according to need. TWG members are Ad Hoc depending upon the meeting agenda.

The IYCF Program's mandate cuts across established programs and interventions within and outside the DOH. Within the NCDPC, are programs such as the Nutrition Program, Growth Monitoring Program and

Micronutrient Supplementation. Within DOH are different department partners on IYCF such as NCDPC, FDA, NCHFD, Bureau of Health Facilities and Services (BHFS), National Center for Health Promotion (NCHP), Bureau of Local Health Development (BLHD), Health Emergency Management Staff (HEMS), Dr. Jose Fabella Memorial Hospital (DJFMH) and National Nutrition Council (NNC). The implementation of IYCF interventions also calls for collaboration with key stakeholders outside DOH such as Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), Council for the Welfare of Children (CWC), Department of Education (DepEd), Department of Justice (DOJ), professional organizations, and development partners who are actively pursuing similar goals.

The current IYCF Program structure is unable to cope with the myriad parallel activities going on at the intervention settings and the complex collaboration of activities with many and different stakeholders. There is a need for a well defined and more responsive structure to better facilitate coordination and management.

2. WEAK ENFORCEMENT OF THE MILK CODE

The interagency committee (IAC) together with the FDA, have taken more steps to enhance the enforcement of the revised implementing rules and regulations of the Milk Code of 2006. Meetings of the IAC to deliberate on violations and to review requests for approval of promotions and donations have been more regular. Despite this, health workers continue to be targets of aggressive and illegal marketing practices. The task of regulation was dwarfed by the aggressive marketing stance of milk companies. There were deliberate efforts to ignore or circumvent the law to promote breast milk substitutes. (6) Furthermore, imposition of penalties had been rare and there were feedback on non-action on violation reports.

The FDA is the secretariat of the IAC. It is responsible for the legal and administrative procedures required by the implementation of the Milk Code at the national level. Unfortunately, the FDA unit responsible for all activities related to the Milk Code is understaffed and consists of only two nutritionists, two part time legal officers and one administrative support staff. Understaffing has severely delayed the processing of reports on the violations of the Milk Code. Additional human resource complement is needed to facilitate the process and at the same time assist the DOH Centers for Health Development (CHDs) to process and act on violation cases in the field.

3. BACKSLIDING OF THE MOTHER BABY FRIENDLY HOSPITAL INITIATIVE

Mother Baby Friendly Hospital Initiative in the Philippines reached its peak in the late nineties when the DOH certified 83 percent of the 1,713 targeted hospitals and lying in clinics (7). From then on, MBFHI has lagged behind. A retrospective study conducted by the University of the Philippines in 2006 on the Philippine MBFHI experience in 15 regions, covering 98 government and private hospitals revealed poor compliance to the ten steps to successful breastfeeding.

Thus, on July 10, 2007, the DOH issued AO 2007-0026: Revitalization of the MBFHI in Health Facilities with Maternity Services in order to revive appropriate interventions and enabling mechanisms to promote, protect and support/sustain breastfeeding practices.

With the issuance of AO 2007-0026, much of the effort went into the training/retraining of MBFHI assessors and hospital staff on Lactation Management. The huge investment on training without the accompanying support to the process of MBFHI certification was unable to reinstate the MBFHI status of previously MBFHI certified hospitals. Furthermore the incentive scheme provided for by RA 7600: The Rooming-In and Breastfeeding Act of 1992 for private and government health facilities complying with the provisions of the Act did not work.

Discussions with Program Coordinators, health workers and other key stakeholders pointed to other contributory factors which led to the further deterioration of the MBFHI:

- a) non-implementation of Philippine Health Insurance Corporation (PhilHealth) Circular No. 26 S-2005 requiring accredited hospitals to be "mother-baby friendly" as a requirement for the certification for PhilHealth;
- b) aggressive marketing of breastmilk substitutes targeting health workers, child minders and the general community;
- c) fast turnover of trained health workers and
- d) incapacity of hospitals to enforce the MBFHI and the Rooming-In and Breastfeeding Act.

A major deficiency identified was that monitoring of compliance to the Milk Code and MBFHI compliance was not able to reach many health facilities, professional organizations and health workers.

4. NON-IMPROVEMENT IN THE EXCLUSIVE BREASTFEEDING RATES

Breastfeeding practice has not improved despite past efforts. Comparison of 2003 and 2008 IYCF data showed that the prevalence of EBF among infants under 6 months has remained at 34 percent. More than half of children (55 percent) who were ever breastfed received prelacteal feeds in the first three days after delivery. Among infants less than two months, one in two infants (50 percent) was exclusively breastfed, and two in five infants (42 percent) receive plain water only (18 percent), other milk (23 percent), or complementary foods (1 percent) in addition to breast milk. (3)

The real challenge is how to provide mothers and other child minders access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence. They need skilled support to help them initiate and sustain appropriate feeding practices, and to prevent difficulties and overcome them when they occur. Information on appropriate feeding practices should come from all fronts: the home, community, health facilities, school and media. The aggressive advocacy in all these fronts should be able to overcome the marketing strategies of milk companies.

Peer counseling and community support groups are documented effective mechanisms in correcting misconceptions. The task of creating and maintaining IYCF support groups in communities and health facilities is difficult. This requires more effort and collaboration for community approaches to rally for community participation.

5. SCALING UP OF THE MOTHER-BABY FRIENDLY WORKPLACE

Maintaining the established MBF workplaces and keeping the momentum high for the expansion of MBF workplaces is another challenge. Earlier collaborations must be intensified and expanded to guarantee that the institutionalization of these undertaking takes place.

The Expanded Breastfeeding Promotion Act requires the willingness and effort of the labor sector. The joint forces of DOH, DOLE, Employers Confederation of the Philippines (ECOP), Trade Union Council of the Philippines (TUCP), Philippine Transport and General Workers Association (PTGWO) and individual establishments and offices are vital. The mobilized DOLE, together with the employers and employees representations, however is the key to the scaling up of the MBF workplaces.

Crucial to the successful implementation of the Expanded Breastfeeding Promotion Act is the granting of incentive and tax exemption schemes for facilities to comply with the Act. DOH needs to collaborate with the Department of Finance (DOF), Bureau of Internal Revenue (BIR), the Department of Budget and Management (DBM) and PhilHealth to formulate mechanisms that will facilitate the granting of such incentives and tax exemptions. Without these mechanisms, compliance to the law may be at stake.

6. MAKING THE PROFESSIONAL GROUPS PARTNERS ON ADVOCACY FOR APPROPRIATE IYCF PRACTICES

The role of health workers is crucial to the promotion of good IYCF practice. However, since they are among the main targets of the marketing of breastmilk substitutes, they knowingly or unknowingly violate the Milk Code.

The medical and allied professional groups in the Philippines exert influence on the practice of the respective professions. Beyond mere compliance with the law, they can lead and advocate efforts to promote proper IYCF practice through seeking and disseminating updates on IYCF, participating in the enforcement of compliance to the Milk Code and IYCF related laws and regulations and active advocacy outside of their ranks such as members becoming resource persons on IYCF. Unfortunately the professional groups have yet to take up this leadership role.

7. LACK OF OR LAGGING BEHIND ON THE PROMOTION OF GOOD COMPLEMENTARY FEEDING PRACTICE

Promotion of complementary feeding lags behind breastfeeding advocacy. Good breastfeeding and complementary feeding practices are equally as important for the optimal feeding of the child. Both should receive equal attention.

The current advocacy direction points to a more extensive effort in the home and community to reach women and their families. However, health promotion at the local levels has been difficult and needs a very strong partnership between the Local Government Units (LGUs), (Department of Interior and Local Government (DILG), DSWD and DOH.

8. LACK OF PROTECTION AND SUPPORT FOR NUTRITION OF INFANTS AND YOUNG CHILDREN DURING EMERGENCIES/DISASTERS

Natural calamities, armed conflicts and state of emergencies are common occurrences in the Philippines. These situations result to the displacement of people, loss of livelihood and income, disruption of food supplies, and breakout of infectious diseases. These events are threats to the nutrition and health of the population particularly of the vulnerable infants and young children.

These situations also become an arena for donations of milk and milk related milk products. IYCF Program Coordinators claim that the control for donations of breastmilk substitutes and related products during times of calamities/disasters is complicated. There should be clear policies and guidelines on Infant Feeding in Emergencies (IFE) as well as support on its implementation for LGUs and NGOs to follow.

9. NEED TO INTEGRATE IYCF IN THE CURRICULUM

The integration of IYCF in the curricula of midwifery, nursing, nutrition and dietetics and medical courses has been initiated. However, these efforts should be sustained so that appropriate changes are adopted and implemented in schools.

The Expanded Breastfeeding Promotion Act mandates the integration of IYCF in relevant subjects in the elementary, secondary and college levels especially in the medical and education courses. (8) This means expanding the collaboration with DepEd, Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA).

The integration of IYCF into the different education curricula may compete with other advocacies from various sectors to include their own agenda into the curriculum. In the health sector alone, IYCF is just one of the subjects being pushed for the integration/inclusion.

The final measure of the success of the integration of IYCF in the curricula rests is on the use of the updated curricula in all school levels and the inclusion of IYCF into the prescribed school textbooks and teaching materials.

ii THE PHILIPPINE IYCF STRATEGIC PLAN
OF ACTION FOR 2011-2016

■ A. THE PLANNING PROCESS

The planning process took off from the National Plan of Action for IYCF 2005-2010. The plan was developed through a highly participatory manner. Two workshops were conducted, the first in September 15-17, 2009 to review the program performance and determine the planning framework and the second in March 24-26, 2010 to set the strategies and the activities of the plan. A series of consultations followed before the completion of the document.

The plan upholds the National Policies on IYCF and is in line with the joint WHO and UNICEF Global Strategy for IYCF and the WHO/UNICEF Regional Child Survival Strategy. It ensures that that the recommended critical interventions of both strategies are appropriately adopted.

■ B. GUIDING PRINCIPLES

The IYCF Strategic Plan of Action upholds the following guiding principles:

1. Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health. (5)
2. Mothers and Infants form a biological and social unit and improved IYCF begins with ensuring the health and nutritional status of women. (5)
3. Almost every woman can breastfeed provided they have accurate information and support from their families, communities and responsible health and non-health related institutions during critical settings and various circumstances including special and emergency situations.(5)
4. The national and local government, development partners, non-government organizations, business sectors, professional groups, academe and other stakeholders acknowledges their responsibilities and form alliances and partnerships for improving IYCF with no conflict of interest.
5. Strengthened communication approaches focusing on behavioral and social change is essential for demand generation and community empowerment.

■ C. GOAL, MAIN OBJECTIVE, OUTCOMES AND TARGETS

GOAL:

Reduction of child mortality and morbidity through optimal feeding of infants and young children

MAIN OBJECTIVE:

To ensure and accelerate the promotion, protection and support of good IYCF practice

OUTCOMES:

By 2016:

1. 90 percent of newborns are initiated to breastfeeding within one hour after birth;
2. 70 percent of infants are exclusively breastfed for the first 6 months of life; and
3. 95 percent of infants are given timely adequate and safe complementary food starting at 6 months of age.

TARGETS:

By 2016:

1. 50 percent of hospitals providing maternity and child health services are certified MBFHI;
2. 60 percent of municipalities/cities have at least one functional IYCF support group;
3. 50 percent of workplaces have lactation units and/or implementing nursing/lactation breaks;
4. 100 percent of reported alleged Milk Code violations are acted upon and sanctions are implemented as appropriate;
5. 100 percent of elementary, high school and tertiary schools are using the updated IYCF curricula including the inclusion of IYCF into the prescribed textbooks and teaching materials; and
6. 100 percent of IYCF related emergency/disaster response and evacuation are compliant to the IFE guidelines.

D. IYCF PROGRAM STRATEGIC FRAMEWORK 2011-2016

The IYCF Program shall execute five key strategies and corresponding action points to confront the main constraints to achieving optimal feeding of infants and young children. The strategies are:

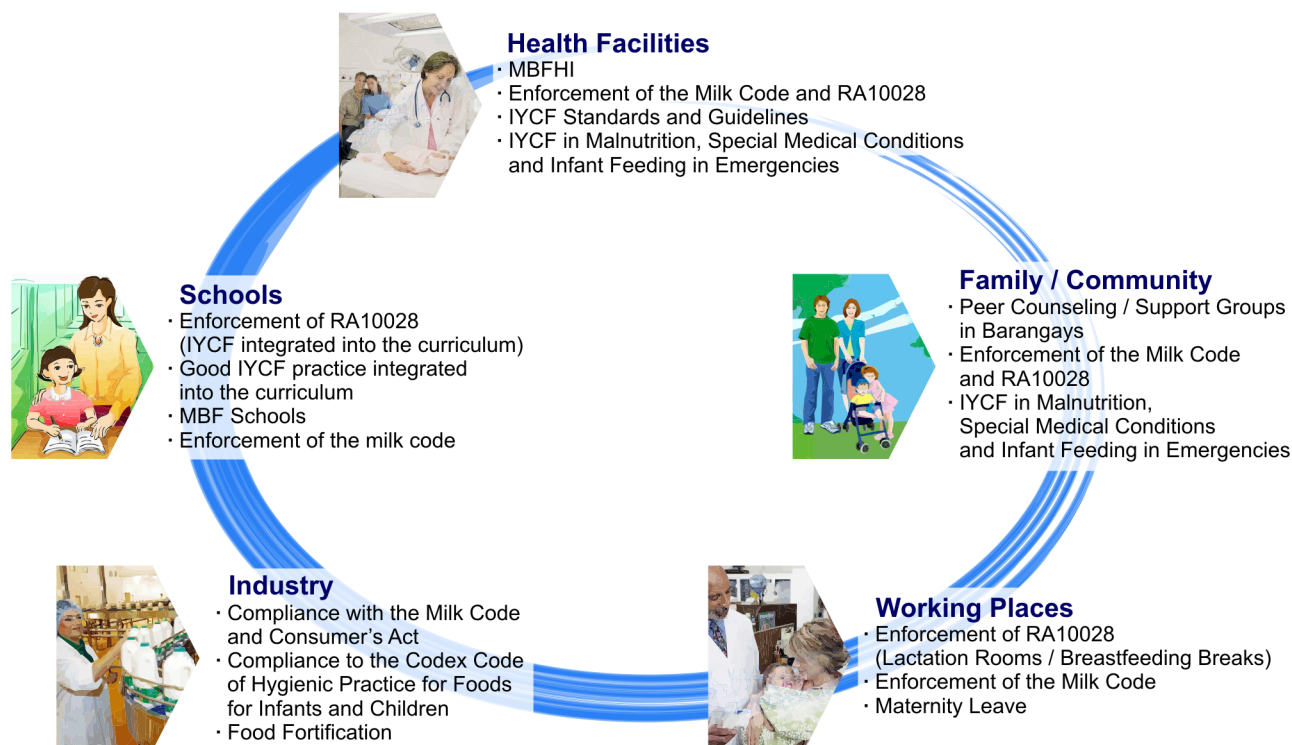
1. Partnerships with NGOs and GOs in the coordination and implementation of the IYCF Program;
2. Integration of key IYCF action points in the Maternal Newborn Child Health and Nutrition (MNCHN) Plan of Action;
3. Harnessing of the executive arm of government to implement and enforce IYCF related legislations and regulations (EO 51, RA 7200 and RA 10028);
4. Intensified focused activities to create an environment supportive to IYCF practices; and
5. Engaging the Private Sector and International Organizations to raise funds for the scaling up and support of the IYCF Program.

The key strategies and action points will be supported by three (3) pillars to ensure a comprehensive and sustainable approach in its implementation. The implementation will be sustained through the following:


1. Capacity Building
2. Supportive Supervision
3. Communication Plan

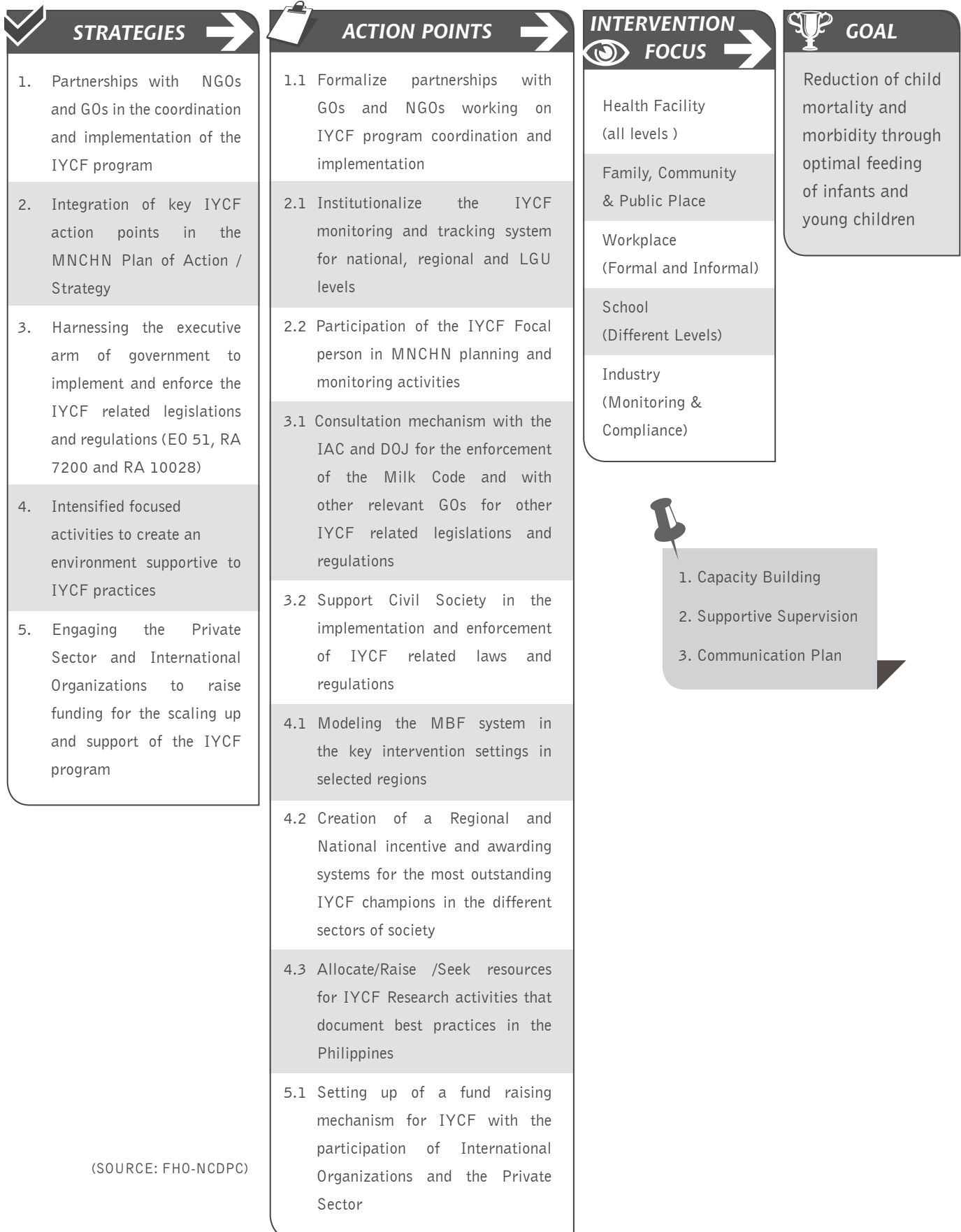
The strategic action points and the IYCF Program pillars shall all be directed towards the implementation of services in the key intervention settings. Figure 8 shows the IYCF key intervention settings and services while Figure 9 illustrates the IYCF Program Strategic Framework for 2011-2016.

 **FIGURE 8: KEY INTERVENTION SETTINGS AND SERVICES**



(SOURCE: FHO-NCDPC)

 **FIGURE 9: FRAMEWORK OF THE NATIONAL PLAN OF ACTION FOR INFANT AND YOUNG CHILD FEEDING, PHILIPPINES 2011**



(SOURCE: FHO-NCDPC)

E. STRATEGIES, PILLARS AND ACTION POINTS

STRATEGY 1: Partnerships with NGOs and GOs in the coordination and implementation of the IYCF Program

1.1 Formalize partnerships with GOs and NGOs working on IYCF program coordination and implementation

a. Strengthen the TWG to allow it to effectively coordinate the GOs and NGOs working for the IYCF Program

The national TWG will remain but will be strengthened. It shall be constituted by: NCDPC as Chair, FHO as secretariat and representatives from NCDPC, FHO, NCHP, FDA, DJFMH, DSWD, CWC, NNC, ILO, WHO and UNICEF. This time, members of the TWG will be tasked to focus participation to the intervention setting where it is most relevant.

The TWG shall be reporting regularly to the Service Delivery Cluster Head. At the Regional level, the Regional Coordinators from the above offices shall collaborate in the implementation of the IYCF Program. To ensure that GO and NGO IYCF partners work together, the composition of the TWGs and AD Hoc committees shall be made up of representatives from the government and non-government sectors and the Ad Hoc Committees shall be chaired by the relevant agency where the intervention setting belongs.

At the provincial, municipal and barangay levels the existing Coordinating Committees which has an interagency composition shall be the coordinating arm of the IYCF Program. This is where the participation of non-government entities will be facilitated. Mechanisms for coordination shall be devised to build a strong foundation for partnership between the LGU, the Coordinating Committees and local NGOs or private entities.

A memorandum of agreement (MOA) shall be executed between DOH and other agencies invited to become members of the TWG.

The MOA shall contain among others the mechanisms of cooperation between the two agencies in the implementation of existing laws, executive orders and administrative orders related to IYCF.

b. Organize functional Intervention Setting Committees (this is the same as the ad-hoc committee)

The years covered by this action plan will be marked with many developmental activities in all the intervention settings. The TWG shall create a committee for each of the intervention setting. The committees shall be chaired by the relevant agency/office. Other government and non-government agencies will be invited to the committees relevant to their mandate.

c. Return the MBFHI responsibility from NCHFD to NCDPC

The National Policy on IYCF created in 2005 has affirmed the MBFHI responsibility to NCHFD. Since MBFHI is now under the umbrella of the IYCF Program, it is in a better position to consolidate efforts towards MBFHI compliance. Thus the return of the MBFHI responsibility from NCHFD to NCDPC shall be pursued. The collaboration of NCHFD is still needed though as it has a direct hand on health facility development. At NCDPC the integration of IYCF in the MNCHN Action Plan shall be worked out in all aspects of the program and at the different levels of implementation.

d. Augment human resource complement of NCDPC-FHO, IYCF program

NCDPC-FHO as the secretariat of the TWG and supervising and supporting the IYCF Program will not be able to effectively carry out the technical, management and administrative roles and responsibilities without additional human resource. Funds shall be allotted for job orders for this purpose.

- e. Programmed contracting out of activities to organizations outside of DOH

To achieve the objectives and targets of the IYCF program, it shall be implemented simultaneously in the different intervention settings and at a faster pace. This is a gargantuan task considering the extent of the developmental work, the management requirements, and the mobilization of the IYCF network and the sourcing of funds for implementation.

Organizations and consultants that possess the expertise and the commitment to the IYCF program will be contracted out for complex activities that require time and effort beyond the capacity of the TWG and the Ad Hoc committees. These contracts shall be arranged based on need and awarded based on merit.

STRATEGY 2: Integration of key IYCF action points in the MNCHN Plan of Action/Strategy

2.1 Institutionalize the IYCF monitoring and tracking system for national, regional and LGU levels

- a. Institutionalize the collection of PIR Data and generate annual performance report

The established IYCF data set that are being collected during PIRs shall be further reviewed, revised as appropriate and institutionalized through a Department Circular and in collaboration with the other programs in the FHO.

An IYCF Program annual performance report shall be generated at the end of every year based on the PIR data, the consolidated data from the unified monitoring and related data coming from research and studies as appropriate. Reports on the performance of developmental activities shall be collected as part of the data base and to be reported as needed to the Service Delivery Cluster Head.

- b. Maximize the use of the unified monitoring tool

The CHDs through its Regional Coordinators shall be required to use and consolidate the unified monitoring tool. A simple data management program shall be developed to facilitate the consolidation of data extracted from monitoring. Reports shall be required two weeks after the end of every quarter.

- c. Collaborate with the National Epidemiology Center (NEC) and Information Management Service (IMS) regarding IYCF data

The current records and reports being collected by the DOH Field Health Information System will remain as the main source of data from health facilities. However, collaboration with NEC and IMS to improve data quality and include data on complementary feeding is essential.

2.2 Participation of the IYCF Focal person in MNCHN planning and monitoring activities

- a. Designate the IYCF Focal Person as a regular member of the team working for the development and implementation of the MNCHN Strategy

The IYCF Focal Person shall ensure that the IYCF action points become an agenda of the MNCHN Strategy and thus ultimately the IYCF services forms a part of the integrated services for mothers and children. In the MNCHN planning and monitoring, the IYCF Focal Person shall help ensure that in the multitude of activities, critical IYCF action points and indicators are not overlooked.

STRATEGY 3: Harnessing the executive arm of government to implement and enforce the IYCF related legislations and regulations (EO 51, RA 7200 and RA 10028)

3.1 Consultation mechanism with the IAC and DOJ for the enforcement of the Milk Code and with other relevant GOs for other IYCF related legislations and regulations

a. Devise and implement a consultation mechanism to bring together the IAC, DOJ and other relevant GOs for IYCF related legislations and regulations

The Committee for Industry Regulation shall devise and implement a consultation mechanism to facilitate the implementation and enforcement of IYCF related laws and regulations. This will require participation of higher levels of authority in the GOs.

The goal of the consultation mechanisms is to develop activities that will focus on facilitating the process of monitoring of compliance and enforcement of IYCF related laws and regulations not only at the national level but also at regional and local levels and in the five IYCF intervention settings.

3.2 Support Civil Society in the implementation and enforcement of IYCF related laws and regulations

a. Institutionalize enforcement of MBFHI compliance in the regulatory function of the DOH

The inclusion of the MBFHI requirements in the unified licensing/accreditation benchmarks of the BHFS and the Licensing Offices shall be pursued more vigorously in collaboration with BHFS and the Licensing offices of the CHDs. These offices are in a better position to enforce compliance in relation to their regulatory function and in their power to promulgate penalties for violations.

b. Review and improve the processing of reports on violations on the Milk Code

The handling of reports on violations shall be reviewed for thoroughness and timeliness from the time a report is submitted up to the final decision rendered on a case. Problematic areas and bottlenecks shall be identified and threshed out. Measures to ensure that all reports on violations are acted upon shall be devised.

To ensure speedy resolution of cases, it is necessary to set deadlines on the processing of reports on violations.

c. Invite the Professional Regulatory Board as a resource agency of the IAC

Apart from companies who are actively marketing breastmilk substitutes, health professionals who have direct access and influence on pregnant and postpartum women are also among the most common violators of the law. The PRC as the legal authority that regulates the practice of the medical and allied professions can contribute to the development and enforcement of the IAC's regulatory function.

d. Augment human resource of FDA as secretariat of the IAC

The current load of violations cases being processed and the fulfillment of other responsibilities with regards to the Milk Code at FDA require a full time legal officer who will also assist the CHDs. Furthermore, the strengthened monitoring of compliance to the Milk Code will result in a surge on violation reports. FDA should be prepared to process such reports. An additional full time legal officer and an administrative/ clerical staff is required to facilitate and help speed up the process.

- e. Engage professional societies to come-up with measures for self monitoring and regulation

Monitoring of overt advertisements and marketing of breast milk substitutes is a persistent challenge. Monitoring of compliance to the Milk Code among health workers and medical and allied professional organizations is much more difficult. Promotion of breast milk substitutes is more personal and concealed.

The medical and allied professional societies are strong and active bodies that foster organizational development and discipline among its members. An advocating stance over a punitive approach may be the more prudent initial approach in this environment. There will be dialogue, negotiations and forging of agreements to push the Milk Code and other policies on IYCF. The professional societies will be engaged to participate in the development of the monitoring scheme within their ranks and in health facilities. They are a good resource in the development of schemes for MBFHI and related technical matters. Working arrangements/contracts may be forged to seal responsibilities and partnerships.

Representatives from the professional societies will constitute the Speaker's Bureau which will be organized for the information dissemination/awareness campaign on the Milk Code, the Expanded Breastfeeding Promotion Act and the Policies on IYCF.

STRATEGY 4: Intensified focused activities to create an environment supportive to IYCF practices

4.1 Modeling the MBF system in the key intervention settings in selected regions

- a. Set up Models of MBFHI and MNCHN implementation in key strategic hospitals and referral networks

Regional Hospitals and selected private hospitals shall be developed as models of MBFHI and MNCHN implementation to help create an impact and to serve as showcases for other health facilities.

If these hospitals are currently training facilities for obstetrics and pediatrics residency program, the MBFHI environment will certainly add value to the training.

An itinerant team will facilitate the development of the hospital models. The team will be composed of an Obstetrician with training/background on MNCHN, Pediatrician with training/background on Lactation Management/Essential Newborn Care, Nurse trainer for breastfeeding counseling, Senior IYCF Program person with administrative background who can deal with arrangements and coordination with hospitals and local governments and who can be a trainer and an administrative assistant who will facilitate administrative matters. The team will facilitate the activities leading to the organization and maintenance of the MBFHI in the hospitals. This shall include planning, setting up of operational details and physical structures when needed, training/coaching of personnel, keeping records and completing reports and self assessment.

Regional hospitals shall be developed for IYCF capacity building. Trainings at Regional Hospitals shall be conducted in collaboration with the CHDs. This is so that training is de-centralized and monitoring and evaluation can be done more frequently at the provincial and municipal levels.

- b. Establish protocols/standards on how to set-up and maintain MBF workplaces and integrated in the standards for healthy workplace

The IYCF Program shall focus on the enforcement of the Expanded Breastfeeding Promotion Act of 2009 which mandates workplaces to establish lactation stations and/or grant breastfeeding breaks. Guidelines for the establishment and maintenance of MBF workplace shall be developed. It will learn from lessons of already established and successful MBF workplace. In as much as standards for the healthy workplace are already established, the MBF guidelines shall be integrated into those standards.

The establishment of MBF workplaces initiated in factories shall be scaled up and efforts shall be expanded to include government and private offices in line with Expanded Breastfeeding Act. The current collaboration partners in the workplace setting may also need to be expanded to promote the establishment of the MBF workplace in government and private offices. With the multitude of workplaces scattered throughout the country, the expansion may require outsourcing of organizations to continue the MBF workplace efforts.

- c. Enhance the primary, secondary and tertiary education curricula on IYCF

The enhancement of the primary, secondary and tertiary education curricula on IYCF shall be pursued. If necessary, a review of the curriculum will be done prior to the enhancement. Apart from the curriculum enhancement, training materials, books and teachers' guide shall also be updated.

The initial collaboration for the enhancement of the primary, secondary and tertiary education curricula shall take place at the central office of DepEd (Bureau of Elementary Education and Bureau of Secondary Education) and TESDA. The enhanced curriculum, training materials, books and teacher's guide shall be field tested province-wide in three selected provinces, evaluated and further enhanced before a national implementation.

- d. Develop policy on IYCF in emergencies (IFE) and guidelines on the management of malnutrition, and IYCF in special medical conditions for the community

A clear policy on IYCF is necessary to allow the program to define the guidelines that can be easily followed by GOs, NGOs and LGUs once such situations arise. The policy/guidelines shall address among others the issue of milk donations. Guidelines on the Community Management of Malnutrition, IYCF in special medical conditions such as errors of metabolism or HIV positive mothers shall also be developed for implementation.

Camp managers and organized local nutrition clusters shall be oriented on the IFE guidelines.

Disaster prone areas will be prioritized in the orientation. Training/orientation shall be a collaborative effort between the IYCF Program, HEMS and the NDCC.

- 4.2 Creation of a Regional and National incentive and awarding systems for the most outstanding IYCF champions in the different sectors of society

- a. Review and update the existing awarding system

The current awarding system shall be reviewed. The search protocol shall be further refined to allow a wider search. The organization of the search committees in the local and national levels shall be formalized. Funds for the awards shall be ensured.

- b. Establish a recognition system for health facilities complying with E051, RA10028 and the MBFHI National Policy

Set up an annual recognition system for facilities, establishments complying with relevant IYCF legislations and regulations. The benefits provided for by the Milk Code to compliant health facilities shall be reviewed and improved/established parallel with the development of the incentive scheme for the Expanded Breastfeeding Promotion Act. Procedures for claiming benefits shall be established and made accessible in collaboration with PhilHealth, BIR and other relevant government offices.

- 4.3 Allocate/Raise /Seek resources for IYCF Research activities that document best practices in the Philippines

- a. Carry out an inventory of best practices on IYCF

Identify best IYCF practices by allowing every province in the country to identify exemplary or creative activities on IYCF that boosted program services/performance. Validate the reports through CHDs and select the best practices for documentation and publication.

- b. Allocate resources and conduct IYCF related researches focusing on the documentation and measure of impact of noble experiences and interventions

The documentation of IYCF best practices is considered a critical area that allows the development of models/ references for appropriate IYCF protocols and guidelines for implementation. Field personnel who are able to establish and provide successful models of IYCF services are often deficient in resources and skills to document the efforts. Resources to conduct IYCF related researchers, focusing on the documentation and measure of impact of noble experiences and interventions, will have to be allocated.

STRATEGY 5: Engaging the Private Sector and International Organizations to raise funds for the scaling up and support of the IYCF program

- 5.2 Setting up of a fund raising mechanism for IYCF with the participation of International Organizations and the Private Sector

- a. Set-up the fund raising mechanism

The development and sustainability of IYCF activities partly depends on the availability of resources. At the national level, where many developmental activities will take place, the regular sources of funds are not sufficient. At the local levels, the poorer more problematic areas have the least resources to promote, protect and support good IYCF practices. It is critical for the IYCF Program to determine and actively source budgetary and other resource requirements. The availability of resources will guide the scale and prioritization of IYCF activities in the annual operational planning.

To augment the funds for the IYCF program, a funding mechanism/body that will serve as a fund raising arm for the elimination of child malnutrition shall be established.

The effort should be able to explore and proceed with the development of a funding mechanism that can encourage public-private partnership and ensure resources to initiate and sustain critical interventions nationwide. The arena of fund raising is not within the expertise of DOH, and it will be important to discuss with the international and national partners on the most suitable mechanism that can help attain such important goal.

PILLAR 1: Capacity Building

Capacity building shall take different forms and intensity in accordance to the requirement of the intervention settings.

In health facilities, training on Lactation Management and Counseling shall continue. A system for regular in-service or refresher training to address the fast turnover of health staff in hospitals and to provide necessary program updates shall be put in place. Staggered training and self-enforcing programs may also be devised to improve access to training when warranted. Periodic evaluation shall be incorporated into the system to ensure effectiveness and efficiency of the trainings.

The Milk Code monitors at FDA, CHDs and local levels shall be trained on the latest guidelines to help ensure that provisions on regulation and enforcement in the RIRR of the Milk Code are closely adhered to. The monitors should be prepared to handle incidents of actual violation of the code during inspection/monitoring. The local monitors shall be equipped with user friendly monitoring tools.

The competencies of teachers and administrators to teach the new IYCF updated curriculum and to appreciate the importance of MBF environment shall be enhanced. A training/seminar program on IYCF for teachers/administrators will be developed. A core of teacher trainers in every region will be developed and organized to conduct the training/seminars nationwide.

At the LGUs, identification/selection of trainees shall be coordinated with the units managing human resources so that the most appropriate persons for training are selected and the scheduling and number of trainings to be conducted is effectively programmed.

Members of the IYCF support groups shall be recruited organized and trained using the training materials adapted from the training on peer counseling at the community setting. A pool of trainers shall also be organized to allow continuous training of new recruits.

Development of training programs particularly for community and non-health volunteers shall take into consideration the most appropriate design for learning which should veer away from traditional forms of teacher centered instructions to participative and practical approaches

Training/orientation on complementary feeding shall be conducted prior to the start of the activities and whenever possible integrated with already existing training programs for Integrated Management of Childhood Illness and Growth Monitoring.

The establishment and implementation of the complementary feeding activities and guidelines shall be facilitated by the JP for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines.

PILLAR 2: Supportive Supervision

Supportive supervision shall become a conscious effort. The system for monitoring and supervision will be defined in every intervention setting in line with the agreements between DOH and the agencies where the intervention setting belongs through collaboration through the Ad Hoc Committees.

Within the intervention settings, internal supervision and technical support shall be developed to allow local problem solving and action. Capacities of identified internal supervisors shall be built and guidelines and tools shall be developed and institutionalized.

External supervision coming from NCDPC-FHO, CHDs and PHOs shall be strengthened. The unified monitoring tools shall be utilized during supervisory visits and the data generated shall be reviewed and analyzed locally to address problem areas.

PILLAR 3: Communication Plan

NHCP shall take the lead in all aspects of the development of a communication plan that will ensure the promotion and the dissemination of accurate and necessary information on breastfeeding and complementary feeding among mothers, child minders and their families and the providers of IYCF services. It will employ organized and intensified approaches that will correct misinformation or clear questions that cloud the superiority of breastmilk over substitutes and campaign for timely, adequate, safe and appropriate complementary feeding.

The communication plan shall include an orientation program for key officials and staff involved in IYCF activities, organizing and working with IYCF peer counselors, celebration of the Nutrition month and the Breastfeeding Awareness month and mass media campaigns.

The communication activities will be linked and developed with COMBI efforts. COMBI is a social marketing approach that was established to push EBF in the first six months of life, based on industry methods to promote products. (9) It is a component of the JP for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines.

ACRONYMS AND DEFINITION OF TERMS

A0	Administrative Order
AHMP	Accelerated Hunger Mitigation Program
Arugaan	Non-government organization strongly advocating breastfeeding
BFAD	Bureau of Food and Drugs
BHFS	Bureau of Health Facilities and Services
BLHD	Bureau of Local Health Development
CHD	Center for Health Development
CHED	Commission on Higher Education
CHO	City Health Office
CIPH	City Investment Plan for Health
COMBI	Communication for Behavioral Impact a component of the JP and is a social mobilization directed at the task of mobilizing all societal and personal influences on an individual and family to prompt individual and family action towards appropriate breastfeeding practice
CWC	Council for the Welfare of Children
DBM	Department of Budget and Management
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DJFMH	Dr Jose Fabella Memorial Hospital
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare Development
EBF	Exclusive Breastfeeding
ECCD	Early Childhood and Development
ECOP	Employers Confederation of the Philippines
EO	Executive Order
FDA	Food and Drug Administration (known as Bureau of Food and Drugs prior to 2009)
FHO	Family Health Office
GO	Government Organization
Health Facility	Refers to government and private hospitals and clinics, health centers and barangay health stations
HEMS	Health Emergency Management Staff
HKI	Helen Keller Institute
IAC	Interagency Committee a body created by EO 51to establish a clearing house for the promotion and marketing of breastmilk substitutes and related products and to prescribe and promulgate the rules and regulations necessary for the proper implementation of the Milk Code
IFE	Infant and Young Child Feeding in Emergencies
IMR	Infant Mortality Rate
IMS	Information Management Service
IYCF	Infant and Young Child Feeding

JP	Joint Program refers to “Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines” a joint program between UN and government agencies which aims to: increase exclusive breastfeeding; to reduce the prevalence of undernutrition and improve the capacities of national and local governments and stakeholders to promote and implement policies and programs on IYCF
LGU	Local Government Unit
MBF	Mother-Baby Friendly
MBFHI	Mother-Baby Friendly Hospital Initiative
MDG	Millennium Development Goal
MNCHN	Maternal Newborn Child Health and Nutrition
NCDPC	National Center for Disease Prevention and Control
NCHFD	National Center for Health Facility Development
NCHP	National Center for Health Promotion
NCP	Nutrition Center of the Philippines
NDCC	National Disaster and Coordinating Council
NDHS	National and Demographic Health Survey
NEC	National Epidemiology Center
NGO	Non-Government Organization
NMR	Neonatal Mortality Rate
NNC	National Nutrition Council
PAP	Perinatal Association of the Philippines
PhilHealth	Philippine Health Insurance Corporation
PIPH	Province-wide Investment Plan for Health
PIR	Program Implementation Review
Plan International	An international organization promoting child’s rights to end child poverty
PMA	Philippine Medical Association
PNRC	Philippine National Red Cross
POGS	Philippine Obstetrical and Gynecological Society Incorporated
PPS	Philippine Pediatric Society
PSNBM	Philippine Society of Newborn Medicine
PTGWO	Philippine Transport and General Workers Association
QMMC	Quirino Memorial Medical Center
RA	Republic Act
RIRR	Revised Implementing Rules and Regulations
TESDA	Technical Education and Skills Development Authority
TRO	Temporary Restraining Order
TUCP	Trade Union Council of the Philippines
TWG	Technical Working Group
UFMR	Underfive Mortality Rate
UNICEF	United Nations Children’s’ Fund
UP-CPH	University of the Philippines - College of Public Health
UP-PGH	University of the Philippines - Philippine General Hospital
WHO	World Health Organization

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iii ANNEXES

ANNEX 1: THE BUDGET OF THE PHILIPPINE IYCF STRATEGIC PLAN OF ACTION

ACTION POINTS	UNIT/AGENCY RESPONSIBLE	2011	2012	2013	2014	2015	2016
STRATEGY 1: Partnerships with NGOs and GOs in the coordination and implementation of the IYCF Program							
1.1 Formalize partnerships with GOs and NGOs	NCDPC, TWG	0.2M	0.2M	0.2M	0.2M	0.2M	0.2M
a. Strengthen the TWG							
b. Organize functional Intervention Setting Committees							
c. Return the MBFHI responsibility from NCHFD to NCDPC							
d. Augment human resource complement of NCDPC-FHO IYCF Program							
e. Programmed contracting out of activities to organizations outside of DOH							
STRATEGY 2: Integration of key IYCF action points in the MNCHN Plan of Action		0.5M	0.5M	0.5M	0.5M	0.5M	0.5M
2.1 Institutionalize the IYCF monitoring and tracking system for national, regional and LGU levels	NCDPC, CHD						
a. Institutionalize the collection of PIR Data and generate annual performance report							
b. Maximize the use of the unified monitoring tool							
c. Collaborate with the National Epidemiology Center (NEC) and Information Management Service (IMS) regarding IYCF data							
2.2 Participation of the IYCF Focal person in MNCHN planning and monitoring activities	NCDPC	NA	NA	NA	NA	NA	NA
a. Designate the IYCF Focal Person as a regular member of the team working for development and implementation of the MNCHN Strategy							
Strategy 3: Harnessing the executive arm of government to implement and enforce IYCF related legislations and regulations		5 M	5 M	5 M	5 M	5 M	5 M
3.1 Consultation mechanism with the IAC and DOJ for the enforcement of the Milk Code and with other relevant GOs for other IYCF related legislations and regulations	TWG, Ad Hoc Comm, DOJ, IAC	1.5M	1.5M	1.5M	1.5M	1.5M	1.5M
a. Devise and implement a consultation mechanism to bring together the IAC, DOJ and other relevant GOs for IYCF related legislations and regulations							
3.2 Support Civil Society in the implementation and enforcement of IYCF related laws and regulations	TWG, Ad Hoc Comm, BHFS, CHD, FDA, IAC						
a. Institutionalize enforcement of MBFHI compliance in the regulatory function of the DOH							
b. Review and improve the processing of reports on the violations on the Milk Code							
c. Invite the Professional Regulatory Board as a resource agency of the IAC							
d. Augment human resource of FDA as secretariat of the IAC							
e. Engage professional societies to come-up with measures for self monitoring and regulation							

ACTION POINTS	UNIT/AGENCY RESPONSIBLE	2011	2012	2013	2014	2015	2016
Strategy 4: Intensified focused activities to create an environment supportive to IYCF practices							
4.1 Modeling the MBF system in the key intervention settings in selected regions	TWG, Ad Hoc Comm, CHD	15M	15M	15M	15M	15M	15M
a. Set up Models of MBFHI and MNCHN implementation in key strategic hospitals and referral networks		13M	13M	13M	14M	14M	14M
b. Establish protocols/standards on how to set-up and maintain MBF workplaces and integrated in the standards for healthy workplace		1M	1M	1M	0.5M	0.5M	0.5M
c. Enhance the primary, secondary and tertiary education curricula on IYCF		1M	1M	1M	0.5M	0.5M	0.5M
d. Develop policy on IYCF and guidelines on the management of malnutrition, IYCF in special medical conditions and IFE in the community							
4.2 Creation of a Regional and National incentive and awarding systems for the most outstanding IYCF champions in the different sectors of society	TWG, Ad Hoc Comm, CHD	2.5M	2.5M	3M	3M	3M	3M
a. Review and update the existing awarding system		0.5M	0.5M				
b. Establish a recognition system for health facilities complying with EO 51, RA 10028 and the MBFHI National Policy		2M	2M	3M	3M	3M	3M
4.3 Allocate/Raise /Seek resources for IYCF Research activities that document best practices in the Philippines	TWG, Ad Hoc Comm, CHD	3M	3M	3M	3M	3M	3M
a. Carry out an inventory of best practices on IYCF		1M	1M	1M	1M	1M	1M
b. Allocate resources and conduct IYCF related researches		0.5M	0.5M	0.5M	0.5M	0.5M	0.5M
Strategy 5: Engaging the Private Sector and International Organizations to raise funds for the scaling up and support of the IYCF program							
5.1 Setting up of a fund raising mechanism for IYCF with the participation of International Organizations and the Private Sector	TWG, Ad Hoc Comm	0.5M	0.5M	0.3M	0.3M	0.3M	0.3M
a. Set-up the fund raising mechanism		0.5M	0.5M	0.3M	0.3M	0.3M	0.3M
1. Capacity Building	TWG, Ad Hoc Comm, CHD	5M	5M	5M	5M	5M	5M
2. Supportive Supervision	TWG, Ad Hoc Comm, CHD	0.5M	0.5M	0.5M	0.5M	0.5M	0.5M
3. Communication Plan	NCHP, Ad Hoc Comm	10M	10M	10M	10M	10M	10M
TOTAL		63.2M	63.2M	63.8M	63.8M	63.8M	63.8M
GRAND TOTAL		317.8M					

ANNEX 2: IYCF PROGRAM MILESTONES 2005-2010

The gains of the IYCF Program were marked by significant milestones achieved through a collective process by DOH and other agencies vital to the IYCF agenda.

1. May 23, 2005, AO 2005-0014: National Policies on IYCF was signed and endorsed by the Secretary of Health

It pronounced the breastfeeding and complementary feeding policy. It articulated among others the enforcement of the Rooming-in and Breastfeeding Act of 1992, the acceleration of MBFHI, the provision of an enabling environment for breastfeeding mothers in the workplace and in the community and the compliance to the Milk Code.

2. 2005, the Peer Counseling Strategy was formalized

The conduct of an action research on peer counseling for breastfeeding; People's Initiative to Counteract Misinformation and Marketing Practices: The Pembo, Philippines Breastfeeding Experience and the operational research Strategies to Promote Breastfeeding Considering Socio-cultural Beliefs in the Philippines paved the way to the development and implementation of a structured and documented peer counseling strategy.

The Pembo, Philippines Breastfeeding Experience, demonstrated the association of community-based peer counseling with a drastic improvement of exclusive breastfeeding practices. Of the 148 infants less than 2 months of age with non-optimal breastfeeding practices, selected for peer counseling, 69.5 percent had changed feeding methods after three home visits and 76 percent reverted to exclusive breastfeeding.

3. May 15, 2006, AO 2006-0012: Revised Implementing Rules and Regulations (RIRR) of the Milk Code was signed and endorsed by the Secretary of Health

AO 2006-0012 was promulgated to ensure the provision of safe and adequate nutrition for infants and young children by the promotion, protection and

support of breastfeeding and by ensuring the proper use of breastmilk substitutes, breastmilk supplements and related products when these are medically indicated and only when necessary, on the basis of adequate information and through appropriate marketing and distribution.

The legality of the RIRR was challenged by the Pharmaceutical Health Care Association of the Philippines through an appeal to the Supreme Court to declare it unconstitutional. This led to the issuance by the court of a temporary restraining order (TRO). With the pressure exerted by milk companies and the US Chamber of Commerce, the case drew international attention. Finally on October 9, 2007 the TRO was lifted with the court affirming the validity of 56 out of 59 provisions for implementation.

4. June 2006, the launching of the Mother-Baby Friendly (MBF) Workplace in collaboration with NGOs and business establishments

The extension of implementation of the IYCF Program to non-DOH territory spelled a success in intersectoral collaboration. The MBF workplaces were established in partnership with the Trade Union Congress of the Philippines (TUCP), Employers Confederation of the Philippines (ECOP), Philippine Transport and General Workers Organization (PTGWO), local unions and business establishments.

By the end of 2009, six out of 16 Regions reported at least 88 breastfeeding friendly workplaces. Breastfeeding stations were set up in 4 NCCC Shopping Malls in Visayas and Mindanao, 16 SM Supermalls nationwide, Davao International Airport and Bus Station and in the City of Manila. Many other similar experiences may exist but documentation needs to be improved.

5. August 1, 2006, the declaration of the pledge of commitment by seven medical/professional associations to support the breastfeeding advocacy of the DOH

The pledge of commitment to support breastfeeding was declared during the National Technical Conference on Breastfeeding in August 1, 2006. The conference was attended by almost four hundred participants majority of which were members of seven professional organizations: Philippine Medical Association (PMA); Perinatal Association of the Philippines (PAP); The Philippine Society of Newborn Medicine (PSNBM); Philippine Pediatric Society (PPS); Philippine Academy of Family Physicians (PAFP); Philippine Obstetrical and Gynecological Society Inc. (POGS); and the Philippine Academy of Lactation Consultants (PALC).

6. April 2007, the start of Accelerated Hunger Mitigation Program (AHMP) with intensive IYCF training

The Philippine government in an effort to address hunger and malnutrition has formulated through the National Economic and Development Authority the AHMP. One of the key strategies of the AHMP is the promotion of good nutrition. In line with this strategy, an intensive training on IYCF Counseling took place in AHMP target areas beginning in April 2007. By the end of 2009, 81 percent of the targeted community volunteers have undergone training.

7. July 10, 2007, AO 2007-0026: Revitalization of the MBFHI in Health Facilities with Maternity Services was signed and endorsed by the Secretary of Health

The MBFHI was launched in 1992 pursuant to Republic Act (RA) 7600: Rooming in and Breastfeeding Act of 1992. Under this Act, all hospitals, whether government or private, offering maternity services may be accredited as MBF by implementing the Ten Steps to Successful breastfeeding which were nationally adopted UNICEF/WHO global criteria.

Hospital accreditation gained ground but eventually deteriorated, thus AO 2007-0026 was issued to revive appropriate interventions and enabling mechanisms to promote, protect and support/sustain breastfeeding practices in health facilities. It basically changed the process of accreditation and added 10 Mother-Friendly Criteria to address maternal health concerns that facilitate initiation to breastfeeding.

8. September, 2009, the signing of the Joint Programme (JP) for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines, funded by the Government of Spain through the Millennium Development Goal Achievement Fund

The JP is a 3-year collaborative project among UN agencies: United Nations Children's Fund (UNICEF), WHO, International Labor Organization, Food and Agriculture Organization, World Food Programme and National Nutrition Council (NNC).

It aims to increase exclusive breastfeeding rate, by at least 20% annually; to reduce prevalence of undernutrition in six JP areas, by at least 3% in children 6-24 months old by 2011; and improve the capacities of national and local government and stakeholders to formulate, promote and implement policies and programs on IYCF.

9. March 16, 2010, enactment of RA No. 10028: Expanded Breastfeeding Promotion Act of 2009

RA No. 10028 declared that the state shall protect working women by providing safe and healthy working conditions, taking into account their maternal functions. It mandated all health facilities and non-health facilities, establishments or institutions to establish lactation stations and grant nursing breaks in addition to the regular time-off for meals to breastfeed or express breastmilk.

It ordered the Department of Education (DepEd), the Commission on Higher Education (CHED) and the Technical and Education and Skills Development Authority (TESDA) to integrate in relevant subjects in the elementary, high school and college levels especially in the medical and allied medical courses and in technical vocational education the importance, benefits, methods or techniques of breastfeeding and change of societal attitudes towards breastfeeding. It also provided incentives to all government and private health institutions with rooming in and breastfeeding practices.

10. June 2010, the integration/updating of good IYCF practice into the medical, nursing, midwifery and nutrition curricula

The integration of good IYCF practice into the curricula of medical and allied professions was another success in intersectoral partnership. NCDPC-FHO in collaboration with the Association of Deans of Philippine Colleges of Nursing (ADPCN), Association of Philippine Schools of Midwifery (APSOM), Council of Deans and Heads of Nutrition and Dietetics (CONHEND) and Association of Philippine Medical Colleges (APMC) worked together to update their respective curricula through a writeshop that was conducted in June 2010.

ANNEX 3: ACTIVE LAWS AND POLICIES RELATED TO IYCF

1. Executive Order 51: National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement and Other Related Products otherwise known as the Milk Code

Short title: Milk Code

Enacted on: October 10, 1986

The Milk Code aims to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breast feeding and by ensuring the proper use of breastmilk substitutes and breastmilk supplements when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The Milk Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

2. RA 8976: An Act Establishing the Philippine Food Fortification Program and for Other Purposes

Short title: Philippine Food Fortification Act of 2000

Enacted on: November 7, 2000

RA 8976 establishes the Philippine Food Fortification Program and covers all imported and locally processed foods or food products for sale or distribution in the Philippines. The Program consists of Voluntary Food Fortification and Mandatory Food Fortification.

Under the Voluntary Food Fortification, DOH shall encourage the fortification of foods or food products based on rules and regulations issued by DOH through BFAD. The mandatory Food Fortification is prescribed for selected staple foods based on standards set by the DOH through BFAD.

RA 8976 also declares support to affected manufacturers and imposes administrative sanctions for noncompliance to the food fortification guidelines.

3. RA 8980: An Act Promulgating a Comprehensive Policy and a National System for Early Childhood Care and Development (ECCD), Providing Funds Thereof and For Other Purposes

Short title: ECCD Act

Enacted on: December 5, 2000

RA 8980 declares the policy of the State to promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and its special needs; and to support parents in their roles as primary caregivers and as their child's first teachers.

RA 8980 creates a National System for ECCD that is comprehensive, integrative and sustainable that involves multi-sectoral and inter-agency collaboration at the national and local levels among government; among service providers, families and communities; among the public and private sectors; nongovernment organizations, professional associations and academic institutions.

Foremost among its objectives and which is most relevant to the health sector is, "To achieve improved infant and child survival rates by ensuring that adequate health and nutrition programs are accessible to young children and their mothers from the prenatal period throughout the early childhood years."

4. AO 2005-0014: National Policies on Infant and Young Child Feeding

Issued on: May 23, 2005

AO 2005-0014 pronounces policy guidelines on the target beneficiaries of the IYCF Program; breastfeeding practices; complementary feeding practices; micronutrient supplementation; universal salt iodization; food fortification; exercising other feeding options; and feeding in exceptionally difficult circumstances.

AO 2005-0014 identified support systems in the family, home, community, health facilities and workplaces. It also defined an implementing mechanism for the IYCF Program.

5. AO 2006-0012: Revised Implementing Rules and Regulations of Executive No. 51, Otherwise Known as the " Milk Code", Relevant International Agreements, Penalizing Violations Thereof, and for Other Purposes

Issued on: May 15, 2006

AO 2006-0012 was promulgated to ensure the provision of safe and adequate nutrition for infants and young children by the promotion, protection and support of breastfeeding and by ensuring the proper use of breastmilk substitutes, breastmilk supplements and related products when these are medically indicated and only when necessary, on the basis of adequate information and through appropriate marketing and distribution.

The RIRR shall apply to the marketing and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality, availability, and to information concerning their use.

The RIRR also establishes the monitoring teams and responsibilities at the national, regional, provincial, city, municipal and barangay levels.

6. AO 2007-0017: Guidelines on the Acceptance and Processing of Local and Foreign Donations During Emergency and Disaster Situations

Issued on: May 28, 2007

AO 2007-0017 provides a rational and systematic procedure for the acceptance, processing and distribution of foreign and local donations that are exclusively for unforeseen, impending, occurring and experienced emergency and disaster situations.

Under AO 2007-0017, infant formula, breastmilk substitute, feeding bottles, artificial nipples and teats shall not be items for donation.

7. AO 2007-0026: Revitalization of the Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services

Issued on: July 10, 2007

AO 2007-0026 aims to: transform all health institutions with maternity and newborn services in both the government and in the private sector and other health facilities into facilities that fully protect, promote and support rooming-in, breastfeeding and Mother-Baby friendly practices; build the critical capacity and commitment of health care staff in protecting, promoting and providing support for appropriate infant and young child feeding practices; and establish linkage with the primary health care facilities and community support groups to sustain the practice and ensure an enabling environment for optimal feeding practices.

It prescribes the implementing guidelines to becoming a Mother-Baby Friendly facility, defines the responsibilities of the hospital staff relative to the Milk Code and outlines the assessment and accreditation process for health facilities.

8. DC 2007-0276: Guidelines for the labeling of breastmilk substitutes, infant formula, other milk products, foods and beverages and other related products within the scope of EO 51, otherwise known as the “Milk Code”

Issued on: December 17, 2007

DC 2007-0276 sets the standard for labeling of breastmilk substitutes, infant formula, other milk products, food and beverages, and other related products within the scope of EO 51, which will be used in the evaluation and screening of the labeling materials/containers of the said products.

9. AO 2008-0012: Department of Health (DOH) Partnership with Department of Labor and Employment (DOLE) for Strengthening Support for Workplace Health Programs

Issued on: April 24, 2008

AO 2008-0012 aims to adopt and implement the memorandum of understanding to provide an enabling environment for private sector investment in health through harmonization of initiatives of partners in support of the workplace Family Health Programs, strengthening of the expertise and capability of partners to provide training and technical assistance at the workplace level and to ensure that clinic facilities are compliant with the standards of DOH and Philippine Health Insurance Corporation.

It also defines the roles and responsibilities of DOH and DOLE and the implementing mechanisms in line with AO 2008-0012.

10. DC No. 2008-0224: Guidelines for the Accreditation of Non-Governmental Organization as part of the Monitoring System Created under DOH-AO No. 2006-0012

Issued on: June 10, 2008

It sets the parameters and standards by the DOH in accrediting non-governmental organizations as member of the monitoring team for EO 51 compliance/ violations to ensure proper monitoring and strict implementation of the provisions of the Milk Code and its RIRR.

11. DC No. 2009-0228: Guidelines for the Monitoring of Milk Code Activities

Issued on: August 17, 2009

It sets the guidelines for monitoring the compliance to EO 51 and AO 2006-0012 in the national, regional and provincial levels. It defines the composition and functions of the monitoring teams, monitoring activities, partnership and networking, the content and manner of reporting and feedback and documentation.

12. AO 2009 – 0025: Adopting New Policies and Protocol on Essential Newborn Care

Issued on: December 1, 2009

AO 2009 – 0025 provides the guidelines on evidence-based essential newborn care for health workers and medical practitioners. It defines the roles and responsibilities of the different DOH offices and other agencies in the implementation of the Newborn Protocol.

It applies to the whole hierarchy of the DOH and its attached agencies, other public and private providers of health care and development partners implementing the Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy and to all health practitioners involved in maternal and newborn care.

13. RA 10028: An Act Expanding the Promotion of Breastfeeding, Amending for the Purpose RA 7600, otherwise known as " An Act Providing Incentives to All Government and Private Health Institutions with Rooming-In and Breastfeeding Practices and for Other Purposes

Short title: Expanded Breastfeeding Promotion Act of 2009

Enacted on: March 16, 2010

RA 10028 mandates the provision of facilities for breastmilk collection, storage and utilization in health institutions; the establishment of lactation stations and the granting of nursing breaks to breastfeed or express breastmilk in health and non-health facilities, establishments or institutions (private enterprises as well as government agencies); the conduct of continuing information, education, re-education and training for health workers involved in maternal and health care on current and updated lactation management ; to teach, train and support women on current and updated lactation management and infant care; the integration of breastfeeding education into the curricula in the elementary, high school and college levels; the conduct of a comprehensive national public education and awareness program to be undertaken during the observance of the Breastfeeding Awareness Month; the granting of a Department of Health Certification of health and non-health facility, establishment or institution relative to the setting up of lactation stations, the incentives for health and non-health facilities for complying with the Act and the sanctions for non-compliance.

14. AO 2010-0010: Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets to reduce Underfive and Maternal Deaths and Address Micronutrient needs of Other Population Groups

Issued on: April 19, 2010

AO 2010-0010 aims to guide health workers and providers in administering micronutrient supplements to identified population groups and client needs, promote the compliance and adherence among DOH offices, the LGUs and private sector to the revised policy and guidelines and generate support of other stakeholders in implementing the MS policy and guide throughout the country.

It provides the general guidelines on micronutrient supplementation and defines the roles and responsibilities of the different units within DOH, at the national and regional levels, Regional, Provincial and District Hospitals, LGUs and development partners.

15. AO 2010-0015: Revised Policy on Child Growth Standard

Issued on: June 8, 2010

AO 2010-0015 was issued to adopt the WHO Child Growth Standard for the assessment of the nutritional status of children 0-5 years old and in the conduct of growth monitoring and promotion and Operation Timbang activities.

It provides the general guidelines on child growth monitoring and promotion and the roles and responsibilities of the different units within DOH at the national and regional levels, hospitals, LGUs and private sector/professional groups.

