

**SITUATIONAL ANALYSIS:  
INFANT AND YOUNG CHILD FEEDING  
INCLUDING THE BREASTFEEDING PROGRAM**

Breastfeeding is the first preventive health measure that can be given to the child at birth. It has a multitude of distinct advantages. However, breastfeeding remains in the worldwide agenda as global exclusive breastfeeding rates remain low at 38%. This suboptimal breastfeeding practice contributes to 800,000 infant deaths per worldwide which affects the overall reduction of newborn, infant and under-five mortality rates.

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.

According to the National Demographic and Health Survey (NDHS) conducted in 2008, Southeast Asia, the Philippines has one of the lowest breastfeeding rates (34%) globally despite the country's strong legislation on breastfeeding. In Davao, for instance, most infants are malnourished because they have low breastfeeding rate and instead, they are given am. Usually teenage mothers practice this.

These statistics are unfortunate since recent studies have shown that continued breastfeeding alone cuts this by half. This shows the great impact of exclusive and complete breastfeeding on the survival of infants. Because of this, the World Health Organization (WHO) aims to increase the rate of exclusive breastfeeding in the first six months of life up to at least 50% in 2025.

Addressing newborn and infant deaths has been the Department of Health's (DOH) commitment to achieve MDG4 and even beyond 2015 through the Sustainable Development Goals. As newborn and infant deaths remain of public health significance, the reduction of these two indicators will have tremendous impact on further reducing under-five mortality rates.

**PROGRAM DESCRIPTION:**

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. The main efforts are directed towards creating a supportive environment for appropriate IYCF practices.

**GOAL:** To reduce child mortality and morbidity through optimal feeding of infants and young children.

**PROGRAM OBJECTIVE:** To ensure and accelerate the promotion, protection and support of good IYCF practice which includes good breastfeeding practice.

**OUTCOMES:**

By 2016:

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

**TARGETS:**

By 2016:

- 50% of hospitals providing maternity and child health services are certified MBFHI;
- 60% of municipalities/cities have at least one functional IYCF support group;
- 50% of workplaces have lactation units and/or implementing nursing/lactation breaks;

**Target beneficiaries** of the program are infants (0-11 months) and young children (12 to 36 months years old or 1 to 3 years old)

## KEY INTERVENTIONS SETTINGS AND SERVICES:



## 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 by:

- ✓ strengthening the TWG to allow it to effectively coordinate the GOs and NGOs working for the IYCF Program
- ✓ returning MBFHI to be under the umbrella of the IYCF Program so as to be in a better position to consolidate efforts towards MBFHI compliance.
- ✓ augmenting human resource complement of NCDPC- FHO, IYCF program- Funds shall be allotted for job orders for this purpose.
- ✓ programmed contracting out of activities to organizations outside of DOH- it shall be implemented simultaneously in the different intervention settings and at a faster pace. Organizations and consultants that possess the expertise and the commitment to the 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.

- ✓ Institutionalize the collection of PIR Data and generate annual performance report
- ✓ Maximize the use of the unified monitoring tool. A simple data management program shall be developed to facilitate the consolidation of data extracted from monitoring.
- ✓ 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 (FHSIS) 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

- ✓ 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.

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 at the 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*

- ✓ 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 Regional Offices. 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.
- ✓ Review and improve the processing of reports on violations on the Milk Code
- ✓ 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.
- ✓ Augment human resource of FDA as secretariat of the IAC
- ✓ Engage professional societies to come-up with measures for self monitoring and regulation
  - There will be dialogue, negotiations and forging of agreements to push the Milk Code and other policies on IYCF. Representatives from the professional societies 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

- ✓ 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.
  - Regional hospitals shall be developed for IYCF capacity building. Trainings at Regional Hospitals shall be conducted in collaboration with the DOH-RO. This is so that training is de-centralized and monitoring and evaluation can be done more frequently at the provincial and municipal levels.
- ✓ 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. The establishment of MBF workplaces shall be expanded to include government and private offices in line with Expanded Breastfeeding Act.
- ✓ Enhance the primary, secondary and tertiary education curricula on IYCF. 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.

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

- ✓ Funds for the awards shall be ensured.
- ✓ Establish a recognition system for health facilities complying with EO51, RA10028 and the MBFHI National Policy.
  - Set up an annual recognition system for facilities, establishments complying with relevant IYCF legislations and regulations.

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

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

### **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.

Implementers of the Milk Code and RA 10028 (Expanded Breastfeeding Act of 2009) at FDA, DOH-Regional Offices and local levels shall be trained on the latest guidelines to help ensure that provisions on regulation and enforcement in the IRR are closely adhered to.