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Assessment of Implementation of the Philippines’ Expanded Breastfeeding Promotion Act of 2009 (Republic Act No. 10028)

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PHILIPPINES

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Background

Malnutrition among 0 to 5 year old children has been a persisting problem for almost four decades now even with the set of programs that are drawn to address this.

Background

Addressing the persistent macro and micronutrient malnutrition among nutritionally-vulnerable households and nutritionally-vulnerable population groups at different life stages

- driven by the international agenda (UN bodies) as these are applied at the national and local level.
2011 – 2016 PPAN

Increased investments and the scaling up of these investments among under-five children

a. infant and young child feeding (IYCF)
b. promotion of sanitary practices
   ▪ personal hygiene
   ▪ handwashing
c. vitamin and mineral supplementation (vitamin A, zinc, iron and folic acid, iodine)
d. deworming
e. medical and dietary management of acute malnutrition, other forms of nutrition-related infections and
f. fortification (iron in rice and flour; vitamin A in staples; iodine in salt).
Pressing questions...

1. Where are we in this “scale up” process?
2. How have we progressed from the time this key strategy was conceptualized and adopted?
3. What indicators are in place to measure the process?

More than the enactment of laws and policies and the development of implementing rules and regulations, the interpretation and translation of these policies into programs remain a challenge.
Questioning should not stop with "What [intervention] works?"

"How did these [interventions] work?"

- James L. Garrett, Research Fellow, IFPRI (2008)
Significance

• value

Context-based analysis

• The context wherein these “potential gaps” exist needs to be understood at the level of program implementers.

*What is the existing policy environment in the LGU?*
Significance

Identification of enhancing and/or hindering factors implementation of food and nutrition policies

EFFICIENCY OF IMPLEMENTATION IN SUPPORT OF efforts at improving food and nutrition situation of vulnerable households and population groups.
Objectives

• To review and analyze the status of existing food and nutrition policies focusing on children with ages 6 to 35 months, pregnant and lactating women
  • in terms of its implementation

• To determine the gaps and enhancing and/or hindering factors for the implementation of these policies at the local level.
Methods

- Develop selection criteria

- Policy scanning and analysis  
  (specifically on the law’s implementation)

- **Phase 1** (national level)  
  - Focus group discussions ~ 4  
  - Key informant interview ~ 8

- **Phase 2** (local level)  
  - Key informant interview ~ 32
Selection criteria

1. Laws, executive and administrative orders approved from year 2000 with clear reference to “food security” and “nutrition security of nutritionally-vulnerable population groups with focus on:
   • Infants and young children 6 to 35 months old children
   • Pregnant and lactating women

2. Shortlist food and nutrition policies as to its relative importance to the implementation of the PPAN, 2011 – 2016 (IYCF)
<table>
<thead>
<tr>
<th>Policy</th>
<th>Year signed</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.A. 10028</td>
<td>2010</td>
<td>AN ACT EXPANDING THE PROMOTION OF BREASTFEEDING, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7600, OTHERWISE KNOWN AS &quot;AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES&quot;</td>
</tr>
<tr>
<td>R.A. 7600</td>
<td>1992</td>
<td>AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES</td>
</tr>
<tr>
<td>E.O. 51</td>
<td>1986</td>
<td>PHILIPPINE CODE OF MARKETING OF BREASTMILK SUBSTITUTES</td>
</tr>
<tr>
<td>Aspects of R.A. 10028</td>
<td>Focus group discussion participants</td>
<td>No.</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>implementation, monitoring and evaluation</td>
<td>National Nutrition Council, Department of Health</td>
<td>NNC</td>
</tr>
<tr>
<td></td>
<td>Department of Social Welfare and Development</td>
<td>DSWD</td>
</tr>
<tr>
<td></td>
<td>Department of Labor and Employment</td>
<td>DOLE</td>
</tr>
<tr>
<td></td>
<td>Bureau of Internal Revenue</td>
<td>BIR</td>
</tr>
<tr>
<td>milk banking</td>
<td>Philippine Children’s Medical Center</td>
<td>PCMC</td>
</tr>
<tr>
<td></td>
<td>St. Luke’s Medical Center</td>
<td>SLMC</td>
</tr>
<tr>
<td></td>
<td>Dr. Jose Fabella Memorial Hospital</td>
<td>DJFMH</td>
</tr>
<tr>
<td></td>
<td>Makati Human Milk Bank</td>
<td>MHMB</td>
</tr>
<tr>
<td>integration of R.A. 10028 in the curriculum</td>
<td>Department of Education – Bureau of Elementary Education</td>
<td>DepEd-BEE</td>
</tr>
<tr>
<td></td>
<td>University of Santo Tomas</td>
<td>UST</td>
</tr>
<tr>
<td></td>
<td>Technical Education and Skills</td>
<td>TESDA</td>
</tr>
<tr>
<td></td>
<td>Development Authority</td>
<td></td>
</tr>
<tr>
<td>breastfeeding in the workplace</td>
<td>Bangko Sentral ng Pilipinas</td>
<td>BSP</td>
</tr>
<tr>
<td></td>
<td>Manila Health Department</td>
<td>MHD</td>
</tr>
</tbody>
</table>
### Table 2. Research participants

<table>
<thead>
<tr>
<th>Aspects of R.A. 10028</th>
<th>Key informants</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>overall feature of R.A. 10028 implementation, monitoring and evaluation</td>
<td>National Center for Disease Prevention and Control – Family Health Office, Department of Health</td>
<td>NCDPC-FHO</td>
</tr>
<tr>
<td>public education, continuing education of health workers</td>
<td>National Center for Health Promotion, Department of Health</td>
<td>NCHP</td>
</tr>
<tr>
<td>integration of breastfeeding concepts in the secondary education and tertiary curriculum</td>
<td>Department of Education – Bureau of Secondary Education Commission on Higher Education</td>
<td>DepEd-BSE CHED</td>
</tr>
<tr>
<td>implementation of R.A. 10028 in government offices (incl. M&amp;E)</td>
<td>Civil Service Commission</td>
<td>CSC</td>
</tr>
<tr>
<td>integration of R.A. 10028 in professional organization’s constitution and by-laws</td>
<td>Nutritionist Dietitian Association of the Philippines</td>
<td>NDAP</td>
</tr>
<tr>
<td>Evaluation points</td>
<td>Operational definition</td>
<td>Assessment</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>time-bound&lt;sup&gt;a&lt;/sup&gt;</td>
<td>pertains to the specific time frame for policy operationalization and observe an output</td>
<td>Not applicable</td>
</tr>
<tr>
<td>relevance&lt;sup&gt;a&lt;/sup&gt;</td>
<td>the policy is highly justified to warrant proposal and implementation</td>
<td>Clear</td>
</tr>
<tr>
<td>scope of implementing rules and regulation [IRR]&lt;sup&gt;b&lt;/sup&gt;</td>
<td>pertains to the policy coverage including the target clients and other stakeholders such as government agencies, non-government agencies, private groups and people’s organizations</td>
<td>Present - IRR</td>
</tr>
<tr>
<td>scope of downstream policy implementation&lt;sup&gt;b&lt;/sup&gt;</td>
<td>a conceptual representation or discussion of how the policy will work in broad and specific terms</td>
<td>Present – IRR, but with some questions Tax incentive; penalty</td>
</tr>
<tr>
<td>monitoring and evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
<td>monitoring and evaluation component of the policy</td>
<td>Present, but with questions (c/o DOH)</td>
</tr>
<tr>
<td>milestone indicator identified&lt;sup&gt;b&lt;/sup&gt;</td>
<td>pertains to success indicator of the policy</td>
<td>Unclear</td>
</tr>
</tbody>
</table>

<sup>a</sup> clear/unclear  
<sup>b</sup> present/absent
### Table 3. Assessment based on policy evaluation criteria set

<table>
<thead>
<tr>
<th>Evaluation points</th>
<th>Operational definition</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>manpower to carry out the program(^a)</td>
<td>key people to implement the policy at the national and local level</td>
<td>Clear only at the level of NGAs, etc.</td>
</tr>
<tr>
<td>expected policy output(^b)</td>
<td>immediate output of the policy such as but not limited to improved breastfeeding environment</td>
<td>Present: BF promotion Provision of opportunities for lactating women to continue with BF even in the workplace</td>
</tr>
<tr>
<td>expected policy outcome(^b)</td>
<td>indirect outcome of the policy or policy externalities such as but not limited to increased nutrition knowledge, expansion of breastfeeding practice to other mothers</td>
<td>Unclear</td>
</tr>
<tr>
<td>source of fund(^a)</td>
<td>public and private sources of funds to implement the policy</td>
<td>Clear: GAD budget, budget for repairs, maintenance, materials acquisition</td>
</tr>
</tbody>
</table>
• **National policy** to encourage, protect and support the practice of breastfeeding

  - **Rooming-in with breastfeeding**
  - **Protection of women via the provision of safe and healthful working conditions for working mothers**
Key Features of R.A. 10028

- Breastfeeding in the **workplace**
- Breastfeeding in **public establishments**

- Accreditation for Mother-Baby Friendly Hospital Initiative (MBFHI)

- Incorporation of breastfeeding concepts in the **formal and informal curriculum**

*Source: DOLE-Bureau of Workers with Special Concerns presentation*
Key Features of R.A. 10028

- Human Milk Banking (HMB)
- Public awareness and education through breastfeeding promotion
  - Breastfeeding Awareness Month
  - “Breastfeeding welcome here”
  - Breastfeeding TSek

IMPLEMENTATION OF THE LAW
Department of Health

- Seen as a “mandate by the Department of Health that is downloaded vertically to the local government units and followed through to non-health entities such as the Department of Education, Department of Labor and Employment, the Professional Regulations Commission, etc.”

- That the DOH is not the “primary implementer, but more tasked to “operationalize the law”.

Breastfeeding in the Workplace

The DOLE and the CSC are mandated to download the law to private and government companies, establishments and offices, respectively.

- Downloading the law to public offices is unclear, according to the CSC key informant. There has been no effort to monitor the establishment of lactation stations in public institutions from the CSC’s end.

- Compared to the CSC, DOLE has incorporated R.A. 10028 as one of several items in its Labor Law Compliance Assessment Checklist.
Breastfeeding in the Workplace

• The *Bangko Sentral ng Pilipinas* experience is unique, participating mothers are breastfeeding advocates.

• Best practices in BSP: volunteerism and advocacy among pregnant and lactating mothers

• Enjoys management support of the implementation of the law

• Limitations cited: space for lactation room; absence of lactation nurse.
Milk Banking

• Human milk banking in place since 1996

• Primarily catering to the special needs of premature infants, HMB occupies a unique niche in the IRR.

• Incorporation in the R.A. 10028 encourages health institutions to put up their own human milk banks

• Philippine HMB Guidelines

• As of 2014, only certification of trained staff has been done, but none for facility accreditation (as of 2014)

• Operational human milk banks (as of December, 2014): in 4 hospitals: Philippine Children’s Medical Center (PCMC), Dr. Jose Fabella Memorial Hospital, Philippine General Hospital, St. Luke’s Medical Center-Global City, and one LGU – Makati Human Milk Bank
Integration in the Curriculum

• No memoranda circular nor administrative orders regarding integration of R.A. 10028 in the curriculum in educational and technical institutions.

• Areas where integration can come in were enumerated
  • Health and values education (DepEd)

• Integration in other disciplines in the tertiary education is unrealistic; integration comes more with accreditation of breastfeeding facility

• Topic of breastfeeding has not been integrated in the non-formal skills courses, though breastfeeding facilities are available for use by its women trainees and workers (unlike with HIV [part of GAD])
Continuing education, re-education and training of health workers and health institutions

- The DOH have speakers coming from the central office whenever there are workshops held.

- NNC and the DOH are in-charge of IYCF trainings on the ground; no knowledge, though, of the full extent of the law’s placement in these (IYCF) activities. The nutrition program coordinators coordinate the IYCF trainings at the local level.
Public Education and Awareness

• The integration of R.A. 10028 appears to be clear with the National Center for Health Promotion (NCHP) of the DOH taking the lead in developing health promotion and communication plans that are downloaded to the regional health offices.

• The NCHP is involved in the dissemination of health programs in health setting (A.O. 341, s. 1997), the use of the IYCF framework, peer counselling training, in advocacy activities among local chief executives and in social marketing

• Passage of local resolutions and ordinances such as raising breastfeeding awareness
• Putting up of "Breastfeeding Welcome Here" decals in breastfeeding stations
• Breastfeeding TSek
Figure 1. Implementation of R.A. 10028 at various levels
MONITORING AND EVALUATION
Monitoring of the mechanism of implementation is the responsibility of the DOH, DOLE, LGUs, Employers, Trade Unions, NGOs, BIR, DTI and other concerned partners.

Monitoring should include tracking of agency commitments to the law.

Monitoring indicators would have included:

i. Compliance to the law as well as documentation of problems encountered

ii. Violations of the law and appropriate actions taken

iii. Verification of violations of the law

iv. Recommended sanctions to such violations

v. Regular reporting of status of implementation of the law to the Secretary of Health
Monitoring and Evaluation

d. Without the R.A. 10028 monitoring guideline, monitoring *per se* are few and far between, e.g.
   i. DOLE – included in the Labor Law Checklist
   ii. List of MBFHI accredited hospitals
   iii. Compliance to breastfeeding in the workplace by the LGUs

e. The role of the DOH when it comes to monitoring is unclear.
   i. The need for a structured monitoring and evaluation system was expressed which was felt should be streamlined.
Monitoring and Evaluation

f. The role of the DOH when it comes to monitoring is unclear.

ii. Monitoring is done in retrospect (during the Program Implementation Review or PIR). Data contained in the Family Health and Information System (FHIS) do not include R.A. 10028.

iii. Monitoring indicators should include number of establishments that have been issued certificates or have been accredited, etc.
Facilitating Factors to Implementation

- **Awareness and clear understanding** of the law requisite to its promotion and advocacy
- **Use of social media** as means
  - to increasing advocacy among mothers
  - an avenue for breastfeeding practice exchange
- **An evaluation of the output and status of the law** [may increase its effectiveness and efficiency]
- **Allotment of funds for the Milk Code secretariat**; funds for FDA
- **Development of instructional materials for teaching** and incorporation of breastfeeding concepts in the curriculum; workshop on breastfeeding materials
  - a. **Training by the DOH on breastfeeding and related topics** (for the DepEd)
Facilitating Factors to Implementation

- Maintain logbook for client feedback (on use of the lactation rooms/stations)
- Community partnerships of hospitals re human milk banking (ex. Fabella with the Manila Health Dept.; Makati HMB and the barangay)
- Dialogue with health education professionals and CHED
- Creation of breastfeeding support group in communities; peer counselling
- Review IRR to see its progress; what the next plans are
- Computation of return of investments (ROI) as well as incurred savings with breastfeeding among mothers
Hindering Factors to Implementation

- **Cannot avail of tax exemption** as incentive; “window of opportunity” [to avail of the incentive] has lapsed – which is 6 months upon signing of the law
- Breastfeeding is still the **personal decision of the mother**
- **Inability to fully comply to requirements** for the accreditation of lactation rooms/stations
- **Fund source for operationalization**
  - Human milk banks
  - Hospitals
  - Workplace
- **Only a few knows about the law** and the importance of putting up lactation stations
Hindering Factors to Implementation

• [lack of] fund support and health staff (BSP)

• Lack of donors (HMB)

• Integration of law in all disciplines remain a challenge (non-health nor nutrition related)

• Dole out mentality of human milk bank donors

• Influence of media (use of milk formulas)

• Lack in organizational coherence including periodicity of engaging and monitoring
Challenges

When it comes to the implementation of R.A. 10028 the execution of roles by each department rests heavily on their respective mandates.

In order for an effective execution of this task, however, the partner-implementers need to acknowledge their role in the implementation of the law.
Challenges

Coherence in terms of who reports to whom in order to track the implementation of as well as measure gains from the law since its passage and operationalization appear to be lacking.
Challenges

The passage of Joint Memorandum Circular, Administrative/Office Orders. Memorandum Circulars as well as the development of Monitoring [and Evaluation] Guidelines is seen as key steps to address these concerns.
Workshop Consensus
(national level)

1. Lack of policy review

2. “Re-assemble” the national working group on IYCF

3. Create an oversight committee on the implementation of R.A. 10028

Revisit the status of the Joint Memorandum Circular
(Implementation of R.A. 10028)
A unified and harmonized knowledge and understanding of the law and how this should work in our plans and the execution of programs will go a long way in increasing efficiency of program implementation.
maraming salamat po terina kasih thank you
Project Research Team:

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Julieta B. Dorado
Clarita R. Magsadia
Rowena V. Viajar

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Food and Nutrition Research Institute