

# ASSESSMENT OF IMPLEMENTATION OF THE PHILIPPINES' EXPANDED BREASTFEEDING PROMOTION ACT OF 2009 (REPUBLIC ACT NO. 10028)

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**Abstract:** Malnutrition among 0 to 5 year old Filipino children is persisting. Translation of Republic Act No. 10028 or the Philippines' Expanded Breastfeeding Promotion Act of 2009 is vital towards enhancing efforts in addressing the first 1,000 days critical period in infancy and early childhood. The study reviewed and analyzed the status of the law in terms of its implementation, determined enhancing and hindering factors for its implementation using focus group discussions and key informant interviews among various entities known to play a key role in the implementation of R.A. No. 10028 based on the implementing rules and regulation (IRR). Based on the evaluation criteria developed, there were aspects in the IRR that remain “unclear” or were “present, but with questions”. Knowledge and understanding of the law among program implementers varied. Awareness, information dissemination, advocacy and promotion as well as partnerships and commitments facilitate implementation of the law. On the other hand, the absence of a monitoring and evaluation system, unavailability of resources in the form of financial, materials, manpower, carrying capacity of focal persons and agencies and commitments of local government units hinder its implementation. A Joint Memorandum Circular enjoining partner-implementers to their full participation according to identified roles and tasks in the IRR are keys to the law's operationalization. Research participants voiced the need for the review of the policy, a “re-assembly” of the national working group on infant and young child feeding (IYCF) program and the creation of an oversight committee on the implementation of the law.

**Keywords:** Filipino children, breastfeeding promotion, Philippines

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## Introduction

The priority that the health and nutrition sector occupies in any government's agenda is not an arguable fact. Despite this, however, the food security situation of developing countries remains bleak as global hunger remains high in these areas. With a Philippine global hunger index or GHI of 13.2, hunger remains a serious problem in the country (von Grebmer et al, 2013). At the same time, malnutrition among 0 to 5 year old children in the Philippines has been persistent for almost four decades now even with the “blueprint” of programs that are drawn precisely to address this. Prevalence of underweight among preschool age children has been on a slow decline at an average rate of -0.98 percentage points since 1993 (FNRI, 2014). As of 2015 the DOST-FNRI reports prevalence of underweight, stunting and wasting among 0-5 years old children at 21.5, 33.4 and 7.1 per cent, respectively (FNRI, 2016). The Philippine Plan of Action for Nutrition 2011 – 2016 (PPAN) has responded to results of national and regional nutrition surveys conducted by the DOST-FNRI and has “built on the varying degrees of successes of the mix of strategies and interventions” to address

the problem. Addressing the persistent macro and micronutrient malnutrition that plague nutritionally-vulnerable households and population groups at different life stages are driven by the international agenda (UN bodies) as these programs are implemented at the national and local level.

### ***Investments in infant and young child nutrition***

The period of infancy until 2 years old considered a period of rapid growth, increases the infants and young children's vulnerability to growth faltering. When increased requirements for energy are matched with inappropriate infant and child feeding, health and nutrition is easily compromised. Attention to the first 1,000 days of an infant and young child's life is raised considering that this is the "window of opportunity" where nutrition and health experts and other actors can intervene and catch the potential growth faltering that is often present among this population group.

Philippine policies that address this critical period are in place such as: (a) the National Policy on Infant and Young Child Feeding (IYCF) (Administrative Order No. 2005-0014) that was issued in May 23, 2005; (b) the Milk Code (Executive Order No. 51) issued in October 20, 1986; and (c) Republic Act No. 10028 or the Expanded Breastfeeding Promotion Act of 2009 that was signed in May, 2010, amending Republic Act No. 7600 that pushed for the "rooming-in" policy in hospitals. Investments have been poured on IYCF activities, central of which are exclusive breastfeeding for the first six months of infancy and continued breastfeeding alongside giving of age-appropriate complementary foods up to two years of age as recommended by the World Health Organization (WHO) (Department of Health, 2011). Executive Order No. 51 or the Milk Code [Adopting a National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products] was signed in 1986 with the Implementing Rules and Regulation revised in 2006 to align with international standards. Monitoring of compliance to the Milk Code by health facilities and milk companies remains a big challenge as revealed in a report by the World Health Organization (2015) as full implementation of the rIRR (Administrative Order No. 2006-0012) is heavily contested by milk companies, and now with the "15th Congress of the Philippines drafting a consolidated bill to amend the Milk Code and its rIRR. If passed, the bill would have erased the gains and improvements brought by the Milk Code, the rIRR and other legislation" (WHO, 2015).

Laws pertaining to the promotion of breastfeeding are Republic Act No. 7600 signed in 1992 which has since been amended by Republic Act No. 10028 in 2010. The current law expanded on the "rooming-in" hospital policy of Republic Act No. 7600 and campaign for mother-baby friendly health facilities. This is the creation of enabling environment for continued breastfeeding even at work and in public places. Specifically, these are the setting up of lactation or breastfeeding stations in these places as well as the provision of lactation break as office policy that will encourage lactating mothers to breastfeed their babies by expressing breastmilk to take home.

### **Rationale**

The interpretation and translation of food and nutrition policies, specifically Republic Act No. 10028 is vital towards enhancing efforts in addressing the first 1,000 days critical period of infancy and early childhood. In addition, Republic Act No. 10028 is one of the legal instruments that drive efforts at intensifying IYCF Program. This study is not an evaluation of the implementation of the law *per se*, but it benchmarks the place of the law alongside its current implementation based on responses of key stakeholders and partner-implementers.

### ***Key Features of the Implementing Rules and Regulations of Republic Act No. 10028***

Republic Act No. 10028 is the national policy crafted to encourage, protect and support the practice of breastfeeding by way of enforcing the "rooming-in with breastfeeding" as hospital policy and aligned with

national and international commitments for the “protection of women with the provision of safe and healthful working conditions for working mothers”.

Key features of the Implementing Rules and Regulations (IRR) are:

1. the establishment of lactation stations in all health and non-health facilities, establishments or institutions
2. the provision of lactation breaks as office policy which is in addition to the regular breaks for snacks and meals
3. continuing education, re-education and training of health workers and health institutions on lactation management
4. information dissemination and education programs for pregnant women and women of reproductive age through the health workers
5. the integration of breastfeeding education in school curricula
6. advocacy activities such as holding of the “Breastfeeding Awareness” month during August of every year

### ***Existing Structures***

Based on the IRR of Republic Act No. 10028, partner-implementers from the national government were identified to implement the law with the Department of Health (DOH) taking the lead. These are the Department of Labor and Employment (DOLE), the Civil Service Commission (CSC), Department of Interior and Local Government (DILG) through the local government units (LGUs), Department of Education (DepEd), the Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), Department of Social Welfare and Development (DSWD) and the Professional Regulations Commission (PRC). The Academic Institutions, Professional and Socio-Civic Organizations are among the institutions identified to comprise the private sector. Section 29, Rule VIII of the IRR provides that “implementation mechanism is the responsibility of the DOH, the DOLE, LGUs, Employers, Trade Unions, NGOs, the Bureau of Internal Revenue (BIR), Department of Trade and Industry (DTI) and other concerned partners.” Monitoring of implementation of the law is stipulated to be carried out at the national, regional and provincial level following appropriate monitoring guidelines developed by the DOH.

Key to implementation of these laws and policies would be enforcement of policy instruments such as Joint Memorandum Circular, Administrative and Office Orders. The Local Government Code of the Philippines essentially placed the power in LGUs in executing these laws, based on how these apply to the peculiarities of their locale.

### ***Conceptual Framework***

The study used the fundamentals of the United Nations Children’s Fund (UNICEF) Triple A cycle of problem assessment and resolution or *Assessment - Analysis – Action* anchored on the use of context and the process by which policies are brought down to the implementers, believed to be key steps at refining implementation bottlenecks as seen in Figure 1.

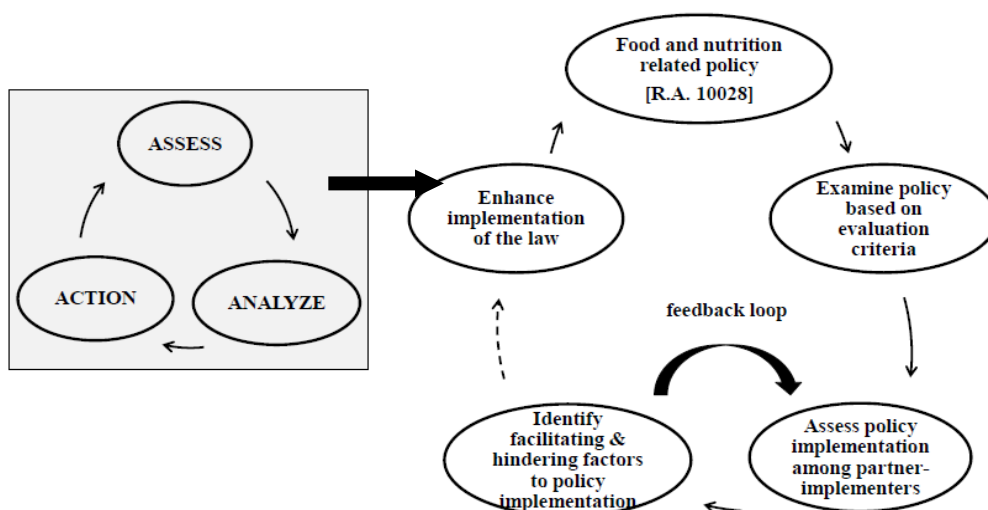


Figure 1. Identifying enhancing and hindering factors to national and local level food and nutrition policy implementation using a modified UNICEF Triple A cycle approach

Based on an arbitrarily-set criteria developed in the study to evaluate Republic Act No. 10028, aspects of the law found “unclear” were used as take-off points to assess policy implementation among key stakeholders. Facilitating and hindering factors to policy implementation as identified in the process were analyzed and presented in a feedback forum *cum* workshop with end view of providing recommendations to enhance current implementation of the law. Visualizing how Republic Act No. 10028 should be implemented based on the IRR and how it is currently handled by partner-implementers are imperatives to understand possible coherence or discord in the operationalization and implementation of the law.

### Methodology

Policy scan of laws, executive and administrative orders executed 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 months to below three years old was done.

### Evaluation criteria

Ten aspects were used as policy evaluation criteria rated in terms of clarity or whether these were considered in the crafting of the IRR as seen in Table 1. Based on the policy evaluation criteria developed, there were aspects in Republic Act No. 10028 and the implementing rules and regulations that remain “unclear” or were “present, but with questions”, specifically on the scope of downstream policy implementation; monitoring and evaluation; the identification of milestone indicator; manpower to carry out program; and the expected policy outcome. These became the bases for the guide questions that were developed for the focus group discussions and key informant interviews

Table 1. Evaluation criteria to assess implementation of Republic Act No. 10028

Evaluation points	Operational definition
time-bound	pertains to the specific time frame for policy operationalization and observe an output
relevance	the policy is highly justified to warrant proposal and implementation
scope of implementing rules and regulation [IRR]	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

scope of downstream policy implementation	a conceptual representation or discussion of how the policy will work in broad and specific terms
monitoring and evaluation	monitoring and evaluation component of the policy
milestone indicator identified	pertains to success indicator of the policy
manpower to carry out the program	key people to implement the policy at the national and local level
expected policy output	immediate output of the policy such as but not limited to improved breastfeeding environment
expected policy outcome	indirect outcome of the policy or policy externalities such as but not limited to increased nutrition knowledge, expansion of breastfeeding practice to other mothers
source of fund	public and private sources of funds to implement the policy

### ***Selection of Study Sites***

The top 15 provinces with high prevalence of food insecurity based on the 2011 Regional Updating Nutrition Survey results of the DOST-FNRI was used as basis for the selection of two provinces: one province with a good performance in terms of local level nutrition program planning and implementation and another province with a high prevalence of underweight and is not a recipient of any nutrition award. These provinces were Ifugao and Capiz found in Luzon and Visayas islands, respectively. Four municipalities were selected for each province.

### ***Selection of Research Participants***

Representatives from different departments in the government, the local government units, government controlled corporations, non-government agencies and organizations, the professional organizations known to play a key role in the implementation of Republic Act No. 10028 based on the IRR or were known to encourage breastfeeding in the workplace (for example, the *Bangko Sentral ng Pilipinas* (Central Bank of the Philippines) or BSP) were included as research participants.

### ***Data Collection***

Data collection was carried out in two phases: phase 1 at the national level and phase 2 at the local level of policy implementation. This paper reports on the assessment of policy implementation at the national level in 2014 and 2015. Four focus group discussions (FGDs) were convened among participants from partner-implementers at the national level to examine the following components/features of the law: (a) implementation, monitoring and evaluation; (b) milk banking; (c) integration of Republic Act No. 10028 in the curriculum; and (d) breastfeeding in the workplace. Key informant interviews (KII) of two officials from the DOH were conducted to have an overall picture of the implementation of the law from the perspective of the National Center for Disease Prevention and Control – Family Health Office (NCDPC-FHO) and the continuing education and training of health workers by the National Center for Health Promotion (NCHP). Key informants from the DepED, CHED, the Nutritionist-Dietitian Association of the Philippines (NDAP) and the CSC were interviewed on aspects such as incorporation of breastfeeding concepts in secondary and tertiary levels of education and in the constitution and by-laws of professional organizations, and the implementation of the law in government offices. The research proceeded within due ethical considerations. Signed informed consent was solicited from the research participants after explaining details of the research.

## Results

### Current implementation

From the DOH, the law is downloaded vertically to the sub-national and local levels and followed through to non-health entities such as the national government agencies (partner-implementers) on the strength of Administrative Orders and Memoranda Circulares issued by the departments concerned (Figure 2). Among these agencies, DOLE and the DILG through the LGU have clear mandates to implement and monitor the law.

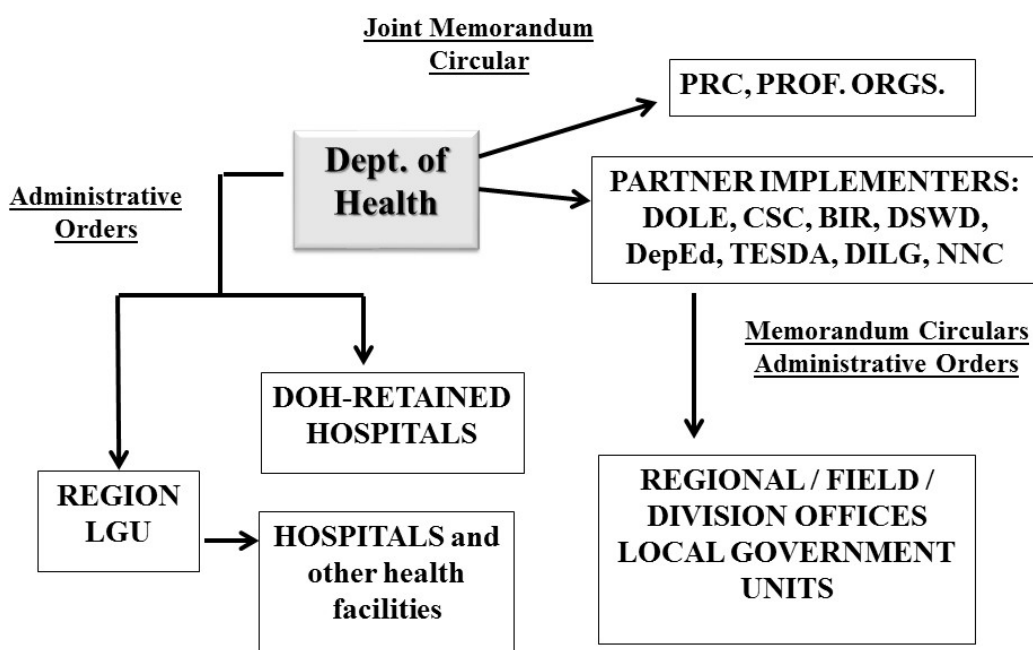


Figure 2. Implementation of Republic Act No. 10028 at various levels

### Knowledge and Understanding of the Law

Knowledge and understanding of the law among partner-implementers varied. The role of the DOH with regards to Republic Act No. 10028 is clear based on the response of the NCDPC-FHO-KI. Accordingly, the implementation of the law is seen as a mandate of the DOH, making sure that this is “cascaded vertically to the LGUs and “followed through” horizontally to “non-health entities” such as the DepEd, the DOLE, the Professional Regulation Commission (PRC) and other partner –implementers”.

In terms of promotional activities, it is viewed that through the IRR, “breastfeeding support [becomes] a component of education, information and provision of communication”. Accordingly, the “health professionals in these health facilities have a big role to play in breastfeeding promotion, aside from capacity building of health workers and information education campaign in the village (*barangay*)”.

Three partner-implementers expressed various levels of understanding of their agency roles in the implementation of the law within their office mandates. These roles covered advocacy, crafting of guidelines for exemption and tax administration. Advocacy at the LGU level was expressed as a role of the NNC key informant (KI). Crafting of the guidelines for the exemption of putting up lactation stations rests upon the DOLE. With the expiration of the application period for “tax exemption”, the BIR’s role on tax administration is now more towards developing guidelines on “[tax] deduction” – which is essentially a post-audit activity. The DSWD-KI was very limited in describing the implementation of the law within their department mandate. The DOLE and the CSC are tasked to cascade the law to private and government

companies, establishments and offices, respectively. Cascading the law to public offices is unclear according to the CSC-KI. There has been no effort to monitor the establishment of lactation stations in public institutions, according to the CSC-KI. Admittedly, the DOLE has not fully complied with guidelines specifically in terms of informing companies about Republic Act No 10028. Related monitoring activities are lodged with the LGU such as the Manila Health Department (MHD), it was later learned. There is a perception that the DOH at the national level is viewed “not as the primary implementer” (NCDPC-FHO-KI), but rather to operationalize the law [to make it move] as “implementation of the law within the health sector is the responsibility of the hospital (as health facility implementer) and the LGU”. The Strategic Plan of Action for IYCF 2011 – 2016 is cited by the NCDPC-FHO-KI as the instrument to operationalize the IYCF Program and Republic Act No. 10028.

### ***Implementation of Republic Act No. 10028 by Key Feature***

#### ***Breastfeeding in the Workplace***

Lactation facilities for women-employees to express their milk are present in BSP and the MHD. The lactation station in BSP was put up in 2009 in support of the implementation of Republic Act No. 10028. Feedback was received that some lactating employees were not allowed to breastfeed in between working hours so, the BSP’s Wellness Division issued an office order in 2013 adopting Republic Act No. 10028 which allowed lactating employees to express breastmilk inside the lactation station two to three times a day during the 40-minute lactation break. With the MHD, their lactation station was put up in the city government employees’ clinic in 2005 as part of the city’s nutrition program of the DOH under Department Circular 2011-0365 (Guidelines for Mother-Baby-friendly Workplace certification) and is availed by many of the lactating mother-employees. However, they have no office policy on breastfeeding and their lactation station that is open for all has not been accredited yet.

#### ***Milk Banking and Milk Storage Facility***

At the time of the study, four hospitals – the Philippine Children’s Medical Center (PCMC), Dr. Jose Fabella Memorial Hospital (DJFMH), the Philippine General Hospital (PGH), the St. Luke’s Medical Center in Global City (SLMC-GC) and one LGU – the Makati Human Milk Bank (MHMB) operate human milk banks. No facility accreditation has yet been done, only certification of trained staff as of 2014.

Different stories were shared by the hospitals and LGU in establishing the human milk bank. The concept of milk banking started in the PCMC in 1996 primarily to address the needs of premature infants. The PCMC’s experience in milk banking was unique since the breast milk supply started as partly sourced from lactating mothers from adjacent villages (*barangays*), around the hospital vicinity until the hospital decided to put up a storage facility which later evolved to a milk bank with seed donations from local corporations. The PCMC milk bank was formally inaugurated in 2008. In Dr. Jose Fabella Memorial Hospital (a maternal and newborn tertiary hospital), its human milk bank was first established by a neonatologist. With 60 to 80 deliveries per day, there were sufficient mother-patients who served as milk donors. Milk donations were pooled and pasteurized using the Pretoria method of pasteurization. These were kept in a refrigerator with freezer, in an area beside the Neonatal Intensive Care Unit (NICU) which also served as breastfeeding and milk expression area. The human milk bank in SLMC-GC started as a milk storage facility in 2012 until it fully became operational after acquiring the needed equipment and staff training in 2014. Donated breast milk are dispensed only for prescribed clinical use or hospital purchase order for infants from the hospital’s NICU, pediatric wards, pay wards and emergency rooms. In 2009, the city government of Makati started a milk-letting activity where breastfeeding mothers from the community were invited to donate breast milk. The collected milk was sent to its partner hospitals. In that same year, the wife of the City Mayor died from childbirth leaving behind a premature born infant who was nourished with the breastmilk from the PCMC human milk bank. This brought about the idea of establishing one for the City of Makati. In March 2013, the Philippines saw its first LGU-run milk bank which is the MHMB.

Ten per cent of milk donations in human milk banks are allotted for instances of disasters which are sent to the Philippine General Hospital which takes charge of funneling these to affected areas. The MHMB also allots milk for emergencies, wherein a partner NGO transports the milk.

### ***Integration of Republic Act No. 10028 in the Curriculum by the Different Stakeholders***

Formal and non-formal institutions as partner-implementers each has their own unique stories in the integration of Republic Act No. 10028 in the curriculum of non-formal courses of TESDA and the formal courses of the DepEd and the university. In TESDA, the topic of breastfeeding has not been integrated in the non-formal skills courses, unlike the topic of human immunodeficiency virus (HIV) which is part of gender and development. As early as 1996, a nursery for the children of employees and trainees was already put up in TESDA through an international donor fund. This is strongly related to the breastfeeding campaign and the broader concern for gender and development. The TESDA's management support to breastfeeding cannot be considered as totally zero because the agency has breastfeeding facilities and women trainees/workers are allowed to use the facility for breast milk expression. Only the inclusion of breastfeeding topic is lacking in non-formal course curriculum. In DepEd, key informants came from two levels, the basic elementary and secondary education. For the DepEd's Bureau of Elementary Education curriculum (DepEd-BEE), the topic of breastfeeding is not included. In Grade 8 or high school level, the focus of the course is maternal health, specifically, the essential newborn protocol (*Unang Yakap*) [first embrace of the mother to the newborn] and the initiation of breastfeeding as well as the benefits of breastfeeding for both the mother and infant. For the secondary education, Republic Act No. 10028 is integrated in formal and non-formal courses' curriculum whenever possible, which means that among the several breastfeeding-related concepts, the topic which will fit in one subject will be included. However, the whole "breastfeeding idea" will not be taught as a separate subject. The DepEd does not have any instructional materials for breastfeeding related topics, hence, they were asking the DOH or whoever is the concerned agency to develop the material to serve as their basis for teaching/inclusion in the subjects. The key informant from the DepEd-BEE admitted that there is no breastfeeding station or lactation room in their workplace. At the university level, no memorandum circular has ever been issued related to this because breastfeeding is already a topic in the subject of Nutrition in the Life Stages even before the implementation of the law with the discussant coming from the Nutrition and Dietetics program. While the integration of breastfeeding topic in the university curriculum is being considered, its integration in all discipline appeared unrealistic since each discipline has specific goal to achieve as related by the key informant. Integration of the law is more related to accreditation where one of the requirements is on the need for a breastfeeding facility in the academic institution. The breastfeeding area has been there for two years already, however, nobody avails or uses the facility.

### ***Continuing Education and Training***

Based on the IRR, the DOH shall provide the 'pool of experts' responsible to educate and train partner-implementers on matters pertaining to the law including breastfeeding education and promotion. This provision indicates a "supply driven" process where the department is given the hand to develop materials and modules solely for implementing this component of the law. However, the NCDPC-FHO-KI is not aware if there is such a 'pool of experts/trainers' that the DOH provides solely for this purpose. This may indicate that implementation of the law for this particular component is "demand driven", meaning the education and training will ensue on demand. According to the NNC-KI, the NNC and the DOH are in-charge of IYCF trainings at the grassroots level, however, the NNC-KI has no knowledge of the full extent of the law's placement in the IYCF activities. The Nutrition Program Coordinators or NPCs coordinates the IYCF trainings at the local level.

### ***Public Education and Awareness on Breastfeeding Promotion***

Operationalization of the law in terms of public education, awareness campaign and breastfeeding promotion is carried within identified strategies in the IRR (Rule VII of the IRR): in the Philippine Health Promotion



Program (PHPP) through healthy places, the Communication for Behavioural Impact or COMBI, advocacy and networking activities. Along these strategies, the NCHP is involved in dissemination of health programs in healthy setting, the use of the IYCF framework, peer counseling training and advocacy among local chief executives and in social marketing activities.

The National Center for Health Promotion of the Department of Health develops health promotion and communication plans and cascade these up to the regional health offices. Primary targets of advocacy efforts are the policy makers and decision makers especially the local chief executives. In terms of awareness [communication] campaign, there is the Breastfeeding TSEk (denoting a ✓ mark) (**T**-ama, **S** – apat at **Ek** – slusibo [Correct, Enough and Exclusive]) advocates for exclusive breastfeeding aside from the *Unang Yakap* (first embrace) which is the campaign component of Republic Act No. 10028 IRR. The DSWD-KI cited awareness campaign and orientation as their participation to breastfeeding promotion. According to the NCDPC-FHO-KI, breastfeeding advocacy can be ‘overwhelming’ to some degree in addition to [implementation of the] Milk Code, which affects the implementation of Republic Act No. 10028.

A joint memorandum circular (JMC) of the DOH with the DOLE, DepEd, DSWD, and the DILG was drafted in 2014, but for some reason was never executed according to the NCHP-KI. This is a directive addressed to all regional directors, local chief executives, chiefs of hospitals, bureaus/centers directors, heads of offices and all other concerned agencies to implement Republic Act No. 10028, stating the “roles and participation of each department”. The draft document includes a provision for localization of the law [one that aligns with department mandates] and within the “prescribed recommendations of the DOH and the WHO/UNICEF Infant and Young Child Feeding guidelines”.

#### ***Monitoring and Evaluation of the Implementation of Republic Act No. 10028***

At the national level, monitoring is done only in retrospect, when they have to depend on Program Implementation Reviews (PIR). “These are reports coming from the regional office counterparts, the IYCF coordinators and to some extent selected provincial health offices who are invited”. This is also true for the monitoring of IYCF activities by the National IYCF Technical Working Group according to the NCDPC-FHO-KI. The DOH “falls short on how they really go down since the LGU health offices do not have the mandate to regulate, [instead] they are partner-implementers”. Monitoring activities should be streamlined. Based on the account of the NCDPC-FHO-KI, it appears that the role of DOH when it comes to monitoring the implementation of the law is unclear. The department has no guidelines on monitoring and evaluating the implementation of the law. The NCDPC-FHO-KI thus, expressed the need for a “structured monitoring and evaluation system, the [need for] a periodic assessment as well as consolidation of progress as to how the law is implemented”. The key informant added that the DOH has been examining implementation of various programs, “spreading resources too thinly and there is no focus”. The NCPDC-FHO-KI perceived that monitoring of the implementation of Republic Act No. 10028 be done or looked at within the context of the whole law, examine whether partner-agency commitments to the law are carried out. Among partner-implementers, the DOLE has a straightforward response when it comes to monitoring of the law. Labor Law Compliance Officers (LLCO) who are lodged with the DOLE’s Bureau of Working Conditions are spread out to all regions of the country to inspect the implementation of Republic Act No. 10028, one of several items incorporated in its Labor Law Compliance Assessment Checklist.

#### ***Fund Support***

Government funds are used to implement the law in the DSWD, BIR, DOLE and the MHD as well as in the DOH in its health promotion activities. The DOH budget is supplemented with funds from three major developmental partners in IYCF activities such as the UNICEF, the United States Agency for International Aid (USAID) and the WHO which funded the development of the LGU manual for mother-baby friendly health facility.

### ***Facilitating Factors to the Implementation of Republic Act No. 10028***

#### ***Awareness, Partnerships and Commitments***

Facilitating factors identified in the implementation of the law are awareness, partnerships with the community and private organizations as well as commitments of partner-implementers. The key informants from different agencies and organizations agreed that awareness and clear understanding of Republic Act No. 10028 is requisite to its promotion and advocacy. Knowledge and understanding of the law is significant for the module developer of DepEd and for staff in-charge in integrating the topic in the TESDA's non-formal education curriculum. Instructional materials will help guide the Higher Education Institution to deliver the principles of breastfeeding (CHED-KI) as well as develop the curriculum (NCHP-KI). This reference guide, however, has not materialized according to the NCHP-KI. The advent of on-line social media has contributed to increasing the awareness level of mothers about breastfeeding. Volunteerism and advocacy among mothers were identified as factors for the successful promotion of the program. From the end of service providers, the social media becomes a venue for responding to complaints and reports on licensing concerns (NCDPC-FHO-KI).

Community mobilization and enhanced community partnership will facilitate implementation of the law, citing the DJFMH's partnership with the MHD and the MHMB with the village (*barangay*). Networking with health professional organizations is seen by the NCDPC-FHO-KI to be a viable avenue to enhance implementation of the law.

The calculation of monetary equivalence and lives saved in terms of maternal, infant and young children's health and nutrition as an outcome of the Republic Act No. 10028 will make the law become "news worthy", according to the NDAP-KI [and therefore has the potential to for budget appropriation].

#### ***Hindering Factors to Implementation of Republic Act No. 10028***

The absence of a monitoring and evaluation system and the unavailability of resources in the form of financial, materials, manpower, carrying capacity of focal persons and agencies and non-commitments of LGUs were identified as hindering factors to implementation of the law. It was noted by the informants that while some agencies and offices claimed to be implementing the law, the lack of office policy on Republic Act No. 10028 and the perceived gap in enforcing penalty for non-compliance were voiced out as hindrance to implementation by the MHD-KI and the BSP-KI, respectively. In this regard, implementation may be limited to the provision of lactation station but not the crafting of office policy on lactation breaks. It was suggested by the NCDPC-FHO-KI that monitoring must be strengthened, including the evaluation of the implementation efforts.

#### ***Resources***

Budget allocation for the implementation of the law is constrained based on the accounts of the discussants and key informants. The absence of operational funds hinders the implementation of Republic Act No. 10028 as expressed by discussants from the hospitals, human milk banks and the BIR. The perceived "weakness" in the [enforcement of the Milk Code] as cited by the NCDPC-FHO-KI, prompted the recommendation of appropriating funds for the monitoring of the Milk Code by the FDA and the institutionalization of the Milk Code secretariat.

The inability [of establishments] to comply fully for accreditation of lactation stations is also a function of budget. An example is the conversion of the comfort room to a lactation room and the absence of a lactation nurse as recounted by the BSP-KI.

The absence of breastfeeding information materials for teaching was cited by the DepEd-BEE-KI as hindering factor in addition to the lack of capacity from their end to produce the materials on breastfeeding promotion.

The DepEd-BSE is dependent on the DOH to conduct the training-workshop on breastfeeding and related topics, believing that they, at the department, are not equipped to discuss breastfeeding unless medical practitioners do it.

Workload was cited by the MHD-KI as a hindering factor to implementation of the law, where, aside from the breastfeeding program they also handle immunization for various age groups and other programs. In addition, the bulk of pre-assessment accreditation of hospitals and other establishments were also cited to hinder the implementation of the law. The involvement of several agencies in the implementation of the law where roles are not properly defined is perceived as problem in the implementation of Republic Act No. 10028 according to the NDAP-KI. On top of all these efforts to create an enabling environment, the BSP-KI thought that it is still the personal decision of the mother whether to express milk or not.

All these factors have implications on the complementarity of task assignments and work delineation among partner-implementers. The IRR should address these factors, sustain upgrading of lactation management skills and identify understudy or encourage mentorship.

### **Discussion**

Knowledge and understanding of the law differed among the research participants with low awareness observed among key informants and discussants from formal and non-formal education institutions (DepEd, TESDA, CHED) and the CSC. Ambiguity of the place of Republic Act No. 10028 in the partner-implementer's department mandate may lead to non- or under-performance of its role in the law's implementation.

When it comes to the implementation of Republic Act No. 10028 the execution of roles by each department rests on their respective mandates. For example, the interest of DOLE with respect to the law is mainly about compliance to existing labor laws, one of which is the Republic Act No. 10028. For the DOH, the NCPDC-FHO-KI perceived that the "crux of the law lies between the MBFHI-certified hospitals as it liaises with the community". This is the time when the mother and the newborn are released from the hospital, when breastfeeding promotion should be sustained. Thus, for DOLE and the DOH, Republic Act No. 10028 can easily be fleshed out.

The CSC, meanwhile, lags behind as the counterpart of the DOLE in implementing and monitoring the implementation of the law in the public sector. In the IRR, the involvement of the CSC is on the issuance of exemption from establishing lactation stations and its supposed role in the monitoring of the implementation of the law in government offices. However, it was noted that the LGUs are tasked to monitor the establishment of lactation stations and the crafting of lactation break as policies in government offices and public establishments such as malls at the local level.

On the other hand, the integration of breastfeeding concepts in the formal, non-formal, secondary and tertiary education is one area where the law is met with some of the bigger challenges. Key informants from the DepEd, TESDA, CHED and the university called on the health sector/professionals to provide them with reference materials or breastfeeding modules where lesson plans and curriculum can take off from.

A provision in the IRR talks about the DOH, "in coordination with other agencies involved in the implementation of the Act, shall adopt appropriate monitoring guidelines for the national, regional and provincial levels". There is no such monitoring scheme present in the current implementation of the law. According to the NCDPC-FHO-KI, a monitoring and evaluation system that could provide coherence in terms of "who reports to who" in order to track the implementation of as well as measure gains from the law since its passage and operationalization needs to be built into the IRR of the Republic Act No. 10028.

The lack of policy instruments such as memoranda circular, administrative or office orders that would have effected a clearer implementation of the law as this is downloaded "horizontally" and "vertically" by the

DOH contributed to its poor implementation. In order for an effective execution of appointed tasks as broadly stated in the IRR, partner-implementers need to acknowledge their role in the implementation of the law. As lead agency in the operationalization and implementation of the law, a JMC emanating from the DOH enjoining partner-implementers to their full participation according to identified roles and tasks in the IRR is believed to be key to the law's operationalization.

This was affirmed in the national policy forum *cum* workshop on the implementation of Republic Act No. 10028 wherein workshop participants echoed a lack in policy review and the "re-assembly" of the national working group on IYCF Program. A recommendation for the creation of an oversight committee on the implementation of the Republic Act No. 10028 was raised by workshop participants as well as the call for a revisit of the status of the Joint Memorandum Circular that would clarify the specific roles of partner-implementers at the national level and address efficiency of implementation. As expressed by some of the key informants, an evaluation of the current status of Republic Act No. 10028 is seen as necessary for forward planning. 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.

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