



The World Breastfeeding Trends Initiative (WBTi)

PHILIPPINES

2009

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth: 54%

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		✓ <i>Check appropriate box</i>
	0-29	
	30-49	
	50-89	✓
	90-100	

Source of data:

National Demographic Health Survey (NDHS), 2003

Summary Comments

In 2003 NDHS, 54% were initiated to breastfeeding within one hour. There was no statistical difference in early breastfeeding initiation among newborns delivered in health facilities and those delivered at home.

Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? : 34%

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		✓ <i>Check appropriate box</i>
	0-11	
	12-49	✓
	50-89	
	90-100	

Source of data:

National Demographic Health Survey (NDHS), 2008

Summary Comments:

No data for 24 hours. Only 34% of infants under six (6) months old are exclusively breastfeeding.

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?: 14.1 months

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
Median Duration of Breastfeeding		✓ <i>Check appropriate box</i>
	0-17 Months	✓
	18-20 "	
	21-22 "	
	23-24 "	

Source of data:

National Demographic Health Survey (NDHS), 2003

Summary Comments

The mean duration of breastfeeding is 14.1 months. Urban women breastfeeds at 9.9 months. Rural women tend to breastfeed longer at 16.0 months. It is to be noted that city dwellers working mothers mostly bottle feed their babies with artificial baby milks. Children of mothers in the wealthier households and are better educated are less likely to be breastfed. Children born in a health facility or whose births are assisted by health professionals are less likely to be breastfed than those who were born at home or were delivered by a traditional birth attendant.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? : 41.4%

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<6 months)		✓ <i>Check appropriate box</i>
	30-100%	✓
	5-29%	
	3-4%	
	0-2%	

Source of data:

National Demographic Health Survey (NDHS), 2003

Summary Comments

The 2003 NDHS report shows that 41.4% of babies 0-<6 months of age are using a bottle with a nipple.

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?: 58%

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
<u>Complementary Feeding (6-9 months)</u>		✓ <i>Check appropriate box</i>
	0-59	✓
	60-79	
	80-94	
	95-100	

Source of data:

National Demographic Health Survey (NDHS), 2008

Summary Comments

NDHS revealed that 93.2% of 6-9 months old infants were given complementary food. 40.5% of breastfeeding infants 6-9 months were given meat, poultry, eggs and fish. 81.1% were given grain; 27.8% were given formula milk; 10.7% were given other milk, cheese, yogurt; 15.9% were given tubers; 57.1% were given fruits and vegetables; 3.3% food from legumes; 7.3% were given food made with oil/fat/butter.

Lately, NDHS 2008 showed that complementary foods were given at 4-5 months: 23%; <6 months: 10.3%; 6-9 months: 58%.

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth		
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours		
3. Babies are breastfed for a median duration of how many months		
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles		
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age		

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	8/ 10	

Information and Sources Used:

Department of Health Philippine National Plan of Action on Infant and Young Child Feeding 2005-2010

Gaps:

IYCF Task Force meets irregularly.

Recommendations:

Consistent implementation of the Plan of Action on IYCF.

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? 90%*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	✓
Rating on BFHI quantitative achievements:	4/4	

7B) Qualitative

7.2) *What is the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services **79%**

Criteria	Score	Results ✓ Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	✓
Total Score	3.5/3.5	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
Total Score	2.5/2.5	
Total Score 7A, 7B and 7C	10/10	

Information and Sources Used:

Department of Health Philippine National Plan of Action on Infant and Young Child Feeding 2005-2010

Gaps:

Backsliding trend from strong implementation of Mother-Baby Friendly Hospital Initiative to very weak action due to reorganization of DOH structure where responsibility of BFHI were fragmented. This was started by the Secretary of Health 2000 who worked for Nestle before.

Recommendations:

Plans of Action:

- 1. Reassessment every five (5) years of the 1426 MBFHI-certified hospitals' compliance with the Ten Steps to Successful Breastfeeding;*
- 2. Regular monitoring through Adopt-a-Sister Hospital Strategy that will serve as models;*
- 3. A lactation management team should be organized in each hospital.;*
- 4. Likewise, there should be breastfeeding specialists in hospitals, lying-in clinics and health centers to counsel mothers with breastfeeding problems.;*
- 5. Continuing training programs for promoting, protecting and supporting breastfeeding; and*
- 6. IYCF should be institutionalized for pre-service and in-service health providers.*
- 7. Reactivation and resuscitation of strong MBFHI with the full enforcement of Ten Steps and regular assessment.*
- 8. Abide in full of the Philippine National Plan of Action on IYCF 2005-2010*

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results
		✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	✓
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	7/10	

Information and Sources Used:

Department of Health, UNICEF, WHO Reports 2007

Gaps:

Irregular action to monitor and implement sanction as the law mandates the Philippine National Code on Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products contained majority of the provisions of the International Code except the total ban of advertisement

Recommendation:

Enforce full monitoring and implementation of the Philippine National Plan of Action on IYCF 2005-2010 page 27:

" There is a need to intensify the monitoring of the implementation of the existing laws. Agencies mandated by law to monitor its compliance need to delegate some of their monitoring function to task forces at the sub-national level to reach out more institutions/areas. Reports of violations need to be known to public to put pressure to comply with the provisions of the law or policies. There is also a need to imposed sanctions to violations. a legal assistance bureau in collaboration with DOJ and ARUGAAN shall be discussed." In 2006, courtcase was filed by American milk companies against the DOH heads and assistants when DOH passed a strong implementing rules of the National Code.DOH, UNICEF, WHO and NGOs like Arugaan formed Save the Babies Coalition to protect breastfeeding. Continued collaboration must be pursued.

The Philippine Milk Code is almost a verbatim reproduction of the ICMBS, having adopted a majority of its provisions. While the law did not provide a total ban of the products defined under the law, its Revised Implementing Rules and Regulations or RIRR (which was recently declared by the Supreme Court as constitutional in the wake of the milk manufacturer's challenge as regard its constitutionality) calls for tighter regulations on the marketing of the designated products. Ads, promos or other marketing materials for breastmilk substitutes, supplements and related products need to be approved by a strengthened inter-agency committee (IAC). All health and nutrition claims, as well as false or misleading information that undermine breastfeeding are now expressly prohibited. The RIRR now requires more stringent labeling requirements and prohibits milk companies from participation in any activity on the advancement of breastfeeding. Full implementation and strict enforcement of the Milk Code should be a priority measure. Violations should be reported and violators should be prosecuted and held criminally liable. Legal assistance bureaus should be set up in collaboration with Department of Justice and Arugaan. Government and public interest groups should join forces with UNICEF and WHO towards the full enforcement and implementation of the law.

Indicator 9: Maternity Protection

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓

9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	2.5/10	

Information and Sources Used:

Bureau of Women and Young Workers, DOLE-Department of Labor and Employment Report 2008 Philippine Labor law contains 7 days paternity leave for all sectors.

Gaps:

There are laws and policies on protection of occupational safety for women workers not specifically on breastfeeding provisions.

Summary:

Currently, there are pending bills in Congress that seek to promote better maternity protection laws. Examples, among others, are pending legislative measures that intend to provide for paid breastfeeding breaks and breastfeeding stations in workplaces. Whether or not the bills would be enacted into law would depend largely on political will and passion of the advocates to lobby for the enactment of the proposed legislative measures.

Recommendations:

The most awaited law on Breastfeeding Stations at the Workplace has been approved by the legislative Congress and Senate. It just needs formality procedures. Thus, still pending. Full force advocacy needs to be launched regarding maternity protection for breastfeeding working mothers in both public and private sectors. Also, advocacy cooperation with women organization sector to understand the need for four months paid maternity leave and paid breastfeeding breaks.

Indicator 10: *Health and Nutrition Care System*

Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	▲
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
		✓	
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
		✓	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		✓	
Total Score:	5/10		

Check here

¹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

² The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

³ Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

Information and Sources Used:

Curriculum Review of Philippine medical schools and elementary, secondary and higher education.

Gaps

Amendment to the curriculum in all levels to integrate breastfeeding was already drafted by medical sector and also lobbying efforts at the Department of Education seemed progressing slowly.

Recommendations

Integration of IYCF needs improvement in health and nutrition programs as well as with Care Providers.

Urgent action to materialize the curriculum change to integrate breastfeeding know hows for working women.

Indicator 11: *Mother Support and Community Outreach*

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 ✓	0
11.2) All women have access to support for infant and young child feeding after birth.	2	1 ✓	0
11.3) Infant and young child feeding support services have national coverage.	2	1 ✓	0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0 ✓
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0 ✓
Total Score:	3/10		

Information and Sources Used:

Department of Health and WHO Workshop 2008

Gaps:

Lack of resources in DOH training skills on community organizing relating to formation of Mother support groups and IYCF.

Recommendations:

There are plans of integrations of IYCF from institutions to community level but have only started with piloting Mother Support Group Counselors in three cities in Metro Manila initiated by the city local government. Immediate replication is one thing. There are few NGOs initiated mother support groups providing breastfeeding counseling.

Prioritize skills trainings on formation of Mother Support group and Needs to tap experts such as Arugaan.

Indicator 12: *Information Support*

Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria	Results		
	✓ Check that apply		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		✓	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
		✓	
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	5/10		

Information and Sources Used:

Department of Health-National Center for the Prevention of Disease and Control (DOH- NCPDC) Report 2007

Gaps:

Policies in place but full practices and compliance are desirable.

Recommendations:

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

During the past year, the Department of Health (DOH) conducted an intensified information drive on the promotion of breastfeeding through the use of mass media channels like radio, television and print. It was a remarkable success in so far as changing the mindset of mothers into rethinking behaviour.

Some isolated best practices such as WBW- World Breastfeeding Week celebration and awarding of Breastfeeding idol celebrities as well as some provinces celebration of WBW including Breastfeeding Forums and Festivals. These must be replicated and disseminated widely. Publication of such innovative activities for inspiration and motivation among leaders.

Indicator 13: *Infant Feeding and HIV*

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 ✓	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 ✓	0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 ✓	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0 ✓
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0 ✓
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0 ✓
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0 ✓
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0 ✓
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0 ✓
Total Score:	2/10		

Information and Sources Used:

Department of Health Report 2007

Gaps:

Government staff claims lack of personnel and resources to implement

Summary:

The prevalence of HIV/AIDS in the Philippines is < 0.1 % (adult infection rate⁵).

The UNICEF/WHO Infant and Young Child Feeding Counselling Training module, which contains several sessions on Infant Feeding and HIV, was introduced in the Philippines in October 2005. It has been utilized since then to train health workers all over the country.

According to the National Breastfeeding Coordinator of DOH, about 5,000 health workers have been trained on IYCF and HIV.

Recommendations:

There is a plan to ensure breastfeeding and complementary feeding for PMCTC. However, much is yet to be desired in so far as the implementation of the said plan and program is concerned.

Needs to upgrade trainors on IYCF and HIV. Put heart and passion into IYCF and HIV work.

⁵ UNAIDS 2003

Indicator 14: *Infant Feeding during Emergencies*

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
		✓	
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	4/10		

Information and Sources Used:

Department of Health Meetings on Infant Feeding in Emergencies October 2009

Gaps:

No specialized skills on relactation, wetnursing and human milk banking as well as EBM - expressed breastmilk by hand amongst policymakers and field workers.

Recommendations:

Prioritized with urgency trainings and fund allocation to genuine experts and breastfeeding practitioners such as Arugaan than giving funds to pseudo breastfeeding claimant experts.

Indicator 15: *Monitoring and Evaluation*

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 ✓	0
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1 ✓	0
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1 ✓	0
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1 ✓	0
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1 ✓	0
Total Score:	5/10		

Information and Sources Used:

Department of Health-National Center for the Prevention of Disease and Control (DOH- NCPDC) Report 2007

Gaps:

The lack of complete knowledge and skills on IYCF as well as truly practicing genuine IF in Emergencies is remarkably different from theories when being operationalized on field. Thus, monitoring and evaluation is remissed.

Summary:

Philippine National Plan of Action on Infant and Young Child Feeding 2005-2010, Department of Health, Philippines, Page 28, "...There is a need to integrate the monitoring and evaluation of indicators of IYCF into the M&E systems of MCH, Monitoring Coaching Team and regular assessment, ECCD, and Bright Child Monitoring."

Recommendations:

Monitoring and Evaluation should be consulted from the beginning of plans to implementation together with stakeholders.

List of the partners for the assessment process:

Department of Health (DOH)

UNICEF

WHO

Arugaan

Trade Union Congress of the Philippines (TUCP) – Women’s Desk