[DOH ADMINISTRATIVE ORDER NO. 2005-0014, May 30, 2005]

NATIONAL POLICIES ON INFANT AND YOUNG CHILD FEEDING

I.
Background and Rationale

Under-five mortality has declined from 54 to 48 to 40 percent as reported in the 1993, NDHS, the 1998 NDHS and the 2003 NDHS respectively. Yet, malnutrition remains a challenge in the Philippines, directly or indirectly responsible for around 60 percent of deaths among children under five years old. Only 68 percent of children 0-5 years old are normal in weight-for-age using the NCHS/WHO standards (1998 NDHS, FNRI). On the other hand, based on the 2003 National Nutrition Survey, 27.6 percent of the same age is underweight and 30 percent are stunted. Low birth babies were about 13 percent (2003 NDHS).

As of the latest NDHS (2003), report shows that early initiation of breastfeeding within an hour after birth occurred in 54 percent of newborns. Thirteen percent of children born five years before the survey were never breastfeed. Only 33.5 percent of infants less than 6 months old are exclusively breastfed but exclusive breastfeeding is very low for 4-5 months at 16 percent. The median duration of exclusive breastfeeding in the Philippines is very short for only less than a month.

The median duration of breastfeeding is fourteen months and children in the rural areas are breastfed longer by ten months than those in the urban areas. Children whose mothers have no or little education are breastfed three times longer than those whose mothers have college education. Mothers whose deliveries are attended by traditional birth attendants are more likely to breastfeed and breastfed longer than those mothers whose deliveries are assisted by medically trained personnel (83 percent compared with 93 percent). Similarly, children delivered in a health facility are less likely to be breastfed than those who were born at home (81 and 90 percent respectively).

Complementary feeding starts very early in the Philippines as shown by the 2003 NDHS report. Among breastfeeding infants under two months of age, 14 percent are given infant formula, 5 percent are given other milk/cheese/yogurt, and 6 percent each received other liquids and solid or semisolid food. The same report shows that 87 percent of 6-7months old infants were given any solid or semisolid food.

The decline of breastfeeding, compounded by inappropriate complementary feeding practices, is a cause for alarm because of the consequent undernutrition and risk for childhood mortality and morbidity.

The Global Strategy for Infant and Young Child Feeding jointly developed by the World Health Organization and UNICEF is the result of a comprehensive two-year participatory process and grounded on the best available scientific and

epidemiological evidence. The Strategy emphasized the need for comprehensive national policies on infant and young child feeding.

The Philippines adopted this strategy to revitalize our attention and commitment to infant and young child nutrition and its impact on survival and development of children.

This policy will serve as a guide for health workers and other concerned parties on infant and young child (1-3 years) feeding including appropriate feeding practices in exceptionally difficult circumstances and ensuring the protection, promotion and support of exclusive breastfeeding and timely and adequate complementary feeding with continued breastfeeding.

II.
Guiding Principles

This policy framework is guided by the following principles:

1. The 1987 Philippine Constitution mandates through Article XV Section 3, that "The State shall defend the right of children to assistance including proper care and nutrition, special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development.

2. This framework is a way of renewing the country's commitment to the UN Convention on the Rights of the Child, and a response to the Executive Order 310 dated November 3, 2000, which mandates the adoption and implementation of the National Strategic Framework for Plan Development for Children, 2000-2025 (Child 21).

3. The policy framework will build on gains and achievements of the implementation of existing laws, policies and initiatives specifically: Executive Order 51 -- Philippine Code of Marketing of Breast-milk Substitutes (1986); Republic Act 7600 -- "The Rooming -In and Breastfeeding Act of 1992" - February 5, 1992; Republic Act No. 8172 - An Act Promoting Salt Iodization Nationwide and For Related Purposes (ASIN Law); Republic Act 8976 - An Act Establishing the Philippine Food Fortification Program and for Other Purposes - Food Fortification Law; Republic Act No. 8980 - An Act Promulgating a Comprehensive Policy and A National System for Early Childhood and Development (ECCD) Providing Funds Therefore and For Other Purposes or ECCD Act; and the Philippine Plan of Action for Nutrition 1999-2004.

4. The policy framework is a response to Executive Order 286 issued by the President of the Philippines on February 23, 2004, directing national government agencies and other concerned agencies to actively support and implement programs on the "Bright Child". All members of the Council for the Welfare of Children/National ECCD Coordinating Council in partnership with the local governments, communities and families shall promote the Bright Child by pursuing the delivery of integrated services at home and facility.

III
Program Goals and Objectives

General objective:

The overall objective is to improve the survival of infants and young children by improving their nutritional status, growth and development through optimal feeding.

Specific objectives:

- All newborns are initiated to breastfeeding within one hour after birth
- All infants are exclusively breastfed for 6 months
- All infants are given timely, adequate and safe complementary foods
- Breastfeeding is continued up to two years and beyond

IV
Coverage and Scope

This policy shall cover the whole health sector, whether government or private, including professional groups, private sector, LGUs, and other stakeholders at all levels nationwide.

V
Policy Guidelines

A. Target Beneficiaries

- Infants, 0 - 11 months
- Young children, 1 year up to 3 years old

B. Breastfeeding Practices

1. Early Initiation of Breastfeeding

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infant. It is also an integral part of the reproductive process with important implications for the health of mothers. Infants shall be initiated to breastfeeding within one hour after birth. This will stimulate early onset of full milk production and promote bonding of mother and child. All medically trained personnel including doctors, nurses, and midwives and other birth attendants shall ensure that newborns are supported to their early initiation to breastfeeding. The health care delivery system in all facilities shall ensure that all newborns are initiated to breastfeeding within an hour after delivery.

2. Exclusive Breastfeeding for the first six months.

Infants shall be exclusively breastfeed for the first six months of life to achieve optimum growth and development. Exclusive breastfeeding means giving breastmilk alone and no other foods or drinks, not even water, with the exception of vitamins and medicine drops. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production. The conclusion of experts in their systematic review of the optimal duration of breastfeeding that there was no observable deficits in growth for infants exclusively breastfed for 6 or more months. In addition, this also reduces morbidity due to gastro-intestinal

infections and their mothers are more likely to remain amenorrheic for six months postpartum.

3. Extended breastfeeding up to two years and beyond.

Breastfeeding shall be continued as frequent and on demand for up to two years of age and beyond. Although volume of breast-milk consumed declines as complementary foods are added, breast-milk contribute significantly as it provides one third to two thirds of average total energy intake towards the end of first year (Prentice, 1991, Heining et al, 1992a).

B. Complementary Feeding Practices

1. Appropriate complementary feeding.

Infants shall be given appropriate complementary foods at age six months in order to meet their evolving nutritional requirements. Appropriate complementary feeding means:

a. *timely* - meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.

b. *adequate* - meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs;

c. *safe* - meaning that they are hygienically stored and prepared, and fed with clean hands using clean utensils and not bottles and teats or artificial nipples;

d. *properly fed* - meaning that they are given consistent with a child's signals of appetite and satiety, and that meal frequency and feeding method - actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding - are suitable for age.

2. *Ensure access to appropriate complementary foods*

Appropriate complementary feeding interventions shall encourage diversified approaches to ensure access to foods that will adequately meet energy and nutrient needs of growing children, such as use of home- and community -based technologies to enhance nutrient density, bio-availability and the micronutrient content of local foods.

3. *Use of locally available and culturally acceptable foods.*

Appropriate complementary food shall include locally available and culturally acceptable foods that meet the energy and nutrient need of young children. Mothers, particularly of infants and young children, shall be provided with sound and culture-specific nutrition counselling and recommendations of a widest array of indigenous foodstuffs. The agriculture sector has a particularly important role to play in ensuring that suitable foods for use in complementary feeding are produced, readily available and affordable.

4. *Low-cost complementary foods/industrially processed foods.*

In addition, low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community

settings, shall be encouraged to meet the nutritional needs of older infants and young children. *Industrially processed complementary foods* also provide an option for some mothers who have the means to buy them and the knowledge and facilities to prepare and feed them safely. Processed-food products for infants and young children shall, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and children.

D. Micronutrient supplementation

Based on DOH Administrative Order 119 s. 2003 dated December 2, 2003 issued by the Secretary of Health - Updated Guidelines on Micronutrient supplementation, the following are the priority targets for micronutrient supplementation:

- Universal Vitamin A supplementation shall continue to be provided to infants and children 6-11 months of age. Vitamin A supplementation shall be given to children at risk, particularly those with measles, persistent diarrhea, severe pneumonia and malnutrition to help re-establish body reserves of Vitamin A and protect against severity of subsequent infections and or prevent complications. Postpartum women shall be given Vitamin A capsule within one month after delivery to increase Vitamin A concentration of her breastmilk as well as Vitamin A status of their breastfed children. Children with xerophtalmia, although rare, shall be treated. Children during emergencies shall be a priority for Vitamin A supplementation following schedule for universal supplementation and for high-risk children.

- Iron supplementation shall be provided to pregnant and lactating women and low birth weight babies and children 6-11 months of age. In addition, anemic and underweight children 1-5 years of age shall also be provided with iron supplements.

- Iodine supplementation shall be provided to women of reproductive age group, school age children and adult males in areas when the urinary iodine excretion of less than 50ug/L in more than 20% of the population, goiter prevalence among school children is greater than 5% and high prevalence of goiter among males.

E. Universal salt iodization (USI)

Families shall be encouraged and educated to use iodized salt in the preparation of food for older infants and young children.

F. Food Fortification

Foor fortification of staple foods will help ensure that older infants and young children receive adequate amounts of micronutrients. The Department of Health as mandated by law shall also continue to encourage manufacturers to fortify processed foods and food products based on the BFAD standards.