



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 22 2011

**THE IMPLEMENTING RULES AND REGULATION OF
REPUBLIC ACT NO. 10028**

ENTITLED

**AN ACT EXPANDING THE PROMOTION OF BREASTFEEDING,
AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7600, OTHERWISE
KNOWN AS "AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT
AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND
BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES"**

Pursuant to Republic Act No. 10028, the following Implementing Rules and Regulations are hereby formulated for the effective implementation of this law by authorized officials and representatives of the Department of Health, in consultation with other concerned government agencies, non-government organizations, private sectors, parents and students.

RULE I

ENABLING PROVISIONS

Section 1. Title - These rules shall be known and cited as the Rules and Regulations Implementing Republic Act No.10028 also known as the "Expanded Breastfeeding Promotion Act of 2009.

Section 2. Purpose - These Rules are promulgated to prescribe the procedure and guidelines for the Implementation of the Expanded Breastfeeding Promotion Act of 2009 in order to facilitate the compliance therewith and to achieve the objectives thereof pursuant to Section 18 of RA 10028.

Section 3. Construction - These Rules shall be liberally construed and applied in accordance with and in furtherance of the policy and objectives of the law. In case of conflict and/or ambiguity, which may arise in the implementation of these Rules, the agencies concerned shall issue the necessary clarification.

Section 4. Declaration of Policy - The State adopts rooming-in as a national policy to encourage, protect and support the practice of breastfeeding. It shall create an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breastfeeding.

The State shall likewise protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation. This is consistent with international treaties and conventions to which the Philippines is a signatory such as the Convention on the Elimination of Discrimination Against Women (CEDAW), which emphasizes

provision of necessary supporting social services to enable parents to combine family obligations with work responsibilities; the Beijing Platform for Action and Strategic Objective, which promotes harmonization of work and family responsibilities for women and men; and the Convention on the Rights of the Child, which recognizes a child's inherent right to life and the State's obligations to ensure the child's survival and development. Breastfeeding has distinct advantages which benefit the infant and the mother, including the hospital and the country that adopt its practice. It is the first preventive health measure that can be given to the child at birth. It saves children from dying. It also enhances the mother-infant relationship. Furthermore, the practice of breastfeeding could save the country valuable foreign exchange that would otherwise be used for milk importation. Breastmilk is unequalled as the best food for infants because it contains essential nutrients completely suitable their needs. It is also nature's first immunization, enabling the infant to fight potential serious infection. It contains growth factors that enhance the maturation of an infant's organ systems.

Towards this end, the State shall promote and encourage breastfeeding and provide the specific measures that would present opportunities for mothers to continue expressing their milk and/or breastfeeding their infant or young child.

RULE II DEFINITION OF TERMS

Section 5. Definition of terms – As used in these Rules, the following terms shall have the meaning as indicated hereunder:

Advocacy – a process to bring about *change* in the policies, laws and practices of *influential* individuals, groups and institutions. It involves many people and/or organizations working together toward a shared vision of change.

Age of gestation – the length of time the fetus is inside the mother's womb.

Bottle feeding – the method of feeding an infant using a bottle with artificial nipples, the contents of which can be any type of fluid.

Breastfeeding – the method of feeding an infant directly from the human breast.

Breastmilk – the human milk from a mother.

Breastmilk substitute – any food being marketed or otherwise represented as partial or total replacement of breastmilk whether or not suitable for that purpose.

DOH – refers to the Department of Health.

DOLE – refers to the Department of Labor and Employment.

Donor breastmilk – the human milk from a non-biological mother.

Expressed breastmilk – the human milk which has been extracted from the breast by hand or by breast pump. It can be fed to an infant using a dropper, a nasogastric tube, a cup and spoon, or a bottle.

Expressing milk – the act of extracting human milk from the breast by hand or by pump into a container.

Formula feeding – the feeding of a newborn with infant formula usually by bottle feeding. It is also called artificial feeding.

Health institutions – are hospitals, health infirmaries, health centers, lying-in centers, or puericulture centers with obstetrical and pediatric services.

Health personnel – are professionals and workers who manage and/or administer the entire operations of health institutions and/or who are involved in providing maternal and child health services.

Health Promotion – a process of enabling people to take action to improve health. It is anchored on five action areas; building healthy public policy, creating a supportive environment, developing personal skills, strengthening community action, and reorienting health services.

Health Workers – All Persons who are engaged in health and health-related work, and all persons employed in all hospitals, sanitarium, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments, whether government or private, and shall include medical, allied health professional, administrative and support personnel employed regardless of their employment status. It includes clinic personnel at the workplace.

Healthy Workplace – a place where everyone works together to achieve an agreed vision for health, safety and well-being of workers, their families and the surrounding community.

Human Milk Bank – is a service established for the purpose of collecting, screening, processing, storing and distributing donated human milk to meet the specific medical needs of individuals for whom human milk is prescribed.

Incentives – The expenses incurred by a private health and non-health institution, establishment or institution, in complying with the provisions of the Act, shall be deductible expenses for income tax purposes up to twice the actual amount incurred: *provided*, that the deduction shall apply for the taxable period when the expenses were incurred: *provided, further*, that all health and non-health facility, establishments and institutions shall comply with the provisions of The Act within six (6) months after its approval.

Infant – a child within zero (0) to twelve (12) months of age.

Infant formula – the breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to six (6) months of age, and adopted to their physiological characteristics.

Lactation management – the general care of a mother-infant nursing couple during the mother's prenatal, immediate postpartum and postnatal periods. It

deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breastfeeding, the risks associated with breastmilk substitutes and milk products not suitable as breastmilk substitutes such as, but not limited to, condensed milk and evaporated milk, the monitoring of breastfeeding mothers by health workers and breastfeeding peer counselors for service patients to ensure compliance with the DOH, World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on the implementation of breastfeeding policies, the physiology of lactation, the establishment and maintenance of lactation, the proper care of the breasts and nipples, and such other matters that would contribute to successful breastfeeding.

Lactation Stations – Private, clean, sanitary, and well-ventilated rooms or areas in the workplace or public places where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward. Also known as Breastfeeding room/area/station.

Low birth weight infant – a newborn weighing less than two thousand five hundred (2,500) grams at birth.

Milk Donor – a healthy lactating mother who volunteers to donate her milk.

Milk Storage Facility – any private, clean, sanitary and well-ventilated area or space in a health institution designated for the purpose of collecting and storing milk among mothers separated from their own babies due to medical reasons. This should be differentiated from the lactation station which primarily serves nursing mothers working in health or non-health facilities.

Mother's milk – the breastmilk from the newborn's own mother.

Networking – the process of linking up diverse individuals or groups bringing about their mutual agreement to share one another's resources and competencies as a way of serving mutual interests.

Nursing employee – any female worker, regardless of employment status, who is lactating or breastfeeding her infant and/or young child.

Non-health facility, establishment or institution – public places and workplaces, as herein defined.

Philippine Health Promotion Program through Healthy Places (PHPP) – a national multi-sectoral health promotion strategy which aims to communicate health messages and build health supportive environment through advocacy, networking and community action as per Administrative Order No. 341: Implementing PHPP through Healthy Places.

Private Sector Organizations – refer to privately owned companies, corporations, associations, foundations, and the like.

Public Sector – the portion of society controlled by national, state or provincial and local governments.

Public place – enclosed or confined areas such as schools, public transportation terminals, shopping malls, and the like.

Rooming-in – the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother's bed or be placed in a crib beside the mother.

Seriously ill mothers – are those who are: with severe infections; in shock, in severe cardiac or respiratory distress; or dying; or those with other conditions that may be determined by the attending physician as serious.

The Act – refers to the Expanded Breastfeeding Promotion Act of 2009.

Wet-nursing – the feeding of a newborn from another mother's breast when his/her own mother cannot breastfeed.

Workplace – work premises, whether private enterprises or government agencies, including their subdivisions, instrumentalities and government-owned and controlled corporations.

Workplace Policy – a documented set of broad guidelines, formulated after an analysis of all internal and external factors that can affect a firm's objectives, operations, and plans. Formulated by the firm's board of directors, workplace policy lays down the firm's response to known and knowable situations and circumstances. It also determines the formulation and implementation of strategy, and directs and restricts the plans, decisions, and actions of the firm's officers in achievement of its objectives.

Young child – a child from the age of twelve (12) months and one (1) day up to thirty-six (36) months.

RULE III

BREASTFEEDING IN THE WORKPLACE AND PUBLIC PLACES

Section 6. Objective - These Rules and Regulations seek to clarify the scope and application of the Act in order that the proper parties may avail of its benefits.

Section 7. General Statement on Coverage - This Rule shall apply to all establishments whether operating for profit or not which employ in any workplace, nursing employees, unless exempted by the Secretary of Labor and Employment, under Section 8 hereof.

Section 8. Exemption - A private establishment may apply for an exemption to establish lactation station at the DOLE Regional Office having jurisdiction over said establishment. An application for exemption may be granted by the DOLE Regional Director upon determination that the establishment of a lactation station is not feasible or necessary due to the peculiar circumstances of the workplace taking into account, among others, the number of women employees, physical size of the establishment and average number of women who will use the facility. Due substantiation shall be

made by the employer to support the application for exemption. The exemption granted by DOLE shall be for a renewal period of two (2) years.

Public sector may apply for an exemption from the Chairperson of the Civil Service Commission. The exemption granted by Civil Service Commission shall be for a renewal period of two (2) years.

Section 9. Workplace Policy - Every workplace shall develop a clear set of guidelines that protects, promotes and supports breastfeeding program. The written policy should be developed in consultation with the workers, approved and properly disseminated to all concern. The Nursing/Lactating employees should be oriented on the proper handling, labeling, and storage of their own expressed breastmilk. The policy should be part of the company's general policy or manual of operation, and the policy should operationalize the provision of this IRR.

Section 10. Minimum Requirements in the Establishment of Lactation Stations - It is hereby mandated that health and non-health facilities, establishments or institutions, including public places, shall establish lactation stations as appropriate. Lactation stations shall be accessible to the breastfeeding women. It shall be adequately provided with the necessary equipment and facilities and other items, the standards of which shall be defined by the Department of Health. The lactation station shall be clean, well ventilated, comfortable and free from contaminants and hazardous substances, and shall ensure privacy for the women to express their milk and/or in appropriate cases, breastfeed their child. In no case, however, shall the lactation station be located in the toilet.

Section 11. Workplace compliance with the Milk Code - In addition, the establishments shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations, or in any event or circumstances which may be conducive to the same, to effect exclusive breastfeeding up to six months and the introduction of appropriate complementary food from six months while continuing to breastfeed for two years and beyond.

Section 12. Lactation Periods - Nursing employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The employee shall notify their immediate supervisor before leaving their station. These intervals which include the time it takes an employee to get to and from the workplace lactation station shall be counted as compensable hours worked. The DOLE may adjust the same but in no case shall such intervals be less than 40 minutes for every 8-hour working period. Duration and frequency of breaks may be agreed upon by employees and employers with the minimum being 40 minutes. Usually, there could be 2-3 breastmilk expressions lasting to 15-30 minutes each within a workday.

Section 13. Access to Breastfeeding Information - Employers shall ensure that staff and employees shall be made aware of The Act and this IRR. All pregnant employees shall be provided with information on how they can combine breastfeeding and work once they return to work. As such, employers are encouraged to link with the Department of Health, NGOs, and professional groups thru the local government

unit in their area to avail of the breastfeeding/IYCF program for working mothers as part of their human resource development program.

Regular breastfeeding education should be provided for pregnant women focusing on capacitating them with skills and knowledge necessary to continue breastfeeding/expressing breastmilk after returning to work. The information that will be provided to mothers should include manual breastmilk expression, cup feeding, handling, storage and transporting of expressed breastmilk.

The company should organize, initiate and conduct adequate orientation on lactation management, support program for nursing employees.

Section 14. Department of Health Certification - Any health and non-health facility, establishment or institution satisfying the requirements of Section 10 and Section 12 of these Rules relative to a proper lactation station may apply with their respective Local Government Unit for a 'working mother-baby friendly' certification. The DOH will issue the guidelines for "working mother-baby-friendly establishments".

CHDs may coordinate with the LGU's and other institutions to be able to review applications, and verify compliance and eventually issue the certification.

The Center for Health Developments (CHD's) at the regional level, will be in charge of the DOH certification.

The Department of Health shall maintain a list of "working mother-baby-friendly establishments," which it shall make available to the public.

The DOH may create an awarding mechanism for the health and non health facilities that successfully comply with the Act.

Section 15. Eligibility for Tax Incentives - Apart from the minimum requirements under Section 10 of these Rules, establishments may provide other suitable facilities or services within the lactation station, all of which, upon due substantiation, shall be considered eligible for purposes of availing the incentives provided for under the new Section 19 of the Act.

The expenses incurred by a private health and non-health facility, establishment or institution, in complying with the provisions of the Act and this IRR, shall be deductible expenses for income tax purposes up to twice the actual amount incurred, subject to the following conditions:

The deduction shall apply for the taxable period when the expenses were incurred;

That all health and non-health facility, establishments and institutions shall comply with the provisions of this IRR within six (6) months after its approval; and

That such facilities, establishments or institutions shall secure a "Working Mother-Baby-Friendly Certificate" from the Department of Health to be filed with the Bureau of Internal Revenue, before they can avail of the incentive.

The Bureau of Internal Revenue shall provide for guidelines in the availment of incentives under this Act.

Section 16. Eligibility for additional appropriation - Government facilities, establishments or institutions shall receive an additional appropriation equivalent to the savings they may derive as a result of complying with the provisions of the Act. The additional appropriation shall be included in their budget for the next fiscal year.

Government facilities, establishments or institutions, may report and provide evidence for savings generated due to the implementation of the law, considering but not limiting to the following:

- a. Reduced cost of procurement, sterilization, management of infant formula paraphernalia;
- b. Reduce costs due to absenteeism;
- c. Increase productivity;
- d. Reduce illness of the babies;
- e. Others.

The Department of Budget and Management shall allocate funds equivalent to the savings of the appropriate Government agency and issue guidelines on how to access such appropriations.

RULE IV

MILK STORAGE AND MILK BANKING IN HEALTH INSTITUTIONS

Section 17. Milk Storage Facility - All health institutions adopting rooming-in and breastfeeding shall provide "milk storage facilities". These facilities are not the same as milk banks.

The Act subscribes to the rooming-in policy such that the mothers should have early skin-to-skin contact and early initiation of breastfeeding. In case the mother and baby are separated and direct breastfeeding is not possible, there will be a need for milk expression and milk storage. All mothers should receive instructions on hand expression, storage and transport of breastmilk. There must be a dedicated and trained person who will supervise and assist the mothers who will use the facility and the health facility should fully comply with Executive Order 51.

The following are the minimum requirements for a milk storage facility:

- a. Well-ventilated space or area solely intended for milk collection and storage
- b. Refrigerator or freezer or its equivalent (ice cooler) following the guidelines for proper storage of breastmilk set by the Dept of Health
- c. Sterile milk containers, hard plastic, food grade
- d. Lavatory with water and soap
- e. Table and comfortable chairs
- f. Manual or electric breast pumps (optional)

Section 18. Milk Banks - Health institutions that are encouraged to put up milk banks include, but not limited to, Medical Centers and Regional Hospitals. A human milk bank should only be used as a temporary solution when the mother and baby are separated. Milk Banks may be source of breastmilk for infants that are victims during an emergency and/or a disaster. The importance of breastfeeding should at all opportunities be emphasized to all mothers through counselling. Mothers of human milk bank recipients should be counselled in lactation or re-lactation by trained milk bank personnel.

Milk banks should operate on a non-profit basis, but a minimal processing fee may be charged to cover for the screening, processing and administrative costs. However, inability to pay the said fee should not be a reason for non-availment of the milk for patients in need. These milk banks must have their own permanent, dedicated staff/personnel who are trained in human milk banking and lactation management.

Section 19. Defined Areas in the Milk Bank:

- a. **Wash area** – it has a deep lavatory/sink with direct water source and soap dispenser, clean hand towels or dryer for the donor mothers to facilitate aseptic milk collection.
- b. **Milk expression area** – provision of chairs and table where mothers can collect their milk.
- c. **Processing and Storage Area** – This area is located in the innermost area of the facility and is a room separate from the other milk bank areas for proper sanitary control. This area must be air-conditioned to maintain certain equipment.
- d. **Office/Administrative space** – milk bank records are kept here.

Section 20. Minimal equipment and structures in the processing area:

- a. Pasteurizer
- b. freezers (milk bank facilities with large volume supply of milk
- c. requiring prolonged storage of more than a week would need an upright, -20°C freezer)
- d. refrigerator with thermometer
- e. storage wall cabinets
- f. working table
- g. deep sinks/lavatories
- h. sterile, rigid, plastic milk containers

Section 21. Milk Bank certification or accreditation by the DOH - Human milk banks should be registered, licensed and monitored by the Department of Health (Bureau of Health Facilities and Services). Human milk banks should follow the guidelines set by the Department of Health defining the proper donor screening, collection, storage, transport, processing and distribution of human milk. Training on milk banking will be provided by reference human milk banks accredited by the Department of Health.

Section 22. Source of Donor Human Milk - Donation of human milk must be made on a voluntary basis. Donors must pass the screening procedures set forth by the Department of Health and Human milk donors may come from, but not limited to the following:

- a. Lying-in clinics/maternity clinics
- b. Health Centers
- c. Community Support Group
- d. Government agencies and Private enterprises with lactation stations
- e. Private individuals

Section 23. Availment of pasteurized human milk - An outline of recipient prioritization shall be set forth in a separate list of milk banking guidelines by the Department of Health. Pasteurized human milk should be dispensed only with a prescription from a physician. Pasteurized human milk may be given if there is either a maternal or infant indication, as recommended by the attending physician.

RULE V

BREASTFEEDING INTEGRATION IN THE CURRICULUM

Section 24. Roles and Responsibilities - The following are the roles and responsibilities of concerned government agencies, bodies, academic and professional organizations.

(a) Department of Health (DOH)

Provide technical assistance/input in the development of materials or curriculum in line with breastfeeding, infant, young child feeding (IYCF) and other breastfeeding-related education.

(b) Department of Education (DepEd)

1. Issue memoranda, orders and directives promoting and supporting breastfeeding;
2. Integrate breastfeeding and breastfeeding-related concepts in the basic education curriculum of all private and public institutions, both formal and non-formal sectors, through the following strategies:
 - 2.1 Identify learning areas and points of entry where core message about breastfeeding can be continuously developed and integrated;
 - 2.2 Develop instructional materials and related information, education and communication materials;
 - 2.3 Develop advocacy programs for parents on breastfeeding;

- 2.4 Review and revise existing instructional materials to ensure that these will not undermine the promotion, protection and support for breastfeeding;
- 2.5 Ensure assessment and evaluation of knowledge, skills and attitudes (KSA) of pupils/students teachers and parents on breastfeeding.
3. Develop awareness and competency of teaching, administrative and non-teaching personnel as well as parents on breastfeeding.

(c) Commission on Higher Education (CHED)

1. Ensure integration of breastfeeding-related concepts in the curriculum of Higher Educational Institutions (HEIs), both public and private, including State Universities and Colleges (SUCs), and local colleges through the following strategies:
2. Issue CHED Memorandum Orders (CMO) and CHED Special Orders (CSO) pursuant to the implementation of the Act 10028, and future policy and program developments to all concerned stakeholders through the various regional offices;
3. Encourage HEIs to promote breastfeeding through instruction, research and extension services; and
4. Assess, monitor and evaluate the breastfeeding integration in the curriculum.

(d) Technical Education and Skills Development Authority (TESDA)

Ensure integration of breastfeeding- related concepts in the curriculum of technical vocational institutions, both public and private, through identification of modules or vocational qualifications where breastfeeding can be integrated.

(e) Professional Regulations Commission (PRC)

1. Ensure inclusion of breastfeeding and breastfeeding-related concepts in professional licensure examinations;
2. Develop and implement sanction mechanisms for a professional that have violated any of the provisions of the Act; and
3. Address complaints of patients, relatives and the society on the violations concerning breastfeeding-related issues.

(f) Academe

1. Implement issuances on integration of breastfeeding concepts in the curricula;
2. Develop competencies for faculty members and instructors;

3. Provide related learning experiences (RLEs); and
4. Ensure provision of positive and supportive environment to promote and support breastfeeding.

(g) Academic Organizations

1. Protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members;
2. Recognize schools, higher educational institutions supportive of breastfeeding advocacy through awards, incentives, etc.;
3. Encourage and support relevant breastfeeding research among its members, and
4. Provide financial support in academic-based breastfeeding programs.

(h) Professional and Socio-Civic Organizations

1. Adhere and implement among its members national policies and legislation on the protection, promotion and support of breastfeeding;
2. Protect, promote and support breastfeeding through advocacy in organizational activities, forum, convention among its members;
3. Incorporate provisions on organizations' Code of Ethics to promote, protect and support breastfeeding in accordance to Convention on the Rights of the Child (CRC), Patients' Rights and gender and Sensitivity principles; and
4. Encourage and support relevant breastfeeding research among its members.

RULE VI

**CONTINUING EDUCATION, RE-EDUCATION AND TRAINING OF
HEALTH WORKERS AND HEALTH INSTITUTIONS**

Section 25. Continuing Education, Re-education and Training of Health Workers and Health Institutions - The Department of Health with the assistance of other government agencies, professional and non-governmental organizations shall conduct continuing information, education, re-education and training programs for physicians, nurses, midwives, nutritionist-dietitians, community health workers and traditional birth attendants (TBAs) and other health and nutrition workers and allied professionals on current and updated lactation management. As such, the DOH through its Health Human Resource Development Bureau (HHRDB) and its other units, shall:

- a. Develop and implement a capacity development plan to provide training more intensively until such time that breastfeeding has been fully integrated in the medical and allied curricula;

- b. Organize a pool of trainers and experts from government, NGOs, academe, private organizations who can be tapped by the health and non-health facilities, establishments or institutions to transfer the necessary knowledge and skills required for the implementation of this Act;
- c. Develop and update common messages that will be adopted in training and other IEC materials to ensure consistency and correctness of the content of trainings on breastfeeding and lactation management;
- d. In coordination with the Civil Service Commission, to develop an orientation course on breastfeeding for government employees.

RULE VII

PUBLIC EDUCATION AND AWARENESS PROGRAM ON BREASTFEEDING PROMOTION

Section 26. Celebration of Breastfeeding Awareness Month - In order to raise awareness on the importance of and to further promote breastfeeding, the month of August in each and every year throughout the Philippines shall be known as "Breastfeeding Awareness Month".

The DOH shall be the lead agency in the celebration of BF awareness month through inclusion of BF awareness month in the monthly health events and issuance of Department of Memorandum to all DOH health facilities, attached agencies and other concerned offices/departments.

Section 27. Public education and awareness program - to ensure the meaningful observance of breastfeeding month, a comprehensive national public education and awareness program shall be undertaken in order to achieve the following objectives:

- a. To protect, promote and support breastfeeding in the Philippines as the normal, natural and preferred method of feeding infants and young children;
- b. To guarantee the rightful place of breastfeeding in society as a time honored tradition and nurturing value as well as a national health policy that must be enforced;
- c. To provide information about the benefits and superiority of breastfeeding and the high risks and costs of bottle-feeding;
- d. To generate awareness on, and full enforcement of, national and international laws, codes, policies and programs on the promotion and protection of safe and adequate nutrition for infants and young children by promoting and protecting breastfeeding and by regulating the marketing of certain foods and feeding bottles, teats and pacifiers; and

- e. To instill recognition and support and ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families, including support for breastfeeding mothers in the work force.

The DOH shall lead in the development and implementation of the comprehensive national public education and awareness program on breastfeeding promotion at all levels in collaboration with other government agencies, non-government organizations, media groups, developmental partners, professional and civic groups through the following strategies:

- a. **Philippine Health Promotion Program (PHPP) through Healthy Places/Settings** - a national multi-sectoral health promotion strategy which aims to communicate health messages and build health supportive environment through advocacy, networking and community action as per Administrative Order No. 341; There are 16 healthy places/settings namely: schools, workplaces, hospitals, hotels, vehicles and terminals, ports, restrooms, markets, eating places, prisons, homes, resorts, movie-houses, streets and barangays;
- b. **Communication for Behavioral Impact (COMBI)** - includes branding of behavior based on modern techniques of marketing along with other strategies to promote exclusive breastfeeding for 6 months.
- c. **Advocacy** - Advocacy is a process to bring about *change* in the policies, laws and practices of *influential* individuals, groups and institutions. The primary audience on this strategy is the Local Chief Executives for them to provide support including budget in the implementation of the above strategies on BF promotion;
- d. **Networking** - a process of linking up diverse individuals or groups, bringing about their mutual agreement to share one another's resources and competencies as a way of serving mutual interests;

At the same time the Department of Social Welfare and Development (DSWD) will support the national breastfeeding awareness program through the following strategies:

- a. Plan and implement public education and awareness program for Republic Act 10028 In its relevant programs, services and projects.
- b. Integrate Lactation management and breastfeeding principles and policies as appropriate in program manuals.
- c. Develop a modular outreach approach to conduct a sustain adequate orientation on lactation management support program for pregnant nursing employees and end clients in its centers, residential care facilities and crisis intervention units (CIUs)
- d. All other Government, Non-governmental institutions and private sector are encouraged to support and contribute to the public education and awareness program on breastfeeding.

RULE VIII
MONITORING

Section 28. Monitoring, Implementation, Functions/ Implementing Institutional Arrangements/Mechanism - Implementing Agency - The Department of Health shall be principally responsible for the implementation and enforcement of the provisions of the Act.

Section 29. Implementation mechanism - is the responsibility of DOH, DOLE, LGUs, Employers, Trade Unions, NGOs, BIR, DTI, and others concerned partners.

Section 30. Monitoring guidelines - In coordination with other agencies involved in the implementation of the Act, the Department of Health shall adopt such appropriate monitoring guidelines for the national, regional and provincial levels. It shall likewise provide regular training on monitoring compliance and enforcement on violations of the Act for all persons engaged in or volunteering to help in the monitoring and implementation of the Act. The Department may request for the assistance of non-governmental organizations, civil society, and concerned international agencies in order to better monitor the implementation of these rules. Accordingly, a monitoring team, composed of the following, is hereby created and established:

(a) National level:

DOH (NCDPC, NCHP, NCHFD, NNC, BHFS)
Council for the Welfare of Children (CWC)
PhilHealth
Department of Social Welfare and Development (DSWD)
Department of Interior and Local Government (DILG)
DOLE
Bureau of Internal Revenue (BIR)
Civil Service Commission
Government/Non-government Organizations/Civil Societies without any conflict of interest with the breastfeeding culture, and/or direct or indirect connection, financial or otherwise, or with commercial interest within the scope of the Act
Ad Hoc International Agencies such as the United Nations Children's Emergency Fund (UNICEF) and/or the World Health Organization (WHO)

(b) Regional/Provincial/City/Municipal/Barangay levels (in collaboration with their respective Local Government Units):

Center for Health Development Offices
National Nutrition Regional Offices
Regional DSWD, DILG, DOLE, CWC
Provincial Health Offices
City Health Offices
Licensing Units and Offices
Municipal Health Offices/Rural Health Units
Barangay Health Office
GOs/NGOs/Civil Societies

(c) **The Monitoring Team** shall have the following functions:

1. Monitor compliance as well as problems encountered in the implementation of the Act.
2. Review/act on reports of violations of the provisions of the Act.
3. Verifies reports of violations of the Act.
4. Recommend sanctions or punitive actions for violations of the Act to the Secretary of Health.
5. Submit regular reports on the status of the implementation of the Act to the Secretary of Health.

Section 31. Report to the Secretary of Health - Non-governmental organizations, labor unions, religious groups and/or civil societies may report their findings to the Office of the Secretary of Health who shall appropriately respond thereto with sufficient dispatch.

RULE IX

ADMINISTRATIVE SANCTIONS

Section 32. Sanctions - One year after the issuance of this IRR, any private non-health facility, establishment and institution which unjustifiably refuses or fails to comply with Sections 10 and 12 of this Rules shall be imposed a fine of not less than Fifty thousand pesos (Php50,000.00) but not more than Two hundred thousand pesos (Php200,000.00) on the first offense. On the second offense, a fine of not less than Two hundred thousand pesos (Php200,000.00) but not more than Five hundred thousand pesos (Php500,000.00). On the third offense, a fine of not less than Five hundred thousand pesos (Php500,000.00) but not more than One million pesos (Php1,000,000.00) and the cancellation or revocation of the business permits or licenses to operate.

In all cases, the fine imposed should take into consideration, among others, number of women employees, physical size of the establishment, and the average number of women who visit.

In addition, the Secretary of Health is hereby empowered to impose sanctions on health institution for the violation of the Act and the rules issued thereunder. Such sanctions may be in the form of reprimand or censure and in case of repeated willful violations, suspension of the permit to operate of the erring health institution. Heads, officials and employees of government health and non-health facilities, establishments and institutions who violate the Act shall further be subject to the following administrative penalties:

First offense – Reprimand

Second offense – Suspension for one (1) to thirty (30) days; and

Third offense – Dismissal.

This shall be without prejudice to other liabilities applicable under civil service law and rules.

**RULE X
FUNDING**

Section 33. Funding - Government agencies, including their subdivisions and instrumentalities, shall use their respective budget for gender and development or their budgets for repairs, maintenance and materials acquisition to comply with Section 10 of these Rules.

**RULE XI
FINAL PROVISIONS**

Section 34. Separability Clause - If any clause, sentence, paragraph or part of the Act shall be declared to be invalid, the remainder of the Act or any provision not affected thereby shall remain in force and effect.

Section 35. Repealing Clause - All laws, presidential decrees, executive orders, rules and regulations or parts thereof which are not consistent with the Act are hereby repealed, amended or modified accordingly.

Section 36. Effectivity Clause - The Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation, whichever comes earlier.



(Sgd) ENRIQUE T. ONA, MD, FPCS, FACS

Secretary of Health