



International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 5

# Sustaining a breastfeeding-friendly workplace

A faint, stylized line drawing of a woman sitting and breastfeeding a child, positioned on the left side of the main title area.

Innovations and lessons learned

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## OBJECTIVES

The first part of this module discusses strategies on how to sustain the Workplace Lactation Programme. The second part of this module provides guidance in establishing communities supportive of breastfeeding workplaces. The third part discusses lessons from actual implementation.

Target users include local governments, human resource managers, business owners, advocates and anyone interested in creating and sustaining breastfeeding-friendly workplaces.

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## THE NUTRITION SECURITY AND MATERNITY PROTECTION THROUGH EXCLUSIVE AND CONTINUED BREASTFEEDING PROMOTION IN THE WORKPLACE (NSMP) PROJECT

*From January 2013 to August 2015, the International Labour Organization (ILO) in partnership with the European Union (EU) and the United Nations Children's Fund (UNICEF) implemented the NSMP Project aiming to advance women's rights to maternity protection and to improve nutrition security for Filipino children through the promotion of exclusive breastfeeding in the workplace.*

*Through this effort, local governments of key cities received technical assistance from partner agencies to promote and implement programmes in infant and young child feeding, particularly exclusive and continued breastfeeding in the workplace. This module draws recommendations, innovations and tools from actual implementation efforts with standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).*

**Tool #8** lists some of the resources developed through the NSMP Project.

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## Part 1

# Sustaining the Workplace Lactation Programme

**MODULE 4** discusses the essential components of the Workplace Lactation Programme as provided by the Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028.

You may be reading this module because you have already started your Workplace Lactation Programme. This module discusses the next steps. How do you sustain it?

## Recognize that the programme is your contribution to society.



ILO/Tuyay

Your efforts go beyond compliance. Having installed the Workplace Lactation Programme, you are benefitting your workers, your workplace and society.<sup>1</sup> A clear appreciation of this facilitates ownership of the Workplace Lactation Programme and accountability.

1

### Foster a breastfeeding-friendly culture.

Provide venues to inform all workers, including managers and supervisors, about the programme and how it benefits them.

- One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>2</sup>
- Absences due to sick children are not predictable, as opposed to the short lactation breaks entitled to working mothers.
- Supporting a working mother in her breastfeeding goal is expected to boost their morale and increase satisfaction in the workplace.
- Even a father of a sick child may not be fully focused and productive in the workplace. It is important to involve male workers so they can encourage their wives/partners to breastfeed.
- More infant illnesses means higher health care and insurance costs.

2

### Solicit feedback.

Engage target users (pregnant women and new mothers) by asking for their needs and feedback on the programme. Managers/supervisors of users will have to be asked as well.

3

### Recognize efforts and successes.

Incentivise successful efforts through awards and citations. Recognition positively impacts public relations, facilitates buy-in and motivates the team implementing the programme.

<sup>1</sup> Refer to **MODULE 1** for the discussion on the economic and public health benefits of breastfeeding.

<sup>2</sup> R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148–153.

"I have always felt that men and women with children are carrying the future of our society, and I am not saying this because I have children of my own. I had a colleague once who was breastfeeding twins. My co-workers and I would take turns doing small favours like buying her lunch or doing her time sheets. Whatever help we give to make her life easier is little compared to the enormous contribution that her babies will bring to the world if they are healthy."

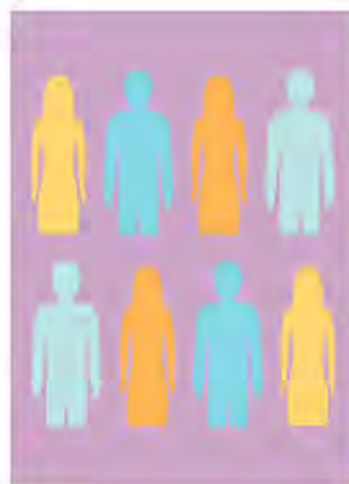
THEA ARCELLA BOHOL  
Development Consultant

## Put a team in charge.

### 1 If you haven't done so, convene a working group.

This group helps identify issues and develop policies to improve the implementation of the programme. The following stakeholders can bring in important perspectives: human resource manager, company medical personnel, facilities manager, financial advisor, public relations, supervisors and representatives from different departments, leaders of the workers groups, current and previous breastfeeding workers, and pregnant employees. You can also consult with health professionals within the community with knowledge on lactation management.

Leading the programme does not necessarily mean that they will be the only ones responsible for implementing it. Depending on your strategy, it can be carried out in partnership with interested individuals whether within (e.g. breastfeeding workers) or outside your organization (e.g. community mothers support groups), as long as it is done in compliance with the Philippine Milk Code of 1986 or Executive Order (EO) 51.



### 2 If you haven't done so, determine a "home" for the programme.

Should the programme be under the human resources division as part of staff development initiatives? Will it be part of the health, wellness or family programmes? Or part of the corporate social responsibility efforts?

In the local government unit (LGU), should the programme find its home in the local health and nutrition office through the Infant and Young Child Feeding initiative or under the Gender and Development activities? Or should it be a collaborative programme among them?

## Continuously assess needs and match them with existing opportunities.



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### 1 Prioritize essential issues.

This is important as resources are limited and needs are competing. A study conducted by the Employers Confederation of the Philippines (ECOP), recommended that investments should “*veer away from spending too much on facilities or construction of stations to information and education activities for target users*”. They found that employees who are well-informed on the health and economic benefits of breastfeeding participated in the programme.<sup>3</sup>

A well-informed workforce is a wise investment to sustain and grow the programme.

### 2 At the onset, avoid unnecessary expenditures by scoping for existing opportunities.

*Is there an extra room or space that can be converted into a Lactation Station? If yes, there is no need to construct a new one.*

*Is there a mother support or breastfeeding resource group in your community? You may want to partner with them for breastfeeding information activities.<sup>4</sup> Help can come from the local health office, health professionals and mother support groups who can assist your working group and provide direct services to your breastfeeding workers.<sup>5</sup>*

### 3 Find out if your efforts are making a difference!

*Are more mothers deciding to breastfeed? Are you able to influence duration of exclusive breastfeeding? Is there less work absenteeism?*

A good monitoring mechanism starts with having a **baseline survey** to which claims of success can be confidently compared. This is useful in promoting accomplishments and justifying requests for additional resources. Having the right kind of information also lets you know if the effort is not producing the desired effects, and thus guides improvements in programming decisions.

<sup>3</sup> Employers Confederation of the Philippines (ECOP): *The Nutrition Security and Maternity Protection (NSMP) Project Final Report* (2014).

<sup>4</sup> It must be noted that all efforts to implement the Programme should be made within the boundaries of Executive Order (EO) 51. Have partners sign a disclosure statement. A suggested format is provided in **Tool #7**.

<sup>5</sup> **Tool #6** provides a list of some breastfeeding support groups in the country.

## LESSONS AND INNOVATIONS FROM THE NSMP PROJECT

*The following resources were developed by the NSMP Project partners:*

1. *Baseline Survey and Monitoring Tools for Exclusive and Continued Breastfeeding in the Workplace (for formal workplace settings) (ECOP)*
2. *Baseline Survey, Monitoring and Evaluation Tools for Exclusive and Continued Breastfeeding in the Workplace (for informal economic units) [The National Anti-Poverty Commission (NAPC)]*
3. *Breastfeeding in the Workplace Program Management Training Course for Business Firms (ECOP)*
4. *Breastfeeding in the Workplace for the Informal Economy Program Management Training Modules (NAPC)*

## Adapt implementation to the local context.



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### Be sensitive to the cultural norms and personal preferences of mothers.

In some local cultures, bringing the child to the workplace is acceptable and breastfeeding in public is common practice. Anecdotes of breastfeeding mothers being asked to cover up or move within hidden confines (i.e. of the lactation station) are not uncommon. On the other hand, there are mothers who opt for privacy to be able to breastfeed in comfort.

Support and affirm a breastfeeding mother at all times. It is a normal, natural way of nurturing babies.

## Interventions should be equitable.

While it is good that many mothers have access to good quality breast pumps for faster and more efficient breastmilk expression, they are priced too steeply for most Filipino mothers especially for those working in the informal economy.

Hand expression is an essential, not to mention convenient skill every breastfeeding mother should possess, whether she has the option to purchase a breast pump or not. If done correctly, it should be comfortable and freely remove milk from the breasts. Available evidence suggests that hand expression appears to improve eventual breastfeeding rates at two months after birth, compared with expression using a hospital grade double-electric pump (the most expensive type), and that expressed milk volume does not differ between the two methods.<sup>6</sup>



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## BREASTFEEDING AS A CULTURAL NORM

*One of the mandates for the national public education and awareness program on breastfeeding is “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.”<sup>7</sup>*

*It is good for government and concerned agencies to recognize establishments and localities with good breastfeeding promotion practices. Recognition positively impacts the public image of breastfeeding-friendly workplaces, and may motivate others to comply. An example of this is the Mother-Baby Friendly Workplace seal of the DOH.*

*Consider joining the **Breastfeeding Welcome Here** campaign of the DOH, WHO and UNICEF as applicable in your establishment.*

*The Philippine Milk Code of 1986 (Executive Order 51) provides a national framework for the protection, promotion and support of breastfeeding. Know its provisions.*



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<sup>6</sup> V.J. Flaherman et al.: “Randomised trial comparing hand expression with breast pumping for mothers of term newborns feeding poorly” in *Archives of Disease in Childhood - Fetal and Neonatal Edition* (2012, Vol. 97), pp. F18–F23.

<sup>7</sup> Section 17b Republic Act (RA)10028

## Gather feedback, address misconceptions, and provide solutions.

During the implementation of the NSMP Project, officials running a workplace lactation programme in the marketplace thought that mothers should not breastfeed in the public market because sanitation is uncertain.

While an unclean environment is indeed not healthy, and maintaining cleanliness is a responsibility of the locals, a mother's breastmilk adapts its components to protect the baby from harmful germs that the mother, and therefore the baby, is often exposed to. Thus if the "dirty" environment is the only consideration, leaving the baby at home on formula milk may be more harmful than directly breastfeeding in the market.

Direct breastfeeding, whenever feasible, is more convenient than having to express breastmilk and keep it in cold chain. As such, evaluate the best approach (e.g. a lactation station or a day care facility?).

## Justify continuous support with policies and mandates.



### Government establishments

1. **The Civil Service Commission (CSC)** and its regional offices are mandated to enforce the provisions of pertinent laws, in this case the adoption of RA 10028 in all government workplaces (e.g. public schools and universities, government agencies, military facilities, hospitals).
2. Issued by the late Secretary Jesse Robredo, **Department of Interior and Local Government (DILG)** Memorandum Circular No. 2011-54 "Implementation and Monitoring of the National Policy on Breastfeeding and Setting Up of Workplace Lactation Program" enjoins local chief executives to implement RA 10028.
3. The establishment's **Manual of Operations/General Policy** should include provisions for the Workplace Lactation Policy.<sup>8</sup>

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<sup>8</sup> Section 9 RA 10028 Implementing Rules and Regulations (IRR)

## SOURCING FUNDS FOR IMPLEMENTATION

Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments, including their attached agencies, offices, bureaus, state universities and colleges, government owned and controlled corporations, local government units and other government instrumentalities are mandated to formulate their annual **Gender and Development (GAD)** plans and budgets allocating at least **five per cent of their total budget** to mainstream gender perspectives in policies, programmes and projects.<sup>9</sup>

GAD funds should support efforts that promote decent work, work-life balance, and breastfeeding, among others, in alignment with the provisions of RA 9710.



### Private establishments

1. **DILG Memorandum Circular No. 2011-54** includes compliance with RA 10028 as part of private establishments' business permit requirement.
2. **The Department of Labor and Employment (DOLE) Labor Law Compliance Assessment Checklist** incorporates the provision of lactation stations and lactation periods. This tool is used by Labor Law Compliance Officers during assessment visits to establishments to monitor and ensure compliance with labour standards.
3. The establishment's **Manual of Operations/General Policy** should include provisions for the Workplace Lactation Policy.<sup>10</sup>

#### For large establishments (employing 200 or more workers)

- **Collective bargaining agreements (CBA)** between employers and workers can include RA 10028 provisions. If the CBA has been recently revised, provisions can be coured through a labour management cooperation agreement. **Tool #10** provides a sample workplace lactation support provision for a CBA.
- Implementation of the policy can be coured through existing programmes (e.g. corporate social responsibility, family welfare, health and wellness, staff development).

#### For micro, small and medium enterprises (MSMEs)

- Implementation of the workplace lactation programme can be customized to suit their needs and resources. The workplace lactation policy and the paid lactation periods are mandatory.
- **Tool #1** discusses lactation station models and equivalencies provided by the DOLE through Department Order No. 143 series of 2015.<sup>11</sup>
- For peculiar workplaces, initiatives may be carried out in common public places (e.g. marketplaces, terminals) and activities can be organized through **multi-sectoral collaboration**. This will be discussed in Part 2 of this module.

<sup>9</sup> Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*

<sup>10</sup> Section 9 RA 10028-IRR

<sup>11</sup> Department of Labor and Employment (DOLE) Department Order No. 143, Series of 2015 "Guidelines Governing Exemption of Establishments from Setting Up Workplace Lactation Stations"

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## DID YOU KNOW?

Micro, small and medium enterprises (MSMEs) represent 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. **Of these enterprises, 91.6 per cent (709,899) are micro enterprises.** Overall, 49.7 per cent of MSMEs are engaged in the wholesale/retail trade and repair services, followed by 14.4 per cent in manufacturing, and 12.5 per cent in hotel/restaurant industries.<sup>12</sup>

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### Informal economic units (public and private)

- The provision of services for women in the marginalized sector is a mandate of the LGU. **Local ordinances** can institutionalize efforts to promote breastfeeding in all workplaces, including informal economic units. **Tool #10** provides a sample of such ordinance.
- Breastfeeding promotion at the community level can be strengthened by the local health office through effective health service delivery systems. Training health care providers and fostering breastfeeding support groups should be a priority.

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## THE INFORMAL ECONOMY<sup>13</sup>

*The **informal economy** refers to all economic activities by **workers and economic units** that are – in law or in practice – not covered or insufficiently covered by formal arrangements; and does not cover illicit activities, in particular the provision of services or the production, sale, possession or use of goods forbidden by law, including the illicit production and trafficking of drugs, the illicit manufacturing of and trafficking in firearms, trafficking in persons, and money laundering, as defined in the relevant international treaties.*

*This applies to all workers and economic units in the informal economy who own and operate economic units (including own-account workers, employers, and members of cooperatives and of social and solidarity economy units), contributing family workers (irrespective of whether they work in economic units in the formal or informal economy) and employees holding informal jobs in or for formal enterprises, or in or for economic units in the informal economy, including but not limited to those in subcontracting and in supply chains, or as paid domestic workers employed by households; and workers in unrecognized or unregulated employment relationships.*

*Informal work may be found across all sectors of the economy, in both public and private spaces.*

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<sup>12</sup> Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

<sup>13</sup> As defined in ILO Recommendation Concerning the Transition from the Informal to the Formal Economy, 2015 (No. 204)

## Foster breastfeeding support groups.

Mothers commonly encounter breastfeeding issues such as breast pain, engorgement and low milk supply. These issues range from simple to complex, thus practical help and skill may be required. Access to peer counselling in the community has been shown to dramatically improve exclusive breastfeeding practices.<sup>14</sup> Some communities have trained breastfeeding counsellors (e.g. Breastfeeding TSEK, mother support groups) but many do not have them yet.

You may have started your own efforts alone or through resource persons in the community. As you go along, you may find a growing number of successful breastfeeding workers who benefitted from the Workplace Lactation Programme. These women are usually willing to help out and can be quite effective in helping their peers. Consider if your establishment or community can start your own peer educators' /breastfeeding support group.



### LESSONS AND INNOVATIONS FROM THE NSMP PROJECT: WORKPLACE PEER EDUCATORS

*Partners of the NSMP project were able to train **Peer Educators** – workers who can educate others and advocate for exclusive and continued breastfeeding in the workplace.*

#### **Qualities of an Effective Peer Educator<sup>15</sup>**

- Knowledge of the law
- Assertive in the need to implement the law in the workplace
- Knowledge in facilitating programmes
- Confident and has a background on the issues related to breastfeeding
- Knowledge of company structure and policies
- Knowledge of the breastfeeding programme's effects on the company and the workers
- Committed to the programme

#### **The following training packages for workplace peer educators have been developed:**

1. Training of Exclusive Breastfeeding Peer Educators for the Informal Economy (NAPC)
2. Training of Exclusive Breastfeeding Peer Educators for the Workers in the Formal Sector [Trade Union Congress of the Philippines (TUCP) and Federation of Free Workers (FFW)]
3. Maternal and Child Health/Exclusive Breastfeeding in the Workplace Peer Education Training Course for HR Practitioners (ECOP)

<sup>14</sup> M.A. Salud et al.: "People's initiative to counteract misinformation and marketing practices: the Pembo, Philippines, breastfeeding experience, 2006" in *Journal of Human Lactation* (2009, Vol. 25, No. 3), pp. 341-9.

<sup>15</sup> From the "Training of Exclusive Breastfeeding Peer Educator" module developed by the Trade Union Congress of the Philippines (TUCP)



## Part 2

# Partnerships for breastfeeding-friendly communities

The **Department of Health (DOH)** is the lead agency for developing standards, guidelines and key messages on breastfeeding. It is mandated to provide capacity building for both health workers and community support, and to implement a national public education and awareness program on breastfeeding **through collaborative interagency and multi-sectoral effort at all levels.**<sup>16</sup>

The Local Health Office, the DOH counterpart in the LGU, should be able to provide the same support for breastfeeding in the workplace in their localities.

Workplaces are part of a bigger community and **local ordinances** can provide policy frameworks in which they should operate. The creation of communities supportive of breastfeeding-friendly workplaces requires a multi-sectoral approach.

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<sup>16</sup> RA 10028



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## Build alliances between the local government and the social sector.

### 1 Form a working group.

Identify allies who can set into motion this “*collaborative interagency and multi-sectoral effort*” to improve breastfeeding practices in the community. Determine where this group can find its administrative home. Will it be through the local health board? Or through the nutrition or GAD office?

This working group should involve LGU representatives from the health/nutrition office and GAD focal point to ensure support and sustainability. This group should engage representatives of workers’ associations from the formal sector and the informal economy, government administrators of public places (e.g. market, terminals), local social partners or individual advocates provided that there is no conflict of interest in compliance with EO 51.

This team should know how exclusive and continued breastfeeding benefits the local community (see **MODULE 1**).



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2

## Know the facts in your community.

The working group should be on the same page in knowing the current state of breastfeeding in the community. The most easily available data is the **breastfeeding rate**.

Health workers and community leaders should be able to give focused insights on these fundamental issues:

*Which groups are most at risk for stopping breastfeeding? When do they stop? More importantly, why do they mix-feed or stop breastfeeding? What are the current efforts to promote breastfeeding? What are the challenges and opportunities?*

Baseline measures promote stakeholder participation and build partnerships by fostering a shared burden to meet needs and find opportunities.

Knowing the facts also provides evidence to convince policy-makers and justify resource mobilization towards the desired effect.



Source: National Statistics Office, Family Health Survey 2011

## EXCLUSIVE BREASTFEEDING RATES BY REGION

*Percentage of youngest children 6-35 months who were exclusively breastfed until age six months, by region, Philippines, 2011*

3

## Decide which issue to prioritize.

Resources in a community are always limited while needs are competing. Prioritization should be guided by facts. For example, if you find out that return to work is a major challenge for mothers in your community, you may decide to prioritize efforts that promote breastfeeding in the workplace.

4

## Develop a plan of action, implement and monitor.<sup>17</sup>

A good plan of action is active and inclusive, and everyone's opinion should be taken into consideration. Stakeholders may have diverse opinions on an issue, which may result in conflicts but it is important for everyone to find common ground in a shared burden or goal (e.g. to increase the breastfeeding rate in a particular village or workplace).

<sup>17</sup> Programme management tools specific to the Workplace Lactation Programme have been developed by NSMP project partners. They are enumerated in Tool # 8.

## WHY DO YOU NEED A THOROUGH UNDERSTANDING OF YOUR ISSUE?<sup>18</sup>

- To convince members that the issue is important and keep them fired up
- To persuade allies to join your cause by presenting them with facts that they won't be able to ignore or refute
- To know why your opponents are taking their side, and what misconceptions or other interests (e.g. financial) they may have in continuing to do so
- To know the best approach to correct a situation – which steps are fairly easy to take, and which may be a major stretch for your group
- To know what strategic style is likely to work best, whether you're going to run an "in your face" type of initiative, or act behind the scenes, or something in between
- To be able to plan your progress logically and know just how far you have come

*When and if the dispute becomes public – as you may want it to do – you will have the answers. If a reporter asks you for a reaction, or you are challenged by an opponent, you will be prepared.*

## Sustain breastfeeding promotion in the workplace through a Local Ordinance.



In compliance with RA 10028, DILG Memorandum Circular No.54 Series of 2011 enjoins LGUs to require the setting-up of the Workplace Lactation Programme among businesses and to pursue private-public partnerships to establish and sustain lactation programmes in the informal sector.

Workplaces, whether belonging to the formal sector or informal economic units are part of the bigger community. **Local ordinances** can provide policy frameworks in which they should operate. **Tool #10** provides a sample local ordinance.

### SUSTAINABILITY THROUGH FUNDING

Inclusion of the Workplace Lactation Programme in the **City/Municipal Investment Plan for Health** ensures sustainability of your efforts.

Republic Act 9710 or the **Magna Carta of Women** mandates the use of **Gender and Development funds** to support efforts promoting decent work, work-life balance, and breastfeeding, among others.

<sup>18</sup> Adapted from P.Breitrose and E.Wadud: "Chapter 30, Section 3 Understanding the Issue" in Community Toolbox (2014). Accessed at <http://ctb.ku.edu/en/table-of-contents/advocacy/advocacy-principles/understand-the-issue/main>

## Part 3

# NSMP lessons at the local government level

## Lessons on the legislative agenda

### Ask:

1. Is there a local ordinance adopting RA 10028?
2. Is it compliant with the five workplace provisions?
3. Is it inclusive of provisions for workers in the informal economy?

If the answer is **YES** to all of the above questions, monitor and evaluate the implementation of the local ordinance. If the answer is **NO** to any of the above questions, plan to remedy the legislative gaps.

Multi-sectoral planning should involve local government administrators of the workplace, representatives of the workplace through workers' associations, local social partners and local duty bearers inclusive of the local health and nutrition offices and the GAD focal point to ensure support and sustainability.

Activities may include the following:

### 1. Orientation of participants

*Essential topics include:*

- a. breastfeeding benefits for society, families, mothers and children
  - b. community baseline measures on breastfeeding
  - c. EO 51 and RA 10028
  - d. DILG Memorandum Circular No.54 series of 2011 which enjoins the LGU to require the setting-up of the Workplace Lactation Programme among businesses and to pursue private-public partnerships to establish and sustain lactation programmes in the informal sector
  - e. orientation on the legislative process
2. Political mapping of sponsor and allies, as well as possible opponents of the proposed ordinance/amendments
  3. Drafting of the new local ordinance or proposed Implementing Rules and Regulations (IRR)



© ALLWIES

Hon. Myra Paz V. Abubakar in her sponsorship speech during the 7th Regular Session of the Zamboanga City Council on 19 February 2014 for the proposed amendatory ordinance to expand the coverage of the existing city ordinance on breastfeeding promotion.

#### 4. Review of the draft ordinance/IRR for comments

*First, by the multi-sectoral stakeholders; then, by the city/municipal legal counsel and others in the LGU who may need to be strategically involved (e.g. budget officer).*

#### 5. Meeting with the legislator champion and staff

*Equip them with more information for public hearings, committee meetings and plenary deliberation. If needed, provide resource person/s during the public and committee hearings.*

#### 6. Celebration of accomplishments

The three NSMP project sites came up with local ordinances adopting the workplace provisions of RA 10028 providing a local policy framework inclusive of breastfeeding support for women workers in the formal sector and the informal economy.

**Tool #10** provides details on the legislative outputs of Iloilo City, Naga City and Zamboanga City.

## Lessons on advocacy and sustainability

While RA 10028 is not clear on its coverage of the workers in the informal economy, RA 9710 (the Magna Carta of Women) mandates the promotion of decent work, work-life balance, breastfeeding, among others.

Pursuant to the Magna Carta of Women (RA 9710) and the GAA, all government departments, including local government units and other government instrumentalities are mandated to formulate their annual GAD plans and budgets allocating at least **five per cent of their total budget** to mainstream gender perspectives in policies, programmes and projects.<sup>19</sup>

**GAD funds** should support efforts that promote decent work, work-life balance, and breastfeeding, among others, in alignment with the provisions of RA 9710.

Lactation stations in public places can be sustained through GAD funds as mandated by RA 10028.<sup>20</sup>

For example, a group of informal workers (i.e. market vendors and stall owners) operate a lactation station in the public market. Being owned and operated by the City Government, the Market Administrator's Office should allocate at least 5 per cent of the total budget for GAD initiatives. This allocation can be used to support and maintain the lactation station.

Likewise, lactation stations in transport terminals, being in a public place operated by the local government, can be sustained by the GAD funds to promote breastfeeding among passengers, shop keepers and workers within the area.

<sup>19</sup> Policy Guideline 2.3, PCW-NEDA-DBM Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*

<sup>20</sup> Section 17 RA 10028

### What was the problem?

While these legal frameworks and mandates exist, informal sector organizations and key persons in the community were not aware of these provisions.

### How was the problem addressed?

Among the innovations for the NSMP Project was a workshop that raised awareness on how GAD funds can be accessed for the promotion of breastfeeding in the workplace focusing on the PCW-NEDA-DBM Joint Circular 2012-01<sup>21</sup> and how it interfaces with RA 10028.



Key activities included an orientation on breastfeeding in the workplace, a baseline survey of budget allocations of key government offices, an orientation on city budget preparation and the GAD budget guidelines, and an open forum. The Alliance of Workers in the Informal Economy/Sector (ALLWIES) was the implementing partner for this activity.

### Who were engaged?

The activity for each city was well represented by different sectors. Participants included representatives from the City Health Office, Budget Office, City Social Welfare and Development Office, Nutrition Office, Public Information Office and an elected official. The Barangay Nutrition Scholar Association and the Barangay Health Workers Federation showed their support.

The informal economy workers were represented by transport and vendors groups. City Chamber of Commerce, religious sector, and the women's association representatives also came.

Budget officers oriented the participants on how the city budget is prepared. Key government offices were requested to present their respective budgets.

### What were the key findings?

#### **Some key stakeholders were not aware of their mandates.**

Particularly, two out of three Social Welfare and Development Officers admitted that they were not aware of their mandates in RA 10028. None of them allocated funds for breastfeeding promotion.

#### **Breastfeeding was not a priority nutrition intervention in terms of funding.**

The following table shows that funding for breastfeeding promotion was not prioritized in a city nutrition programme. The nutrition officer expected the barangay to allocate funds for breastfeeding promotion activities therefore focusing the city nutrition office's budget to feeding assistance interventions.

21 Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women.*

## ACTUAL DATA FROM A CITY NUTRITION PROGRAMME SHOWING MINIMAL ALLOCATION FOR BREASTFEEDING PROMOTION

PROJECTS / ACTIVITIES	COST*
Food assistance Centre-based feeding	Php2,407,452 (US\$54,715)
Micronutrient supplementation	Php120,000 (US\$2,727)
Exclusive breastfeeding advocacy	Php4,500 (US\$102)

\* US\$1 = Php44 (2014)

### **Given the right information in a positive, non-confrontational setting, stakeholders commit to support breastfeeding.**

All of the Social Welfare and Development Officers committed to allocate funds for breastfeeding advocacy and interventions in the next budget cycle.

One of them volunteered to mainstream breastfeeding promotion in all livelihood programmess and counselling modules, as well as in disaster relief. She plans to include breastfeeding as a topic during marriage counselling.

Another person committed assistance to the workers in the informal economy by funding information, education and communication materials for breastfeeding promotion.

### **Further advocacy and coordination is needed at the barangay level.**

*Barangay* nutrition scholars found it challenging to engage some *barangay* chief executives. It was proposed that this issue be raised to the City Interior and Local Government Officer.

### **What was achieved?**

With their commitments, it is expected that the local government and participants representing workers in the informal economy will be able to propose workplace breastfeeding promotion initiatives and that key government stakeholders will allocate funds in the next budget cycle.



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# Creating communities supportive of breastfeeding-friendly workplaces

**"Every workplace shall develop a clear set of guidelines that protects, promotes and supports breastfeeding program."**

- Section 9 IRR, The Expanded Breastfeeding Promotion Act of 2009 (RA 10028) [1]

What is the nature of your workplace?	What external agency/agencies is/are mandated to facilitate breastfeeding-friendly workplaces?	What internal policy directive/s can facilitate and sustain your Workplace Lactation Programme?	Who can be the actor/s of the policy directive?	Under what initiative will the Workplace Lactation Programme find its "home"?
<b>ANY KIND OF ESTABLISHMENT</b>  <ul style="list-style-type: none"> <li>• <b>ALL</b>, including government, private and informal economic units</li> </ul>	DILG through Memorandum Circular 2011-054 [4]  The local government in the existence of a LOCAL ORDINANCE		Local government unit (e.g. through the health/nutrition office, GAD focal point, human resource officers, administrators of public places like markets and terminals)  Employers and workers groups, social sector, advocacy partners or individuals can catalyze action as long as within the bounds of Executive Order 51	Health and wellness initiatives  Personnel/staff development initiatives  Gender and development initiatives
<b>GOVERNMENT ESTABLISHMENT [2]</b>	The CSC as mandated to enforce pertinent laws, in this case RA 10028  Concerned national agency (e.g. DOH, DOLE, DepEd, DSWD)	Establishment's manual of operations/general policy	Administration (e.g. through the HR department, health department)	
<b>PRIVATE ESTABLISHMENT</b>				
<ul style="list-style-type: none"> <li>• <b>ALL</b>, any kind of private establishment</li> </ul>	DOLE through the Labor Law Compliance System [5]	Establishment's manual of operations/general policy	Business owners/employers/HR managers/company medical personnel, as applicable	
<ul style="list-style-type: none"> <li>• Large establishment (employing 200 or more)</li> </ul>		Collective bargaining agreement  Labour management cooperation agreement		Corporate social responsibility  Family Welfare Program (as applicable)
<ul style="list-style-type: none"> <li>• Medium (employing 100-199)</li> </ul>				
<ul style="list-style-type: none"> <li>• Small (employing 10-99)</li> </ul>				
<ul style="list-style-type: none"> <li>• Micro (employing 1-9) [3]</li> </ul>		Local ordinance		IYCF programme initiatives  Philippine Health Promotion Program Through Healthy Places initiatives
<b>INFORMAL ECONOMIC UNIT IN A PUBLIC OR PRIVATE SPACE</b>				



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#### Notes:

[1] The Department of Health (DOH), as the lead agency, in coordination with the Department of Labor and Employment (DOLE), the Department of Trade and Industry (DTI), the Department of Justice (DOJ), the Department of Social Welfare and Development (DSWD), the Department of Education (DepEd), the Department of the Interior and Local Government (DILG), the Civil Service Commission (CSC), the Commission on Higher Education (CHED), the Technical Education and Skills Development Authority (TESDA) and professional and nongovernmental organizations concerned, shall issue the rules and regulations necessary to carry out the provisions of this Act. (Section 18, RA 10028)

[2] Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments, including their attached agencies, offices, bureaus, state universities and colleges, government owned and controlled corporations, local government units and other government instrumentalities are mandated to formulate their annual Gender and Development plans and budgets, allocating at least five per cent of their total budget to mainstream gender perspectives in policies, programmes and projects. Pursuant to RA 9710, Gender and Development (GAD) funds should support efforts that promote decent work, work-life balance, and breastfeeding, among others. RA 10028 mandates the use of GAD funds for its implementation. [Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*]

[3] Micro enterprises may have very few workers and/or peculiar workplace circumstances. As such, the local government can assist them in implementing the provisions of RA 10028. DOLE Department Order No. 143 Series of 2015 Annex A Part II provides a Lactation Station Equivalency Guide where they can support an LGU installed/common facility, among other options. These are illustrated in **Tool #1**.

[4] DILG Memorandum Circular 2011-054 *Implementation and Monitoring of the National Policy on Breastfeeding and Setting-up of Workplace Lactation Program* enjoins all local chief executives to establish the programme and include compliance to RA 10028 as part of private companies' business permit requirement.

[5] Provision of lactation stations and lactation periods are incorporated in the DOLE Labor Law Compliance Assessment Checklist, a tool used by Labor Law Compliance Officers during assessment visits to establishments to monitor and ensure compliance with general law standards.

## Key Points



A clear appreciation of how breastfeeding benefits workers and their families, the workplace, and society facilitates ownership of the Workplace Lactation Programme. Form a team who can be in charge and identify a “home” for the initiative, maximizing available resources.



Have a baseline survey to which claims of success can be compared, so you can promote accomplishments and justify requests for additional resources with confidence. Monitoring helps you know if your strategy is working or not, and helps you improve implementation.



Be sensitive of the local culture and personal preferences of mothers. Seek to establish breastfeeding as a cultural norm. Interventions should be equitable. Recognize establishments and localities with good breastfeeding promotion practices to enhance the public image of breastfeeding and motivate others to comply.



Policy directives facilitate compliance with RA 10028. While policies may be easier to translate into action in the formal sector, multi-sectoral support is needed for working mothers in peculiar workplaces and informal economic units. The Local Health Office, the DOH counterpart in the LGU, should be able to lead the provision of support for these breastfeeding workers through an effective service delivery system. Mother support groups in communities and peer educators in the workplaces should be fostered.



The creation of communities supportive of breastfeeding-friendly workplaces requires a multi-sectoral approach. Workplaces are part of a bigger community and local ordinances provide policy frameworks in which individual establishments should operate.





ISBN: 978-92-2-130164-6