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**HELEN KELLER INTERNATIONAL, PHILIPPINES**

**MID TERM EVALUATION**

**EXPANSION OF VITAMIN A SUPPLEMENTATION AND NUTRITION  
EDUCATION INTERVENTIONS IN THREE PROVINCES IN THE  
PHILIPPINES (VITEX)**

**COOPERATIVE AGREEMENT NO. DAN-5116-A-00-0074-00**

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## TABLE OF CONTENTS

|                                        |    |
|----------------------------------------|----|
| List of abbreviations                  | 3  |
| I. Executive summary                   | 4  |
| II. Key findings                       | 4  |
| Accomplishments                        | 4  |
| Problems and constraints               | 5  |
| III. Project description               | 6  |
| General                                | 6  |
| Goals                                  |    |
| Objectives                             | 7  |
| Project design and Implementation      | 8  |
| Communications strategy                | 8  |
| HKI/host government relationships      | 9  |
| Project finances                       | 9  |
| IV. Specific evaluation issues         | 10 |
| Project goals and objectives           | 10 |
| Infrastructure                         | 11 |
| Technical support                      | 11 |
| Information systems                    | 11 |
| Modification to work plan or budget    | 12 |
| Sustainability                         | 12 |
| Replicability                          | 13 |
| Lessons learned                        | 13 |
| Recurrent cost and recovery mechanisms | 14 |
| Assessment of effectiveness            | 15 |
| V. Discussion and recommendations      | 15 |
| VAC intervention                       | 15 |
| IEC interventions                      | 17 |
| VI. Principal Contacts                 | 21 |
| VII. List of documents                 | 23 |
| VIII. Annexes                          | 24 |

## LIST OF ABBREVIATIONS

|        |                                                |
|--------|------------------------------------------------|
| AID    | Agency for International Development           |
| BHW's  | Barangay Health Workers (volunteers)           |
| CNP    | DOH comprehensive Nutrition program: 1992-1996 |
| CS     | Child Survival                                 |
| DOH    | Department of Health                           |
| EOP    | End of Project                                 |
| EPI    | Expanded Immunization Program,                 |
| HKI    | Helen Keller International                     |
| HIS    | Health Information System                      |
| IDA    | Iron Deficiency Anemia                         |
| IDD    | Iodine Deficiency Disorders                    |
| IEC    | Information, Education and Communications      |
| KAP    | Knowledge, attitudes, practices                |
| NCP    | Nutrition Center of the Philippines            |
| NDC    | National Drug Committee                        |
| NS     | Nutrition Service                              |
| M/E    | Monitoring and Evaluation                      |
| MCiH   | Maternal Child Health                          |
| OPT    | Operation Timbong                              |
| RHM    | Regional Health Midwives                       |
| ST/N   | Office of Nutrition, AID/Washington            |
| TAG    | Technical Assistance Group                     |
| UNICEF | United Nations Children's Fund                 |
| USAID  | AID mission in the Philippines                 |
| VAC    | Vitamin A Capsule (200,000 I.U.)               |
| VAD    | Vitamin A Deficiency                           |
| WB     | World Bank                                     |

## **I. EXECUTIVE SUMMARY**

Helen Keller International (HKI), building on over 20 years of vitamin A deficiency detection and control (VAD) field experience in the Philippines, an established working relationship with the Nutrition Section, Department of Health (NS) and an institutionalized child growth monitoring system-Operation Timbong (OPT), embarked on an ambitious expanded project in September, 1990 to cover three provinces. The project is funded by the Office of Nutrition, AID/Washington (ST/N) under a cooperative agreement for a 3 year period. The AID contribution of \$900,000 is matched by \$250,000 from HKI. The Government of the Philippines is committed to provide personnel, logistic and supply resources required to implement the project, and to sustain the vitamin A interventions after completion of the project.

This evaluation was carried out April 22-30, 1992 to review progress to date, identify problems and constraints, and recommend strategies for overcoming existing problems to ensure that the stated objectives are reached by the end of the project. Project personnel were interviewed and activities observed in Manila and several locations in Quezon and Northern Samar provinces. All project documents were made available to the evaluation team.

It is recommended by the evaluation team the HKI extend the project by one year in order to give the project the time to complete stated IEC objectives and to allow the project to document it's experiences.

## **II. KEY FINDINGS**

### A. Accomplishments:

Overall, the project has been very successful in the achievement of its goals and objectives, in adherence to the implementation time line, and in satisfying the terms of the cooperative agreement. Major accomplishments include:

1. HKI has developed and followed a six point strategy which has facilitated the interactions and cooperation necessary to move forward rapidly with a comprehensive intervention approach which is being integrated with many other programs.
2. VITEX staff and DOH counterparts have planned, developed guide-line and training materials, and implemented a multi-staged series of meetings, workshops, training sessions and field experiences which has capacitated DOH personnel and members of target communities in three provinces to implement project activities.

3. Successful completion in three provinces of baseline surveys which have provided a valid assessment of the prevalence and distribution of malnutrition and VAD among children 6-83 months of age, and described the socio-economic and cultural environments on which project activities are to impact. Heavy involvement of DOH field staff in the design and implementation stages was a major factor in meeting the targets of each survey.
4. Development of detailed strategies, plans and materials for implementation monitoring and evaluation of health and nutrition service delivery initiation of this component. The training manuals are of exceptional quality.
5. Development of a detailed communication strategy (messages, media plan, and materials) to promote feeding of more food and nutritionally adequate mixtures to children above 6 months of age. This plan includes the delivery of messages using interpersonal communications (e.g. dietary counseling during consultation, mother craft, "weaning moments" classes, by BHW's and *Hilots*) and mass media (radio and print) for the three provinces.
6. Development of prototype nutritional educational materials that include, radio plugs, and print media (training manual, nutritional calendar, and comics that are to be developed in three languages for the three provinces.
7. Successful melding of research and service considerations in the design and implementation of these activities.

#### B. Problems and Constraints

This impressive progress is remarkable considering that HKI does not have direct control over the involved staff of DOH or the community volunteers and that VITEX staff must catalyze action within numerous offices of DOH at the national level and several levels of the health cadre in three provinces simultaneously. It is always difficult to effect joint agreement to major changes in dosage levels, operational guide lines, working and reporting procedures and relationships in a complex bureaucracy, and even more so when this needs to be done rapidly in Manila and three very different and geographically separated provinces. With respect to use of the 200,000 IU capsule, one must consider that this dosage level is still not listed in the Drug Formulary of the Philippines, yet is being universally distributed in three entire provinces to children showing four disease criteria and also to mothers shortly after childbirth. In addition field staff still have remnants of prior stocks of a much lower dosage level of vitamin A and have still not officially received the revised supplementation guide lines from DOH with instructions for sole use of the 200,000 IU capsule for VAD prevention and therapy.

It was observed by the evaluation team on several occasions that concerns regarding potential toxicity of the large dose VAC which arose during the 1986 mortality study in Albay province remains very much alive today in the country. In addition, these major changes in vitamin A interventions are occurring during a period of uncertainty and diverted attention of all DOH staff due to the current presidential election and possible sweeping changes in structure and function of the whole health system in the near future due to a new local health code which will soon be implemented. This will be a shift from the current 100% federally managed and funded health system to something like the U.S. federal-state government partnership. This arrangement will inherently provide the potential for favorable change, but also risk of serious political and financial problems.

### III. PROJECT DESCRIPTION

A three year (1990-1993) project to provide technical assistance to 3 provinces (Quezon, Northern Samar and Zamboanga Sur). These provinces were selected to represent different ethnic and geographical settings. They are priority provinces based on child survival and DOH indicators. HKI is to assist in the development of the following interventions models:

1. Vitamin A supplementation to xerophthalmic and high-risk children, and post-partum mothers.
2. Nutrition education to promote improved knowledge and dietary practices among mothers of weaning age infants.

To assess the extent to which the models are effective, the project will measure pre-post levels of xerophthalmia prevalence, VAC coverage and consumption of vitamin A rich foods by young children and mothers.

#### A. General:

The overall purpose of the project is to provide technical assistance to the Philippines Department of Health to expand its vitamin A program and to strengthen its capability to plan and execute services aimed at reducing VAD in the context of integrated health services for child survival.

#### B. Goals:

1. To reduce vitamin A deficiency and its associated ocular manifestations, morbidity and mortality in the three project provinces.
2. To increase to 60% the proportion of high risk groups receiving a VAC in the past six months.

3. To increase the mean frequency of consumption of foods containing vitamin A among pregnant and lactating mothers, and children 6-59 months of age.
4. To increase the effectiveness of DOH personnel to plan, implement and manage a VAC supplementation intervention within the 3 project provinces.
5. To increase the effectiveness of DOH personnel to plan, implement and manage nutrition education interventions aimed at promoting change in essential feeding practices related to VAD in the 3 project provinces.

C. Objectives:

1. To conduct 3 pre-interventions studies in the form of rapid assessment (1 per province) to determine xerophthalmia prevalence, vitamin A supplementation coverage, key food behaviors and the capacity of the health service with respect to VAD prevention and control.
2. To develop 3 area-based VAD prevention and control plans (1 per province) for the implementation of vitamin A supplementation, and
3. To develop 4 vitamin A training programs, one each for DOH supervisory staff, DOH field implementors, community volunteers and school teachers.
4. To develop 3 provincial level vitamin A communications strategies (1 per province) to promote VAC coverage and increased consumption of foods containing vitamin A among the target groups.
5. To develop, test, produce and distribute a package of communications materials for health workers, teachers and mothers to promote increased consumption of foods containing vitamin A among families of malnourished children and infants.
6. To conduct 3 special monitoring studies (1 per province) to assess VAC coverage, VAC supply, distribution of nutrition education materials, and exposure to nutrition education messages.
7. To conduct 3 post-intervention studies (1 per province) to determine changes in xerophthalmia prevalence, vitamin A supplementation coverage, key food behaviors and the capacity of the health service with respect to VAD prevention and control.
8. To convene 6 technical advisory group meetings with senior level DOH personnel to review project progress and assess project results for national policy implications.

#### D. Project Design and Implementation:

In the design of the specific project operational plan, VITEX made the following strategic decisions.

1. Assist national vitamin A program to expand to priority provinces.
2. Decentralize technical assistance to the provincial level: develop DOH provincial counterpart teams.
3. Promote linkage with other funders for resource sharing (e.g. UNICEF).
4. Develop operational research component to help DOH test alternative delivery systems for supplementation and nutrition education.
5. Form national technical advisory group (TAG) composed of funders, DOH senior management, and nutrition experts to address implementation and policy issues and to feedback research results.
6. Integrate vitamin A within child survival services and micro-nutrient context.

#### E. Communication Plan

##### General Objective

To encourage mothers of 6-11 months old infants in Quezon, N. Samar, Zamboanga del Sur to improve the quality of weaning food they feed their infants in addition to breast milk.

##### Specific Objectives:

1. At the end of the three months campaign, 60% of mothers of 6-11 months old infants in Quezon, North Samar, Zamboanga del Sur have been informed that in addition to breast milk they should give their infants at least 3 times daily lugaw/rice with fish or monggo or egg and vegetables taken for the family food, mixed with little oil.
2. At the end of 6 months. 20% of mothers of 6-11 months. old infants in project area will be giving to their infants lugaw/rice with fish or monggo or egg and vegetable taken from the family food mixed with a little oil, in addition to breast milk.

## Target Audiences:

Primary: mothers with infants below 12 months old.

Secondary: Provincial health officers, rural midwives, Barangay Health Workers, mothers and mothers in-law of primary target audience.

Media to be used: Radio spots, calendars, comic books, brochures, flipcharts and interpersonal communications.

## F. HKI/host government relationships

HKI has successfully established a close working relationship at the national level with the Nutrition Service and at the local level of the three pilot provinces through the provincial medical services. Project staff includes a coordinator assigned to each region to serve as a day to day resource person and counterpart to the various levels of health cadre at the provincial, municipal and local levels. (see annex 1) The TAG provides a mechanism for coordination, information exchange and sharing of resources with relevant DOH offices (CS, EPI, MCH, HIS, NDC) donors (USAID, UNICEF, WB) and nutrition expertise in the private sector (NCP). NS/DOH and the provincial health services are committed to provide DOH personnel, logistical and supply resources required to implement the project. Participating communities contribute BHW's and *Hilots* (trained traditional midwives) who carry out project activities at the local level.

## G. Project Finances:

The ST/N grant provides \$200,000 less than was requested in the proposal submitted by HKI. To accommodate this reduced funding level, a \$200,000 cut was made in the IEC component in the hope that other groups (UNICEF, CS, WB) might cost-share, produce or fund communications materials (radio spots, printed materials) and training materials and/or IEC services provided by the project. Implementation of the IEC component at the level and in the quality and quantity anticipated will require this amount of supplemental funding by AID if such cost sharing assistance is not forthcoming. It appears likely that UNICEF will fund the production of some VITEX printed materials which, if successful would then be distributed in all 18 of UNICEF designated high risk provinces. Also the USAID funded CS program has expressed interest in national distribution of VITEX vitamin A posters.

The results of the baseline surveys in the 3 regions, indicated a much higher prevalence of xerophthalmia and severe early childhood malnutrition (see annexes II & III) than anticipated. This has demanded considerable emphasis in the IEC component on improving mothers KAP regarding weaning practices pertaining to general nutrition of the child ( as opposed to vitamin A

specifically). A consequent requirement for much greater interpersonal transfer of knowledge and skills to the midwives, *Hilots* and BHW's, and by them to mothers through "weaning moments" classes, will dictate an 8-9 months extension of this project component and salaries of the relevant project staff.

Apart from the above, VITEX project staff anticipate that the approved funding level will be adequate to bring the project to fruition within the scheduled time frame.

#### IV. SPECIFIC EVALUATION ISSUES

##### A. Project goal/objectives:

As stated before, the project has been successfully progressing toward achievement of its goals and objectives, and in meeting targets on schedule. There have been some delays due to factors completely outside the control of HKI or project staff. These include:

1. The DIP was submitted two months behind schedule. HKI deemed it prudent to postpone completion of the DIP until detailed contents of the DOH comprehensive Nutrition Program for the Philippines 1992-1996 were announced. It was considered essential that the DIP for this project conform to the CNP. This unavoidable delay resulted in postponement of some organizational activities in the provinces, particularly the baseline survey, and in turn, planning of the IEC component. (See annex V).
2. Bureaucratic and budgeting constraints within DOH have brought about delays in:
  - (a) approval and dissemination of vitamin A policies, guide lines and protocols,
  - (b) transportation within provinces during the baseline survey data collection, and
  - (c) in procurement of VAC supplies for the three expansion provinces where the project is being implemented.

HKI was able to diminish adverse effects of the delays through diplomacy; by using project funds to contract alternate transport; and by obtaining a donation of 500,000 VAC's from Operation California.

3. Baseline survey operations were also hampered more than had been expected by bad weather and insurgency.

## B. Infrastructure:

The project infrastructure and human resources are quantitatively adequate and have the technical, operational and management capabilities of bringing the project to successful completion. The DOH (national, provincial, municipal) and community counterparts have the managerial and technical capacity to fulfill their implementation obligations during the VITEX project period, as well as sustain project activities subsequently. However, there are differing political and operational environments and logistic constraints in the three provinces. (see annex VI) Limited travel allowances present severe handicaps to staff for training and monitoring visits in Northern Samar and Zamboanga Sur (see annex VII). As discussed in other sections of this report, there are extraneous elements which have, are and might in the future adversely affect the project. HKI has a strategy to forestall some of these. A vitamin A task force has been constituted in each VITEX province to enhance the effectiveness of technology transfer and sustainability of project components.

## C. Technical support:

The technical support provided by HKI HQ's and technical assistance obtained from local sources up to the present is deemed to have been adequate. HKI HQ's have provided one management and two technical consultanties. The project has accessed six local consultants for various aspects of project planning, materials development, training and field implementation. In addition, there is a broad representation of expertise available (and which has been used) from the TAG. (see annex VIII)

## D. Information systems:

DOH has established a national HIS system which is based on autonomous monitoring and evaluation of health and nutrition services and effectiveness within each province. Feedback of results to program staff at the local level is contemplated, but only to district health officials-which means that there is no feedback to midwives or BHW's who most need and deserve it. Unfortunately, the HIS forms currently used do not contain spaces for recording administration of vitamin A, and to date it has been impossible to get the computers operational in any of the provinces. VITEX and NS counterparts have developed a revised HIS form, (see annex IX) incorporating vitamin A and proposed that it be used throughout DOH but the decision is still pending. DOH decided during the evaluation team visit that the proposed forms will be used.

The VITEX project information system is, for the time being, thus providing the M/E and feedback of results function for the cooperating provinces. Annex X describes how the VITEX project M/E component is organized for

reporting and feedback purposes. Until the DOH system becomes operational at the provincial level and includes adequate reporting on vitamin A, VITEX/Manila feeds results back to each province through the VITEX provincial coordinators and provincial Vitamin A task forces and to midwives and medical staff at the municipal level, and to *Hilots* and BHW's at the community level.

#### E. Modifications to the work plan or budget:

Modifications to the work plan resulted in the baseline survey, initiation of capsule distribution and IEC materials design and development to be delayed. The design and production of educational material began 4 months after planned. The reasons for these delays were as follows:

1. There was an initial delay of 2 month in the developing of the DIP.
2. The mechanism for developing the baseline and formative research was more complex than originally thought,
3. there was difficulty in identifying and recruiting qualified personnel to conduct the focus groups. With the present resources and funding it is unrealistic to expect the project to be able to produce and distribute all of the intended messages and materials. Either additional moneys or cost-sharing will have to be obtained for the project to implement of its educational plans. The work plan time frame should be adjusted and extended to compensate for this loss of time.

#### F. Sustainability

There is little doubt that there is a strong possibility for sustainability of VITEX inputs at the national level, failing major turnover of key officials and high level health staff. It is clear that current DOH leaders strongly support the program and view it as a winner. Institutionalization of project activities with reference to procurement, supplementation and monitoring and evaluation of supplementation should be accomplished by EOP, and well under way for the IEC component. However, the degree of institutionalization, or health of the process, will depend greatly on a continued high level of motivation among the change agents and receptivity of the communities involved. Chances for success currently appear good in Quezon and Northern Samar provinces. The team was not able to observe field operations in the province of Zamboanga Sur.

It is clear that the importance of sustainability is being taken seriously by HKI and, by and large, by counterparts. Continuation of VITEX operational procedures and training of staff will represent no additional outlay of funds beyond normal operations of involved DOH or community health staff. VAC

will represent increased expense only to the extent that greater increased coverage is being achieved, and this cost can progressively be reduced in the future by the natural decreases in numbers of children at high risk and by more restrictive definition of the target population as improved weaning and dietary practices become widely accepted and institutionalized. Likewise, communications cost reductions should be achieved in a parallel manner. In fact, the switch in procurement from 25,000 IU to 200,000 IU VAC by DOH will represent a cost savings as the 25,000 IU capsule which is locally procured costs nearly 50 times as much per unit of vitamin A as the 200,000 IU capsules purchased through UNICEF.

For the long run, sustainability will depend on the degree to which the project can institutionalize the process of ongoing analysis and evaluation of project impact and ongoing modifications in response to changing conditions, successful experiences and lessons learned. This cannot be judged as yet as field interventions have been underway for a very limited time.

#### G. Replicability:

The major thrust of VITEX is to test the replicability of the interventions and delivery system in three ethnic and geographically diverse regions of the country. While progress to date in all three provinces is heartening, it is too early to assess whether major modification in messages and or approaches to delivery of VAC will be necessary in the different areas. Once known, this will be a factor of major significance when considering expansion to a national level program, as there are 14 regions and 75 provinces in the Philippines.

With a well thought out and creatively planned communication and education component, the replicability of methods and materials for use in future program expansion or by other organizations with similar objectives should be easily achieved. The initial investment of money, planning, design and testing of the materials would have been invested during the original time frame of the project. Additional material would be able to be produced at a fraction of the original cost.

#### H. Lessons learned:

As in every endeavor, lessons have been learned in the VITEX project. Fortunately, most have been positive, which reflects the competence and imagination of project staff and their Nutrition Service counterparts, and the level of effort which was put into design and planning. These include:

1. The value of organizing project activities as tasks which promote working relationships between the various groups involved.

2. There has been a big payoff from use of participatory methodology in training that:
  - a. emphasize building of facilitation skills in formal training sessions, then
  - b. follow-up through monitoring, then
  - c. provide feedback on performance.
3. The need to include practicums in the community itself as part of the training.
4. Involvement of local physicians in the baseline survey so as to develop expertise at the community level and advocacy within the DOH system.
5. Careful planning. If the project had not purchased adequate scales in advance, the baseline surveys would have been delayed. Although there were plenty scales in the DOH system, most were not functional.
6. Having vitamin A capsules on hand before they are needed.
7. Involvement of local nutritionists in the focus research studies. It was found that they previously had not researched the "why" of mothers weaning practices.
8. Appointment of the TAG, as constituted, has helped established VITEX within the DOH system. Also, TAG meetings have provided a forum for feeding field level experience to the DOH policy level.

All of these lessons learned are applicable to other projects, either within the Philippines or in other countries.

#### I. Recurrent costs and cost recovery mechanisms:

Annex XI demonstrates that the project is tracking costs effectively and that costs have been reasonable. For example, the daily cost per person of training staff in the provinces (4 day training sessions) has been \$10 per day, including room and board. The cost per person assessed in the baseline survey (11,378 children and 6047 mothers, or a total of 17,425 persons at a cost of \$18,353) was just over \$1.

The only recurring costs for VITEX will be for purchase of vitamin A capsules, which will be obtained at a much lower price than DOH had paid previously. The project interventions can be phased into normal DOH operations, which is a commitment the Government of the Philippines has

made. The communities are already providing the BHW's and *Hilots* who will be the main implementors at the local level.

#### J. Assessment of effectiveness:

Annexes III, VI and XI permit quantification of the effectiveness to date of some VITEX project elements. The 11,378 preschool children examined and 6047 mothers interviewed are estimated to be over 80% of those residing in the barangays included in the baseline survey. A larger number of children were actually examined than had been projected: 106%, 98% and 151% of the targeted numbers were examined in Quezon, Northern Samar and Zamboanga del Sur, respectively. 7654 capsules were administered to xerophthalmic and undernourished children at this time. The mothers reported that only 745 of their children had been administered vitamin A at any time previously. Based on the figures found in the DIP, the estimated number of underweight children 6-59 month in the three provinces is estimated to be 201,825 distributed as follows: 84,675 in Quezon, 28,350 in North Samar and 88,800 in Zamboanga del Sur. Over 900 DOH field staff have received training under the project: they in turn have trained approximately 3600 *Hilots* and BHW's at the local level. As of yet there is no data as to the exact number of *Hilots* existing in the project area. There are a total of 5,660 active BHW's in the three provinces. By each province: 2,460 in Quezon, 1,100 in North Samar and 2,100 in Zamboanga del Sur. It is too soon to identify changes in health status.

Another measure of project effectiveness is the extent to which it is influencing and providing data to Philippines and donor groups. VITEX has provided data which is being used to design the nutrition component of a new World Bank urban development project. HKI/Philippines will describe the VITEX project at a May 1992 conference for the Provincial health Officers and DOH Technical Chiefs of the 18 UNICEF assisted provinces. This is effectively laying the foundation for greatly expanded vitamin A and weaning practice interventions in the Philippines. VITEX will impact on the world scene through a paper to be presented at the 1993 IVACG meeting in Africa.

## **V. DISCUSSION AND RECOMMENDATIONS**

### A. VAC Interventions:

. For some years, timely procurement and administration of VAC will be the most essential element in the project. Only seventeen months remain until the scheduled EOP, yet the 200,000 U VAC has still not been incorporated into the national Drug Formulary, despite persistent efforts by VITEX and NS. Projection of VAC needs and procurement of VAC at the national level requires a long lead time. Thus, it is strongly recommended that an

additional technical person be appointed to the VITEX staff immediately to focus attention on this issue so that the VAC procurement, supply and reporting system will truly be functional at the national, provincial and local levels by EOP. If the budget currently does not permit funding this position, some of the moneys reserved for the EOP national vitamin A conference should be used for this purpose.

2. While integrating VITEX into OPT is mutually beneficial for the two interventions, it does create a dilemma. The target age group for VITEX is 6-59 months, while that for OPT is 6-83 months. Mothers do not understand why VAC is not administered to 60-83 months children having the same symptoms as younger children. Since the age cutoff is an arbitrary decision, extending the target age for administration of VAC capsules to include all children participating in OPT should be seriously considered. A fairly small number of additional capsules would be needed; this would make life easier for the field staff; and it is certainly a justifiable intervention.

3. A "special monitoring study" will be carried out in September 1992 in the three provinces to achieve better standardization across levels of cadre of VAD and high risk diagnosis and treatment. This constitutes operational research. Many opportunities and needs for operations research were identified during the field visits. It is recommended that VITEX staff do more operations research-particularly the simple "common problems", "lessons learned", "problems resolved" and "singular successes" variety as staff time is already heavily committed. The purpose would be to:

- a. document experiences,
- b. forwarding and feedback of ideas and information to and from the field, and
- c. stimulate all project staff to participate in this process.

Collaboration of university students and local school classes might be sought to carry out more structured and time consuming studies for operations research purposes.

4. VITEX is to be commended on designing a vitamin A intervention project within the context of improving overall nutrition. Also for seeking coordination of health and nutrition education messages from this project with those taught in schools. The project thus does conform to the national 1992-96 comprehensive nutrition plan which calls for integration of nutrition across the health, education and agriculture sectors. So as to better demonstrate this spirit of coordination, disseminate successful experiences and enhance sustainability, it is recommended that appropriate representatives of the Departments of Education and Agriculture be invited to participate in the end-of project workshop.

## B. IEC Interventions:

Much forethought, preparation, planning and development of strategies and materials have been given to the preparation of a comprehensive communication plan. Messages, media and cost and distribution plans have been developed in cooperation with the various concerned agencies. Although much work is exhibited in these plans, the need still remains to clarify several aspects so that the project will be able to accomplish its stated goals. In line with this need, the following is recommended:

1. Rethink and review the specific educational objectives now stated to see what would be most practical to achieve by the end of project.

2. Reconsider the specific objective regarding the percentage of mothers of 6-11 month old infants that will have adopted giving their infants the recommended weaning food on the basis of a longer intervention period for the revised IEC.

3. Reconsider the times per day weaning feeding being recommended in the specific objectives of the communication plan.

4. Modify the communication plan and selection of media use to reflect a stronger emphasis on materials and messages to support interpersonal communications and materials used by the BHW's to strengthen their capabilities and skills.

5. Time frames for the development of the materials, production and dissemination of the messages should be replanned. Because of the loss of several months in the beginning of the project it would be unrealistic to expect the stated communication objectives to be reached by the scheduled end-of-project. It is recommended that the project be extended 12 months to allow for adequate time to implement the communication strategy. The rationale for this extension is:

- a. To give the project the time to complete stated IEC objectives,
- b. the project will need additional small scale IEC specific pre and post base line surveys and,
- c. to allow the project to document its experiences.

6. The present stated social marketing message should be broken down into several messages or steps. In redesigning these messages the following should be considered:

Emphasis on creating an awareness and demand, not merely on supplying products or services.

Focus on behavior change, not necessarily on education and information alone. We want the audience to learn new skills and concepts that will prevent the problems associated with weaning.

There should be a reliance on extensive participation of the audience in educational programs.

For each group, messages should be clear and unambiguous statements of desired actions.

Address the resistance points to the desired behavior changes.

Motivate the audiences through related and credible promises. The project has to deliver what it promises and the audience has to be able to be able to do what is being proposed.

Use a creative translation of the message strategy, not bland educational slogans or statements.

Follow a systematic approach for media utilization instead of ad hoc creation of materials. Plan out to the smallest detail what is going to be done in terms of educational and media development.

Keep in mind that mass media (radio) is best used to create an awareness of the intervention and that it should be supported with the use of interpersonal communications with printed media support.

Design materials with the concept that using several media and channels of communications should reinforce each other, giving the same message (in different packaging) to the same audience will have a stronger effect than the use of a single medium.

6. In the selection of the media for the project, take into consideration how each is to be used and for what purpose. For each of the media and groups, messages will have to be specifically developed in view of the available qualitative information, focus groups and KAP results. All of the materials should be produced using whenever possibly the same images, characters names, etc. for each group of messages targeted to each audience. In the development of printed materials the project should take into consideration the use of image transfer which is a technique for increasing the effectiveness of multi-media messages. The procedure is that as radio and print media are produced, the same actors, voices, music, slogans, visual images are used. This enables the audience to transfer elements of the visual message to audio, print and vice versa. In view of this the project should build on, whenever possible, materials that they have already produced.

7. Provide a short technical consultancy (1 week) as soon as possible to assist in re designing and updating of the communication plan as discussed in the above recommendations.
8. Create a signature piece or theme song for the radio spots that would introduce each message.
9. Create a logo or slogan to identify the program's objectives. this could be in the nature of the idea of 3 + 1 for weaning foods mix.
10. Consider the use of a national figure (e.g. singer, actor/actress) to support suggested weaning practices. This would be especially useful during the awareness portion on the educational intervention.
11. The DOH HIS provides feedback of program results only as far as the district health office. The midwives, BHW's, *Hilots*, and municipal health staff are on the front line-they are the people who make the project work. Thus, they are the staff who most need timely and meaningful feedback-and the recognition which this implies. It is recommended that VITEX institute a simple printed quarterly report/newsletter which can be distributed through the DOH system in the three test provinces to every member of the team. The BHW's are one group of health volunteers who have really been effective and sustained. Feedback to them is long overdue, and could give VITEX a special place in their hearts.
12. Develop educational reference tools and information kit for the BHW's.
13. Package and disseminate the results of the base line survey to relevant organizations and media. Act as a lobbyist to local and national officials.
14. Investigate the use of the Universities and local school students to implement an operational research and feedback program.
15. Establish a system to monitor the flow and use of educational materials. Set targets for the use and distribution of materials to the three provinces.
16. Do an assessment as to what health and vitamin A material have been produced in the past by various organizations or exist presently in the country. There may be much that is usable in existing forms or easily adapted.
17. Make more effective use of the computer capabilities and skills at HKI/Manila. This would be primarily in taking advantage of the Macintosh computer system for desk top publishing. This would enable the project to develop prototypes of printed materials efficiently in terms of time, cost as

well as adding greater flexibility. In making more productive use of the existing equipment, it may be necessary to purchase some additional hardware and software. But this would only amount to less than \$4000 and the investment would allow the project to recoup that investment in having a diminished reliance on labor intensive paste-up and typesetting costs in the production of prototype materials and on going productions such as the proposed newsletter.

## VI. PRINCIPAL CONTACTS

### Department of Health

|                          |                                          |
|--------------------------|------------------------------------------|
| Dr. Manuel F. Roxas      | Undersecretary for Public Health Service |
| Mrs. Adelisa C. Ramos    | Director of Nutrition Service            |
| Dr. Gerry Bayugo         | VITEX Task Force, Nutrition Service      |
| Mrs. Chorie Ignacio      | VITEX Task Force, Nutrition Service      |
| Mrs. Juris Triumpante    | VITEX Task Force, Nutrition Service      |
| Mrs. Agnes Del Rosario   | VITEX Task Force, Nutrition Service      |
| Mrs. Marivis Dimano      | VITEX Task Force, Nutrition Service      |
| Mrs. Eva Manalo          | Weaning Group (PIHES)                    |
| Mrs. Chit Alano          | Weaning Group (PIHES)                    |
| Mrs. Norma Escobido      | Weaning Group (MCH)                      |
| Mrs. Marivic Dimaano     | Weaning Group (MCH)                      |
| Dr. Manuel Salazar       | Provincial Health Officer (Quezon)       |
| Dr. Lolita Mantano       | Asst. Prov'l Health Officer (Quezon)     |
| Dr. Adrian De Vera       | VITEX Prov'l Task Force (Quezon)         |
| Dr. Wilfredo Frondoza    | VITEX Prov'l Task Force (Quezon)         |
| Ms. Emma Coronado        | VITEX Prov'l Task Force (Quezon)         |
| Mrs. Aster Veloso        | VITEX Prov'l Task Force (Quezon)         |
| Dr. Jose M. Mercado, Jr. | VITEX Prov'l Task Force (Quezon)         |
| Dr. John E. Kam          | Provincial Health Officer (N.Samar)      |
| Dr. Ninfa Caparros       | Vitex Prov'l Task Force (N.Samar)        |
| Mrs. Josefina Tan        | Vitex Prov'l Task Force (N.Samar)        |
| Mrs. Yolanda Saliling    | Vitex Prov'l Task Force (N.Samar)        |
| Mrs. Aleta Rosales       | Vitex Prov'l Task Force (N. Samar)       |
| Dr. Feth Dubongco        | Vitex Prov'l Task Force (N. Samar)       |
| Dr. Delia Pisngot        | Vitex Prov'l Task Force (N.Samar)        |

### Child Survival Advisers

|                         |                                 |
|-------------------------|---------------------------------|
| Dr. Steve Solter        | Chief of Party                  |
| Dr. Benjamin Loevinsohn | Resident Advisor for Evaluation |

### USAID/Manila

|                       |                                                        |
|-----------------------|--------------------------------------------------------|
| Dr. E. Voulgaropoulos | Chief, Office of Pop/Health and Nutrition              |
| Ms. Marichi De Sagun  | Program Coordinator, Office of Pop/Health & Nutrition. |

### Nutrition Center of the Philippines

|                      |                    |
|----------------------|--------------------|
| Dr. Florentino Solon | Executive Director |
|----------------------|--------------------|

## UNICEF

|                     |                              |
|---------------------|------------------------------|
| Ms. Butuin Gonzales | Program and Planning Officer |
| Dr. Rose Sales      | Project Coordinator          |

## HKI

|                          |                                   |
|--------------------------|-----------------------------------|
| Mr. Rolf D. W. Klemm     | Country Director                  |
| Ms. Ellen E. Villate     | Vit. A Program Manager            |
| Ms. Virginia D. Abareles | Finance/Adm. Manager              |
| Ms. Eva Puertollano      | Communications Manager            |
| Ms. Charito Tuason       | Monitoring and Evaluation Officer |
| Ms. Lovigilda Aguilar    | Area Coordinator (Quezon)         |
| Ms. Clemence Tenedero    | Area Coordinator (Northern Samar) |

## **VII. LIST OF DOCUMENTS**

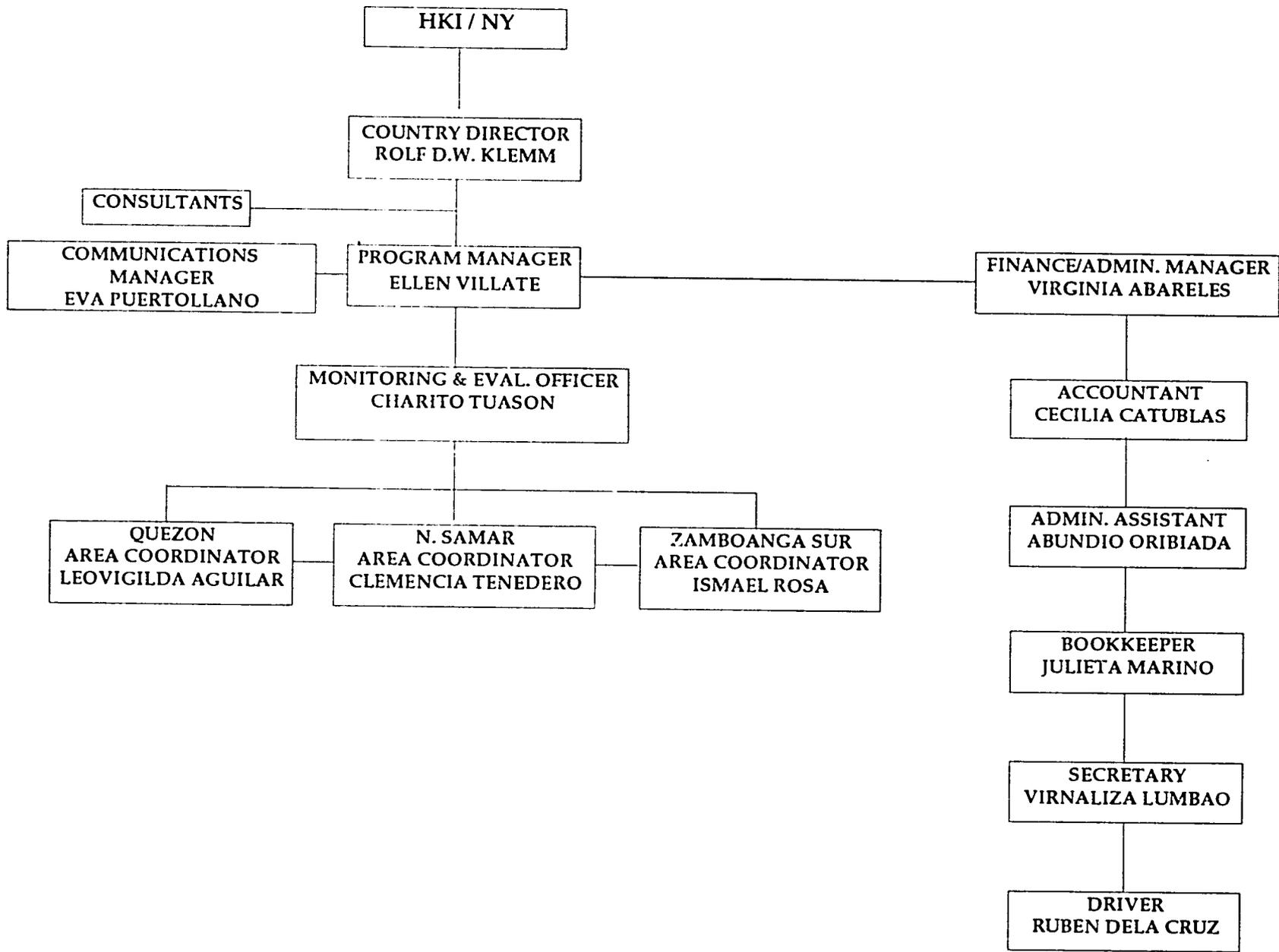
VITEX Detailed Implementation Plan  
Revised DOH Policy on Vitamin A Supplementation  
Dept. Order for Vitamin A Technical Advisory Group  
Annual Report, October 1990-September 1991  
Minutes of the TAG Meeting (2)  
Signed Memorandum of Agreement  
Tools Used in Preliminary Assessment of Health Personnel  
Baseline Survey Protocol  
Formative Research Protocol  
Monitoring and Evaluation Manual of Instruction  
Quarterly Reports of Year 1 (3 reports)  
Job Descriptions & Resumes of Project Staff & Consultant  
Consolidation of Formative Research Finding  
Mid-term Evaluation Briefing Kit

## VIII. ANNEXES

- I HKI/Philippines organizational structure
- II Prevalence of Xerophthalmia in the three test provinces.
- III Summarized Xerophthalmia and malnutrition results of baseline surveys in three test provinces.
- IV Age distribution of xerophthalmia
- V Project implementation time line vs accomplishments through March 1992
- VI VAC coverage prior to the baseline survey.
- VII Map of the Philippines showing project locations
- VIII Membership of the Technical Advisory Groups
- IX Reporting from proposed by VITEX for use in DOH HIS
- X VITEX project monitoring/evaluation and feed back scheme.
- XI VITEX activity cost tracking summary results

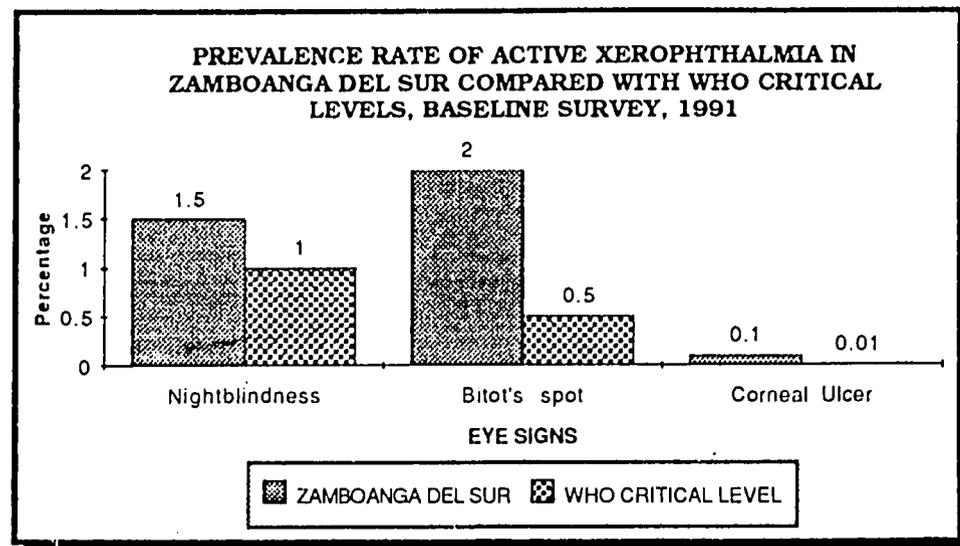
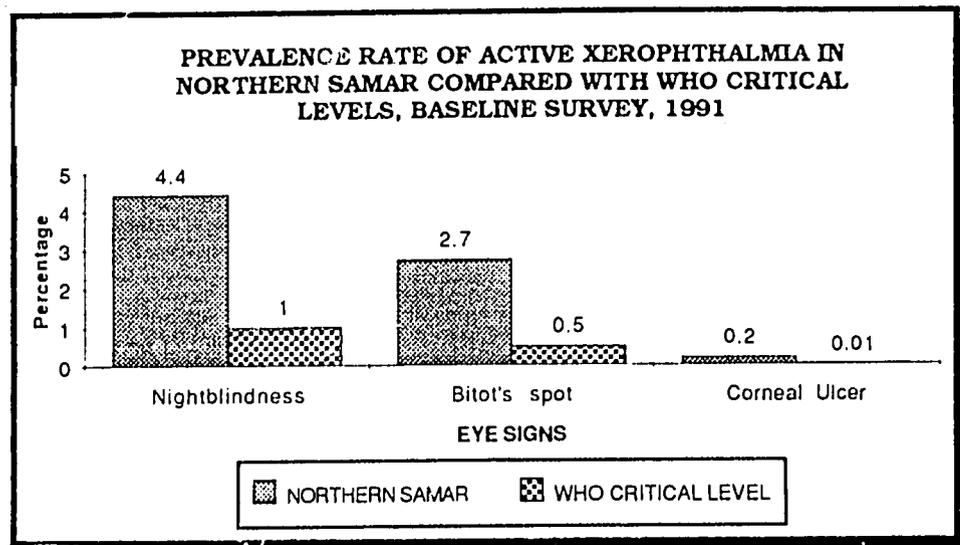
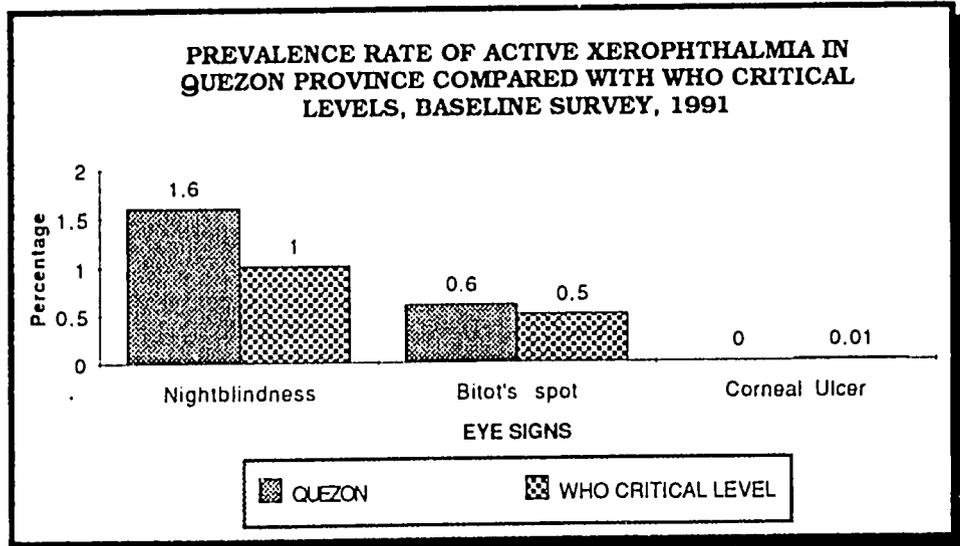
9.5 HUMAN RESOURCES

**HKI / PHILIPPINES  
ORGANIZATIONAL STRUCTURE**



25

## Prevalence Rate of Active Xerophthalmia in the Three VITEX Provinces Compared to the WHO Critical Level



26

**VITEX** BASELINE SURVEY RESULTS  
As of March, 1992

| PROVINCE          | START        | END           | NUMBER OF MUNICIPALITIES SURVEYED | NUMBER OF BARANGAYS SURVEYED | NUMBER OF MOTHERS INTERVIEWED | TARGET NUMBER OF PRESCHOOLERS (0-83 mos.) | PRESCHOOLERS EXAMINED (0-83 mos.) |        |      |      |          |      |        |     |       |      |
|-------------------|--------------|---------------|-----------------------------------|------------------------------|-------------------------------|-------------------------------------------|-----------------------------------|--------|------|------|----------|------|--------|-----|-------|------|
|                   |              |               |                                   |                              |                               |                                           | NO.                               | %      |      |      |          |      |        |     |       |      |
| QUEZON            | June 12 1991 | July 30 1991  | 20                                | 40                           | 2011                          | 3220                                      | 3404                              | 105.71 |      |      |          |      |        |     |       |      |
| NORTHERN SAMAR    | June 19 1991 | Aug. 9 1991   | 15                                | 36                           | 1843                          | 3205                                      | 3127                              | 97.57  |      |      |          |      |        |     |       |      |
| ZAMBOANGA DEL SUR | June 18 1991 | Aug. 14, 1991 | 21                                | 42                           | 2193                          | 3215                                      | 4847                              | 150.76 |      |      |          |      |        |     |       |      |
| PROVINCE          | VAD CASES    |               |                                   |                              |                               |                                           | UNDERNOURISHED CHILDREN           |        |      |      |          |      |        |     |       |      |
|                   | XN           |               | X1B                               |                              | X3                            |                                           | TOTAL                             |        | MILD |      | MODERATE |      | SEVERE |     | TOTAL |      |
|                   | NO.          | %             | NO.                               | %                            | NO.                           | %                                         | NO.                               | %      | NO.  | %    | NO.      | %    | NO.    | %   | NO.   | %    |
| QUEZON            | 56           | 1.6           | 20                                | 0.6                          | 1                             | 0.0                                       | 77                                | 2.26   | 1849 | 54.6 | 833      | 24.6 | 50     | 1.5 | 2723  | 80.4 |
| NORTHERN SAMAR    | 139          | 4.4           | 84                                | 2.7                          | 6                             | 0.2                                       | 229                               | 7.32   | 1702 | 54.4 | 690      | 22.1 | 49     | 1.6 | 2441  | 78.1 |
| ZAMBOANGA DEL SUR | 73           | 1.5           | 98                                | 2.0                          | 3                             | 0.1                                       | 174                               | 3.6    | 2671 | 55.1 | 1028     | 21.2 | 66     | 1.4 | 3715  | 76.6 |

QUEZON - Xerophthalmia vs. Age

| XEROP->      | Row Pct | No Activ                     | XN - Nig                | X1B - Bi               | X3 - Cor               | Row           |
|--------------|---------|------------------------------|-------------------------|------------------------|------------------------|---------------|
| AGE          | Col Pct | e Case                       | htblindn                | tot*s sp               | neal Ulc               | Total         |
|              | Tot Pct | 0.0                          | 1.00                    | 2.00                   | 3.00                   |               |
| < 12         | 1.00    | 405<br>100.0<br>12.2<br>11.9 |                         |                        |                        | 405<br>11.9   |
| 12-23        | 2.00    | 711<br>99.7<br>21.4<br>20.9  |                         | 2<br>.3<br>10.0<br>.1  |                        | 713<br>20.9   |
| 24-35        | 3.00    | 544<br>98.7<br>16.4<br>16.0  | 6<br>1.1<br>10.7<br>.2  | 1<br>.2<br>5.0<br>.0   |                        | 551<br>16.2   |
| 36-47        | 4.00    | 562<br>96.4<br>15.9<br>16.5  | 17<br>2.9<br>30.4<br>.5 | 3<br>.5<br>15.0<br>.1  | 1<br>.2<br>100.0<br>.0 | 583<br>17.1   |
| 48-59        | 5.00    | 458<br>96.4<br>13.8<br>13.5  | 12<br>2.5<br>21.4<br>.4 | 5<br>1.1<br>25.0<br>.1 |                        | 475<br>14.0   |
| 60-71        | 6.00    | 405<br>95.3<br>12.2<br>11.5  | 15<br>3.5<br>26.8<br>.4 | 5<br>1.2<br>25.0<br>.1 |                        | 425<br>12.5   |
| 72-83        | 7.00    | 242<br>95.0<br>7.3<br>7.1    | 6<br>2.4<br>10.7<br>.2  | 4<br>1.6<br>20.0<br>.1 |                        | 252<br>7.4    |
| Column Total |         | 3327<br>97.7                 | 56<br>1.6               | 20<br>.6               | 1<br>.0                | 3404<br>100.0 |

Number of Missing Observations = 0

SAMAR - Xerophthalmia vs. Age

| XEROP→ | AGE             | Count<br>Row Pct<br>Col Pct<br>Tot Pct | No Activ<br>e Case<br>0.0   | XN - Nig<br>htblindn<br>1.00 | X1B - Bi<br>tot"s sp<br>2.00 | X3 - Cor<br>neal Ulc<br>3.00 | Row<br>Total  |
|--------|-----------------|----------------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|---------------|
|        |                 |                                        |                             |                              |                              |                              |               |
|        | < 12            | 1.00                                   | 357<br>99.7<br>12.3<br>11.4 |                              |                              | 1<br>.3<br>16.7<br>.0        | 358<br>11.4   |
|        | 12-23           | 2.00                                   | 561<br>99.1<br>19.4<br>17.9 |                              | 4<br>.7<br>4.6<br>.1         | 1<br>.2<br>16.7<br>.0        | 566<br>18.1   |
|        | 24-35           | 3.00                                   | 504<br>93.9<br>17.4<br>16.1 | 19<br>3.5<br>13.7<br>.6      | 14<br>2.6<br>16.7<br>.4      |                              | 537<br>17.2   |
|        | 36-47           | 4.00                                   | 459<br>90.7<br>15.9<br>14.7 | 37<br>7.3<br>26.6<br>1.2     | 10<br>2.0<br>11.9<br>.3      |                              | 506<br>16.2   |
|        | 48-59           | 5.00                                   | 428<br>82.8<br>14.6<br>13.7 | 33<br>6.8<br>23.7<br>1.1     | 21<br>4.4<br>25.0<br>.7      |                              | 482<br>15.4   |
|        | 60-71           | 6.00                                   | 376<br>89.1<br>13.0<br>12.0 | 26<br>6.2<br>19.7<br>.8      | 19<br>4.5<br>22.6<br>.6      | 1<br>.2<br>16.7<br>.0        | 422<br>13.5   |
|        | 72-83           | 7.00                                   | 210<br>63.2<br>7.7<br>6.8   | 24<br>9.4<br>17.3<br>.8      | 16<br>6.3<br>19.0<br>.5      | 3<br>1.2<br>50.0<br>.1       | 256<br>8.2    |
|        | Column<br>Total |                                        | 2898<br>92.7                | 139<br>4.4                   | 84<br>2.7                    | 6<br>.2                      | 3127<br>100.0 |

| Chi-Square | D.F. | Significance | Min E.F. | Cells with E.F.< 5 |
|------------|------|--------------|----------|--------------------|
| 140.11563  | 18   | .0000        | .491     | 7 DF 28 ( 25.0%)   |

Number of Missing Observations = 0

ZAMBOANGA SUR - Xerophthalmia vs. Age

| XEROP-> | AGE             | Count<br>Row Pct<br>Col Pct<br>Tot Pct | No Activ                    | XN - Nig                | XIB - Bi                | X3 - Cor              | Row<br>Total  |
|---------|-----------------|----------------------------------------|-----------------------------|-------------------------|-------------------------|-----------------------|---------------|
|         |                 |                                        | e Case                      | htblindn                | tot's sp                | neal Ulc              |               |
|         |                 |                                        | 0.0                         | 1.00                    | 2.00                    | 3.00                  |               |
|         | < 12            | 1.00                                   | 552<br>99.8<br>11.8<br>11.4 |                         | 1<br>.2<br>1.0<br>.0    |                       | 553<br>11.4   |
|         | 12-23           | 2.00                                   | 961<br>99.5<br>20.6<br>19.9 | 2<br>.2<br>2.7<br>.0    | 2<br>.2<br>2.0<br>.0    | 1<br>.1<br>33.3<br>.0 | 966<br>19.9   |
|         | 24-35           | 3.00                                   | 845<br>92.3<br>15.1<br>17.4 | 4<br>.5<br>5.5<br>.1    | 11<br>1.3<br>11.2<br>.2 |                       | 860<br>17.7   |
|         | 36-47           | 4.00                                   | 733<br>96.6<br>15.7<br>15.1 | 8<br>1.1<br>11.0<br>.2  | 17<br>2.2<br>17.3<br>.4 | 1<br>.1<br>33.3<br>.0 | 759<br>15.7   |
|         | 48-59           | 5.00                                   | 690<br>94.3<br>14.6<br>14.0 | 21<br>2.9<br>25.5<br>.4 | 19<br>2.6<br>19.4<br>.4 | 1<br>.1<br>33.3<br>.0 | 721<br>14.9   |
|         | 60-71           | 6.00                                   | 542<br>91.1<br>11.6<br>11.2 | 22<br>2.7<br>30.1<br>.5 | 31<br>3.2<br>31.6<br>.6 |                       | 595<br>12.3   |
|         | 72-83           | 7.00                                   | 360<br>91.6<br>7.7<br>7.4   | 16<br>4.1<br>21.9<br>.3 | 17<br>4.3<br>17.3<br>.4 |                       | 393<br>8.1    |
|         | Column<br>Total |                                        | 4673<br>96.4                | 73<br>1.5               | 98<br>2.0               | 3<br>.1               | 4847<br>100.0 |

Number of Missing Observations = 0



| ACTIVITY                              | Y E A R 1<br>1 9 9 1 |   |   |   |   |   |   |   |   |   |   |   | Y E A R 2<br>1 9 9 2 |   |   |   |   |   |   |   |   |   |   |   | Y E A R 3<br>1 9 9 3 |   |   |    |   |   |    |   |   |    |   |   | O U T P U T |   |   |   |   |                                    |                                                 |   |  |  |  |  |  |                           |
|---------------------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|----|---|---|----|---|---|----|---|---|-------------|---|---|---|---|------------------------------------|-------------------------------------------------|---|--|--|--|--|--|---------------------------|
|                                       | 1                    |   |   | 2 |   |   | 3 |   |   | 4 |   |   | 5                    |   |   | 6 |   |   | 7 |   |   | 8 |   |   | 9                    |   |   | 10 |   |   | 11 |   |   | 12 |   |   |             |   |   |   |   |                                    |                                                 |   |  |  |  |  |  |                           |
|                                       | O                    | N | D | J | F | M | A | M | J | J | A | S | O                    | N | D | J | F | M | A | M | J | J | A | S | O                    | N | D | J  | F | M | A  | M | J | J  | A | S |             |   |   |   |   |                                    |                                                 |   |  |  |  |  |  |                           |
| PHASE II                              |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   |   |             |   |   |   |   |                                    |                                                 |   |  |  |  |  |  |                           |
| 1 Trainings/<br>Reorientation trngs.  |                      |   |   |   |   |   |   |   |   |   |   | x | ✓                    | ✓ | ✓ | ✓ |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x |             |   |   |   |   |                                    | Trainings at all levels completed               |   |  |  |  |  |  |                           |
| 2 Distribution of VAC                 |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   | ✓ | ✓ | ✓ | ✓ |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x | x           | x | x | x | x | x                                  | VAC distributed                                 |   |  |  |  |  |  |                           |
| 3 Nutrition education campaign        |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   | x | x | x | x | x | x | x | x | x | x | x                    | x | x | x  | x | x | x  | x | x | x  | x | x | x           | x | x | x | x | x                                  | Nut. ed. campaign launched                      |   |  |  |  |  |  |                           |
| 4 Monitoring & supervision activities |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   | x | ✓ | ✓ | ✓ |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x | x           | x | x | x | x | x                                  | Monitoring activities on-going regularly        |   |  |  |  |  |  |                           |
| 5 Comm. support activities            |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   | x | x | x | x | x | x | x | x | x | x | x                    | x | x | x  | x | x | x  | x | x | x  | x | x | x           | x | x | x | x | x                                  | Action plans with community completed           |   |  |  |  |  |  |                           |
| 6 Consultative conferences            |                      |   |   |   |   |   | ✓ |   |   |   | ✓ |   |                      |   |   |   |   | ✓ |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    | x |   |             |   |   |   |   | Consultative conferences conducted |                                                 |   |  |  |  |  |  |                           |
| PHASE III                             |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   |   |             |   |   |   |   |                                    |                                                 |   |  |  |  |  |  |                           |
| 1 Eval. activities                    |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x | x           | x | x | x | x | x                                  | Midterm assessment and Endline survey completed |   |  |  |  |  |  |                           |
| 2 Documentation                       |                      |   |   |   |   |   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓                    | ✓ | ✓ | ✓ | ✓ | ✓ |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x | x           | x | x | x | x | x                                  | Progress reports updated                        |   |  |  |  |  |  |                           |
| 3 Project result presentation         |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   |   |             |   |   |   |   |                                    | x                                               | x |  |  |  |  |  | Project results presented |
| 4 Vitamin A national workshops        |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |    |   |   |    |   |   |    |   | x |             |   |   |   |   |                                    | National Vitamin A conference held              |   |  |  |  |  |  |                           |

Legend: x planned  
✓ accomplished

17

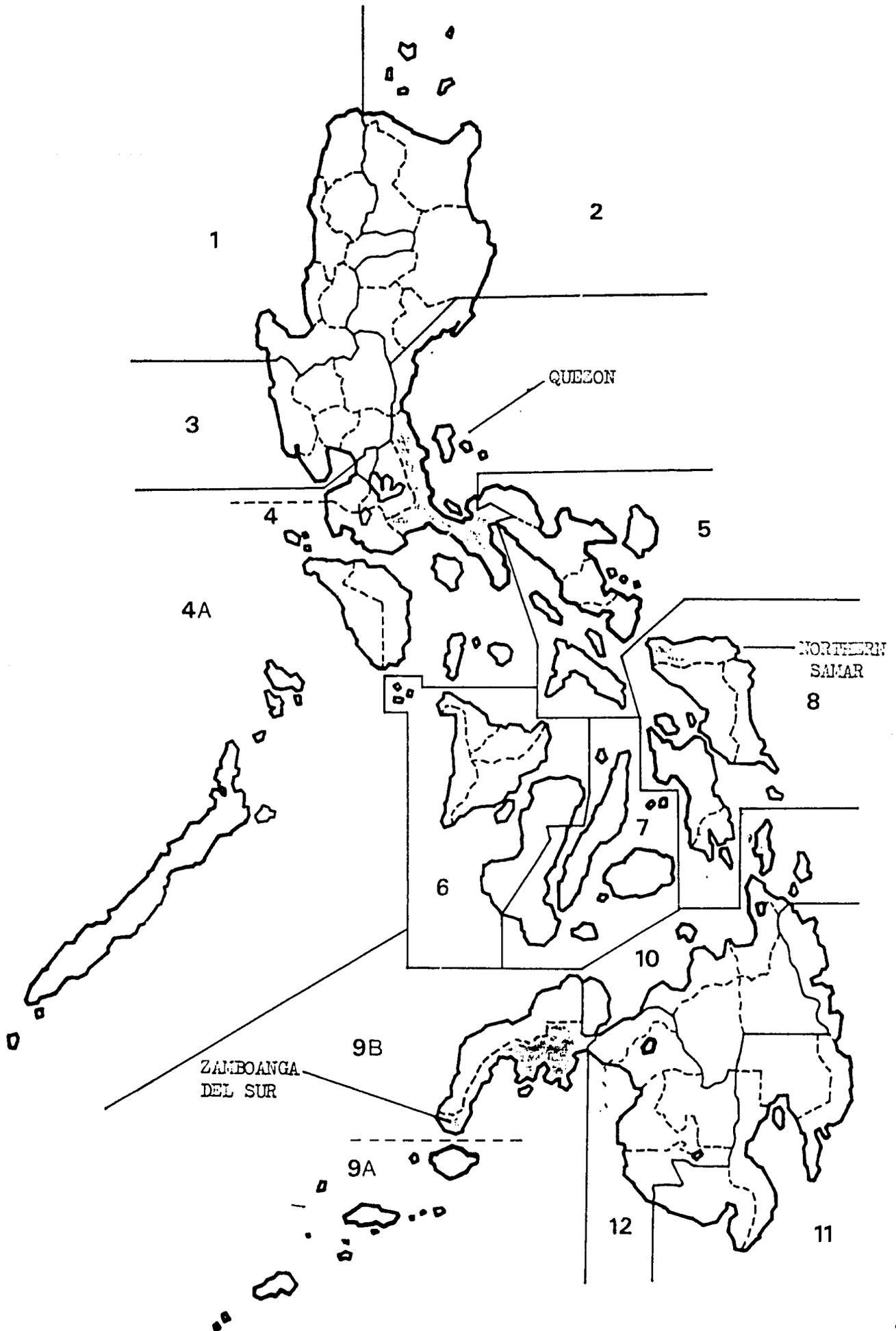
**VAC Coverage Prior to the Baseline Survey  
(Preliminary Findings)**

**Background:**

Vitamin A Capsules in the preparations available to the BHS (i.e., in 25,000 IU or 200,000 IU) were shown to mothers and they were asked if any of their children below 7 years old were given VAC.

The table below shows the preliminary results on VAC coverage.

| Province          | No. of Mothers Interviewed | No. of Children below 7 years | Children Given VAC |      |
|-------------------|----------------------------|-------------------------------|--------------------|------|
|                   |                            |                               | No.                | %    |
| Quezon            | 2011                       | 3422                          | 300                | 8.7% |
| Northern Samar    | 1843                       | 3330                          | 48                 | 1.4% |
| Zamboanga del Sur | 2193                       | 3988                          | 397                | 9.9% |



## LIST OF TAG MEMBERS

1. Dr. Manuel Roxas - Undersecretary for  
Public Health Services
2. Mrs. Adelisa C. Ramos - Director - N.S./DOH
3. Mr. Rolf D.W. Klemm - Country Director, HKI
4. Dr. Florentino Solon - Exec. Director - NCP
5. Ms. Bituin Gonzales - Program & Planning  
Officer - UNICEF
6. Dr. Ben Loevinsohn - Resident Advisor for  
Eval. - CSP/DOH
7. Dr. Ian Darton Hill - Regional Adviser in  
Nutrition - WHO
8. Dr. Eva Santos - PEC Program Mgr. - HKI
9. Dr. Elvira Dayrit - Director - MCH/DOH



## VITEX Project - Monitoring Manual

## V. PROJECT MONITORING SCHEME

| Guide for the Accomplishment and Submission of VAD Report Forms |             |                                     |                                           |               |                             |                |
|-----------------------------------------------------------------|-------------|-------------------------------------|-------------------------------------------|---------------|-----------------------------|----------------|
| Level                                                           | Form Number | Form Title                          | To be Accomplished By                     | No. of Copies | To whom Submitted           | When Submitted |
| Barangay                                                        | Form 1-A    | DOH-Vitamin A Quarterly Form        | Midwife                                   | 2             | PH Nurse                    |                |
| Municipal                                                       | Form 1-B    | DOH-Vitamin A Quarterly Form        | PH Nurse                                  | 2             | District Nurse              |                |
| Provincial                                                      | Form 1-C    | DOH-Vitamin A Quarterly Form        | Dietary Nutritionist                      | 2             | NS,<br>AC-HKI               |                |
| Provincial                                                      | Form IEC1   | IEC Materials Distributed from IPHO | Dietary Nutritionist                      | 2             | NS,<br>AC-HKI               |                |
| Provincial                                                      | Form VAC1   | VAC Distributed from IPHO           | Dietary Nutritionist                      | 2             | NS,<br>AC-HKI               |                |
| Provincial                                                      | Form T1     | Trainings Conducted                 | D.N., VAD Task Force,<br>Area Coordinator | 2             | NS,<br>Chato                |                |
| Provincial                                                      |             | VITEX HKI Monthly Report            | Area Coordinator                          | 2             | Chato                       |                |
| Manila                                                          |             | Consolidated Report                 | Chato                                     | 2             | Ellen                       |                |
| Manila                                                          |             | Report for Nutritional Blindness    | Ellen                                     | 2             | Rolf Klemm/<br>HKI-New York |                |

HKI/PHILIPPINES  
VITEX COST DATA  
1991-92

| ACTIVITY                               | TOTAL        | COST      | NO. OF | COST/PERSON |      |
|----------------------------------------|--------------|-----------|--------|-------------|------|
|                                        | PESO         | DOLLAR    |        | PERSONS     | PESO |
| 1. TRAINING OF TRAINORS                | 83,601       | 3,215     | 16     | 5,225       | 201  |
| 2. TRAININGS                           |              |           |        |             |      |
| Quezon                                 | 382,758      | 14,721    | 379    | 1,010       | 39   |
| Northern Samar                         | 143,966      | 5,537     | 145    | 993         | 38   |
| Zamboanga del Sur                      | 415,640      | 15,986    | 373    | 1,114       | 43   |
|                                        | -----        | -----     | -----  |             |      |
|                                        | 942,364      | 36,244    | 897    |             |      |
|                                        | =====        | =====     | =====  |             |      |
| 3. FOCUS GROUP DISCUSSION<br>(Weaning) |              |           |        |             |      |
| Quezon                                 | 21,397       | 823       |        |             |      |
| Northern Samar                         | 15,876       | 611       |        |             |      |
| Zamboanga del Sur                      | 24,674       | 949       |        |             |      |
|                                        | -----        | -----     |        |             |      |
|                                        | 61,947       | 2,383     |        |             |      |
|                                        | =====        | =====     |        |             |      |
| 4. BASELINE SURVEY                     |              |           |        |             |      |
| Quezon                                 | 156,144      | 6,006     |        |             |      |
| Northern Samar                         | 140,507      | 5,404     |        |             |      |
| Zamboanga del Sur                      | 180,522      | 6,943     |        |             |      |
|                                        | -----        | -----     |        |             |      |
|                                        | 477,173      | 18,353    |        |             |      |
|                                        | =====        | =====     |        |             |      |
| 5. DATA ANALYSIS                       |              |           |        |             |      |
| Quezon                                 | 18,878       | 726       |        |             |      |
| Northern Samar                         | 15,910       | 612       |        |             |      |
| Zamboanga del Sur                      | 36,622       | 1,409     |        |             |      |
|                                        | -----        | -----     |        |             |      |
| 6. TAG MEETING                         | 71,410       | 2,747     |        |             |      |
|                                        | =====        | =====     |        |             |      |
| August 8, 1991                         | 606          | 23        | 15     | 40          | 1.53 |
| March 6, 1992                          | 1,963        | 76        | 20     | 98          | 3.80 |
|                                        | -----        | -----     |        |             |      |
|                                        | <u>2,569</u> | <u>99</u> |        |             |      |
|                                        | =====        | =====     |        |             |      |

(P 26 = \$1)

## A COMMUNICATION PLAN

### Improving Weaning Practices of Mothers in Quezon, Northern Samar and Zamboanga de Sur

#### INTRODUCTION AND BACKGROUND OF BASELINE FINDINGS FOR THE DEVELOPMENT OF THE EDUCATIONAL STRATEGIES AND INTERVENTIONS

In the research study conducted by DOH-HKI in Quezon, N. Samar, Zamboanga del Sur, findings show that malnutrition among 6-11 months old infants and 12-23 months old infants start at the weaning age. Mothers start weaning these children at 4-6 months and end at 12-15 months. 20% of 6-11 months old infants and 36% to 40% of the 12-23 months old infants are either severely or moderately malnourished. Such findings compare unfavorably with the national level of 20% to 29% underweight for the same age group.

85% of the mothers interviewed breastfeed or mix feed their 6-11 months old infants. Mothers' attitude on breast feeding is firmly established on the major benefits derived and stated them as nutritious, cheap, no spoilage, available anytime, builds resistance against sickness or diseases.

The DOH-HKI study showed that mothers of 6-11 months old infants do not have any concept of "balanced diet" or "complete diet" for weaning. Quality foods given to the 6-11 months old infants depend on the family food eaten during meals. There is a lack of beta-carotene and protein source in the diet of 6-11 months old infants.

The typical diet given to 6-11 months old infants in the three provinces are:

- lugaw + vegetable broth or fish broth.
- lugaw + salt or sugar.
- lugaw with one or more items that could include, fish or boiled egg, fresh fish, dilis, monggo with ampalaya leaves.

Foods given to infants are based on the readiness of the infants to digest the food to avoid diarrhea or indigestion.

Mothers of 6-11 months old infants believe that broth of vegetables, meat or fish contains the nutrients needed by the infant. They consider green leafy vegetables as "hard" which the child cannot digest or will defecate whole. Some believe that fish causes worms in the stomach.

## **II PROBLEM:**

Based on the study, the findings show that there is a need to encourage mothers to improve the quality and quantity of weaning foods given to their 6-11 months old infants to avoid malnutrition.

## **III OBJECTIVE:**

To encourage mothers of 6-11 months old infants in Quezon, Northern Samar, Zamboanga del Sur to improve the quality and quantity of weaning food they feed their infants in addition to breast milk.

Specific Objectives:

1. At the end of 6 months awareness campaign 60% of the mothers of 6-11 month old infants would be aware that in addition to breast milk they should give their infants supplement feeding of lugaw /rice with fish or monggo or egg and vegetables taken from the family food with a little oil.
2. At the end of 12 month 15% of mothers of 6-11 months old infants will have adopted and given their infants additional weaning food of lugaw /rice with fish, monggo, egg or vegetable taken from the family food mixed with a little oil in addition to breast milk.

## **IV MESSAGE STRATEGY:**

A. Treatment of the message should consider mothers beliefs and resistance points:

1. Mothers want the best for their children. Their hopes and aspirations are centered on their children. Mothers have a desire for their children to have improved lives and living conditions.
2. Mothers perception of good health is characterized by the physical appearance, activity and absent of illness.
3. Introduction of the weaning food is signaled by the sense of inadequacy of breast milk and the mothers perceived readiness of the child to take supplemental food.
4. Mothers feel that weaning should start at an age when the children's stomach is ready to take food and when the children are able to digest additional foods and avoid diarrhea or indigestion.

5. Mothers have fears and concerns regarding the indigestibility of certain foods.

6. Fears and apprehensions of mothers regarding vegetables, fish, eggs or monggo seem to be based on hearsay than actual experience.

B. In developing the message for the mothers the following information and practices should be taken into consideration and built on whenever possible:

1. Most mothers are already giving their children weaning foods which the desired intervention can be built on. These include:

- lugaw + vegetable or fish broth.
- lugaw + salt or sugar.
- lugaw mixed with one or other items that can include fried or boiled egg, fresh fish, dilis, monggo with ampalaya leaves.

2. Most mothers are willing to try new foods as long as the child likes them and will not suffer from indigestion or diarrhea.

3. Ingredients of nutritious weaning foods are mostly available in the project area.

4. Mothers have a positive perception of vegetables, fish and eggs believing that:

- fruits and vegetables are nutritious and a source of vitamins.
- fish is nutritious and makes the child healthy, strong and active.
- egg is nutritious and has vitamins. It is a good mix for lugaw because it will add more nutrients to the lugaw.

C. Recommended Plan of Action:

1. Emphasize mashing, slicing thinly, or flaking green leafy vegetables or fish to overcome fears of diarrhea or indigestion.

2. Emphasize a daily consumption of a "complete weaning food" in addition to breast feeding.

3. A complete recommended weaning food consisted of lugaw or rice + fish or monggo or egg + vegetables mixed with a little oil.

4. Mothers should add a little oil to the weaning mix before feeding the food to the baby.

5. Mothers should feed their children a complete weaning food three times a day.

D. The Message:

In addition to breast milk, feed you 6-11 months old infant a supplement weaning food composed of lugaw or rice enriched with either flaked fish, mashed monggo, egg and mashed vegetables taken from the family food to which a little oil has been added.

E. Target Audiences:

Primary: Mothers of infants below 12 months of age.

Secondary: Provincial and Municipal Health Officers, Rural Health Midwives, Barangay Health Workers, mothers and mothers in-laws of primary target audiences.

## **V. SELECTION, DESIGN, PRODUCTION AND DISSEMINATION OF IEC MATERIALS.**

In the selection of the media to be used, consideration as to how they are going to be used will be important. The project will develop and use materials that are to support clinic, interpersonal communications and home visits. Radio will be used to create a mass awareness making the population aware and to think about the problem as well as to direct them where they can receive additional information. Instructional materials are to be developed to show step by step actions. Reinforcement materials are to be produced to encourage the target mothers to continue the recommended interventions.

Using the base line data on the target population has determined how much and what type of message will be used. Materials intended for clinics, schools will have a different level of information than the handouts, comics. Materials that are to be used by midwives, BHW's and trainers will have additional information and will act as lesson guides.

All of the materials will be produced, whenever possible, using the same images and text for each group of messages targeted to each audience. In developing the media consideration will be given to the use of image transfer, which is a technique for increasing the effectiveness of multi-media messages. The basis being that all radio and print media produced will use similar illustrations, actors, voices, music, slogans when ever possible. This will enable the audience to transfer elements of the visual message to audio, print and vice verse. All materials will be developed to be distributed and used in the sequence following the "Weaning Moments" classes.

In the selection, design, production and dissemination of IEC material content the following should be considered and emphasis place on:

1. Instruction on the enrichment of lugaw or rice the mothers are already giving their 6-11 months old infants.
2. Readiness of the 6-11 month old children to take fish, monggo, egg and additional vegetables in addition to the lugaw/rice they are presently being feed.
3. Making it clear that the weaning mix is not a substitute to breast milk but a complement to breast milk. "In addition to breast milk" should be a lead phrase in the message and materials.
4. The affordability of the proposed weaning foods.
5. Additional, supplementary feeding (optimum 3 x's per day)
6. Taking weaning food from the family meal.
7. Availability of the proposed weaning supplements.
8. Inexpensive nature of the weaning supplements.
9. Allaying mothers fears regarding indigestion and diarrhea associated with proposed weaning supplementary foods.
10. Stress benefits of giving 6-11 months a supplementary weaning food. These include:
  - health of the child,
  - strength of the child,
  - the child will be active,
  - child will have a resistance from sickness and disease.
11. The importance of weighing and growth monitoring.

## B. Communication Education Strategies

The educational programs will be developed to work in phases. These phases are:

### Phase 1: Awareness

- To create an awareness among the primary audience that their infants are ready to take the supplementary recommended weaning food.
- Identification and availability of proposed supplementary foods.
- Allaying fears regarding negative beliefs of the proposed recommended supplementary weaning foods.
- Information as to where information can be obtained.

### Phase 2: Instructional

- Instruction on preparation of the recommended supplemental weaning food.
- Frequency of supplemental feeding (3 times per day)
- Recommended weaning foods are given in addition to breast milk.

Phase 3: Reinforcement of the message and practices.

## C. Selection of the Media

IEC materials and methods used are to be designed as an integrated package that is anchored around the midwives and designed so that they are easily used by the BHW's. The materials should be designed so that they are interrelated in theme, visually and function. Materials and lessons will all follow a logical order for the dissemination of information. Each media will be produced in Tagalog, Waray and Cebuano dialects. Each medium should support and reinforce the other. For each phase of the educational campaign different forms of media will be emphasized and used.

Awareness Phase: Media used include interpersonal, comics, and radio spots.

Instructional Phase: Interpersonal, "Weaning Moments", comics, handouts, counseling cards, and flipcharts.

Reinforcement Phase: Interpersonal, comics, newsletter and, radio spots.

## D. Description of Selected Media

### **1. Weaning Moments Classes**

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#### Objective:

A strategy for the nutrition education program that will, through a series of 8 classes, encourage mothers to feed their 6 months old child the recommended complete weaning food. "Weaning Moment" classes will be conducted by the midwives supported by a teaching manual and other supporting audio visuals.

#### Audiences:

Target mothers of 6-11 months old children.

#### Dissemination:

Classes formed around existing "Mother Craft" classes or other existing grouping of the target audience will be used when ever possible.

#### Description:

"Weaning Moments" will consist of a series of eight lessons covering topics about or relating to nutrition and proper weaning practices. These classes will take place weekly and go on for approximately two months.

In addition to lecture, the classes will rely on participatory techniques such as games, demonstrations and discussions.

#### Content and subject of the 8 classes would be:

- |           |                                                                       |
|-----------|-----------------------------------------------------------------------|
| Session 1 | Organization of class, importance of the class, overview of problems. |
| Session 2 | How Do I know My Baby is Growing Well.                                |
| Session 3 | Feeding Milestones for Infants.                                       |
| Session 4 | Proper Preparation of Weaning Foods.                                  |
| Session 5 | Cooking Demonstration.                                                |
| Session 6 | Recipe Contest.                                                       |
| Session 7 | Sickness and Food.                                                    |
| Session 8 | Graduation Ceremony.                                                  |

## 2. Teaching Manual on Weaning

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### Objective:

Developed as a guide for the midwives to be used during the "Weaning Moments" Class. The aim is to encourage mothers to feed their 6 months old babies the complete weaning food in addition to breast milk. The manual is designed to respond to the nutrition learning needs of the mothers particularly on weaning. Each lesson will encourage the mothers to participate actively in the class activities giving them enough opportunities wherein they can interact with one another and with the midwives.

### Audience:

For use of the midwives during the "Weaning Moments" classes.

### Description:

Printed manual covering 8 lessons as followed:

1. Introduction.
2. How Do I know My Baby is Growing Well.
3. Feeding Milestones for Infants.
4. Preparation of Weaning Foods.
5. Cooking Demonstration.
6. Recipe Contest.
7. Basic Sickness and Food.
8. Graduation.

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500 copies to be produced.

### Estimated Cost:

@55 pesos each:

27,500.00 pesos

### 3. Radio Plugs (15 • 30 seconds each)

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#### Objective:

Make the primary audience aware of the importance of supplementary weaning practices and breast feeding. Direct them to where they can receive services and additional information.

#### Audience:

Primary audience of mothers with weaning age children.

#### Dissemination:

Each plug will be aired 3-6 x per day for a period of two months over all the local radio station in the provinces. The total radio airing phases will last for 6 months. Radio stations outside the provinces that have a larger audience will also be utilized. Some radio stations in Leyte and Western Samar will be utilized to air the radio plug so as to reach most of the target audience in N. Samar. Some radio City will also be utilized to reach additional primary audiences in Zamboanga de Sur.

#### Description:

##### Subject matter of each plug:

1st: Proper age to introduce weaning foods.

Done in the fashion of a short dialogue between a mother who has won a baby contest and attributes her baby's victory to the introduction of weaning foods at 6 months.

2nd: Promote the continuation of breast feeding with the introduction of weaning food.

Dialogue between mother and health worker in a clinic.

3rd: Referring/directing of the mother to the Barangay Health Stations information about proper weaning. Information announcement by a leading personality.

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Estimated Costs:

|                                                                                        |              |
|----------------------------------------------------------------------------------------|--------------|
| Production of all plugs<br>per province @ 12,000 pesos.                                | 36,000 pesos |
| Script writer fee:                                                                     | 2,500 pesos  |
| Air time per plug per month<br>per station @ 2,400 each x's 3 stations<br>x' 6 months: | 43,200 pesos |
| Total cost for radio campaign:                                                         | 81,700 pesos |

#### 4. Counseling Cards

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##### Objective:

To be used as a teaching aid for the midwives and BHW's during counseling at the health center and home visits. These materials will develop an understanding of basic concepts of nutrition, breast feeding, supplementary weaning food and preparation, childhood illnesses.

##### Audience:

Primary audience of mothers with weaning age children.

##### Dissemination:

Supplied to midwives and BHW's to be used in mothers classes, weaning moments and household visits.

##### Description:

A series illustrated tab notched plastic coated cards to be used as teaching aids and reference materials. On the front of the card will have illustrations and text to be used to support home counseling sessions. The back of the card will have explanatory notes and lesson guide on the subject in greater detail for the BHW or midwives. Cards will be on the following subjects:

##### 1. How Do I Know My Baby Is Growing Well?

Visuals: Growth chart/growth monitoring card.  
Babies development by age.

##### 2. Feeding Milestones.

Visuals: Chubby child being breastfed with father looking at the child and mother.

Mother feeding a 6 month old baby a complete weaning food.

Inset of the food groups of food, Go, Glow and Grow plus the rice or lugaw and the 3 + 1 concept.

3. When And How To Introduce Weaning Foods.

Visuals: Modification of the diet slips produced by NS-DOH.

4. Supplementary Weaning Foods.

Visuals: Illustrations of different choices of weaning foods and 3 + 1.

5. Preparation Of Weaning Foods.

Visuals: Women preparing food in the proper slicing, flaking, mashing, chopping)

6. Feeding Frequency For Healthy Children 6-11 Months.

Visuals: Feeding 3 time during the day as indicated by breakfast, lunch and dinner. Time shown by sun position in sky.

7. Feeding Frequency For Ill Children 6-11 Months.

Visuals: Same as #6 but including additional feeding.

8. Weighing And Growth Monitoring.

Visuals: Similar to card #1 with the addition of a child being weighed.

9. Management of Diarrhea.

Visuals: Baby with diarrhea, foods good for baby with diarrhea.

10. Management of Common Child Illnesses.

Visuals: Images of child with different illness.

11. Identification Of Vitamin A Rich Foods And The Basic Food Groups.

Visuals: Illustrations of foods.

12. Recipes.

Visuals: Illustrations of plates of food.

### 13. Food Hygiene.

Visuals: Food properly protected and stored. Washing food and hands.

BHW's and Rural Health Wives on house visits will choose a counseling card that is appropriate to the family situation or information needed. They will use the cards as a teaching aid when holding informal discussion with the mothers.

The same material will be used during the "Weaning Moment" classes but the cards images will be enlarged and developed into a series of bound pages, becoming a flip chart to be used by the midwives in classes. Information brochures will also be produced using the basic counseling card materials but printed on paper.

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1500 packets to be produced.

Estimated Cost:

Artist fees:

Production per card  
@ 6 pesos x's 13  
per set 78 pesos

Total costs: 117,000 pesos

Optional Flipcharts

500 to be produced  
@ 156 pesos per chart:

Total cost: 78,000 pesos

## 5. Comics

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### Objective:

To encourage mothers to feed their 6-11 months old infants the recommended supplementary weaning food from the family meal supplemented with recommended vegetables and fish with a little oil. To encourage existing supplemental feeding practices, breast feeding and to increase the frequency of supplemental feeding to 3 times a day. To dispel existence resistance to supplementing weaning foods with leafy green vegetables and fish.

### Audience:

Primary and secondary target audiences.

### Dissemination:

Comics will be distributed during mothers classes, "Weaning Moments" classes and at EPI.

### Description:

A series of short comics, 4 to 8 pages, or hand bills, covering recommended weaning and health interventions that are being described and recommended during home visits, "Weaning Moments" and mothers classes. Comics will be printed in the three languages of the project area.

Characters: Santos family is a low income farming family. Mrs. Santos runs a small sari-sari store. Santos Household consists of:

|               |                              |
|---------------|------------------------------|
| Mother:       | Aling Maring 32 years of age |
| Father:       | Mang Pedro 35 years          |
| Children:     | Pepito 7 years               |
|               | Jose, 3 years                |
|               | Rosie, 6-11 months           |
| Grand mother: | Nena 54 years                |
| Midwife:      | Aling Ising                  |

Proposed story line of the comics:

1. How do I Know My Baby Is Growing Well?

Story line:

One morning the mother notices that her youngest child is ill. Not knowing what to do she asks her husband what to do. And he suggested that they ask the grandmother for advice. The grand mother tells the mother that this is her third baby and doesn't she know if her baby is growing well? The mother says she doesn't and the grand mother tells her to go to the Barangay health station to get help and to learn about weight and growth monitoring. Discussion of feeding milestones.

2. Feeding Frequency for Healthy And Ill Children 6-11 months, Weighing And Growth Monitoring.

Story line:

One morning one of Mrs. Santos neighbors comes knocking at her doors with her sick 6 month. old baby who is crying. The neighbor asks for help for her baby who has a high fever and much to thin. Mrs. Santos tells her to come in and while Mrs. Santos is helping bring down the fever she is tell her neighbor how she should the sick child more frequently with vitamin rich foods. That a sick child needs more food to help build it's resistance to sickness. And get well you then feed the child at least 3 time a day including breast milk. Mrs. Santos encourages her neighbor to bring her child to the Brangay health station for regular weighing and growth monitoring.

3. Management Of Diarrhea And Common Child Illnesses.

Story line:

Santos child falls ill and the family take her to a quack doctor. The quack doctor prescribes useless medicines. But the child doesn't get any better. In frustration the mother takes the child to the Barangay health station where the midwives advises her on how to manage the illness and save the child at the same time.

#### 4. The Marvelous Baby of Maring

##### Story line:

After many months of good food. A storm hits the village that destroys the village and all houses. The village is full of illness and many of the children get diarrhea. But the Santos family, though losing their home kept their health in good condition. The neighbors ask why Santos children are healthy. And one by one the Santos family tells their story. The story includes supplementary weaning foods, Preparation of weaning foods. They knew and used vitamin A Santos family and their marvelous baby became a model family to the rest of the

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40,000 copies of each issue to be produced.

##### Estimated Costs:

@9 pesos per copy

|                           |               |
|---------------------------|---------------|
| Script and art work:      | 9,000 pesos   |
| Printing costs per issue: | 360,000 pesos |
| Total cost per issue:     | 369,000 pesos |

## 6. Midwives, BHW's and Health Workers Newsletter

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### Objective:

To serve as a feedback mechanism to the midwives and BHW.

### Audiences:

Midwives, BHW's.

### Dissemination:

Would be produced at the HKI office in Manila and sent out to the midwives and BHW's and distributed from the health stations.

### Description:

A short 2 page newsletter that will give information regarding successes in the field, results of surveys and methods that have worked. Printed in editions of 3000 copies, it would be produced quarterly.

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### Estimated Cost:

|           |             |
|-----------|-------------|
| Per issue | 2,500 pesos |
|-----------|-------------|

## V. EVALUATION

### A. Models:

1. The use of the system evaluation model will determine the effectiveness, efficiency, adequacy and appropriateness of the communication plan.
2. A monthly case study method will be adopted in order to determine every now and then the effect of the communication plan on the different target audiences.

### B. Design:

The employment of time series is necessary to evaluate the communication plan and determine the extent of its contribution to the attainment of the objectives.

### C. Evaluation Criteria:

1. Effectiveness. The plan is effective if after 6 months at least 60% of the mothers of 6-11 months old infants in the project area are informed that in addition to breast milk the 6-11 months old babies should be given supplementary weaning foods consisting of lugaw or rice enriched with fish or monggo or egg and vegetable take from the family food and supplemented with oil and given 3 x per day.
2. Satisfaction. The plan is satisfactory if after 12 months 15% of the target mothers in the project area are giving their children the recommended supplementary weaning food in addition to regular breast feeding.
3. Efficiency. The efficiency of the plan will depend upon the achievement of its goals and the time of achievement of said goals.
4. Adequacy. The plan is adequate if the extent of its effect and coverage on the target audience will be determined.
5. Appropriateness. Suitability will be measured by the effects and favorable responses elicited from the target audiences.
6. Evaluate the effectiveness of the various media.
7. Monitor the movement of IEC materials through the public and private sectors.



D. Instruments:

1. Monitoring reports.
2. Questionnaires.
3. Monthly quick response survey.
4. Formal or informal interviews and focus groups.

E. Presentation:

1. Use of pictures for record and impact purposes.
2. use of graph to show the trend in the movement of the plan.
3. Use of text for documentation purposes.

F. Utilization of Evaluation Results:

The results of the evaluation will be studied and utilized to improve the on going communication education plan.

It would be better if the outcome of the studies resulting from the evaluation process will be disseminated to the DOH Health Workers and also the mothers so that they will be aware of the extent of use of the interventions being promoted. DOH Management and HKI Management will be the first to inform and be consulted on what to do with the results of the evaluation.

## VI BUDGET SUMMARY:

|                                    |              |
|------------------------------------|--------------|
| 1. Training of BHW's               | 165,000.00   |
| 2. Weaning Moments Training Manual | 27,500.00    |
| 3. Radio Plugs                     | 81,700.00    |
| 4. Counseling Cards                | 117,000.00   |
| 5. Flip chart                      | 78,000.00    |
| 6. Comics<br>@ 369,000 x 4         | 1,476,000.00 |
| 7. Midwives, BHW Newsletter        | 2,500.00     |
| Estimated Total                    | 1,947,700.00 |

### NOTES:

Depending on the length of the comics there could be a reduction of the cost by about 700,000 pesos.

## VII. COMMUNICATIONS/EDUCATION TIME FRAME:

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|           |                                                                                                                                                                                                                                                                     |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1992 MAY  | <ol style="list-style-type: none"><li>1. Conceptualizing of educational materials.</li><li>2. Begin design of prototypes.</li><li>3. Weaning Moments Manual completed.</li></ol>                                                                                    |
| JUNE      | <ol style="list-style-type: none"><li>1. Task Force supplementary baseline.</li><li>2. Begin production of media prototypes.</li><li>3. Pretesting of radio spots.</li></ol>                                                                                        |
| JULY      | <ol style="list-style-type: none"><li>1. Launching to coincide with Nutrition Month.</li><li>2. Airing of first radio spot.</li><li>3. Press conference.</li></ol>                                                                                                  |
| AUGUST    | <ol style="list-style-type: none"><li>1. Pretesting of visual materials, counseling cards and comics.</li></ol>                                                                                                                                                     |
| SEPTEMBER | <ol style="list-style-type: none"><li>1. Develop training module for BHW's and midwives to use the educational materials.</li><li>2. Materials printed</li><li>3. Training of BHW's and midwives.</li><li>4. Airing of second radio spot.</li></ol>                 |
| OCTOBER   | <ol style="list-style-type: none"><li>1. Distribution of materials, teaching guide, counseling cards.</li></ol>                                                                                                                                                     |
| NOVEMBER  | <ol style="list-style-type: none"><li>1. Launch "Weaning Moments" Classes.</li><li>2. Airing of third radio spot.</li><li>3. Symposia (provincial Governors, Municipal Mayors, Provincial/Municipal Health workers.</li><li>4. "Weaning Moments" classes.</li></ol> |
| DECEMBER  | <ol style="list-style-type: none"><li>1. Distribution of comics.</li><li>2. "Weaning Moments" classes.</li><li>3. Household Counseling.</li></ol>                                                                                                                   |

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|              |                                                                                                                                                                                                               |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1993 JANUARY | <ol style="list-style-type: none"> <li>1. First monitoring.</li> <li>2. Distribution of comics and newsletter.</li> </ol>                                                                                     |
| FEBRUARY     | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                                         |
| MARCH        | <ol style="list-style-type: none"> <li>1. 2nd monitoring.</li> <li>2. "Weaning Moments" classes.</li> <li>3. Household Counseling.</li> <li>4. Distribution of comics.</li> </ol>                             |
| APRIL        | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                                         |
| MAY          | <ol style="list-style-type: none"> <li>1. Feedback conference for midwives and BHW's.</li> <li>2. "Weaning Moments" classes.</li> <li>3. Household Counseling.</li> <li>4. Distribution of comics.</li> </ol> |
| JUNE         | <ol style="list-style-type: none"> <li>1. Small mid-term evaluation.</li> <li>2. "Weaning Moments" classes.</li> <li>3. Household Counseling.</li> <li>4. Distribution of comics and newsletter.</li> </ol>   |
| JULY         | <ol style="list-style-type: none"> <li>1. 3rd monitoring.</li> <li>2. "Weaning Moments" classes.</li> <li>3. Household Counseling.</li> <li>4. Distribution of comics.</li> </ol>                             |
| AUGUST       | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics and newsletter.</li> </ol>                                          |

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|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEPTEMBER    | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                        |
| OCTOBER      | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics and newsletter.</li> <li>4. Monitoring</li> </ol>  |
| NOVEMBER     | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                        |
| DECEMBER     | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics and newsletter.</li> <li>4. Monitoring</li> </ol>  |
| 1994 JANUARY | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                        |
| FEBRUARY     | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics and newsletter.</li> <li>4. Monitoring.</li> </ol> |
| MARCH        | <ol style="list-style-type: none"> <li>1. "Weaning Moments" classes.</li> <li>2. Household Counseling.</li> <li>3. Distribution of comics.</li> </ol>                                        |
| APRIL        | <ol style="list-style-type: none"> <li>1. Evaluation of communications.</li> </ol>                                                                                                           |
| MAY          | <ol style="list-style-type: none"> <li>1. Documentation.</li> </ol>                                                                                                                          |
| JUNE         | <ol style="list-style-type: none"> <li>1. End of project</li> </ol>                                                                                                                          |

61

## EXPLANATION OF AND EQUIPMENT FOR COMPUTER GRAPHICS

HKI presently has a limited Macintosh computer set up consisting of an Mac LC and laser printer in the office in Manila. It would be a valuable advantage if the system could be enlarged upon so that the project would have a more complete capabilities for desktop publishing and the generation of graphics to be used in the production of educational materials.

A difficulty commonly encountered in the preparation of printed educational materials is the preparation of the art work, especially when the materials are intended for a linguistic diverse audience as is the situation on the VITEX project.

Over the years, some attempts have been made to supply visual models which might make the job of the developing and drawing the visuals easier. But in the end this first graphic part has proven to be both time consuming and often frustrating. It has also proven difficult to adapt existing materials for additional use so usually projects just start from scratch consuming project resources and never really getting what they want.

With the use of computer graphics, visuals and text can be developed or lifted from existing materials. These computer generated images can then be easily modified or adapted by people with little artistic talent or experience. Camera-ready materials can be prepared in a fraction of the time and at a much-reduced cost in comparison to the traditional graphics methods of using artist to develop art work.

An Image library can be created that will enables the project to reuse the images for other uses. This in effect keeps a visual continuity or consensus in the use of visuals by other organizations.

Basically the system works as follows. Images, existing, line drawings or photographs and even text can be electronically scanned. These scanned images are converted to line "drawings" on the computer and then re-worked as desired. These computer images are realistic and contain detail that is usually only captured in photographs. In addition there are the following production and graphic advantages:

1. The same images can be reduced or enlarged for a variety of sizes and formats.
2. Any revisions needed after pre-testing are easily and quickly made on the computer screen. There is no need to make entirely new drawings or to re-photograph them.
3. The collected images can be available to other health related organizations and institutions.

4. The Macintosh computer is particularly suited for graphics and desktop publishing in that it is much easier to learn to use by a variety of people than the MS-DOS system.

The process of creating visual materials would be as follows:

1. The program decides on the message, form and use of the visuals that is based on an understanding of the audience (their attitudes and practices) and the development of strategies aimed at changing behavior in line with the established goals.
2. The images are collected. The easiest would be to copy images already existing, from other materials with the permission or we could photograph the scenes and props needed.
4. These images are then scanned with the use of an optical scanner and transferred to the computer-this operates something like a copy machine, except that the images are converted into electronic codes which appear on the computer screen as the image. On the screen the images can be altered or adapted as needed. The printed images can be turned into line drawings or half tones to be used by the printer.
5. Arrange the images as wished and include any written text. This can be done with a desk top publishing program (the project has Page Maker) or in the traditionally paste up mechanical method.
6. These models can be pre tested and adapted as needed.
7. The revised materials would then be printed out again on the laser printer and prepared as camera ready to be sent to the printer.

With the addition of an Optical Recognition Program (OPT program) documents and text can be scanned into a word processing programming saving valuable time in the entering of text to be used for various applications. For HKI to take full advantage of their existing equipment they would need the addition of the following equipment and programs:

| 1. Equipment                             | Estimated Price |
|------------------------------------------|-----------------|
| 1 Scanner Mirotex MSF-300Z               | 2000.00         |
| 1 Uninterrupted power supply 110 Mac SPS | 400.00          |
| 2. Programs                              |                 |
| 1 Microsoft Word V 5.0                   | 250.00          |
| 1 Lap link Plus PC 4.1 Data Viz          | 150.00          |
| 1 Super Paint, Silicon Beach             | 175.00          |
| 1 Digital Darkroom                       | 150.00          |
| 1 Norton Utilities for Mac               | 100.00          |
| 1 Stuff-it Deluxe                        | 75.00           |
| 1 Optical Recognition Program            | 300.00          |
| Est. Total                               | 3600.00         |