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HELEN KELLER
INTERNATIONAL

CHILD SURVIVAL X:
Action for Survival, Action for Progress in Micronutrient and Child Nutrition in the Philippines

funded by

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Annual Report
October 1994 - September 1995

Contact Person:
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Nutrition Director

Date:
Nov. 3, 1995

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List of Acronyms

ADRA	Adventist Relief Agency
ASAP	National Micronutrient Day *(Araw Ng Sangkap Pinoy)*
CG	Child Growth
CPC	Country Program for Children
CRS	Catholic Relief Services
CSX	Child Survival X Action for Survival, Action for Progress
DIP	detailed implementation plan
DOH	Department of Health
DOST	Department of Science and Technology
FLANE	Fun Learning Activities for Nutrition Education
FNRI	Food and Nutrition Research institute
HKI	Helen Keller International
IDA	iron deficiency anemia
IDD	iodine deficiency disorders
ITER	Institute of Training Evaluation and Research
IVACG	International Vitamin A Consultative Group
LGU	local government unit
MATA	Mobilizing Action for Technical Assistance
NCHS	National Center for Health Statistics
NGO	non-governmental organization
NNC	National Nutrition Council
PEM	protein-energy malnutrition
PVO	private voluntary organization
RHU	rural health unit
UNICEF	United Nations Children's Fund
VAD	vitamin A deficiency
VITAP	Vitamin A Technical Assistance Program
VITEX	Vitamin A and Nutrition Education Interventions: Expansion to Three Provinces of the Philippines
WHO	World Health Organization

Translations

Kapisanan Ng Mga Broadcasters Sa Pilipinas =
Broadcasters Association of the Philippines

Araw Ng Sangkap Pinoy =
National Micronutrient Day

CHILD SURVIVAL X:

Action for Survival, Action for Progress

Annual Report

October 1994 - September 1995

I. Overview of Year One

Upon approval of the Child Survival X (CSX) *Action for Survival, Action for Progress* cooperative agreement, the Helen Keller International (HKI)-Philippines Management Team met to discuss the project and strategies for implementation. The Team agreed to implement the project in:

- the provinces of Albay and Masbate in Bicol (Region V)
- the provinces of Biliran, Eastern Samar, Leyte, Northern Samar, Southern Leyte, Biliran, and Western Samar and in Eastern Visayas (Region VIII)

The HKI-Philippines Management Team focused particularly on reviewing the selection of the proposed project areas. Since Bicol (Region V) ranked second in prevalence of underweight among preschool children it replaced Region I as a priority province. Eastern Visayas (Region VIII) ranked first in underweight according to the Fourth National Nutrition Survey[1].

Bicol is also one of the regions where Child Growth (CG) Project, funded by the United Nations Children's Fund (UNICEF), is being implemented jointly by UNICEF and HKI. Four provinces out of the total eight provinces covered by the CSX Project are also covered by the CG Project. The overlapping provinces are:

- Albay and Masbate in Bicol (Region V)
- Eastern Samar and Leyte in Eastern Visayas (Region VIII)

The HKI-Philippines Management Team decided to subsume four CG project provinces to:

- maximize the use of resources by both the CSX and the CG Projects,
- integrate growth monitoring with well-tested growth promotion activities from a previous HKI project, and
- compare the impact of the CSX and CG Projects combined with the CSX Project alone.

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[1] Department of Science and Technology (DOST), Food and Nutrition Research Institute (FNRI). Oct. 1994. *Fourth National Nutrition Survey Philippines, 1993.*

A. Comparison of Actual Accomplishments with the Objectives for the Reporting Period

The activities that have been completed are compared to the projected activities in table 1 at the end of this section. Project accomplishments are described below.

1. Personnel in position

During the reporting period HKI:

- **Hired and oriented CSX project staff.** The project staff were given a one-week orientation on HKI's aim, vision and mission, the concept of the CSX Project, and their roles and responsibilities. They were also briefed about the functions, policies and roles of the Finance, Administration, Research, Training, Communications, and Nutrition Units of HKI-Philippines.

2. Health information system

The implementation of the baseline survey was delayed due to local elections; therefore, the accomplishments were achieved later than anticipated. During the reporting period HKI:

- **Designed the quantitative baseline survey.** HKI collaborated with the Institute of Training, Evaluation and Research (ITER), headed by Dr. Ophelia M. Mendoza to overcome the delayed implementation of the baseline survey. Members of the Institute met with HKI-Philippines staff in consultation with Dr. Susan Burger, HKI-New York Nutrition Director, and Dr. Jonathan Gorstein, HKI Consultant, to determine the survey objectives, indicators, sampling design, method of data collection, data processing, and plan of analyses. The survey design was finalized towards the last week of July. Meetings were held with representatives of the provinces during the first and second weeks of August.

- **Collected data for the baseline survey.** Data collection started in the third week of August. Data have been collected from the provinces of Albay and Masbate in Bicol (Region V), and Eastern Samar, Leyte, and Northern Samar in Eastern Visayas (Region VIII). The survey teams have just finished collecting data in the provinces of Biliran, Southern Leyte, and Western Samar in Eastern Visayas and will be returning with the completed questionnaires to Manila.

- **Entered and analyzed data for the baseline survey.** All data relevant to the baseline survey have been entered for the provinces of Albay, Northern Samar, and Masbate; half the data for Eastern Samar have already been entered. Data from the provinces of Masbate and Albay have been cleaned and analyzed, except for data on breastfeeding and infant feeding. Data on the frequency of consumption of vitamin A-rich foods from the province of Northern Samar have been cleaned and analyzed.

- **Held a workshop on assessment of the *Provincial Health and Nutrition Situation*.** The workshop was held September 27-30, 1994. Workshop objectives, participants, and activities are described in Appendix A1. As a result of the workshop, the following outputs were produced:
  - draft brochures (to be finalized Novermber 30, 1995) of the *Provincial Health and Nutrition Situation* based on existing data for the provinces of Albay (Attachment B1), Eastern Samar (Attachment B2), Leyte, and Masbate (Attachment B3); and
  - tools for the qualitative study which included:
    - an in-depth interview schedule for mothers, and
    - a focus group discussion (FGD) guide for mothers, midwives, and community volunteer health workers.
- **Collected data on the knowledge, attitude, and practices of mothers.** The data included knowledge, attitudes and practice (KAP) on pre-natal care, breastfeeding practices, complementary feeding, and growth monitoring. (See Appendix B1.)
- **Conducted a follow-up workshop on data analysis and report writing.** The follow-up workshop was conducted from December 5-8, 1994. Workshop objectives, participants, and activities are described in Appendix A2.

3. Training

HKI began to develop additional materials to meet the scope of CSX project activities. The process for accomplishing this included participatory workshops, assessment of training needs, revising existing materials, and developing and pretesting additional materials. More specifically, during the reporting period HKI:

- **Conducted a workshop on the *Basic Learning Package*.** The workshop on the development of the *Basic Learning Package* was held April 24-18, 1995. The workshop objectives, participants, and scheduled activities are included in Appendix A3. The learning sessions that were developed addressed pre-natal care and services, preparing mothers to breastfeed, maternal self-care practices, nutrient needs during pregnancy, children's growth milestones, and quarterly weighing of children up to three years old.
- **Pretested additional sessions for the *Basic Learning Package*.** The additional learning sessions are in Appendix B2.
- **Assessed training needs for the Provincial Task Force.**
- **Conducted workshop on the development of training design.**
- **Further developed training documents.** To date the training activities, reference guide, counseling cards, and comics are 30% completed.

4. Others

In addition to hiring personnel, collecting and analyzing data, and developing educational materials, HKI also:

- **Held a consultative meeting among HKI Management Team members.** The objectives of the meeting were to:
  - finalize the selection of CSX project areas,
  - determine the staffing requirements of the projects,
  - decide on the composition of the Provincial Task Force members,
  - plan the baseline survey, and
  - prepare the detailed implementation plan (DIP) of the CSX Project.
- **Conducted orientations on the CSX Project.** HKI completed an orientation of the following organizations:
  - the Regional and Provincial Nutrition Committees,
  - the Regional Health Offices for Bicol (V) and Eastern Visayas (VIII),
  - eight Provincial Health Offices,
  - eight Provincial Governors' Offices,
  - the National Nutrition Service,
  - the National Nutrition Council (NNC), and
  - UNICEF.
- **Conducted the Start-Up/Orientation Workshop.** HKI coordinated the workshop with the Department of Health (DOH) through the Nutrition Service Unit and the Regional Health Office. (See Appendix A4). Participants included representatives from the:
  - Provincial Planning and Development Office,
  - Provincial Health Office,
  - Provincial Social Welfare and Development Office,
  - Office of the Provincial Agriculture, and
  - Philippine Information Agency.
- **Created the Provincial Task Force.** The Provincial Task Force serves as the link between the CSX Project and the local government units (LGUs). The project activities can be transmitted by the Provincial Task Force to the target municipalities effectively and efficiently. The Task Force can be tapped to assist in project activities implementation, monitoring, and evaluation.
- **Implemented the Third National Micronutrient Day.** HKI worked with the DOH through the Nutrition Service to develop the field guide for the Third National Micronutrient Day, *Araw ng Sangkap Pinoy* (ASAP). HKI also oriented the members of the Provincial Task Force about ASAP activities to strengthen the capability of local health providers to disseminate information.

Table 1. Schedule of Activities Planned and Accomplished in Year 1

Activities	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Headquarters				
1. Personnel in Position				
a. HQ/HO Technical	P √			
b. HQ/HO Administrative	P √			
c. Philippines Key Staff	P √	P √		
2. Baseline Reports Completed			P	
3. Training Completed			P √	√
4. Procurement of Supplies	P √	P √	P √	P √
6. HQ/HO Technical Staff Visits	P √		P √	
7. HIS Functioning		P		√
9. AID Reports Prepared		P √		
Field				
1. Personnel in Position				
a. Project Manager	P √			
b. Technical Coordinators		P √		
c. HIS Manager	P √			
d. Community/village health workers	P	P √	P √	P √
e. Other Support	P √	√		
2. Health Information System				
a. Baseline Survey				
i. Design/preparation		P √	√	
ii. Data collection & analysis			P	√
iii. Dissemination & feedback				P
b. Consultants/contract to design HIS	P	P √		
c. Develop & test HIS (qualitative data)	P √	P √		
i. Implementation			P √	P √
ii. Development & feedback				P √
3. Training (including start-up meeting)				
a. Design				P √
4. Procurement of Supplies	P	P √		
6. Technical Assistance				
a. HQ/HO Regional office visits		√	P	√
b. Local Consultants	P √	P √	P √	P √
c. External technical assistance	P	√		
7. Progress reports				
a. Annual project reviews				P √

P = Planned √ = Accomplished
P = Planned, but not yet accomplished

B. Training Activities for Project Staff

Ms. Charito Lopez, HKI-Philippines Monitoring and Evaluation Officer attended a short course on design and analysis of longitudinal data held June 26 - July 21, 1995 at the University of Michigan. This training was provided for by HKI matching funds.

Ms. Ellen Villate (Project Manager), Ms. Daylyn Sandrino (Training Manager), Ms. Eva Puertollano (Communications Manager), and Mr. Raffy Mercado (Finance Manager) attended the International Vitamin A Consultative Group (IVACG) Meeting held in Chiang Rai, Thailand on October 1994. The IVACG conference presented an opportunity for continuing education and technical update on vitamin A. Staff were able to incorporate findings from the latest research on vitamin A interventions into project activities. In addition, the conference provided an opportunity for Mr. Raffy Mercado to discuss financial accounting and reporting with Ms. Connie D'Aurizio (HKI-NY Chief Financial Officer), who also attended the conference.

C. Technical Support for Child Survival Field Activities

During the past year, the CSX Project received technical support from the following staff, consultants, and institutes:

- **Kirsten Laursen, MA, Training Director HKI-New York.** Ms. Laursen assisted the facilitation of the workshop to review communication materials and provided technical advice on analyzing the results of the qualitative survey to develop the provincial communication plan and information, education, and communications materials.

- **Susan Burger, PhD, Nutrition Director HKI-New York.** Dr. Burger visited the Philippines twice and provided technical support to finalize the DIP, design the baseline survey, and analyze baseline survey data.

- **Jonathan Gorstein, PhD, Nutritional Epidemiologist Consultant.** Dr. Gorstein, from the University of Michigan, is also the Director of Nutrition Information Management of Community Systems Foundation. He provided technical support to design sampling protocol for the baseline survey.

- **Ophelia M. Mendoza, Dr.Ph., Chairperson of the Department of Biostatistics and Epidemiology, University of the Philippines, College of Public Health.** Dr. Mendoza graduated from the University of North Carolina Chapel Hill and has been a professor for almost 20 years. As the HKI-Philippines statistical consultant, she provided advice on the baseline survey design.

- **Institute of Training, Evaluation and Research.** ITER is a private research institute composed of faculty of the Department of Biostatistics and Epidemiology of the University of the Philippines, College of Public Health. Staff from ITER provided assistance to train survey interviewers and collect data for the baseline survey.

D. Number of Actual Community Health Committees

HKI's *modus operandi* for project implementation is to provide technical assistance to existing organizations, committees or task forces in the provinces. HKI has mobilized a Provincial Task Force all eight project CSX project provinces. The Provincial Task Forces are composed of technical staff from various provincial offices involved in health and nutrition program as follows:

- Provincial Planning and Development Office
- Provincial Health Office
- Provincial Social Welfare and Development Office
- Provincial Agriculture Office
- Philippine Information Agency
- non-governmental organization (NGO) representatives.

The group discusses and reviews the materials that are being developed such as the *Provincial Health and Nutrition Situation* brochures, counseling cards for volunteer community health workers, or additional learning sessions for the *Basic Learning Package*. In keeping with the strategy to sustain CSX-intiated activities beyond the grant period, the gorup hold planning meetings to incorporate CSX activities into provincial development programs. During the last ninety days, the Provincial Task Forces have met at least twice a month in their own respective provinces. During the last year, all the eight Provincial Task Forces have:

- **Conducted a rapid KAP assessment.** 720 mothers and 720 health workers (midwives and volunteer health workers) were interviewed and 120 FGDs were conducted.

- **Analyzed and reviewed the *Provincial Health and Nutrition Situations*.** HKI assisted the Provincial Health Teams to package the Health and Nutrition Situation brochures. These brochures were developed as tool for the local chief executive to advocate nutrition and micronutrient interventions as a priority program. The brochures will be an important tool to plan the CSX activities in the provinces. The final version of the *Health and Nutrition Situation: of Mothers and Children: Northern Samar, 1995* is sent as Attachment A. The draft versions for Albay, Leyte, and Masbate are sent as Attachment B.

- **Developed the Provincial Communications Plan.** The aim of the Provincial Communications Plans is to market or fast track the CSX-CG interventions using various media channels. The communications plans for the provinces of Albay, Eastern Samar, Leyte, and Masbate are described in Attachment C.

- **Participated in the development, revision and pre-testing of the *Basic Learning Package*.** The *Basic Learning Package* will be used to counsel mothers at the community level. New sessions are included in Appendix B2.

- **Analyzed the assessment of training needs of the Provincial Task Force members.** The purpose of the analysis was to assist Provincial Task Force members to carry-out training activities effectively and efficiently among field implementors.

E. Linkages Made Between the CSX Project, the DOH, and Other Health and Development Activities in the Philippines

At the onset of project implementation, the CSX Project linked with the DOH through the following activities:

- **HKI held an orientation meeting for key governmental organizations.** The National Nutrition Service, Maternal and Child Health, the NNC and the Regional Health Offices participated in these meetings.
- **The Nutrition Service provided an official counterpart for CSX Project.** Ms. Elizabeth Joven was selected for this role. She also acted as a resource person for the start-up/orientation meeting.
- **HKI developed the ASAP Volunteers Guide and conducted an orientation with the Provincial Task Force.** The guide and the orientation facilitated implementation of the 1995 ASAP.
- **HKI conducted a rapid assessment of the KAP of mothers, midwives and community health workers.** The Provincial Task Force members facilitated the rapid assessment and ensured availability of the respondents.
- **HKI pretested additional sessions for the *Basic Learning Package*.**
- **The Provincial Health Offices provided a contact person for the baseline survey.** The Provincial Nutritionist and/or the Health Education and Promotions Officer facilitated the social preparation from the provincial to the community levels for the baseline survey.

F. HKI-Philippines Staff and Organization

The duties and level of effort of key HKI staff in the Philippines are listed in table 2 on the following page. The HKI-Philippines Organizational Sturcture appears in diagram 1. The resumes of the two area coordinators follow diagram 1 as an insert. The research assistant has not yet been hired.

MA. FATIMA DOLLY R. REARIO

Education

BS St. Scholastica's College, Manila
1984 - 1988, Nutrition and Dietetics

Professional Experience

- ***Helen Keller International***
  Area Coordinator 1995

  * Establishes lines of communications with collaborating agencies specifically the Local Government and the Department of Health and other government agencies in the provinces of Albay, Masbate, Northern Samar and Western Samar.

- ***Catanduanes Agricultural Support Programme***
  Executive Assistant II 1994 - 1995

  * Provides technical/administrative assistance to the two Co-Directors in a particular area of community development and establishes coordination with the Office of Special Concerns of the Department of Agriculture.

- ***National Nutrition Council***
  Nutrition Officer II 1989 - 1994

  * Coordinates with government counterparts on the planning, implementation and evaluation of development programs.

Professional Associations

- Nutritionist-Dietitian Association of the Philippines
- Philippine Association of Nutritionists

ASELA B. QUEROL

Education

BS University of Southern Philippines, Cebu City
1973 - 1977, Social Work

Liceo de Cagayan, Cagayan de Oro City
Third Year, Commerce

Professional Experience

- ***Helen Keller International***
  Area Coordinator 1995

  * Establishes lines of communications with collaborating agencies specifically the Local Government and the Department of Health and other government agencies in the provinces of Leyte, Eastern Samar, Biliran and Southern Leyte.

- ***SOS Children's Village***
  Senior Social Worker 1993 - 1994

  * Coordination with other line agencies and supervised 14 housed-mothers and aunts of orphaned children.

- ***Foster Parents Plan International***
  Senior Community Worker 1984 - 1992

  * Monitors and evaluate of the agency's social social development projects and maintained a caseload of 800 families.
  * Coordinates with line agencies for the projects implementation.

Professional Associations

- Philippine Association of Social Workers
- Cebu Chapter, Association of Social Workers

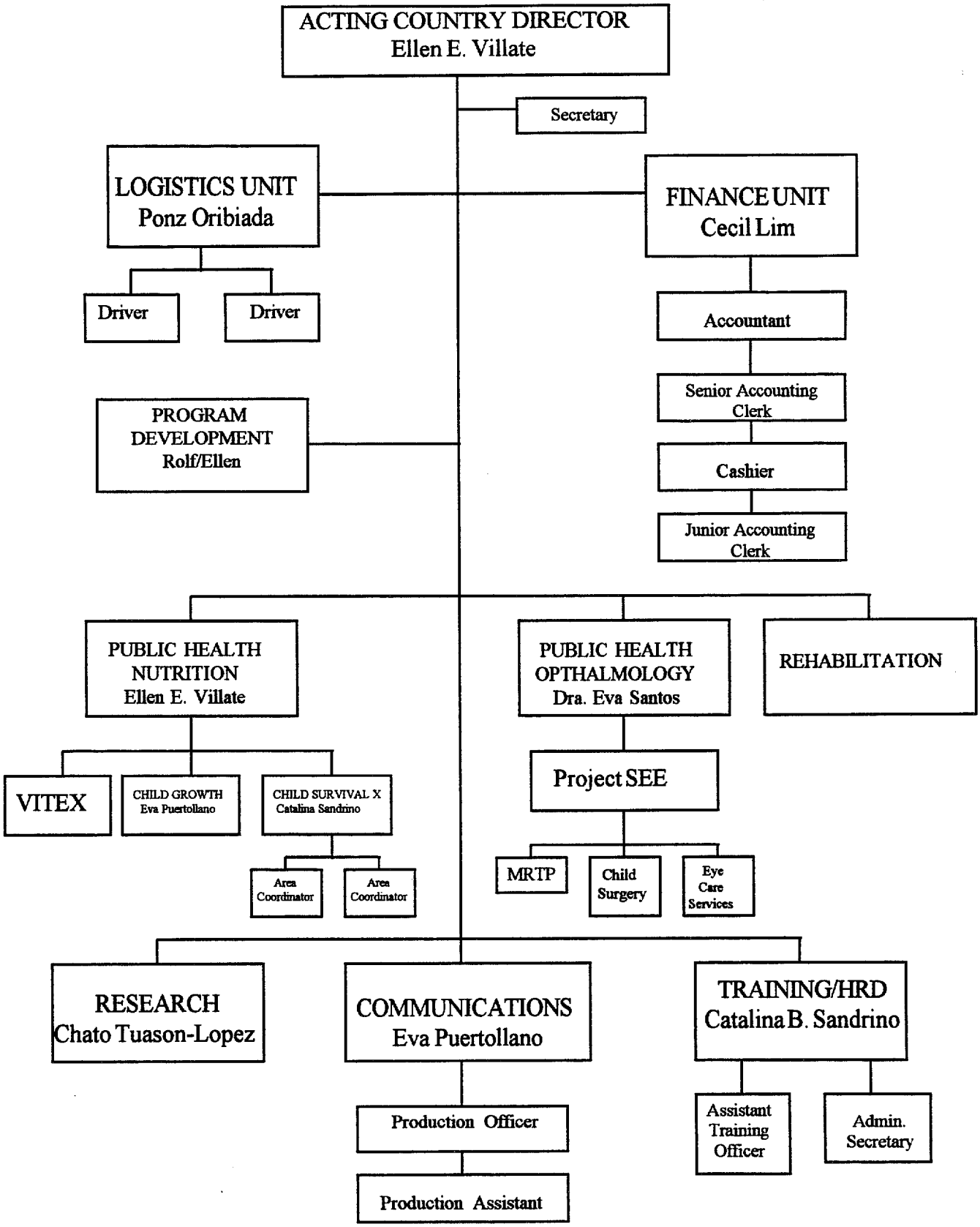
Table 2.

Organization of Key Positions and Tasks

Names	Titles	Category	Level of Support	Duties	Task
Rolf D.W. Klemm	Proj. Director	Expatriate	33%	Policy Development	Program Director
Ellen Villate	Proj. Manager	Host-Country National	100%	Development of Implementing Guidelines	Program Management
Daylyn Sandrino	Training Specialist	Host-Country National	50%	Monitoring & Technical Supervisions	Training of Health Workers/Providers
Chato Lopez	HIS Manager	Host-Country National	50%	Monitoring and Evaluation	Health Information System
Cecilia Lim	Finance	Host-Country National	50%	Monitoring and Financial Supervision	Administrative Management
Ma. Fatima Dolly Reario	Area Coordinator (1)	Host-Country National	100%	Monitoring and Technical Supervision	Monitoring of progress of project objectives
Asela Querol	(2)				
to be hired	Research Assistant	Host-Country National	83%	Support	HIS
Alfie Hilario	Production Officer	Host-Country National	44%	Support	Communications
Virnaliza Lumbao	Secretary	Host-Country National	78%	Support	Administrative
Mita Severino	Accountant	Host-Country National	33%	Support	Financial
Julieta Marino	Bookkeeper	Host-Country National	33%	Support	Financial
Abundio Oribiada	Logistics Officer	Host-Country National	33%	Support	Administrative
Protacio Isip	Driver	Host-Country National	100%	Support	Administrative

Diagram 1.

HKI Philippines Organizational Structure



MEMORANDUM OF AGREEMENT
BETWEEN THE UNITED NATIONS CHILDREN'S FUND
AND HELEN KELLER INTERNATIONAL (PHILIPPINES)

Whereas resources have been made available to UNICEF for the Fourth Philippine Country Programme for Children (CPC IV);

And whereas HKI has the mandate and demonstrated capacity to implement programmes in the Philippines;

This agreement is made between the United Nations Children's Fund, herein after referred to as "UNICEF", and Helen Keller International, Inc. (Philippines), herein after referred to as HKI on:

BREAST-FEEDING, WEANING, AND GROWTH-MONITORING PROJECT
(OR CHILD GROWTH PROJECT)

.....

as described in the Project Description attached as Annex A to this agreement, and as follows:

Article 1: Responsibilities of HKI

1.1 HKI shall:

(a) In coordination with UNICEF, DOH and the regional CPC IV Inter-Agency Committee, provide technical assistance to the local government units in the implementation of the project as outlined in the project description (Annex A) and approved Work and Financial Plan (Annex b). Project funds provided by UNICEF shall be utilized in accordance with the attached budget (Annex B);

(b) Make available the personnel, materials and services which represent its own contribution in accordance with Annexes A and B;

(c) Be authorized to make modification in the budgetary items provided this does not exceed 10 per cent of the ceiling for each item and provided further that this does not include personnel expenses. Modification exceeding 10 per cent but which is deemed necessary for the successful implementation of the project shall require prior approval of UNICEF and mutual agreement of both parties as attested by their signatures in an amendment to Annex B;

(d) Work closely with provincial and regional health authorities and inter-agency committees to ensure integration of project activities into the existing UNICEF programme cooperation in the areas;

(e) At all times act in consultation with UNICEF and its staff in the Philippines and avail itself of the advisory services of UNICEF and other United Nations organizations in the country;

(f) Return to UNICEF all non-expendable equipment purchased by HKI using funds provided by UNICEF, and any UNICEF funds unspent when this agreement expires.

(g) Provide personnel, supplies and equipment listed in annex A and B necessary for the attainment of project objectives as being part of HKI's contribution and undertake the procurement of other supplies, equipment and services using funds made available by UNICEF as also detailed in Annexes A and B. The sources of such supplies, equipment and services shall be mutually agreed between HKI and UNICEF.

(h) Ensure that its procedures for placing orders or awarding contracts for the purchase or hire of all supplies, goods, equipment and services under the present Agreement, safeguard the principles of economy and efficiency, and that the placing of orders is based on an assessment of competitive quotations or bids.

(i) Maintain separate accounts recording all receipts and expenditures under this project relating to UNICEF's contribution and ensure that any obligations entered into and all disbursements made are satisfactorily documented; for each payment a voucher will be established bearing the project designation, the name of the payee, the amount, purpose and date of disbursement; original bills, invoices, receipts and any other documentation pertinent to the transaction will be attached to the voucher in support thereof; these vouchers and the attached document will be systematically filed in dossiers specifically established to hold the financial documentation of the project;

(j) Facilitate inspection and audit of the project by the UNICEF Internal Auditor or any other person duly authorized by UNICEF on behalf of the United Nations; should they at any time wish to do so, the United Nations Board of Auditors may also carry out an audit of the project;

(k) Facilitate visits to the project site(s) by UNICEF staff or any other person duly authorized by UNICEF to review the operations and achievements of the project during its period of implementation and thereafter;

(l) Submit to UNICEF monthly narrative reports on the progress of operations, and quarterly financial and stock reports on the use made of all funds and supplies provided by UNICEF in accordance with UNICEF Financial Rules and regulations, submit an internal evaluation report on the project every 6 months and a report should reach UNICEF within 10 days of the ending of the period concerned.

Article 2: Responsibilities of UNICEF

2.1 UNICEF shall:

(a) Be responsible for over-all management of the project at national and sub-national level and shall be responsible for accountability to the donor for supplementary funds.

(b) Assist in the implementation of this project by making available the coordination services of its staff;

(b) Provide funds to HKI in the total amount of US$729,689.00 towards the implementation of the project under the arrangements and subject to the conditions set out in the Agreement between the Government of the Philippines and UNICEF for CPC IV and in accordance with UNICEF Financial Guidelines for CPC IV following the budget attached as Annex B. The first quarterly installment of US$72,664.65 will be remitted to the bank account designated by HKI following the signing of this Agreement by the parties hereto and receipt of a letter of request from HKI for first quarter release of funds in accordance with the Work and financial plan. Second and subsequent installments will be remitted when satisfactory reports and accounts have been submitted covering disbursement of at least 80 per cent of the preceding installments;

(c) Make available supplies and equipment as detailed in Annexes A and B.

(d) Undertake evaluation and review studies of the project to determine effectiveness and efficiency in attaining project objectives;

(e) Make available technical and financial assistance to the project based on a yearly Plan of Action approved by both parties.

2.2 UNICEF:

(a) Shall not be liable for any expenditure incurred in excess of the contribution specified in this agreement;

(b) Shall not be liable to indemnify any third party in respect of any claim, debt, damage or demand arising out of the implementation of this Agreement and which may be made against HKI;

(c) Will not accept liability for compensation for the death, disability or other hazards which may be suffered by employees of HKI as a result of their employment on work which is the subject matter of this Agreement.

Article 3. Joint Responsibilities

UNICEF and HKI shall mutually agree on publication, both national and international, of findings and reports compiled in connection with this project. Donor identity will be indicated in any publication, reports or researches derived from the project.

Article 4:

Contribution of Project to Attainment of Goals in the Philippine Plan of Action for Children (PPAC)

This joint cooperation between UNICEF and HKI shall contribute to the attainment of the following PPAC goals:

(a) Reduction of infant mortality from 57.1 per 1,000 live births in 1990 to 37.6 by year 2000;

(b) Reduction of child mortality rate from 5.3 per 1,000 child population in 1990 to 4.4 by year 2000;

(c) Reduction in the rate of low-birth weight to less than 10 per cent;

(d) Reduction in the prevalence of severely and moderately underweight pre-schoolers from 14.0 per cent in 1990 to 7.0 per cent by year 2000;

(e) Virtual elimination of iodine deficiency disorders;

(f) Virtual elimination of clinical Vitamin A deficiency;

(g) Reduction in iron-deficiency anaemia by 10 per cent.

Article 5: General Provisions

5.1 The schedule of payments referred to above is subject to revision to take into account any contributions in kind as may be made available through UNICEF towards the requirements of the project.

5.2 Should the number of persons for whom assistance is foreseen under this Agreement decrease significantly below that originally envisaged or if, for any reason, circumstances change to reduce the need for assistance compared with that originally foreseen, HKI shall immediately inform UNICEF; the agreement may then be amended after mutual consultation and the UNICEF contribution be adapted to the new situation or be discontinued as the circumstances may warrant.

5.3 The project governed by this Agreement shall be deemed to have commenced in September 1994 and shall terminate in June 1998.

5.4 Should it become evident during the period of project implementation that an extension of this Agreement beyond the termination date will be desirable. Consultations will be initiated between UNICEF/DOH/HKI so as to ensure that, should it be so agreed, an appropriate amendment to this Agreement may be made before its expiration.

5.5 Any income derived by HKI from funds provided by UNICEF, such as interest on bank accounts or profit from the sale of goods purchased with the UNICEF funds, will be entered into HKI's accounts as income credited to the Project and may only be utilized for purposes specified in this Agreement.

5.6 If during the period covered by this Agreement, it is considered appropriate to revise or vary any terms of this Agreement including the Project Description, consultations will be arranged among the parties, revisions or variations shall require signature by all parties to the Agreement.

5.7 If during the period covered by this Agreement, HKI is prevented from carrying out its obligations under this Agreement, HKI will report this immediately to UNICEF who shall decide what arrangements, if any, shall be made to further implement or curtail the project.

5.8 This agreement may be terminated by either party after giving two months' notice, during which time liquidation of outstanding accountabilities would have been completed.

5.9 Fund releases after the initial year, shall be subject to the assessment/review of the progress of project implementation and advice on fund availability by UNICEF/NYHQ.

IN WITNESS WHEREOF, the undersigned, being duly authorized thereto, have on behalf of the parties hereto signed this Agreement at the place and on the date below written.

For: HELLEN KELLER INTERNATIONAL		For: UNITED NATIONS CHILDREN'S FUND	
Signature	: Ellen E. Villate	Signature	:
Name	: Ms. Ellen E. Villate	Name	: Mr. Keshab B. Mathema
Title	: Acting Country Director	Title	: UNICEF Representative
Place	: Makati, Metro Manila	Place	: Makati, Metro Manila
Date	: 19 October 1994	Date	: 19 October 1994

ATTACHMENTS

Annex A - Project description

This should provide full details of the project along the lines of a Plan of Action - including specification of arrangements and responsibilities for organizing implementation ;

Annex B - Project budget

This should provide a breakdown of the whole budget for the project and clearly showing which amounts will be covered by the UNICEF contribution and which be the responsibility of HKI and/or any other parties.

II. Follow-Up of DIP Review

A. Relationships with Collaborating Partners

HKI's memorandum of agreeement with UNICEF follows the section on UNICEF as an insert. The respective responsibilities between HKI and collaborating partners for CSX are summarized in table 3 on page 13 at the end of section A. The memorandum of agreement is with CARE is in the process of being signed and will be sent under separate cover once it has been finalized.

1. UNICEF

The emphasis of the CSX Project is two-pronged: (1) to increase local government capability to assess, plan, implement, monitor and evaluate nutrition interventions and (2) to enhance the capability of health providers to implement community-based nutrition interventions. The CG Project adds to the CSX Project, the distinct emphasis of creating demand for nutrition services at the household level through growth monitoring. In the CG areas, the CSX project activities provide an opportunity:

- **to operationalize the communication plan.** HKI collaborates with the Philippine Information Agency in coordination with the *Kapisanan ng mga Broadcasters sa Pilipinas* (Broadcasters Association of the Philippines).
- **for nutrition interventions that generate income such as home and community food production.** If requested and identified as a need of the province, HKI will provide training on bio-intensive gardening.
- **to sustain ASAP at the provincial level.** Where deficiency is still prevalent, HKI will support planning workshops to advocate continued micronutrient supplementation at the provincial and municipal level.
- **for LGUs to develop or improve skills to assess, plan implement, monitor, and evaluate micronutrient interventions.** HKI will conduct workshops in the provinces with the LGUs and other governmental structures to raise awareness about the socio-economic and about health benefits of nutrition interventions and options for solving problems.
- **to strengthen the capability of health and nutrition workers to implement complementary nutrition interventions.** HKI will train direct service providers to complement promotion of health infant and child feeding practices with:
  - detection and treatment of micronutrient deficiencies,
  - social marketing to promote purchase and consumption of iodinated salt and foods rich in vitamin A and iron,
  - community assessment,
  - home and community gardens,
  - food preservation, and
  - recipe development.

- **to provide baseline data to measure progress of CG interventions in the covered provinces.** HKI will collect data on indicators of the prevalence of vitamin A deficiency (VAD), iodine deficiency disorders (IDD), iron deficiency anemia (IDA), protein-energy malnutrition (PEM), and other indicators. UNICEF will provide micronutrient supplements for the CG Project under the Country Program for Children (CPC) VI Program.
- **To conduct special monitoring studies on the use of the CG *Basic Learning Package*.** UNICEF will provide the *Basic Learning Package*. HKI will conduct the special monitoring studies to mobilize trainers such as midwives and volunteer community health workers and target groups such as mothers' support groups.

2. Other projects funded by the United States Agency for International Development

The CSX Project complements the Vitamin A Supplementation and Nutrition Education: Expansion to Three Provinces of the Philippines (VITEX) Project as well. The VITEX project developed the *Weaning Moments* package on breastfeeding and infant feeding. HKI will:

- expand the *Weaning Moments* program to other municipalities;
- continue activities to prevent and control micronutrient deficiencies;
- co-invest seed money to implement specific food-based micronutrient interventions with LGUs; and
- conduct additional training workshops to implement nutrition interventions such as home and community gardens, food preservation, and recipe development.

3. Private voluntary organizations funded by the United States Agency for International Development

CARE implements three-year training programs for health workers and volunteers in two provinces covered by the CSX Project (Southern Leyte and Eastern Samar). CARE is using Fun Learning Activities for Nutrition Education (FLANE), a nutrition education tool developed with HKI. CARE produces the materials to distribute to the project areas and shoulders the expenses of board and lodging, materials and supplies, and transportation of resources persons. HKI facilitates training workshops at the provincial, municipal, and community levels and assists the regular monitoring and evaluation of training activities.

HKI has established its working relationship with the Adventist Relief Agency (ADRA) and Catholic Relief Services (CRS) through the Mobilizing Action through Technical Assistance (MATA) Project and the Vitamin A Technical Assistance Program (VITAP). These private voluntary organizations (PVOs) became part of the newly organized coalition of Nutrition NGOs both in the National Capital Region (KAIN) and in Region VI (KAPAWA).

Table 3. Roles and responsibilities of HKI and collaborating international and private voluntary organizations.

Collaboration			CSX Project	
Project	**Responsibilities**	**Resources**	**Responsibilities**	**Resources**
Child Growth	UNICEF staff will: • ensure that the following are completed: * *Basic Learning Package* * *Provincial Communication Plan* * *Health & Nutrition Situation* brochures • establish 1 weighing post per target community	UNICEF will provide the resources to: • print * *Basic Learning Package* * *Health & Nutrition Situation* brochures • develop messages for broadcast media • distribute 1 weighing scale to each target community	HKI staff will: • establish linkages with collaborating agencies • monitor provincial activities • facilitate provincial planning • conduct training on micronutrient interventions • collect & analyze baseline data on the prevalence of micronutrients	CSX will provide the resources for: • conduct provincial workshops • hold provincial meetings • implement activities to generate income such as production of food at home or in the community • revise training materials • collect & analyze data
VITEX	HKI-VITEX staff will: • implement baseline & endline surveys • conduct Special Monitoring Studies on: * coverage of micronutrient supplements, * case studies of mothers' support groups, * availability of micronutrient-rich foods, * use of educational materials	VITEX will provide the resources to: • print *How To* manual VITEX has already provided the resources to: • produce *Weaning Moments* package • develop an educational package that improved nutritional status	HKI-CSX staff will: • establish linkages with participating agencies in additional provinces • monitor provincial activities • facilitate provincial planning	CSX will provide resources to: • expand *Weaning Moments* to additional provinces • expand the scope to include home & community gardens, food preservation, & recipe development • co-invest seed money with LGUs to implement specific food-based micronutrient interventions
CARE	CARE staff will: • implement a 3-year training program on micronutrients in 1 CSX province	CARE will provide the resources to: • print FLANE • cover training expenses	HKI staff will: • assist training at the provincial, municipal, and community levels	CSX will cover transportation of HKI staff for: • training activities • monitoring activities

B. Vitamin A Deficiency and Population-Based Interventions

Were the objective of the CSX Project to reduce xerophthalmia alone, the reviewers' concerns over whether night blindness constitutes a public health problem would be quite valid. The project objective, however, is to reduce VAD. HKI's intent was to move beyond the first phase controling the clinically recognizable manifestations of VAD to the second phase of reducing the less recognizable but more prevalent effects on child mortality from subclinical VAD. Prevalence rates of low serum retinol using World Health Organization (WHO) cutoffs are much higher than prevalence rates of night blindness. Moreover, more areas would be classified as having a public health problem according to WHO criteria for serum retinol than for night blindness. Thus, the question of importance is not whether ***night blindness*** is still a public health problem, but whether ***vitamin A deficiency*** is still a public health problem.

Data collected in 1993 for the Fourth National Nutrition Survey of the Philippines show that VAD does still appear to be a major public health problem in the Philippines as late as 1993, despite the reduction in night blindness and Bitot's spots. The prevalence of low serum retinol concentrations (< 20 μg/dl) was 25.8%, below WHO criteria of 15% for VAD of public health importance. Furthermore, the mean serum retinol concentrations in the project areas (Region V= 12.0 μg/dl and Region VIII = 5.3 μg/dl) are also low. The meta-analysis of numerous vitamin A intervention trials around the world shows a substantial reduction in mortality of over 23% among vitamin A deficient children. Hence, the evidence that VAD was still a problem in the project areas points to the potential improvement in child survival from continued reductions in subclinical VAD.

The reviewers' comments about the almost universal vitamin A capsule coverage may have more important implications for project interventions than their comments about the reductions in night blindness. Vitamin A deficiency itself may have decreased over the two years since the Fourth National Nutrition Survey due to vitamin A supplementation. The DOH has reported consistently high vitamin A capsule coverage among preschool children on ASAP during each of the two previous years (90% in October 1993; 93% in October 1994). The reported National Immunization Day (NID) coverage was similarly high (75% in May 1993; 101% in May 1994; and 85% in May 1995). The completed analyses of HKI's baseline survey data for the CSX-CG project provinces in the Region of Bicol indicate, however, that vitamin A coverage during the May 1995 NID was substantially lower than the national coverage achieved by ASAP. Mothers in the CSX- CG project areas in the Region of Bicol reported vitamin A capsule coverage of only 41.2% for this NID.

Regardless of whether or not the apparent drop in vitamin A capsule coverage is partially or entirely due to recall bias, capsule distribution needs to continue until it can be established that the diet is adequate to maintain vitamin A status. A premature withdrawal of vitamin A capsules could lead to recrudescence of night blindness. HKI has collected data in the baseline survey to assess adequacy of consumption using the HKI Food Frequency Method (FFM). This Method has been validated against the WHO criteria for the prevalence of low serum retinol

levels that indicates VAD of public health importance. The results for CSX-CG project areas in the Region of Bicol and Northern Samar show that inadequate consumption of vitamin A-rich foods appears to be worse in Northern Samar. Only two out of the twenty municipalities have food frequency scores significantly above the validated cutoff for VAD for combined plant and animal sources of vitamin A-rich foods (illustrated in graph 1). In addition, consumption seems to be particularly inadequate in a few communities. HKI will present the results from the entire baseline survey to the DOH, the Provincial Health Teams, and the LGUs to discuss the implications of these findings for national policy and local interventions.

In light of the above evidence, the responses to the reviewers' three main questions are as follows:

- **Reviewers' Question:** Is an overall population strategy needed?
- **Response:** If the reviewers meant at the national level, probably not. If the reviewers meant at the provincial level, probably yes.

Rationale: HKI agrees that it is time to reconsider whether or not an overall population strategy is needed at the national level since data from the Fourth National Nutrition Survey on serum retinol concentrations indicate that some provinces are still at risk while others are not. Results from the food frequency scores for vitamin A consumption confirm that risk of VAD is unlikely to be the same nationwide. Food frequency scores appear to be well above deficient levels in some municipalities, and well below deficient levels in other municipalities. Once the entire baseline survey results are analyzed, sufficient data will be available to assess the variability the results by provinces. The implications of HKI's entire baseline survey results will be discussed with the DOH and the LGUs in the CSX areas.

- **Reviewers' Question:** Should special vitamin A distribution activities be more narrowly focused in just a few areas?
- **Response:** Probably. It would be feasible to consider targeting high risk provinces first. It may not yet be feasible to consider targeting high risk municipalities.

Rationale: If vitamin A capsule distribution were discontinued abruptly, night blindness could reappear in areas where vitamin A capsule coverage had previously been quite high. Therefore, high vitamin A capsule coverage, low night blindness rates, and even serum retinol concentrations are ***not*** useful to identify where to stop distribution. A better indicator to identify where it might be safe to discontinue capsule distribution should be based on adequate consumption of vitamin A-rich foods. HKI baseline survey results indicate that data aggregated across an entire area are not sufficient to identify provinces and municipalities with inadequate consumption. Moreover, it would seem prudent to validate this indicator against biochemical indicators six months just prior to the next planned supplementation round to confirm that vitamin A ***status*** is adequate. Since stores of vitamin A may become gradually depleted over time, it would also seem prudent to

repeat the validation six months later in order to ensure that status remains adequate. The costs of identifying target provinces as well as some confirmatory biochemical tests need to be weighed against the savings from reductions in distribution of capsules. These results will be discussed with the DOH and the Provincial Health Teams.

- **Reviewers' Question:** Should special vitamin A distribution activities be more narrowly focused on those high risk infants/children with greatest need?

- **Response:** Probably not.

Rationale: The difficulty in adopting the strategy to target high risk infants and children with the greatest need would be to diagnose high risk children. If high risk children are identified based on clinical signs of deficiency only, vitamin A capsules may not have as substantial an impact on child survival because many deficient children may go unrecognized and continue to die. The option of measuring biochemical indicators to diagnose deficiency requires sophisticated equipment that would be too expensive to purchase at a provincial level let alone a municipal level. Assessment of dietary intake of vitamin A is difficult. Day to day variation in individual intake of vitamin A is greater than for most other nutrients[2]. To accurately assess individual intake of vitamin A would require careful quantitative measurement of how much food is eaten over multiple days. Accurate ***individual*** diagnosis of VAD from intake is further complicated by the fact that ***individual*** needs for vitamin A differ with age, illnesses such as diarrhea and parasitism, physiological status such as pregnancy or lactation, and intake of other nutrients.

C. Baseline Survey

1. Methodology

The eight provinces were grouped into three project areas: (1) provinces where both the CSX and CG Projects are implemented; (2) provinces where only the CSX Project is implemented; and (3) the province of Northern Samar where the CSX and VITEX Projects are implemented. The primary, secondary, and tertiary sampling units were the municipality, rural health unit (RHU) catchment area and the community respectively. The sample municipality and the RHU catchment areas were selected using random start proportionate to population size systematic sampling. Fifteen municipalities were selected per project area and two RHU catchment areas were selected per municipality. The selected RHU catchment areas were then divided into community clusters of thirty-five households each. Community clusters were selected using simple random sampling. Households were excluded if the family had no children under sixty months old.

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[2] Subcommittee on Criteria for Dietary Evaluation, Coordinating Committee on Evaluation of Food Consumption Survey, Food and Nutrition Board, Commission of Life Sciences, National Research Council. 1986. *Assessment Using Food Consumption Surveys.* National Academy Press.

Based on the observed age distribution of the Fourth National Nutrition Survey, one can assume that there will be about forty-five children under sixty months old for every thirty-five households. Thus, a total of 4,050 infants and children or about 1,350 per project area are expected to be included in the survey as indicated in table 4.

Table 4. Expected Samples for the Baseline Survey for Infants and Children

Age group (months)	Sample size per RHU catchment area	Total sample
0-5	5	450
6-11	5	450
12-23	10	900
24-35	10	900
36-47	8	720
48-59	7	630
TOTAL	45	4,050

Staff of ITER were hired to collect the baseline survey data. Three survey teams were trained. Each team consisted of one physical examiner and two interviewers. Nurses were trained in Manila by Dr. Frederick Cruz of the College of Medicine, University of the Philippines to examine women for goiter, collect blood in capillary tubes, weigh children and examine preschool children for signs of VAD. The six interviewers were hired and trained locally.

The household head and one mother of children (zero to sixty months old) were interviewed. A household questionnaire and a food frequency questionnaire were developed for the interviews. Both questionnaires were translated to the major dialects: (a) Bicolano, Masbateno, Waray for the province of Northern Samar; and (b) Waray and Cebuano for all other provinces. All women of child-bearing age (fifteen to forty-five years old) were examined for palpable and visible goiter, all infants and young children (zero to twenty-four months old) were weighed, and all preschool children (twelve to sixty months old) were examined for xerophthalmia. Data from the physical exam were recorded on a physical examination form. The DIP included indicators on: a) supplement coverage, b) prevalence of deficiency, and c) infant and child feeding practices[3]. Additional questions were included about household demographic characteristics, mothers' KAP for micronutrient deficiencies, child care, participation in RHU services, and household sanitation practices.

[3] Helen Keller International, 1985. *Detailed Implementation Plan for: Project "ASAP" Action for Survival, Action for Progress in Micronutrient and Child Nutrition.* Child Survival X: Philippines. Cooperative Agreement No. FAO-0500-A-00-4040-00.

2. Data collection and analysis

As of October 31, 1995, most of the data had been collected for the baseline survey as summarized in table 5 below. Data collection is complete in all of the provinces with both the CSX and CG Projects. All of the data relevant to the baseline survey have been entered for the provinces of Masbate and Albay in the region of Bicol; half the data have been entered for the province of Eastern Samar in the region of Eastern Visayas; data have not yet been entered for the province of Leyte. Statistical analysis is complete for Bicol, except for the responses on infant feeding[4]. Data collection is complete for Northern Samar[5]. The responses to the HKI Food Frequency Questionnaire have been cleaned and analyzed. The remaining provinces where only the CSX Project is implemented have not yet completed data collection.

Table 5. Status of Data Collection and Statistical Analysis for the Baseline Survey, October 31, 1995

	Planned Survey Areas			
	CSX & CG		CSX only	CSX & VITEX
	Regions of the Philippines			
Data	Bicol (V)	Eastern Visayas (VIII)		
• collected	yes		yes	yes
• entered	yes	*some*	*no*	yes
• cleaned & analyzed	yes, except infant feeding	*no*	*no*	FFM

3. Results

a) Protein-energy malnutrition in Bicol

More than a third of the infants and young children (zero to twenty-four months old) surveyed in the Region of Bicol were below the National Center for Health Statistics (NCHS)/WHO criteria for underweight. The Philippines reference standards are lower than the NCHS standards. Consequently, only 15.8% are classified as underweight using the Philippines criteria for underweight (as described in table 6). This prevalence is slightly higher than that found by the 1993 Fourth National Nutrition Survey among children younger than six years old.

[4] The sample size is too small to quantitatively analyze data on infant feeding in Bicol.
[5] Both the CSX and VITEX Projects are implemented in Norther Samar.

Table 6. Prevalence of underweight among infants and young children (zero to twenty-four months old) in the Region of Bicol.

	Prevalence		
Indicator of underweight	n	(%)	se*
Weight-for-age below -2 z scores of NCHS reference median	323	34.1	0.03
Weight-for-age below 5th percentile of Philippines reference standard	323	15.8	0.02

* Standard errors will be corrected for any design effect of municipalities in the final report for the baseline survey.

The mean weight-for-age z-scores among children in the surveyed municipalities are all well below the expected reference median and vary significantly by municipality. Graph 2 depicts the mean weight-for-age z-score for each province as pink squares; the 95% confidence limits as aqua bars above and below the mean; and the cutoff for moderate PEM as a solid aqua line[6]. The expected mean of a well-nourished population would be zero at the top of the graph. Basically, the whole population curve of weight-for-age among infants and young children in Bicol has been shifted downwards from the expected weight-for-age among infants and young children in a healthy well-fed population without socio-economic constraints. Graph 3 illustrates the mean weight-for-age z-scores for infants and young children in Bicol by three-month age intervals[7] Infants below younger than six months start out relatively close to the NCHS median. The sharpest decline in weight-for-age z-scores occurs among infants six to twelve months old. By the age of twelve to seventeen months, the mean z-score among children six to twelve months old is below the individual criteria for PEM. This pattern of decline in weight-for-age z-scores that commences among six to eight month-old infants is relatively common among breastfed infants. The weight-for-age z-scores appear to improve slightly among children older than eighteen months.

Rigorous statistical analyses of infant feeding practices will be conducted on the entire sample of provinces with both CSX and CG Projects in the regions of Bicol and Eastern Visayas once the data are cleaned and entered for the region of Eastern Visayas. The sample size of six to twelve month old infants in Bicol is too small for rigorous statistical analyses, so only general findings are presented in table 7. Most mothers reported that they fed their infants breast milk within four hours of delivery, almost all within the first twenty-four hours. About half the infants were breastfed exclusively until four months. Infants were more likely to have been fed breast milk substitutes than fed other liquids before they were four months old and

[6] 95% confidence limits and mean weight-for-age NCHS z-scores adjusted for variance by age groups.

[7] 95% confidence limits and mean weight-for-age NCHS z-scores adjusted for variance between municipalities.

more likely to have been fed other liquids than fed solid foods. Over half the six to twelve month old infants were fed *lugaw*, and somewhat fewer were fed one or two additional components of the "Weaning Mix". Very few six to twelve month old infants were fed the complete "Weaning Mix" of *lugaw* and "Go," "Glow," and "Grow" foods in the last twenty-four hours.

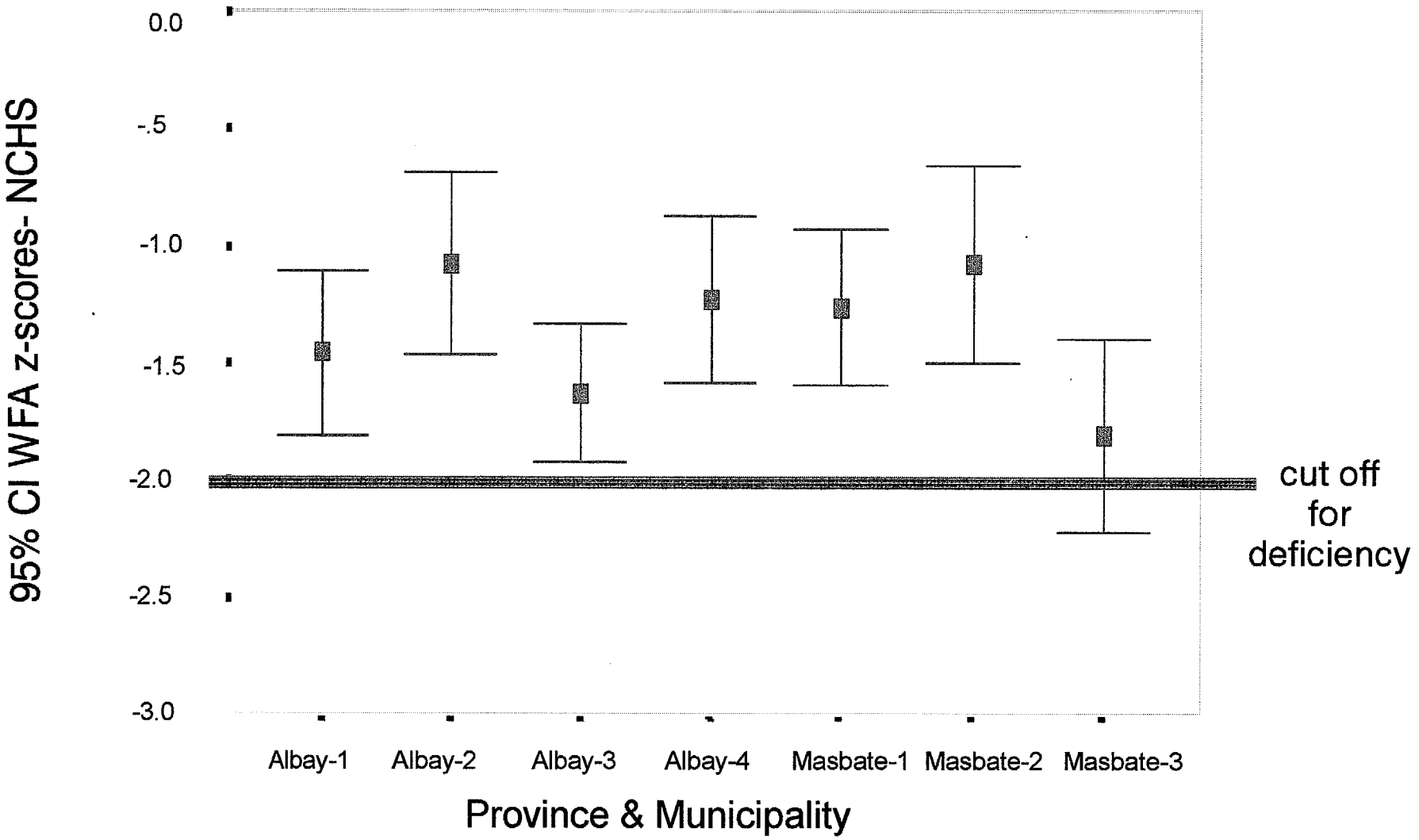
Table 7. Infant feeding practices in the Region of Bicol

Practice	Finding
Fed breast milk	
• within four hours of delivery	most
• within one day of delivery	almost all
Fed only breast milk until 4 months old	about half
What was fed nonexclusively breastfed infants before four months?	
• breast milk substitutes	most
• other liquids	fewer than half
• solid food	very few
Fed "Weaning Mix" at least three times in the last twenty-four hours (6-11 month olds)	almost none
• fed *lugaw*	slightly more than half
• fed "Go" foods (energy-rich)	fewer than half
• fed "Grow" foods (protein-rich)	fewer than half
• fed "Glow" foods (vitamin-rich)	fewer than "Go" or "Grow" foods
• fed *lugaw* plus "Go", "Glow", & "Grow" foods together	very few

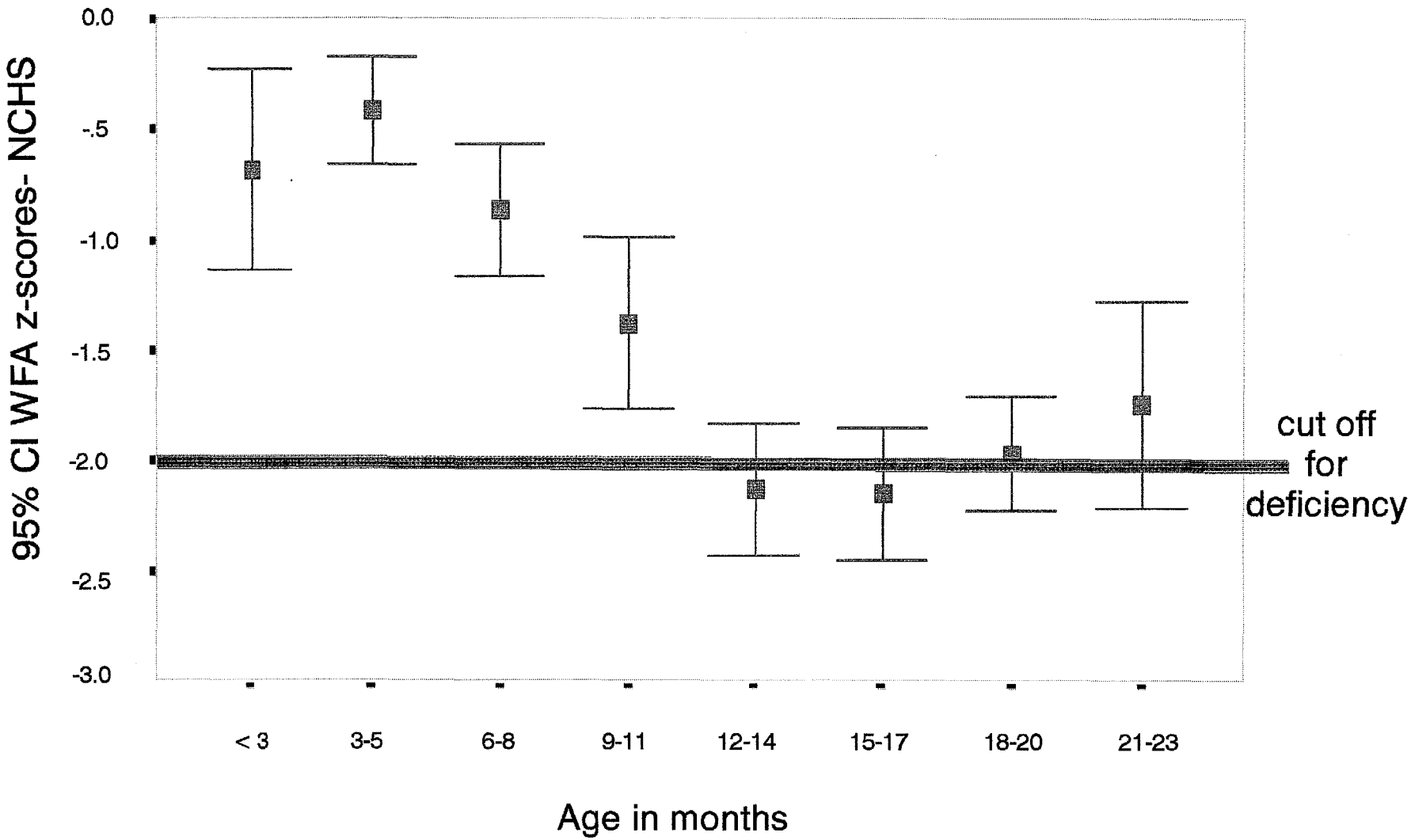
b) Vitamin A deficiency in Bicol and Northern Samar

The HKI-FFM uses food frequency scores that have been validated against WHO criteria for a high prevalence of low serum retinol concentrations to assess risk of VAD. Specific food items that were found to contribute significantly to vitamin A consumption were included on a food frequency questionnaire along with staple foods, foods rich in protein, foods rich in fat and foods known to be eaten infrequently. The questionnaire was pretested and adapted to the Philippines. *Cerelac*, an infant cereal, was included in the food frequency score because it was known to be fortified with vitamin A. None of the municipalities surveyed in Northern Samar had mean food frequency scores for combined plant and animal sources of vitamin A (depicted in graph 1 as aqua bars) that were significantly above the cutoff for risk of VAD (depicted by the light blue line). By the same token none of the municipalities in Northern Samar had mean food frequency scores for animal sources of vitamin A (depicted by the pink bars) that were significantly above the

Weight-for-Age z-scores for Children <24 months old by Province and Municipality



Weight-for-Age z-scores for Children <24 months old by Age Group



cutoff for risk of VAD (depicted by the light pink). The mean food frequency score for combined plant and animal sources of vitamin A among all surveyed municipalities in Northern Samar ($\mu = 4.4 \pm 0.2$) was not significantly above the cutoff of six days per week per child for combined plant and animal sources of vitamin A[8]. The food frequency score for animal sources of vitamin A among all surveyed municipalities in Northern Samar ($\mu = 3.4 \pm 0.2$) was not significantly above the cutoff for risk of deficiency of four days per week per child. These food frequency scores included only one food known to be fortified with vitamin A: infant cereal.

In Bicol, two out of seven municipalities had scores for combined plant and animal sources of vitamin A that were significantly above the cutoff for risk of deficiency; three out of seven municipalities had scores for animal sources of vitamin A that were significantly above the cutoff for risk of deficiency. The mean food frequency score for all surveyed municipalities in Bicol ($\mu = 4.9 \pm 0.3$) for combined plant and animal sources of vitamin A[9] was not significantly above the cutoff for risk of deficiency. The mean food frequency score for all surveyed municipalities in Bicol was just at ($\mu = 4.0 \pm 0.3$), but not significantly above, the cutoff for deficiency of four days per week per child.

A question was included on the food frequency questionnaire about margarine, using a brand name of a vitamin A-fortified product as an example. Since the question did not explicitly distinguish between fortified and unfortified brands of margarine, it is not possible to determine the contribution of margarine to overall vitamin A consumption. One can, however, determine the theoretical contribution of margarine, if all of the margarine consumed were fortified. Graph 4 shows the scores with and without including margarine. The scores that don't include margarine are depicted by aqua circles for animal sources of vitamin A and pink triangles for combined plant and animal sources of vitamin A. The scores that do include margarine are depicted by aqua squares for animal sources of vitamin A and pink squares for combined plant and animal sources. There appears to be a fairly consistent interaction between the food frequency score and the potential contribution from margarine. The gap between the scores that include margarine and the scores that exclude margarine is extremely among communities with low scores on the left side of the graph and gets increasingly wider as the scores increase towards the right side of the graph. This means that children in communities with the lowest food frequency scores ate margarine far less frequently than children in communities with the highest food frequency scores. This means that very little benefit could be expected from fortifying margarine unless it were promoted among these worst-off communities.

Over two-thirds of the mothers interviewed in Bicol reported that their preschool child had received a vitamin A capsule within the last twelve months

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[8] 95% confidence limits and mean food frequency scores adjusted for variance between municipalities.

[9] 95% confidence limits and mean food frequency scores adjusted for variance between municipalities.

(table 8). About two-fifths of the mothers reported that their child received a vitamin A capsule during the most recent NID in May 1995, within six months of the date of the survey. Only about one-fifth reported that their child received a vitamin A capsule during routine health services. As mentioned previously, this strategy is no longer ***actively*** promoted by the DOH. A very small proportion of mothers reported that their chil dhad received vitamin A capsules during the most recent ASAP in October 1994, almost a year before the survey. About one-tenth of the mothers reported the most recent occasion during which their child received a vitamin A capsule was the ASAP in October 1994; another tenth reported that their child received a vitamin A capsule both during ASAP and during some other occasion in the last twelve months.

Table 8. Vitamin A capsule coverage among preschool children (twelve to sixty months old) in the Region of Bicol

	Coverage		
When vitamin A capsule received	n	(%)	se*
Within the last 12 months	787	72.4	0.02
Most recent:	787		
• during the NID (May 1995)		41.2	0.02
• during routine rural health services (unspecified date within the last 12 months)		21.3	0.01
• during ASAP only (Oct. 1994)		9.9	0.01

* Standard errors will be corrected for any design effect of municipalities in the final report for the baseline survey.

There are several possible explanations for why the vitamin A capsule coverage rates in Bicol on the latest NID and ASAP was substantially lower than the national coverage reported by the DOH:

- Perhaps fewer women went to get immunized against tetanus because of the recent widespread concerns in the Philippines about the safety of tetanus toxoid vaccine for pregnant women. These same women may not have brought their children to receive vaccination and vitamin A capsules.
- Perhaps aggregated national data does not adequately reflect the variation in coverage in different areas. Coverage rates in Bicol may be substantially lower than that achieved nationally.
- Perhaps the six-month recall period from the time of the baseline survey to the most recent NID led to recall bias. Mothers may not have remembered whether or not their child received a vitamin A capsule as well for the HKI baseline survey as for the DOH surveys conducted just after distribution.

There is some evidence from the HKI baseline survey to suggest that recall bias is a possibility. The vitamin A capsule coverage for the October 1994 ASAP in

Bicol was only 20.3%, even lower than the coverage rates for the NID in 1995. ASAP occurred about twelve months prior to the HKI baseline survey, a relatively long recall period. The substantially greater coverage reported by the DOH than the results of the HKI baseline survey could be due to overestimation by the DOH, underestimation by HKI, or some combination of both. Not only are the vitamin A capsule coverage rates from the HKI baseline survey much lower than reported by the DOH, the rates are about half of that reported for the NID. The main purpose of the HKI baseline survey was to estimate coverage for the most recent distribution, which was the NID in May 1995. So any recall bias may have been greater for ASAP than for the NID. Given the changes in vitamin A capsule coverage rates since 1993, the current prevalence of VAD is unknown.

c) Iodine deficiency disorders in Bicol

The total goiter rate among women of child-bearing age exceeds the WHO criteria for iodine deficiency of public health importance by a substantial and statistically significant margin (table 9). Since iodine deficiency is known to vary geographically, the prevalence of goiter by municipality is illustrated in graph 5. Visible goiter is shown in pink; palpable goiter is shown in light blue; the stacked bar represents the total goiter rate. All of the municipalities are well above the WHO cutoff depicted by the solid black line. Hence it is clear that iodine deficiency is an important problem in Bicol.

Table 9. Prevalence of goiter among women of child-bearing age in the Region of Bicol

	Prevalence		
Indicator of iodine deficiency	n	(%)	se*
Total goiter	496	22.6	0.02
• palpable		14.9	0.02
• visible		7.7	0.01

* Standard errors will be corrected for any design effect of municipalities in the final report for the baseline survey.

About one-fifth of the women of child-bearing age reported receiving an iodized oil capsule in the past year. (See table 10.) Married women were targeted because the most irrevocable consequences of iodine deficiency occur during pregnancy. A slightly greater proportion (about one-fourth) of single women reported receiving a capsule than married women, but the sample of single women is quite small. Almost none of the households reported having iodinated salt. The one salt sample that was tested did test positive for iodate.

Table 10. Iodized oil capsule and iodinated salt coverage in the Region of Bicol

Target group	Coverage		
	n	(%)	se*
Iodized oil capsules among women of child-bearing age (in the last year)	414	19.3	0.02
• married	385	19.0	0.02
• single (not targeted by the DOH)	29	24.1	0.01
Iodinated salt among households (at the time of the survey)	457	1.5	0.01

* Standard errors will be corrected for any design effect of municipalities in the final report for the baseline survey.

d) Iron deficiency anemia in Bicol

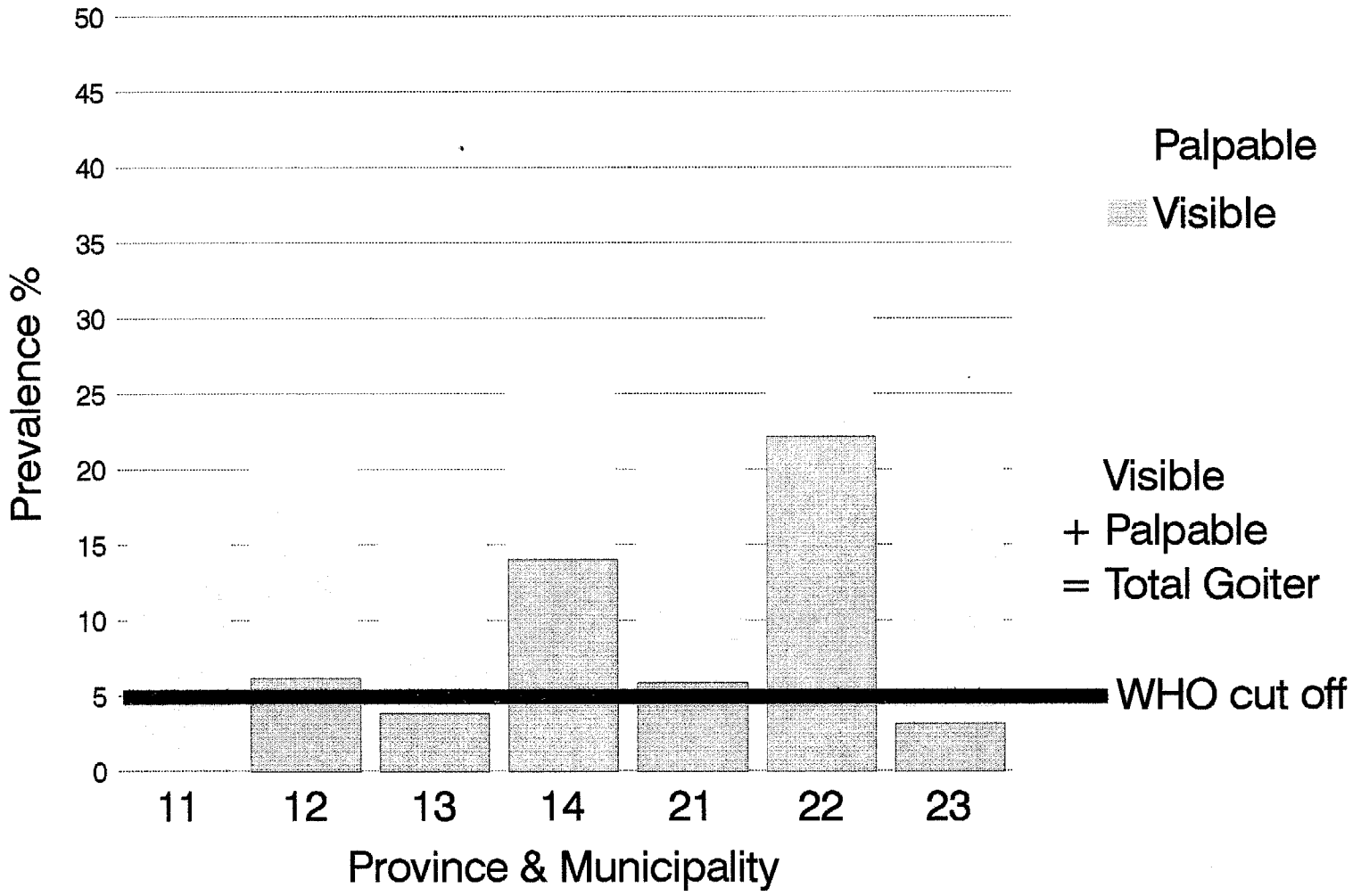
The prevalence of low hemoglobin concentration among women of child-bearing age is astoundingly high, even among women who are not pregnant (table 11). Unlike PEM, which tends to shift the entire population curve for anthropometric indicators to the left, IDA tends to skew the distribution of hemoglobin values so that there is a long tail of low values to the left of healthy values. The distribution of hemoglobin values for pregnant women is depicted by pink bars and the distribution for women who are not pregnant is depicted by light blue bars in graph 6. The WHO cutoffs for pregnant and nonpregnant women are depicted by dark pink and aqua bars respectively. Pregnant women normally have lower hemoglobin values than women who are not pregnant because of the blood volume expansion that occurs during pregnancy, particularly during the last trimester. Even using the appropriately lower cutoff values, almost all pregnant women in Bicol are classified as deficient.

Table 11. Prevalence of low hemoglobin concentration among women of child-bearing age in Bicol

Indicator of iron deficiency	Prevalence		
	n	(%)	se*
low hemoglobin among women	180	80.0	0.00
• pregnant	17	94.1	0.06
• not pregnant	163	78.5	0.01

* Standard errors will be corrected for any design effect of municipalities in the final report for the baseline survey.

Total Goiter Rate Among Women of Child Bearing Age in Bicol



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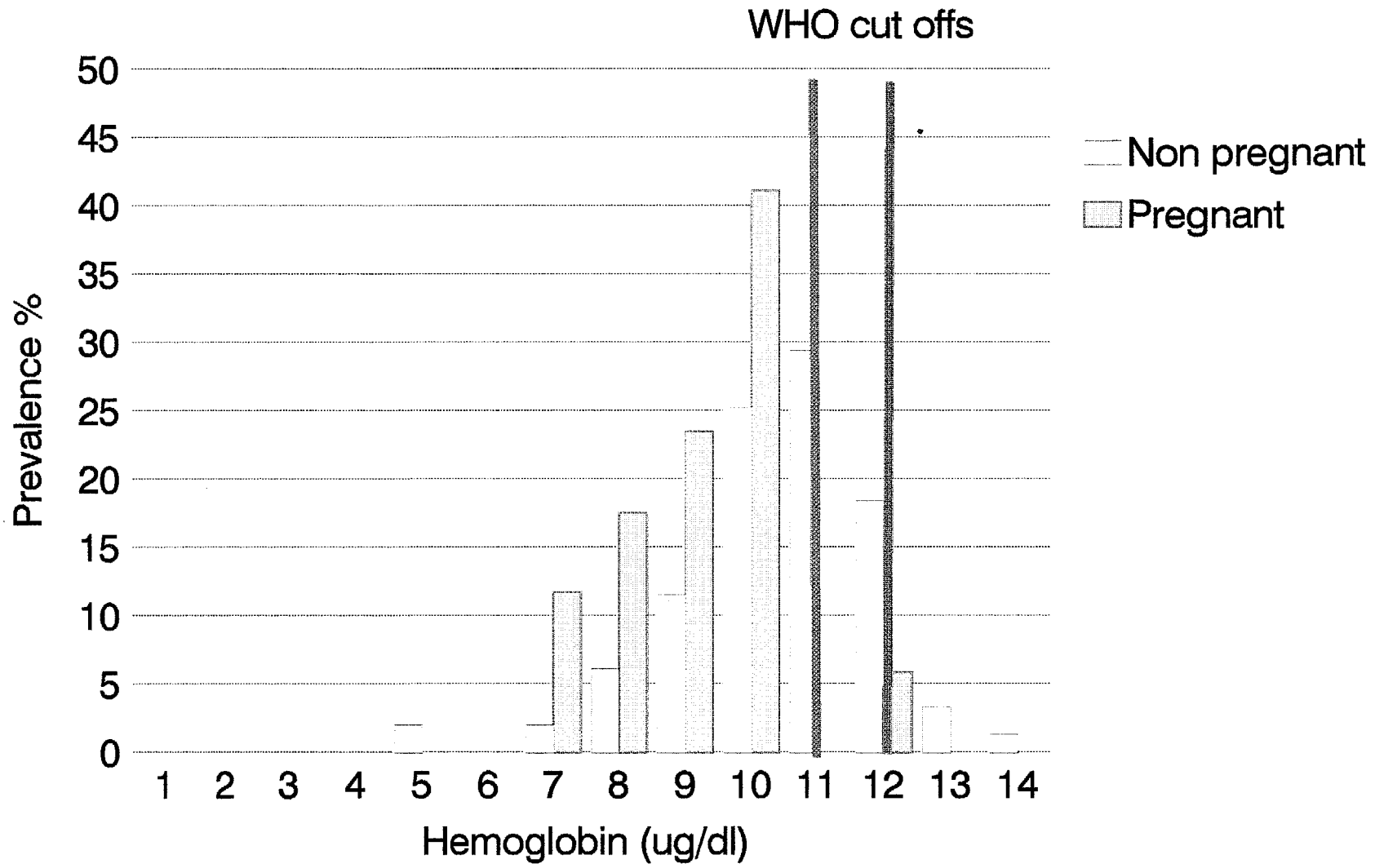
Hemoglobin status Among Pregnant and Non Pregnant Women in Bicol



Almost a third (30.6% ± 0.07) of mothers reported that they began supplements during the fifth month of pregnancy. Clearly, the impact of initiating iron supplements was minimal with such high rates of IDA.

D. Selection of Municipalities

UNICEF has already identified priority municipalities for the CG Project. Priority provinces have not yet been identified in the CSX project provinces where the CG Project is not implemented. In these latter provinces, the baseline survey will be analyzed and technical assistance to plan, implement, monitor, and evaluate nutrition interventions will be provided first. Then, the municipalities that are willing to co-invest local resources for community-based nutrition interventions will be identified.

The priority municipalities will serve as a laboratory of experiences for specific community-based nutrition interventions. The lessons learned in these municipalities will be used to replicate the interventions in additional municipalities. In view of the fact that these municipalities are in the second year of devolution, only a few municipalities are ready financially and have the management capacity to implement the interventions fully.

HKI's preliminary discussion with the LGUs have led to the idea that the CSX Project could be integrated within a larger program structure that includes interagency efforts, Social Reform Agency through Comprehensive and Integrated Delivery of Basic Social Services.

E. Nutrition

1. Anthropometric indicators

Some of the implicit assumptions that were not explained in the DIP may have contributed to the reviewers confusion about the discussion of anthropometric indicators. The most recent data that were available on underweight, wasting and stunting at the time of the DIP were from the Fourth National Nutrition Survey. (See table 12). The prevalence of underweight was among the criteria used to finalize the selection of the project regions. The Region of Bicol was ranked as having the second highest prevalence of underweight (low weight-for-age) and the Region of Eastern Visayas was ranked as having the first highest prevalence of underweight. In both regions, the prevalence of underweight was much higher than the prevalence of wasting (low weight-for-height or -length) or stunting (low height- or length-for-age).

Table 12. Prevalence of PEM among children younger than six years old in the selected project regions of Bicol (V) and Eastern Visayas (VIII)

	Prevalence			
	Region			
	V		VIII	
Anthropometric indicator	%	rank	%	rank
underweight (≤ 5th percentile of Philippines reference weight-for-age)	11.9	2nd	13.0	1st
underweight (≤ 5th percentile of Philippines reference height- or length-for-age)	5.9	5th	7.7	2nd
underweight (≤ 5th percentile of Philippines reference weight-for-age)	7.8	3rd	9.7	1st

Modified from Appendix B2 of the DIP.
Source of data: *FNRI, DOST Fourth National Nutrition Survey: Philippines, 1993*
Source of criteria: *DOH, Philippines*

The key reasons for selecting weight-for-age as an indicator of PEM are:

- Since accurate data on birth dates is easily obtained from mothers, there is no great need for an age-independent indicator such as low mid-upper arm circumference (MUAC) or wasting.
- Whereas MUAC only increases slightly from one to five years of age, it changes rapidly from birth to twelve month of age, so MUAC would not be as good an indicator for the target group for many of the behavioral objectives for breastfeeding and complementary feeding.
- Collecting data on length or height in addition to weight would require additional supplies, training for survey workers, and time. Including this additional anthopometric indicator would add to the costs of the baseline survey.
- Since underweight is more prevalent than stunting or wasting, the sample size needed to detect an improvement will be lower for weight-for-age than for the other indicators.
- The selected project areas have a higher relative ranking in prevalence of underweight than prevalence of stunting.

Moreover, the only data available in the project areas on stunting at the time of the DIP indicated that the prevalence of stunting was minimal. The cutoff point for stunting using Philippines DOH criteria is at the fifth percentile of the Philippines reference median. At the fifth percentile, by definition, one would expect 5% of the population to be below the cutoff point. Stunting was around 6%

in Bicol and around 8% in Eastern Visayas. Therefore, the degree of stunting is barely above what would occur in a ***usual Philippine*** population. HKI had not yet analyzed the difference in prevalence between using the Philippines criteria and the NCHS/WHO criteria. The baseline survey results indicate that there is a substantial difference between the prevalence of underweight using the two criteria. Hence, the degree of stunting using NCHS standards is likely to be much higher than using Philippines standards.

Although the reviewers' comment that stunting does occur among children younger than two years old is likely to be valid, stunting is generally ***less prevalent among younger children than among older children.*** At the time of the DIP, HKI had no means to distinguish between the proportion of stunting that occurred among children younger than twenty-four months and children older than twenty-four months because the only available data were not disaggregated by age. HKI assumed that the combination of the very low prevalence of stunting among preschool children and the restriction of the target group to infants and children younger than twenty-four months would indicate that there would be little to no stunting in this group. Unfortunately this assumption may be invalid because the difference between the Philippines standards and the NCHS standards was much greater than anticipated at the time of the DIP. In order to provide more understanding of how stunting influences weight-for-age among infants and children younger than twenty-four months, HKI will collected data on length for the endline survey. This data will not permit analysis of changes in stunting over the project period, but it will permit analysis of how stunting varies with age in this group of younger children. The influence of age on the degree to which weight-for-age is affected by stunting could then be evaluated.

2. Indicators of micronutrient deficiency

The reviewers mentioned that "HKI only provides Philippine's data for prevalence of vitamin A deficiency and protein-energy malnutrition". HKI assumed that reviewers would have access to the original proposal which to support the fact that both IDD and IDA were of public health importance in the Philippines. Data from the 1987 Third Nationwide Nutrition Survey indicate that the prevalence of low hemoglobin and goiter are of public health importance. (See table 13.) Data from the more recent Fourth National Nutrition Survey are included in an Appendix of the DIP since the main conclusions that iron and iodine deficiencies are prevalent does not change. The discussion on IDD and IDA in section B.2 page 1 of the DIP was quite general and should have referenced the tables in Appendix B2 of the DIP. Furthermore, these data should have been referenced in the discussion of project objectives for iodine and iron status in section C.2.3 of the DIP. The HKI baseline survey includes indicators of low hemoglobin status and goiter among women of childbearing age. In the region of Bicol where data have been cleaned and analyzed, both are well above the WHO cutoff for a public health problem.

Table 13. Prevalence of iodine deficiency among children in grades 1-2 in the selected project regions of Bicol (V) and Eastern Visayas (VIII)

		Prevalence (%)		
			Region	
Indicator	Criteria	Cutoff	V	VIII
goiter	palpable + visible	5.0	14.3	8.5
high TSH	> 5mU/l whole blood	3.0	17.5	16.1

Modified from Appendix B2 of the DIP.
Source of data: *FNRI, DOST Fourth National Nutrition Survey: Philippines, 1993*
Source of criteria: *Indicators for assessing iodine deficiency disorders and their application in monitoring and evaluating intervention programmes.* 1994. Report of a joint WHO/UNICEF consultation. Geneva, Switzerland, Nov. 9-11, 1994.

3. Local food consumption practices

The specific indicators of local food consumption practices were listed under indicators of community prevalence and indicators of infant and child feeding practices in Appendix H of the DIP. HKI has collected qualitative information on KAP that was discussed in provincial workshops (see Appendix B2 of this report). HKI also collected quantitative information at the project baseline and endline on a variety of breastfeeding and complementary feeding practices among infants and young children as well as consumption of a variety of specific foods rich in vitamin A.

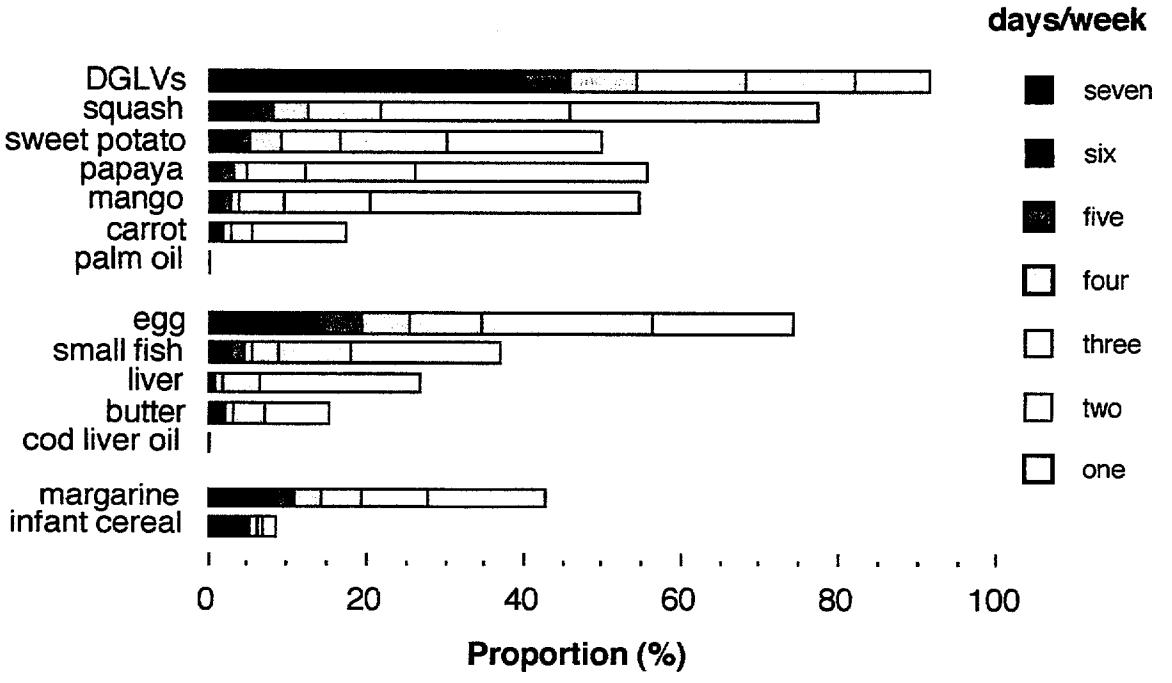
The HKI-FFM is designed to collect data on consumption of specific food items. (See questionnaire in Appendix C2. The proportion of preschool children (twelve to fifty-nine months old) who ate specific food items in the last week are shown for Northern Samar in graph 7. The total stacked bar represents the proportion of children who ate specific food items ***at least*** one day per week. The different frequencies of consumption are depicted by various colors. Over four-fifths of the children consumed dark green leafy vegetables (DGLVs) at least one day in the last week; about half the children consumed squash and papaya; and a fair proportion of children also consumed sweet potato and mango. Eggs were eaten by three-fourths of the children in Northern Samar. Small fish with liver were eaten by a little over one-third and liver was eaten by slightly under one-third of the children. Very few children consumed butter, cod liver oil, or *cerelac,* the fortified infant cereal. Almost two-fifths consumed DGLVs seven days in the last week. All other sources of vitamin A were eaten just one day a week by most children. The proportion and frequency of children consuming margarine only illustrates the ***potential*** contribution to vitamin A intake, since fortified margarine was not distinguished from unfortified margarine on the questionnaire. Margarine, was

eaten by about two-fifths of the children with a relatively even distribution of frequency from one to seven days per week.

The sample size of preschool children in Bicol is about half the sample size of preschool children in Northern Samar. The frequency of consumption of various food items that contributed to vitamin A intake among children in Bicol are shown in shades of gray in graph 8. Overall, more children in Bicol ate specific plant and animal sources of vitamin A than in Northern Samar. Almost all the children consumed DGLVs at least one day in the last week. Squash was eaten by about two-thirds of the children in the last week; sweet potato, papaya, and mango were eaten by more than half of the children at least one day in the last week. Even carrots were eaten by more children in Bicol than in Northern Samar. Eggs and small fish with liver were the two food items that had almost identical patterns of consumption in both Bicol and Northern Samar. Among other animal sources of vitamin A, liver and butter were eaten by more children in Bicol than in Northern Samar. Although *cerelac* was eaten by more children in Bicol than in Northern Samar, the proportion was still relatively minimal. Almost half of the children in Bicol ate margarine, which indicates that fortified brands have potential to improve vitamin A status even if consumption of margarine itself doesn't increase.

Graph 8.

Proportion of Children in Bicol who ate specific plant and animal sources of vitamin A last week



4. Frequency of weighing

HKI has included growth monitoring with the package of learning activities developed for growth promotion because of the opportunity that was presented because of UNICEF's investment in the CG Project. The policy for weighing all children up to age five on a quarterly basis has been established by the DOH. UNICEF's target is to ensure that at least one weighing scale is available in each community. HKI has already developed the growth ***promotion*** component for the *Weaning Moments* education package. The additional component that will be added is to train health center staff, midwives and community volunteer health workers to encourage mothers to bring their children to be weighed.

F. Human Resources

The CSX Project will coordinate with the local radio station and the Broadcasters Association of the Philippines through the Philippine Information Agency to obtain technical guidance to develop the broadcast media materials.

G. Health Information System

The only biochemical indicator that HKI proposed in the DIP (in appendix H) for use in the health information system was hemoglobin concentration. These data were obtained by using a capillary tube to extract serum from a finger prick into a cuvette and then analyzing the hemoglobin concentration using a Hemocue. The results of the baseline survey has been discussed in section II.C.

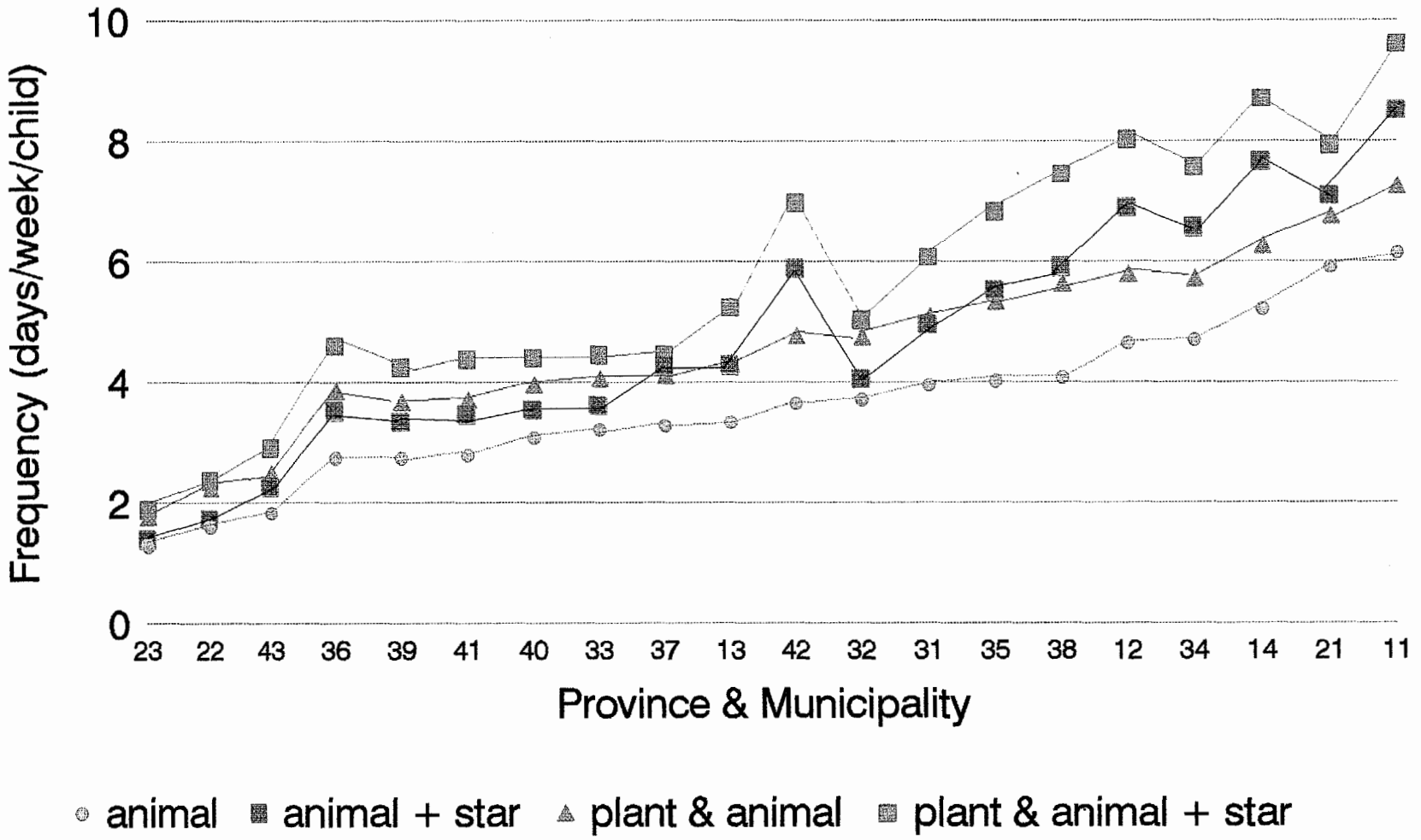
H. Sustainability

Honoraria for DOH personnel are not mentioned in the DIP, nor have honoraria been planned for this project. HKI did include a monthly stipend for volunteer community health workers until passage of the bill that will institutionalize a monthly allowance of $30.00. It is anticipated that the volunteer community health worker stipend should be sustained in the near future, depending upon the financial capability of the government.

HKI's plan to sustain interventions when the LGUs assume management is to:

- conduct workshops with LGUs and members of other government structures who are in health and nutrition to improve awareness about the economic and health benefits of nutrition interventions and to improve awareness about options to solve nutritional problems. HKI will advocate that LGUs provide and increase existing allocations for nutrition interventions.
- bring together provincial and municipal teams from multiple sectors including nutrition, health, education, and agriculture to develop local nutrition action plans. Resources from each sector can then be pooled to implement the plans.

Food Frequency Scores for Plant and Animal Sources of Vitamin A Consumed by Children (1 to 5 years old) by Community in Bicol and Northern Samar



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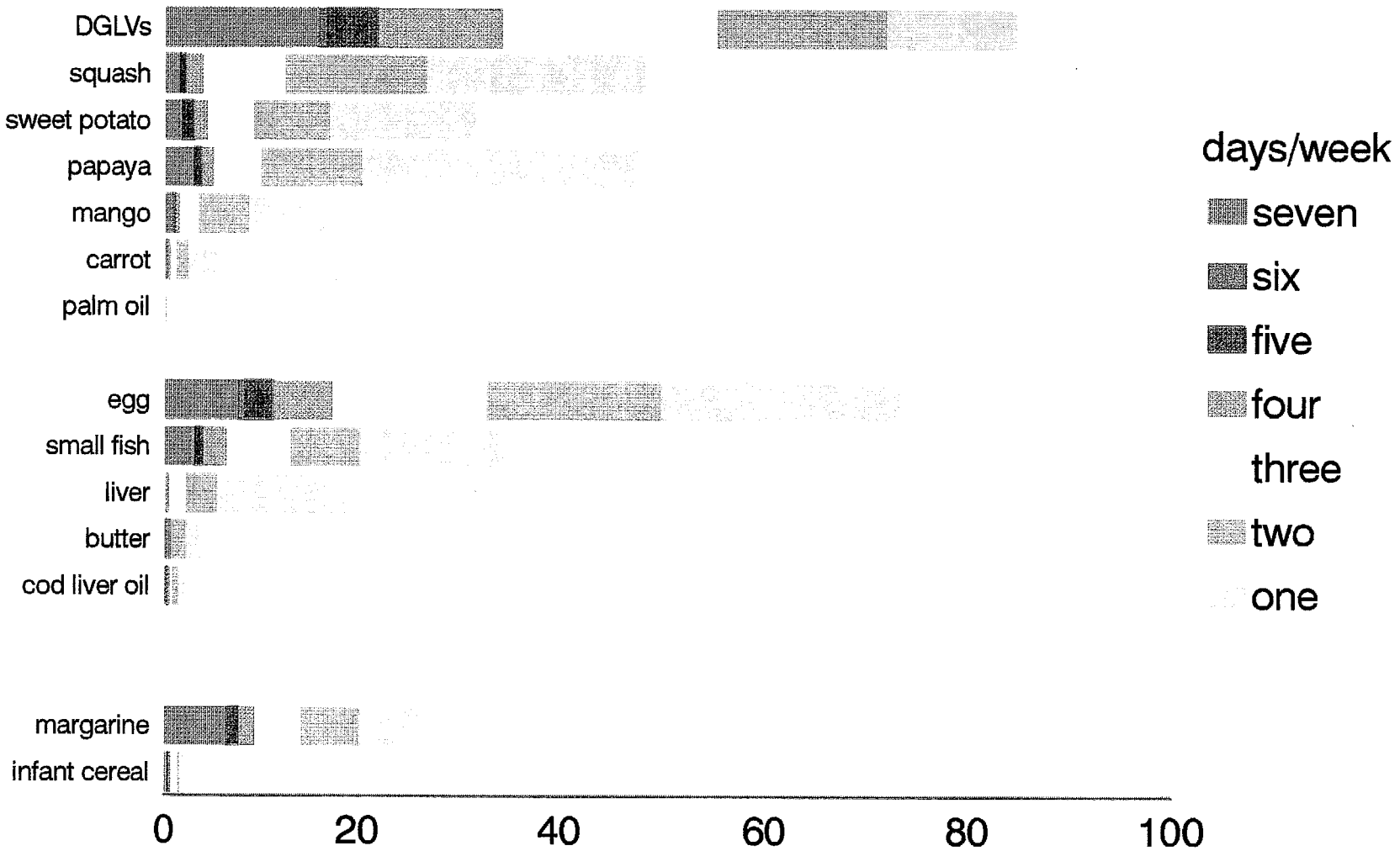
Proportion of Children in Northern Samar who ate specific plant and animal sources of vitamin A last week



- present hard data on prevalence rates of vitamin A, iron, and iodine deficiency and other indicators to develop the *Provincial Health and Nutrition Situation* reports. If advocacy is successful, LGUs currently have about 20% of their funds which are not yet committed which could be allocated to nutrition interventions

- enhance the capability of the existing national program to prevent and control micronutrient deficiencies. The LGUs should be better able to continue program implementation with improved knowledge and skills resulting from training.

III. Changes Made In Project Design

The HKI baseline survey results in the CSX-CG project areas in the Region of Bicol and the CS-VITEX project area in the Region of Northern Samar confirm many of the assumptions that were made in selecting the objectives in the DIP. Based on survey results, the objectives that are under consideration to be changed are:

- **DIP Objective:** increase by 10%, the proportion of infants (six through eleven months old) who consumed only breast milk until they were four months old

- **Proposed Revision:** increase by 10%, the proportion of infants (six to twelve months old) who did not consume breast milk substitutes before they were four months old

Rationale: Baseline survey results in CSX-CG project areas in Bicol indicate that a majority of mothers exclusively breastfed their infants for four months. Nevertheless, a substantial proportion did feed breast milk substitutes to infants younger than four months old. Introduction of solid foods to infants younger than four months old appeared to be low. Since few infants appeared to have been fed solid foods before four months old, it makes more sense to focus on reducing the proportion who are introduced to breast milk substitutes. These results are based upon a sample size of less than 100, so no decisions will be made until all the baseline survey data is analyzed. The full baseline survey report will be submitted on December 1, 1995.

- **DIP Objective (not in proposal):** increase by 10%, the proportion of infants (six to twelve months) who consumed the "Weaning Mix" at least three times in the last twenty-four hours

- **Proposed Revision:** increase to 10%, the proportion of infants (six to twelve months) who consumed all three components of the "Weaning Mix" in the last twenty-four hours

Rationale: Baseline survey results in CSX-CG project areas in Bicol indicate that about half the mothers did not feed their six to twelve month old infants *lugaw* in the last twenty-four hours. While a fair proportion of mothers fed their infants "Go" foods, "Glow" foods or " Grow" foods individually, not enough mothers fed their six to twelve-month old infants all three of the Go, Glow, and Grow foods mixed with *lugaw* to complete the "Weaning Mix". So few, in fact, that the proportion who gave the "Weaning Mix" at least three times in the last twenty-four

hours is irrelevant. Since so few children are being fed the complete "Weaning Mix" a far more realistic objective would be to start with increasing the proportion of infants who are actually fed all three foods.

- **DIP Objective (but not included in the proposal):** increase by 10%, the proportion of infants (twelve to twenty-four months old) who still breastfeed
- **Proposed Deletion:** likely to be dropped; retention of this is contingent upon consistent results when the full analysis is completed

Rationale: The duration of breastfeeding is dependent upon a number of earlier events in the mother-infant feeding relationship. Other indicators were selected as a priority for the analysis for the annual report in order to understand the mother-infant feeding behaviors that can influence duration of breastfeeding first. Given that most of the decline in the weight-for-age z-scores appears to occur during the six to twelve month period, the impact of increased breastfeeding duration may be relatively small compared to other interventions. The association of earlier events such as initiation of breastfeeding, introduction of breast milk substitutes, and introduction of solid foods with breastfeeding duration will evaluated to determine to what extent breastfeeding duration may be influenced independently of these earlier events.

- **DIP Objective:** maintain vitamin A capsule coverage (within the last four to six months) at 50% of preschool children (twelve to sixty months old) who live in communities where food frequency scores indicate continued risk of VAD
- **Proposed Revision:** increase or maintain vitamin A capsule coverage on the most recent distribution day (NID or ASAP) at 50% of preschool children (twelve to sixty months old) who live in communities where food frequency scores indicate continued risk of VAD

Rationale: The DOH has adopted a campaign strategy to distribute vitamin A capsules on fixed dates two times a year: (1) the NID in March and (2) the ASAP in October. Since universal coverage of preschool children with capsules provided through rural health units is no longer actively promoted, HKI will specifically ask about coverage on the NID and the ASAP. Since these dates are approximately six months apart, capsule coverage within the last four months would be entirely dependent upon the month when such information is collected and not necessarily reflect the coverage achieved on predetermined distribution dates. The specification of the NID and the ASAP also reconciles the inadvertent error made on the baseline questionnaire which states: "Has any of your children received vitamin A capsules during the past *12* [emphasis added] months?" (See Appendix C.2 for questions.) This error has made it impossible to distinguish between children who received a vitamin A capsule through the rural health unit services within the last six months from those who received a vitamin A capsule from six to twelve months ago.

- **DIP Objective:** increase or maintain on-time (within the last year) at 80% to 80% of ***married*** women of child-bearing age (tweve to sixty months old) in iodine deficient areas

- **Proposed Revision:** increase the iodized oil capsule coverage rates by 10% among women of child-bearing age in iodine deficient areas

Rationale: The 20% coverage of iodized oil capsules in the Region of Bicol are well below the nationally reported coverage rates of 80% after ASAP. Potential explanations for this discrepancy are described in Section II.C.3.b. If the coverage rates found in the HKI baseline survey are not seriously underreported, it may not be feasible to attain a coverage rate of 80%. Therefore, the objective has been modified to reflect an increase from the baseline coverage rate. Results of the baseline survey also indicate that the proportion of single women who received iodized oil capsules in the last year was as high as that of married women, despite the DOH specification of married women. Since it is clear that distributors of the iodized oil capsules did not distinguish between married and single women, this distinction will be dropped from HKI's objective. Furthermore, single women are a high risk group as well because they can become pregnant later, with or without getting married.

- **DIP Objective:** increase by 20%, the proportion of households that use iodinated salt where it is available

- **Proposed Revision:** increase to 10%, the proportion of households that use iodinated salt where it is available

Rationale: The proportion of households surveyed in Bicol with iodinated salt was negligible, so negligible that only one sample was tested. Since any proportion of zero is still zero, the objective will be restated from the original wording of "increase by" to "increase to". In addition, since iodinated salt does not yet appear to be available, HKI has revised the objective to one that might be more feasible to attain.

- **DIP Objective:** increase by 20%, the proportion of women who *continue* to take iron supplements on a daily basis for at least two months during the latter two trimesters of pregnancy

- **Proposed Deletion:** it is likely that this indicator will be dropped depending upon analysis of the entire baseline survey data set

Rationale: Unfortunately, the results from Bicol indicate that there may have been misreporting in the baseline survey. There are two problems: (1) a substantial proportion of mothers reported that they only took supplements once a week and (2) a substantial proportion of mothers reported that they continued to take iron for a duration that was longer than the remaining months of their pregnancy. Mothers may have misunderstood the question "How many months have you been taking iron supplements during the whole period of your pregnancy?". See Appendix CS for queestionnaires Mothers may have interpreted this question as "Until what month of pregnancy did you continue to take iron supplements?" Another alternative is that mothers continued to take supplements after delivery. After cleaning the data from the entire survey, HKI will decide whether this indicator can be retained.

IV. Constraints, Unexpected Benefits and Lessons Learned

A. Constraints

1. National elections

The recently concluded National Election delayed several project activities, particularly the provincial rapid assessment and baseline survey which were almost two quarters later than planned. The provincial orientation meeting and the project start-up workshop were also delayed because the participants, newly elected officials, had just been sworn into office during the first week of July.

2. Additional variables collected in the baseline survey

The Project Management Team decided to include additional KAP variables in the baseline survey to evaluate behaviors that will promoted as part of the Provincial Communications Plan and the *Basic Learning Package* in the four CG provinces. The addition to the original list of variables increased the length of the questionnaires for the baseline survey, the time to interview respondents, the time spent entering data and the time spent analyzing data.

B. Strategies to Overcome Constraints

1. Consultative meetings and social preparation of provinces

Rather than continue to wait for stabilization of elected officials, HKI held preliminary introductions and orientations for provincial personnel within the existing government structure who were thought to be able to facilitate acceptance of the CSX Project in the province.

2. Collaboration with the Institute of Training, Research and Evaluation

The HKI-Philippines Management Team conducted series of consultative meetings to determine strategy to facilitate implementation of the baseline survey. HKI decided to collaborate with ITER to fast track the collection of data for the baseline survey and to socially prepare the communities for this activity. HKI oriented the LGUs about the CSX project activities and the baseline survey during ongoing workshops and training sessions. HKI and ITER worked together to design the sampling protocol and the questionnaires. ITER collected the data. HKI cleaned and analyzed the particular variables that are pertinent to measuring CSX project objectives.

HKI will review the variables after the baseline survey to select the best indicators for the endline survey. Many of the variables for behavioral practices may be more pertinent for planning the CG Project than for measuring impact of the CSX Project. Hence the questions will be dropped from the endline survey if the responses are not relevant for assessment of impact or if the responses were not

found to be reliable from baseline survey results. In addition, HKI will review whether or not qualitative methods might be more suitable to understand some of the specific behavioral practices for future surveys.

C. Circumstances that Facilitated Implementation and/or Produced Unexpected Benefits

- **Close working relationship with UNICEF, the DOH, and the Provincial Task Force.** HKI's strong working relationship with partners and experience in training have established smooth working relationships at all levels, subsequently resulting in mutual trust and respect which benefit the project's implementation.

- **Coordination with the NNC.** HKI held an orientation meeting for the offices of the NNC, which is the coordinating council for nutrition programs in the Philippines. The meeting resulted in an endorsement by the NNC to the appropriate field offices to include CSX project activities within the larger Provincial and Regional Nutrition Programs.

- **Complementary roles of the CSX and CG Project.** The anticipated result of the complementary inputs of the CSX and CG Projects is that the benefits will be magnified and the costs will be reduce. The successful integration of these two projects would demonstrate that program planners and implementors have developed the capacity to manage decentralized nutrition programs.

D. Lessons Learned Since the Start of the Project and Steps to Institutionalize these Lessons

- **Coordinate with other programs and projects at the national level.** The project management teams should be aware of the various programs and projects of other funding agencies such as UNICEF, the Asian Development Bank, the DOH, and World Bank. Awareness of these inputs would help the team fit CSX project interventions in the Provincial Social Development Plan. Hence, close coordination with Planning Officers in all phases of the CSX Project is a must. HKI will participate in planning workshops of all projects at the national and provincial level.

- **Conduct a participatory start-up workshop with the Provincial Task Force.** A well-designed start-up workshop seems to generate interest and enthusiasm among the implementors and, more importantly, a sense of ownership of project activities. A sense of ownership is very crucial to institutionalize and sustain CS initiatives. HKI will conduct regular consultative workshops with the Provincial Task Force to institutionalize the generation of interest in project activities.

- **Evaluate the needs of the Provincial Project Management Team for technical assistance.** A constant review of program gaps and needs for technical assistance that have been identified by the Provincial teams has been useful to design and prioritize project activities specifically tailored to local conditions.

- **Present existing data on the prevalence of micronutrients, PEM and other indicators to LGUs to analyze the *Provincial Health and Nutrition Situation.*** About 20% of the funds available to the LGUs are uncommitted. These funds could be allocated to nutrition interventions if advocacy is successful. HKI has found that involving LGUs in the analysis of the *Health and Nutrition Situation* has been a key element in developing commitment towards nutrition interventions.
- **Enhance capacity of the existing national program to prevent and control micronutrient deficiencies.** The LGUs should be better able to sustain program interventions with improved knowledge and skills.

V. Progress in Health Information System Data Collection

A. Characteristics and Effectiveness of the Project Health Information Sytem

1. Qualitative study

A qualitative study was conducted in October 1994 in the provinces of Eastern Samar, Masbate, Albay, and Leyte where the CG Project is implemented. The study was done by the Task Force from each province. Mothers, volunteer community health workers, and rural health midwives participated in FGDs. The topics included KAP on prenatal experiences, breastfeeding, complementary feeding, food habits, growht monitoring, and receptivity to proposed behaviors. Mothers of infants and children younger than twenty-four months old were asked to respond to an in-depth interview about their perception of health, breastfeeding, feeding, media exposure and food availability. About ninety mothers were interviewed for each province (See Appendix B2).

2. Quantitative baseline study

Quantitative data have been collected for the baseline survey. HKI hired one full time encoder and two part time encoders to complete the data encoding. Data are being encoded in dBase and are being analyzed using SPSS for Windows and Data Desk Professional for the MacIntosh.

3. Routine monitoring

The CSX Project has not yet developed a routine monitoring system. The scheduled time to initiate development of the routine monitoring system is by December 1995. In December, the Provincial Task Force members will participate in the process of deciding what data to collect and who will collect the data.

B. How and by Whom are HIS Data Being Collected and Utilized

The baseline quantitative data are being collected by ITER and the baseline qualitative data have been collected by members of the Provincial Task Force.

Information from both the quantitative and qualitative data will used to plan intervention activities and develop information, education, and communications materials. Provincial communications plans have already been developed based on existing qualitative information.

C. Needs for Further Refinement of the System

The health information system (HIS) for routine monitoring still needs to be set up. Specific activities that need to be done are:

- Meet with Task Force members to decide what data needs to be collected and where and when to collect it.
- Develop appropriate forms or tools to collect the data.
- Develop data base system for the HIS at HKI-Manila.
- Implement this plan.

VI. Budget and Expenditures

A. Budget Revisions

There have not been any major budget revisions since the DIP.

B. Country Project Pipeline Analysis

(See tables 14-16)

C. Unit Costs of Outputs

No outputs have yet been produced that can be quantified in units.

D. Explanation of Cost Overruns

Not applicable.

VII. Other

Not applicable.

Table 14. 1995 PIPELINE ANALYSIS
PART A - HEADQUARTERS BUDGET

		Actual Expenses TD: 10/1/94-9/30/95		Projected Expenses: 10/1/95-9/29/97		Total Agreement: 9/29/94-9/29/97		TOTAL Project Costs YEARS 1-3
I. DIRECT COSTS		USAID	PVO	USAID	PVO	USAID	PVO	
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters-salaries/wages	3,673	3,488	32,057	31,768	35,730	35,256	70,986
	2. Field, Technical Personnel-salaries/wages	0	0	0	0	0	0	0
	3. Field, Other Personnel-salaries/wages	0	0	0	0	0	0	0
	4. Fringes- Headquarters + Field	992	1,561	7,940	7,254	8,932	8,815	17,747
	SUBTOTAL- PERSONNEL	4,665	5,049	39,997	39,022	44,662	44,071	88,733
B. TRAVEL/PER DIEM	1. Headquarters-Domestic (USA)	0	0	0	1,500	0	1,500	1,500
	2. Headquarters-International	0	0	5,000	5,000	5,000	5,000	10,000
	3. Field- In country	0	0	0	0	0	0	0
	4. Field- International	0	0	0	0	0	0	0
	SUBTOTAL- TRAVEL / PER DIEM	0	0	5,000	6,500	5,000	6,500	11,500
C. CONSULTANCIES	1. Evaluation Consultants- Fees	0	3,000	0	(3,000)	0	0	0
	2. Other Consultants- Fees	0	0	0	0	0	0	0
	3. Consultant travel / per diem	0	0	0	0	0	0	0
	SUBTOTAL- CONSULTANCIES	0	3,000	0	(3,000)	0	0	0
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies							
	a. Headquarters	0	0	750	0	750	0	750
	b. Field - Pharmaceuticals (ORS, Vit. A, drugs, etc.)	0	0	0	0	0	0	0
	c. Field- Other	0	0	0	0	0	0	0
	2. Equipment							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	0	0	0	0	0
	3. Training							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	0	0	0	0	0
	SUBTOTAL- PROCUREMENT	0	0	750	0	750	0	750
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications							
	a. Headquarters	375	259	1,125	(259)	1,500	0	1,500
	b. Field	0	0	0	0	0	0	0
	2. Facilities							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	0	0	0	0	0
	3. Other							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	0	0	0	0	0
	SUBTOTAL- OTHER DIRECT	375	259	1,125	(259)	1,500	0	1,500
TOTAL - DIRECT COSTS		5,040	8,308	46,872	42,263	51,912	50,571	102,483
II. INDIRECT COSTS								
A. INDIRECT COSTS	1. Headquarters	1,378	2,271	12,815	11,555	14,193	13,826	28,019
	2. Field (if applicable)			0	0	0	0	0
TOTAL - INDIRECT COSTS		1,378	2,271	12,815	11,555	14,193	13,826	28,019
GRAND TOTAL (DIRECT AND INDIRECT COSTS)		6,417	10,579	59,687	53,818	66,105	64,397	130,502

Table 15. 1995 PIPELINE ANALYSIS
PART B - FIELD BUDGET

		Actual Expenses TD: 10/1/94-9/30/95		Projected Expenses: 10/1/95-9/29/97		Total Agreement: 9/29/94-9/29/97		TOTAL Project Costs YEARS 1-3
I. DIRECT COSTS		USAID	PVO	USAID	PVO	USAID	PVO	
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters-salaries/wages	0	0	0	0	0	0	0
	2. Field, Technical Personnel-salaries/wages	4,701	14,807	127,174	16,204	131,875	31,011	162,886
	3. Field, Other Personnel-salaries/wages	3,570	3,333	53,859	10,488	57,429	13,821	71,250
	4. Fringes- Headquarters + Field	992	1,561	79,452	18,615	80,444	20,176	100,620
	SUBTOTAL- PERSONNEL	9,262	19,700	260,486	45,308	269,748	65,008	334,756
B. TRAVEL/PER DIEM	1. Headquarters-Domestic (USA)	0	0	0	0	0	0	0
	2. Headquarters-International	0	0	0	0	0	0	0
	3. Field- In country	5,789	0	44,685	26,640	50,474	26,640	77,114
	4. Field- International	0	0	0	3,000	0	3,000	3,000
	SUBTOTAL- TRAVEL / PER DIEM	5,789	0	44,685	29,640	50,474	29,640	80,114
C. CONSULTANCIES	1. Evaluation Consultants- Fees	0	0	5,250	0	5,250	0	5,250
	2. Other Consultants- Fees	0	0	16,515	0	16,515	0	16,515
	3. Consultant travel / per diem	0	0	4,700	0	4,700	0	4,700
	SUBTOTAL- CONSULTANCIES	0	0	26,465	0	26,465	0	26,465
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field - Pharmaceuticals (ORS, Vit. A, drugs, etc.)	0	0	0	30,000	0	30,000	30,000
	c. Field- Other	620	0	17,916	0	18,536	0	18,536
	2. Equipment							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	3,964	0	3,964	0	3,964
	3. Training							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	11,681	0	82,910	10,200	94,591	10,200	104,791
	SUBTOTAL- PROCUREMENT	12,301	0	104,790	40,200	117,091	40,200	157,291
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	3,170	0	14,725	0	17,895	0	17,895
	2. Facilities							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	2,333	0	13,567	0	15,900	0	15,900
	3. Other							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	2,066	0	(256)	0	1,810	0	1,810
	SUBTOTAL- OTHER DIRECT	7,568	0	28,037	0	35,605	0	35,605
TOTAL - DIRECT COSTS		34,921	19,700	464,462	115,148	499,383	134,848	634,231
II. INDIRECT COSTS								
A. INDIRECT COSTS	1. Headquarters							
	2. Field (if applicable)	9,547	5,386	126,984	31,481	136,531	36,867	173,399
TOTAL - INDIRECT COSTS				0	0	0	0	0
		9,547	5,386	126,984	31,481	136,531	36,867	173,399
GRAND TOTAL (DIRECT AND INDIRECT COSTS)								

Table 16. 1995 PIPELINE ANALYSIS
PART C - HEADQUARTERS & FIELD BUDGET

		Actual Expenses TD: 10/1/94-9/30/95		Projected Expenses: 10/1/95-9/29/97		Total Agreement: 9/29/94-9/29/97		TOTAL Project Costs YEARS 1-3
I. DIRECT COSTS		USAID	PVO	USAID	PVO	USAID	PVO	
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters-salaries/wages	3,673	3,488	32,057	31,768	35,730	35,256	70,986
	2. Field, Technical Personnel-salaries/wages	4,701	14,807	127,174	16,204	131,875	31,011	162,886
	3. Field, Other Personnel-salaries/wages	3,570	3,333	53,859	10,488	57,429	13,821	71,250
	4. Fringes- Headquarters + Field	1,983	3,121	87,393	25,868	89,376	28,989	118,365
	SUBTOTAL- PERSONNEL	13,927	24,749	300,483	84,328	314,410	109,077	423,487
B. TRAVEL/PER DIEM	1. Headquarters-Domestic (USA)	0	0	0	1,500	0	1,500	1,500
	2. Headquarters-International	0	0	5,000	5,000	5,000	5,000	10,000
	3. Field- in country	5,789	0	44,685	26,640	50,474	26,640	77,114
	4. Field- International	0	0	0	3,000	0	3,000	3,000
	SUBTOTAL- TRAVEL / PER DIEM	5,789	0	49,685	36,140	55,474	36,140	91,614
C. CONSULTANCIES	1. Evaluation Consultants- Fees	0	3,000	5,250	(3,000)	5,250	0	5,250
	2. Other Consultants- Fees	0	0	16,515	0	16,515	0	16,515
	3. Consultant travel / per diem	0	0	4,700	0	4,700	0	4,700
	SUBTOTAL- CONSULTANCIES	0	3,000	26,465	(3,000)	26,465	0	26,465
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies							
	a. Headquarters	0	0	750	0	750	0	750
	b. Field - Pharmaceuticals (ORS, Vit. A, drugs, etc.)	0	0	0	30,000	0	30,000	30,000
	c. Field- Other	620	0	17,916	0	18,536	0	18,536
	2. Equipment							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	0	0	3,964	0	3,964	0	3,964
	3. Training							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	11,681	0	82,910	10,200	94,591	10,200	104,791
	SUBTOTAL- PROCUREMENT	12,301	0	105,540	40,200	117,841	40,200	158,041
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications							
	a. Headquarters	375	259	1,125	(259)	1,500	0	1,500
	b. Field	3,170	0	14,725	0	17,895	0	17,895
	2. Facilities							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	2,333	0	13,567	0	15,900	0	15,900
	3. Other							
	a. Headquarters	0	0	0	0	0	0	0
	b. Field	2,066	0	(256)	0	1,810	0	1,810
	SUBTOTAL- OTHER DIRECT	7,943	259	29,162	(259)	37,105	0	37,105
TOTAL - DIRECT COSTS		39,960	28,008	511,335	157,409	551,295	185,417	736,712
II. INDIRECT COSTS								
A. INDIRECT COSTS	1. Headquarters							
	2. Field (if applicable)	10,925	7,657	139,799	43,036	150,724	50,693	201,417
TOTAL - INDIRECT COSTS				0	0	0	0	0
		10,925	7,657	139,799	43,036	150,724	50,693	201,417
GRAND TOTAL (DIRECT AND INDIRECT COSTS)								

Appendix A

Workshop Descriptions

CHILD SURVIVAL X:
Action for Survival, Action for Progress
in Micronutrient and Child Nutrition in the Philippines

Appendix A1

Workshop on the Assessment of the Provincial Health and Nutrition Situation

Sept. 27-30, 1994

WORKSHOP ON THE ASSESSMENT OF THE PROVINCIAL HEALTH AND NUTRITION SITUATION

Sept. 27-30, 1994
Cebu City

General Objective

To review and enhance the Provincial health and nutrition situation to establish baseline data in the nine provinces for breastfeeding, weaning and growth monitoring and promotion campaign.

Specific objectives

At the end of the workshop the participants will be able to:

- discuss the goals and objectives of the child growth project (breastfeeding, weaning and growth monitoring promotion) in the context of CPC IV.
- discuss the purpose and importance of situational analysis
- familiarize with the different methods of data collection
- review the existing health and nutrition situation and determine the data gaps to develop the communications plan for the breastfeeding, weaning and child growth monitoring.
- conduct in-depth interviews and focus group discussions among mothers to gather qualitative data on knowledge, attitudes and practices on breastfeeding, weaning and child growth monitoring.
- conduct focus group discussions among health workers and volunteers to gather qualitative data on the delivery of basic service package.
- develop plan of action in the conduct of data collection
- revise the data collection tools, if necessary

Expected Output

- Protocol for the FGDs, in-depth interviews in each province
- Preliminary situational analysis in each province
- Plan of action in the conduct of data collection

Operating Details

Participants: 54 participants
6 members from each province composed of representatives from:
* Provincial MCH coordinator
* Provincial Nutrition coordinator
* Provincial Health educator
* Provincial Agriculture Office
* Provincial Social Welfare and Development Office
* Provincial Planning and Development Office

Date: Sept. 27-30, 1994

Venue: Good Shepherd Convent, Banaua Hills, Cebu City

Resources: UNICEF

Materials Needed: Provincial situational analysis
Draft protocol for data collection

Facilitators: National Task Force on Child Growth Project
(HKI, UNICEF, NS, MCH, OSC)

Methodology: Small group discussion/workshop
Lecturette
Field practicum
Role plays
Demonstrations

SCHEDULE OF ACTIVITIES			
Day 1 - Tuesday	Day 2 - Wednesday	Day 3 - Thursday	Day 4 - Friday
AM AM AM AM	*AM AM AM AM*	*AM AM AM AM*	*AM AM AM AM*
❖ Registration ❖ Team building activity ❖ Levelling of expectations ❖ Overview of the Child Growth Project as a component of CPC IV	❖ Recap ❖ Workshop 1 ❖ Presentation of output	❖ Recap ❖ In-house practicum ❖ Processing of In-house practicum	❖ Mechanics of data consolidation ❖ Workshop 3 * Development of Plan of Action for Data Collection/ Consolidation
PM PM PM PM	*PM PM PM PM*	*PM PM PM PM*	*PM PM PM PM*
❖ Presentation of the framework of infant and child growth development for Child Growth Project ❖ Review of Child Growth Project workplan ❖ Situational analysis and nutrition: Purpose and Importance ❖ Methods of data collection	❖ Qualitative research: Purpose and importance * In-depth interview * FGD ❖ Workshop 2 * Review of instruments ❖ Demonstration * In-depth interview * FGD	❖ Field practicum ❖ Processing of field practicum	❖ Presentation of group output ❖ Recap ❖ Evaluation of workshop ❖ Closing program

Appendix A2

Follow-up Workshop on the
Provincial Health and Nutrition Situation Analysis
and KAP Assessment

December 5-8, 1994

FOLLOW-UP WORKSHOP ON THE PROVINCIAL HEALTH AND NUTRITION SITUATION ANALYSIS AND KAP ASSESSMENT AMONG MOTHERS ON PRE-NATAL CARE, BREASTFEEDING, WEANING, GROWTH MONITORING

Good Shepherd Convent, Banawa Hills, Banawa, Cebu City
December 5-8, 1994

I. Objectives:

At the end of the workshop, the participants will be able to:

- finalize their Provincial Health and Nutrition Situation Analysis Report.
- analyze and interpret data gathered in the in-depth interview and focus group discussion.
- identify common findings in the 9 provinces.
- write survey report on the results of the KAP survey.

II. Participants

- 6 participants per province (Isabela, Quezon, Albay, Masbate, Eastern Samar, Leyte, Negros Occidental, Capiz, North Cotabato)
- 7 HKI Manila Staff
- HKI Training Director, New York
- 1 NS Staff
- 1 MCH Staff
- 1 OSC Staff
- 2 UNICEF Representatives

III. Methodology

- Team Building/Group Dynamics
- Group Discussion (Small and Big Groups)
- Lecture Discussion
- Brainstorming

IV. Workshop Output

- Final Report of Provincial Health and Nutrition Situation (1 per province)
- KAP Survey Report (1 per province)
- Listing of Common Findings among 9 provinces

V. Schedule of Activities

Day 1: December 5, 1994, Monday

AM

- Registration
- Stringing Game
- Metaphor Experience
- Framework for Data Analysis and Interpretation

PM

- Workshop 1: Analysis of Data on the Perception of Health
- Presentation of Group Output
- Workshop 2: Analysis of Data of Breastfeeding
- Presentation of Group Output

Day 2: December 6, 1994, Tuesday

AM

- Unfreezing Activity/Recap
- Workshop 3: Analysis of Data on Pre-Natal Care
- Presentation of Group Output
- Workshop 4: Analysis of Data on Weaning

PM

- Presentation of Group Output
- Workshop 5: Analysis of Data on Growth Monitoring
- Presentation of Group Output
- Workshop 6: Analysis of Data Gathered from Volunteer Health Workers

Day 3: December 7, 1994, Wednesday

AM

- Unfreezing Activity/Recap
- Presentation of Group Output
- Workshop 7: Analysis of Data Gathered from Midwives
- Presentation of Group Outputs

PM

- Consultation per province

Day 4: December 8, 1994, Thursday

AM

- Framework of Survey Report Writing
- Workshop 8: Survey Report Writing

PM

- Clarification of Expectations from HKI, UNICEF, Provinces
- Submission of Group Output
  - Provincial Health and Nutrition Situation
  - Survey Report
- Evaluation of Workshop
- Closing Program

Appendix A3

Workshop on the Development of the Basic Learning Package

April 24-28, 1995

CPC IV BREASTFEEDING, WEANING, GROWTH MONITORING PROJECT (CHILD GROWTH PROJECT)

WORKSHOP ON THE DEVELOPMENT OF BASIC LEARNING PACKAGE

High Country Inn, Baguio City
April 24 - 28, 1995

Objectives:

1. Review Provincial Communications Plan.
2. Review messages for the Child Growth Project.
3. Review/analyze existing IEC materials related to messages.
4. Review Weaning Moments Counseling Cards/Training Activities in terms of content and methodologies.
5. Gain more knowledge on the experiential learning approach and adult learning principles.
6. Design new learning sessions for new messages based on experiential learning approach.
7. Integrate other messages with existing learning sessions.
8. Present group output for feedback based on set criteria.
9. Develop plan for pretesting of learning sessions.

Expected Output:

1. Learning sessions for pre-natal, breastfeeding, growth monitoring.
2. Plan for pre-testing of Learning Sessions.

Participants:

- 1 from each of the 9 Child Growth Project Province
- 2 from Nutrition Service (DOH)
- 2 from MCH (DOH)
- 2 from PIHES (DOH)
- 2 from HOMS (DOH)
- 2 from NNC
- UNICEF
- AIDAB
- HKI

Methodology:

- Group Discussion
- Brainstorming
- Buzz Session
- Lecturette
- Workshop

SCHEDULE OF ACTIVITIES

April 24, 1995 Monday

Morning Session

8:00 - 8:15	Opening Program
8:15 - 9:00	Introduction/Team Building Activity
9:00 - 9:45	Levelling of Expectations Presentation of Workshop Objectives Norms/Housekeeping Rules
9:45 - 10:00	Updates on Child Growth Project
10:00 - 10:30	B R E A K
10:30 - 12:00	Review of Provincial Communications Plan
12:00 - 1:00	L U N C H

Afternoon Session

1:30 - 2:00	Presentation of Child Growth Messages
2:00 - 3:30	Review of Weaning Moments Counselling Cards/Training Activities (Content and Methodology)
3:30 - 4:00	B R E A K
4:00 - 5:00	Identification of Child Growth Messages Not Included in the Weaning Moments Package

April 25, 1995 Tuesday

Morning Session

8:00 - 8:30	Icebreakers
8:30 - 9:30	Presentation/Analysis of Existing Materials Related to Child Growth Messages
9:30 - 10:30	Demonstration of One Weaning Moments Training Activity
10:30 - 11:00	B R E A K
11:00 - 12:00	Discussion on Experiential Learning Approach/Adult Learning Principles (With reference to the Demonstration and Counselling Cards)
12:00 - 1:00	L U N C H

Afternoon Session

1:30 - 2:00	Inputs on Methods that Can be Used for Experiential Learning
2:00 - 3:00	Designing An Activity for Experiential Learning
3:00 - 3:30	B R E A K
3:30 - 5:00	Presentation of Group Output

April 26, 1995 Wednesday

Morning Session

8:00 - 8:30	Icebreaker
8:30 - 9:00	Plenary Discussion: Organizing and Combining Messages to Identify Number of Learning Sessions to be Developed
9:00 - 9:30	Presentation of Framework for the Learning Sessions
9:30 - 10:00	Development of Criteria for Evaluating New Learning Sessions
10:00 - 10:30	B R E A K
10:30 - 11:00	Defining Objectives
11:00 - 12:00	Writing and Presentation of Objectives
12:00 - 1:00	L U N C H

Afternoon Session

1:30 - 3:00	Communication and Facilitation Skills
3:00 - 3:30	B R E A K
3:30 - 6:00	Designing Learning Sessions

April 27, 1995 Thursday

Morning Session

8:00 - 8:30	Icebreaker
8:30 - 12:00	Continuation of the Designing of Learning Sessions
12:00 - 1:00	L U N C H

Afternoon Session

1:00 - 3:00	Presentation of Group Output
3:00 - 3:30	B R E A K
3:30 - 5:00	Continuation of the Presentation of Group Output

April 28, 1995 Friday

Morning Session

8:00 - 8:30	Icebreaker
8:30 - 10:00	Continuation of the Presentation of Group Output
10:00 - 10:30	B R E A K
10:30 - 12:00	Closing Program with Celebration Activity
12:00 - 1:00	L U N C H

Afternoon Session

1:30 - 5:30	Field Trip to DOH Model Under Five Clinic

Appendix A4

Start-Up Meeting Proceedings
Child Survival X Project

July 6-7, 1995

START-UP MEETING PROCEEDINGS

CHILD SURVIVAL X PROJECT

LGU-RNC-RHO-PIA-HKI

Casa Anson, Honeybee Food Center
106 Lopez Jaena, Tacloban City
July 6-7, 1995

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ANNEXES

1 - Program of Activities
2 - List of Participants
3 - List of Resource Speakers and Facilitators
4 - 1993 FNRI-DOST National Nutrition Survey.
5 - Approach, Design and Intervention of Child Survival Project

START-UP MEETING
CHILD SURVIVAL PROJECT
LGU-RNC-RHO-PIA-HKI

Casa Anson, Honeybee Food Center
106 Lopez Jaena St., Tacloban City
6-7 July 1995

Introduction/Rationale

In addition to poverty, Bicol (Region V) and Eastern Visayas (Region VIII) had the highest prevalence rates of protein-energy malnutrition in the Philippines in 1993. Results from the Fourth National Nutrition Survey conducted in 1993 show that Region VIII has the highest prevalence and Region V has the second highest prevalence of underweight among pre-school children.

Deficiencies in the micronutrients, vitamin A, iron and iodine are also highly prevalent in Regions V and VIII. Results of the 1993 National Nutrition Survey show that the prevalence rates of low serum retinol concentration among pre-school children exceed WHO and UNICEF's criteria for public health problem in both regions and that the prevalence rate of nightblindness exceeds the WHO/UNICEF criteria in Region VIII. More than 100,000 pregnant and lactating women are estimated to suffer from iron deficiency anemia (IDA) and Goiter, one of the iodine deficiency disorders (IDD) is highly endemic in several municipalities in both regions. In order for the aforementioned Regions to be familiar with HKI and its work, the technical assistance the Project could offer and to be able to define the roles and responsibilities of each partner agency a two-day star-up meeting on Child Survival Project was conducted.

Annex 1 shows the Program of Activities while Annexes 2 and 3 are the List of Participants, Resource Persons and Facilitators.

The following is a report on the proceeding of the Start-Up Meeting:

1. The Start-Up Meeting was formally opened with a short invocation led by Mr. Alvin Arpon of PIA-Regional Office stressing the desire to motivate the agencies to be involved in the program. It was followed by singing the National Anthem led by Ms. Francisca Sarmiento of the Department of Agriculture of Northerm Samar.

2. In the welcome remarks of Dr. Roberto Briones, the Regional Nutrition Program Coordinator, he said that it is with great honor to welcome everybody. He emphasized that the start-up meeting was relevant and appropriate activitiy because Nutrition Month is being celebrated nationwide. He added that the activity will be implemented into a concerted effort of all agencies with DOH and HKI spearheading the program. He further hoped that the start-up meeting will be a fruitful and meaningful one with active participation of the participants.

3. Dr. Alfredo Perez, Regional Health Officer gave an inspirational message explaining the "Five for Life in 1995" Program of the Department of Health (DOH) which includes 1) OPLAN Alis Disease Huling Hirit; 2) Tubig. Kubeta, Oresol (TKO); 3) Family Planning Program; 4) Nutrition Program; 5) Tuberculosis Program

He explained briefly the above programs of DOH and mentioned that the activities of the program are fitted to the Child Survival Project where preliminary activities are being undertaken and in place already for operationalization.

4. Acting Country Director Ellen E. Villate of HKI gave a historical background on HKI by informing the group that Helen Keller was born in 1880 and she was blind, mute and deaf. She further reported that in 1968, Ms. Keller died leaving a remarkable accomplishment on the aspiration of the disabled and inspired to work with underpreviledged group. In 1950 during the World War I, HKI started as American Foundation for the Blind and eventually increased in scope where micronutrient malnutrition was addressed. HKI is a private voluntarily organization (PVO) which supports existing organization structure in the Philippines in order to build local capability to improve community-based nutrition intervention.

HKI started its operations in the Philippines in 1978 with a project for Rural Rehabilitation of the Blind and succedingly in 1983, HKI started the implementation of Modified Residency Training Program (MRTP) to train rural physician to become full pledge opthalmologist to be based in Bicol and was expanded in Region VI.

In 1986-1987, HKI implemented the Nutritional Blindness Project in Antique, at the time Vitamin A Deficiency (VAD) was not yet discussed but the survey conducted established that indeed there was a public health problem of VAD. The survey also served as basis for the formulation of policy for Vitamin A Program at the Central Office. Along with this, the Vitamin A Expansion Project (VITEX) was implemented inn Northern Samar, Quezon, Zamboanga Del Sur in 1990. The project was a joint undertaking between HKI and the Nutrition Service of DOH that includes training programs for health workers on micronutrient and vitamin A malnutrition intervention. The project was extended to Region VIII.

The Child Survival Project (CSX) will be implemented in two (2) provinces of Albay and all the six (6)) provinces of Region VIII. HKI will support the plan and operationalization, provide monitoring and evaluation and eventually become a partner within the implementation of existing program. Since the project is a grant, it will work within the parameters and flexibility where the project will be operationalized.

Ms. Villate stressed also that with the essence of devolution where programs will be operationalized and closely managed by the capacity of LGUs. She added that the start-up meeting will keep the door open for the participants who have enthusiasm and excitement in the project.

5. For the introduction of the participants, each participant was asked to answer the following questions with their common answers:

5.1 Give three (3) things you value most in life
- Close relationship with God
- Close relationship with Family
- Commitment to job

5.2 If you died today, what do you like to be remembered
- Simply ourselves
- Relationship with the community
- Relationship with the Lord

5.3 If your house caught fire, what material possesions will you save.
- Important Documents
- Photos
- Investments/Valuables - e.g jewelries, clothing, appliances

5.4 What is your greatest achievement to date
- Education
- Relationship with God and people
- Feeling of satisfaction towards work

6. Comments/Observations raised

6.1 Ms. Villate pointed out that the activity serve as a good opening for the group. Each participant was open with each other.

6.2 Ms. Eva Puertollano, Communications Manager of HKI, emphasized that the group showed their commitment to their work and added that the individual was not self-centered.

6.3 Mr. Arpon pointed out that everybody realized from question 5.2 that important things in life should be prioritized for better management.

7. Ms. Emy Garma, Training Assistant of HKI, discussed briefly the following objectives of the star-up meeting:

General Objectives: To conduct a 2-day start-up meeting to the Regional/Provincial Nutrition Committee members, DOH and LGU representative on Child Survival.

Specific Objectives:

1. Familiarize with the Micronutrient Program in the Philippines and Region VIII.
2. Be aware of Helen Keller International and its work in the Philippines.
3. Determine the technical, assistance needs to further strengthen the Micronutrient Nutrition Program in their province
4. Identify resource groups and individuals who could serve as technical consultant in specific areas.
5. Determine administrative and management structure/responsibilities to facilitate the CSX Project implementation.

8. After presentation of the objectives, the group raised the following issues and comments:

8.1 Relationship of UNICEF with HKI

HKI's activities complement with CPC IV Child Growth Project of UNICEF with the activities of CSX project interphasing each other.

Ms. Villate explained that HKI get funds from funding agencies in cash or in kind. The Technical Assistance (TA) undergoes a cyclical process that involves assessing, planning, training, monitoring and supervising and evaluationg. Also, TA could be in the form of workshop where HKI co-facilitates and provides IEC.

8.2 FIDEL Salt

Mr. Zenaido Lajara, Infocen Manager of PHO-Biliran expressed frustration in the Advocacy of FIDEL Salt. He informed that he was able to attend an advocacy meeting on FIDEL Program at Central Office and upon return to the assigned area, created awareness and demand for FIDEL Salt but there was unavailability of supplies.

Ms. Daylin Sandrino, Training and Program Manager of HKI pointed out that CSX project is not a package of intervention but it deals more on strengthening the capabilities of Local Government Units (LGUs) to improve community-based nutrition intervention. Ms. Villate added that CSX will complement and supplement the existing activities being implemented in the locality. She also added that supply of iodized salt could be derived from the earmark of HKI.

Ms. Emily Grande, Nutritionist-Dietitian of the Regional Nutrition Office (RNO) informed the group that FIDEL Salt was launched last October 1994 in the Region. In Leyte, the RHU, G and G Commercial Center and 85K pharmacy are selling iodized salt. Likewise, the RHU was requested to identify dealers for the iodized salt and unfortunately nodoby signified. On the other hand, in Catbalogan, the BHWs facilitated the advocacy of FIDEL salt. A pharmacy in Catbalogan is

selling FIDEL salt. She also informed that series of orientation on FIDEL Program are being undertaken.

9. The Overview of VAD-IDA-IDD and Micronutrient Program in the Philippines was discussed by Ms. Elizabeth Joven, Nutritionist Dietitian IV of Nutrition Service of Department of Health-Central Office. She started discussing her topic with the meaning of "Micronutrients".

9.1 Micronutrients are essential vitamins and minerals that are not synthesized in the body hence they must be provided in the diet. The amounts needed are small so they are called "micro" nutrients.

9.2 Functions

* necessary for the regulatory system in the body
* for efficient energy metabolism
* for the higher level functions (cognition, immune system, reproduction)

9.3 Why Have Micronutrients Gained New Importance?

* Micronutrients can save the lives of mother and child
  - Vitamin A treatment in measles reduced case fatality by one-half
  - Severely iron-deficient pregnant women are more susceptible to death
  - Iodine deficiency significantly increases still births and infant deaths
  - Significant numbers of excess deaths in refugees and displaced population are due to micronutrient malnutrition

* Micronutrients prevent mental and physical abilities
  - Iodine deficiency lowers mental performance
  - Vitamin A deficiency is the largest cause of childhood blindness in developing countries
  - Iron supplementation of Iron-deficient children can lead to dramatic improvementss in mental and motor skills

* Micronutrients improve worker productivity
  - Iron deficiency decreases work output
  - Vitamin A and Iodine deficiencies contribute to lost productivity

* Micronutrient deficiencies affect large segment of the population

* Micronutrient programs are sound economic investment

10. She also explained the Overview of the Micronutrient Malnutrition And The Current Efforts To Eliminate "Hidden Hunger"

10.1 Micronutrient Malnutrition (MM) otherwise known as "hidden hunger" refers to the lack of micronutrients - iodine, iron, and Vitamin A. They are considered as Micronutrient because our body needs them in minute/small quantities everyday. It is called "hidden hunger" because its symptoms are not readily visible; the consequences are not immediate. But the lack of these micronutrients can lead to mental retardation, blindness and dealth. Thousands of Filipino children and adults suffer from "hidden hunger" but are not aware of it because outwardly they seem normal and healthy.

10.2 The magnitude of PEM-VAD-IDA-IDD in the Philippines are:

	Range Based On On Results of Philippine Surveys	Practical Significance
VAD	1-4 out of 100 children have nightblindness have and/or Bitot's spot	endemic and above WHO critical level in some provinces
IDA	7 out of 10 infants 4 out of 10 preschoolers 5 out of 10 pregnant/ lactating mothers	widespread, very common in most parts of the Philippines
IDD	1-2 out of 10 school children and pregnant women	highly endemic in same provinces

10.3 Consequences of Micronutrient Malnutrition

A. IDA
* Affect growth and impairs motor development
* Increases risk to infections
* Leads to low birthweight babies
* Low work productivity

B. VAD
* Leads to eye defects such as nightblindness and bitot's spots
* Increases morbidity and mortality
* Increases susceptibility to infections

C. IDD
* Endemic cretinism with irreversible mental deficiency
* Deaf mutism
* Endemic goiter
* Hypothyrodism
* Increased neonatal death

* Reproduction failure
* Intellectual retardation with an IQ deficit of 10-15 points

11. The following are the current efforts being undertaken by government and non-government agencies:

11.1 Micronutrient Supplementation

a. Regular Supplementation

* Vitamin A capsules (VAC) are given to nine months old children during immunization. It is also administered to children with Vitamin A def. and measles.

* Iron tablets are given to pregnant mothers starting on the fifth month of pregnancy until two months after delivery.

* Iodized oil capsule is given to goiter cases and to all women of child bearing age (15-40 yrs. old) nationwide.

b. National Micronutrient Day (NMD)

* It is a three-year (1993-1995) program which employs universal supplementation scheme. It is a day when:
  - every 12-59 mos. old children are given Vitamin A capsule (200,000 IU)
  - every pregnant mother is given iodized oil capsule
  - every family is given Vitamin A and iron-rich vegetables seedlings and cuttings

Ms. Joven informed the group that NMD will be extended until 1998.

11.2 Fortification

Food fortification is the addition of nutrient found deficient in the diet, to a highly and widely consumed food or other vehicles so that the nutrient can be made available.

As a result of the National Advocacy Meeting conducted in Malacañan last 9-10 June 1993, the following are several food manufacturers who have realized the importance of fortification and responded to the call of the current administration:

* Star Margarine - Vitamin A
* Lucky Me Instant Noodles - Vitamin A
* Choco Nutra Product - Vitamin A, Iron and Iodine
* Mighty Meaty Hotdog - Vitamin A
* Mamee Instant Noodles - Vitamin A
* Native Salt - Iodine (FIDEL Program)
* Eight O'Clock juice - Vitamin A
* Wheat Flour - Vitamin A

* Iron Fortified Rice

- It is an ordinary rice fortified with iron. Pre-mix rice coated with iron. One part of the pre-mix rice with 200 parts of ordinary rice makes iron-fortified rice.

- Iron Fortified Rice contains 6 mgs. iron per 100 grams rice. A day's intake (4-6 cups cooked fortified rice) will meet the body's needs for iron.

11.3 Dietary Diversification - involves the promotion of desirable practice to improve intake of micronutrients from natural foods by the target population. Weaning campaign, a joint NS-DOH-HKI project being undertaken in Quezon, Zamboanga del Sur and Northern Samar promotes the early introduction of complete (balanced) weaning mix. Media campaign is being utilized to propagate the desirable practice. The project which is currently being evaluated.will be replicated in 9 high impact areas or UNICEF priority areas. Funding will be drawn from AUSAID. The project will be managed jointly by NS and MCHS under the Office for Special Concerns with technical guidance from HKI.

12. Ms. Joven also presented the 1993 FNRI-DOST National Nutrition Survey specifically on the a) Percentage of malnourished 0-6 years old Filipino children by region; b) Prevalence of anemia among Filipinos , 6 months and over, by region; c) Prevalence of goiter among Filipinos, 7 years old and over, by region; d) Comparison in the prevalence of anemia by age, sex and physiological state; e) Prevalence of Vitamin A deficiency among 6 months-6 years old children by region and; f) Prevalence of signs and symptoms of Vitamin A deficiency among Filipinos by region. (Annex 4)

13. Ms. Grande of the RNO reported and explained the following Micronutrient Program/Activitiess in Region VIII.

14.1 Micronutrient Supplementation

14.1.1 Regular Supplementation

a. vitamin A capsules
- 9 months old during measles immunization
- lactating mothers within one month after delivery
- xerophthalmia cases
- measles cases

b. iron
- pregnant/lactating women
- infants
- moderately and severely underweight preschoolers

c. "Araw ng Sangkap Pinoy"
- vitamin A capsules - 12-59 months old
- iodine
  * all pregnant women (1993)
  * married child bearing age women (1994)
  * all child bearing age women (1995)
- vegetables seeds/cuttings

13.2 Advocacy Meeting/Social Marketing of FIDEL Program

* September 2, 1994 - Regular Advocacy Meeting on Ending Hidden Hunger and Launching of FIDEL Program

* Orientation on FIDEL Program for Rural Health Midwives (RHMs)
  June 19 - Leyte
  28 - Eastern Samar
  July 21 - Southern Leyte
  25 - Western Samar
  26 - Northern Samar
  28 - Biliran

13.3 Trainings

* Fun Learning Activities in Nutrition Education with emphasis on VAD-IDA-IDD

  Southern Leyte - 12 municipalities
  Eastern Samar - 15 municipalities

* Community Based Planning and Management of Nutrition Program (CBPMNP)
  - Eastern Samar - Northern Leyte
  - Southern Leyte - Biliran

13.4 Dietary Diversification

* HKI supported a three year project in Northern Samar

* Target clientele were exposed to different types of media

14. The goup of Biliran asked the schedule of FIDEL Advocacy Meeting to which Ms. Grande answered that it was not yet finalized because of administrative problem.

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15. Ms. Sandrino presented the concept of Child Survival Project where its' main thrust is to improve Micronutrient Status and Child Nutrition. This is a three-year (1995-1998) project which provide technical assistance to LGUs and health providers of both governmental and non-governmental organizations in order to energize and build local capacity, improve community-based nutrition intervention that save lives, reduce severity of illness and make a substantial contribution to the lives of women and children in the province in particular and in the Philippines in general. This project will be implemented in Region V (Bicol) covering only the provinces of Albay and Masbate and Region VIII (Eastern Visayas) covering all six provinces. Moreover, this project will be implemented to complement and support the child growth activities in the UNICEF assisted provinces.

After the discussion of Ms. Sandrino, the group clarified on the needs/requirements of the agency in order to work with HKI's Child Survival Project. With this, Ms. Sandrino emphasized that in terms of budgetting, during planning workshop, HKI could be invited in order to assist them in the activity. The financial system of HKI will be considered in the design of the workshop. She also added that HKI will also be assisting in the Process of Designing the Baseline Survey and will facilitate the entry of data collectors which will serve as basis for evaluation for the project.

15.1 Project Goal/Purpose

To assist the Philippine Government to save lives and reduce mortality and disability among women and children associated with micronutrient deficiencies and young child malnutrition. This project aims to strengthen community-based micronutrient, weaning and breastfeeding interventions in two nutritionally depressed regions.

15.2 Specific Objectives

a. Significant reduction in micronutrient deficiencies and weaning-age malnutrition and associated morbidity and mortality among target groups within the two project regions:

* 20% reduction of Vitamin A deficiency among children 1 to 5-years
* 10% reduction in iron deficiency anemia in women of reproductive age
* 10% reduction in the total goiter rate in women of reproductive age
* 10% reduction in malnutrition among infant and children 0-24 months old

15.3 Strengthened local government capacity to plan, manage and implement micronutrient breastfeeding and weaning interventions:

* provincial and municipal nutrition teams that are staffed, funded and operational

* annual reviews of provincial nutrition program that are coordinated with the National Nutrition Service's countryside annual review of nutrition program.

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provincial training program using curriculum guide and other technical input provided by the National Nutrition Service.

* increased coverage and reach of provincial nutrition services:
- 10% increase in coverage of children aged 1-5 years who receive a Vitamin A supplement twice a year.

- 20% increase in coverage of pregnant mothers (beginning in the 5th month of pregnancy) who receive daily iron supplement

- 20% increase in the number of infant/children who are given a solid or semi-solid weaning mix at the age of six months.

16. She also discussed the Approach, Design and Interventions of the Project as shown in Annex 5

17. Social

For the social, the group agreed to have a ballroom dancing.

18. Team Building

Ms. Garma asked the group to draw a symbol which represents his/her agency anywhere in the drawn mountain.

Below are the symbols drawn by the participant in the mountain and the explanation for the selection of the symbol and the area where it was placed.

AREA	AGENCY	SYMBOL	EXPLANATION
TOP	DOH-NS	Peso Currency	Logistic support of DOH-NS in cash and in kind e.g. IEC materials coordination, training
		Bulb	Provides technical assistance
MIDDLE	PPDO	Community	Institutional support for th 5-yr. Development Plan
	PIA	Agency Symbol and Group of persons	Use as means to inform the indi vidual audience; on-going activity; going to the same direction with other agency

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AREA	AGENCY	SYMBOL	EXPLANATION
		Types of Media	Use of tri media, training orientation
	NNC	Spoon	Coordinate all the agencies for the implementation of nutrition program
	DA	Community with Bio-Intensive Gardening (BIG	Revitalize BIG
		Nursery for clients	Intensive Food Production Campaign for Food Production
	RHU	Nutrition Intervention	Implementing Nutrition Prog.
	HKI	A person pulling a cart	Give support to GO and NGOs e.g. advocacy on nutrition, distribution of IEC materials
BELOW	PIA	Radio	Only available media in the area; only FIDEL Prog. included in the advocacy
	DA	Institution	Indicates Food Production e.g. livestock, backyard gardening; Conduct Capability Building
	PHO	Small Circle Circle surrounding the circle (PHO) 2 small circles outside the 2 circles (PHO and other agencies)	Indicates PHO Other agencies HKI and UNICEF
AT THE BASE OF THE MOUNTAIN	PIA	Symbol of the agency	Training on Nutrition to develop awareness in the area; coordinating GO and NGOs
OUTSIDE THE MOUNTAIN	PPDO	Person	Not yet involved in actual implementation of nutrition program

In summary, Ms. Puertollano emphasized that the team building indicated that advocacy, planning and coordination will be realized in the Child Survival Program

19. After the Team Building, the group raised that Nutrition is not the priority of the LCEs. Nutrition is only given importance during the celebration of Nutrition Month. With this, Ms. Puertollano said that this concern will be addressed in the next activity where the participants were grouped by province and asked to answer the following questions:

19.1 What activities on nutrition did your agency do or is doing which your are proud of?

19.2 What activities on nutrition did your agency do or is doing which you are sorry about?

Table 1 shows the groups' output from Workshop I

Table 1. Agencies' Activities on Nutrition which they are Proud of and Sorry about

REGION/PROV.	PROUDS	SORRIES
REGION V		
ALBAY	IEC campaign on Bicol Integ.	- Lack of Coordination
	Health, Nutrition & Population	
	Project (BIHNP)	- Unavailability/insufficiency of
		funds & information,materials
	- Completed the orientation of	- Reactive attitude
	FHDEL in 6 municipalities	
	- Distributed 2 radio plugs on	
	Tubig, Kubeta & Oresol (TKO)	
	- Social Marketing on Eye Care	
	- Distributed pamphlets on	
	Eye Care	
	- Involvement in CPC IV	

REGION/PROV.	PROUDS	SORRIES
MASBATE	- Information support	
	* Prod'n/reprod. of IEC mat.	- Lack of funding support
	* Dissemination/distribution	
	* Monitoring	- Limited nos. of IEC materials
	* Advocacy on IDD Program	
	* Linkage with agencies	- Other barriers in dissemination
	* LGU through the SB	activity
	- Involvement in:	
	* CPC IV, CSAC (Children in	
	Situation of Armed Conflict)	
	& PNC (Prov'l Nutrition Com.)	
REGION VIII	- Very good support from the	- Inadequate local government
BILIRAN	Prov'l LGU (Chief Executive)	support (municipal)
		- Weak inter-agency linkage
	- Available manpower to effect	* busy with other priorities
	a positive nutrition effort	- No continuity in Nutrition Educ.
		- Lack of incentive for BNCs &
	- Favorable support from DOH	BHWs
		- Absence of concrete listing of
	- Organization of Women's group	underweight children
		* No regular OPT
	- Awardee on EPI, ASAP & NID	- Nutrition Plan is not deliberately
		implemented, made for
		compliance purposes only
	- Proud to have HKI to comple-	
	ment nutrition effort	
	- Strong Nutrition Advocates	
	- Extented livelihood assistance	
	to families with moderately &	
	severely underweight children	

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REGION/PROV.	PROUDS	SORRIES
LEYTE	- Increased of OPT coverage/	- Lack of funds for procurement of
	reduced prevalence of moderate-	software for beta & film showing
	ly & severely underweight	- Resources for media
	children (0-6 yrs. old)	* to buy air time
		- Lack of funds for production/
	- Active Prov'l Nutrition Com.	reproduction of materials
		i.e. flyer, posters, etc.
	- Available information support	
	in Leyte when desired	
	- Access to media	
SOUTHERN	DSWD	
LEYTE	- Livelihood projects extended	- No budget for supplemental
	to families with moderately &	feeding
	severely underweight children	- Lack of coordination among PNC
		- Lack of software
	- Nutrition information education	
	to the less disadvantaged	
	women	
	DOH	
	- Micronutrients supplementation	- Lack of support from LGUs
	- Nutrition information &	
	education	
	DA	
	- Seed distribution for BIC	- Lack of IEC/trng materials/
		logistics support
	- ICP training	- No Provincial Plan
		- Lack of software
	- Livestock production/dispersal	
	- Breadfruit propagation and	
	plantation	

REGION/PROV.	PROUDS	SORRIES
	PPDO	
	- Monitoring	- Lack of funding
		- Retrieval of forms
	PIA	
	- Radio plugs production on the	
	use of FIDEL salt & created	
	awareness on its use	
SAMAR	- Easy access to media facilities	- No local government support
	- Positive attitude of DOH,	- No Provincial Nutrition Plan
	DSWD, DA, PIA and NGOs	developed for 1994
	concerned on Nutrition Program	- Frequent turn-over of PNAO
		designation
	- Involvement in Nutrition-	- Provide with highest incidence
	Related Health Programs as	of malnutrition in the region
	ASAP, FIDEL, Nutri Inforcars	- Lack of software, manpower
		- Low morale of PNC
		- No follow-up of tree planting
		activities
EASTERN	- Successful ASAP/NID Programs	- Lack of awareness/lack of support
SAMAR	(public address systems, news	support of some doctors to
	releases & "Kapilan sa Radyo")	nutrition program being pushed
		jointly by DOH & PIA
	- Close coordination with Prov'l	- Preference of local executive to
	Nutritionist & Information	infrastructure development project
	Officer	rather than nutrition support
	- Accessible to Radyo ng Bayan	
	facilities	
	- Services has come to the notice	
	of PPDO	
	- Have restored/revived	
	Information Officer	
REGION/PROV.	PROUDS	SORRIES

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REGION/PROV.	PROUDS	SORRIES
NORTHERN	- Successful implementation of	- Termination of Mother Craft
SAMAR	weaning moments classes	- Nutrition Intervention Activities
	* 59 RHMs trained for 11 mun.	not well supported by some muni-
		cipalities i.e. lack of budget for
	- Over 200 BHWs trained to	nutrition activities
	conduct weaning home	- Patronage politics prevails and
	counseling in 5 municipalities	not service i.e. some BHWs
		disregard of their benefits
	- Functional Provincial Nutrition	
	Committee (PNC)	
	- Community-based planning in	
	nutrition supported by UNICEF	
	- Well implemented food	
	supplementation	
	- Well-staffed Prov'l Nutrition	
	Office	
	- One of the highest deployment	
	of BNS (3 DNPCs to follow up	
	BNSs)	
	- One Opthalmologist trained	

19.3 In this regard, Ms. Puertollano stressed to the group that to look their sorries positively as basis for planning of health and nutrition program.

19.4 The following are the suggestions raised by the group for their sorries:

19.4.1 Look for strategies on how to advocate LGUs
19.4.2 Resolutions on health and nutrition activities be made and approved by Sangguniang Bayan (SB)/Sangguniang Panlalawigan (SP)
19.4.3 Strengthen coordination/linkage with GO and NGOs

29. For Workshop II, the participants were asked to group themselves by province and discuss the following questions:

20.1 What are the technical gaps of your nutrition program?
20.2 What are the technical assistance to addresss the gaps?
20.3 Who could provide the technical asssistance needed? (local and national)
20.4 What are the administrative and management structure/responsibilities to facilitate CSX program implementation?

The following are the groups' output from Workshop II

Province: BILIRAN

AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECH.ASSIST
I. Supplementation	- Unreliable data	- Data gathering and analysis	DOH and HKI
	- Inadequate skills in	training for MDs, PHNs,	
		RHMs, BHWs, BNSs &	
		NGOs	
		- Correct weighing procedures, identification of	
		Vit. A, Iron and Iodine	
		deficiencies	
		- Training and management	
		of cases	
	- Lack of supplies	- Procurement of identified	DOH, LGUs &
	i.e. weighing scales,	equipments	HKI
	Vit. A & Iron caps.,		
	iodized salt		
II. Food	- Inadequate supply	- Supervision of staff	DA-Prov'l
Production	of veg. & dairy &		
	fish products	- Provision of veg. seeds	DA-Prov'l &
			HKI
		- Lack of garden tools	LGU, NGO &
			HKI

AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECHLASSIST
III. Nutrition Education	- Children not eating	- Massive nutrition educ. campaign	PIA, DOH, DECS
	- Lack of updated information materials equipments	- Production of IEC materials e.g. video & slide tapes	PIA & HKI
	- Lack of Nutrition Educators	- Training of BNSs, BHWs, other health personnel, teachers & NGOs	DECS, DOH & HKI
IV. Advocacy/ Provincial Planning	- Lack of Under-standing on the importance of nutrition at the municipal levels	- Advocacy training of LGUs and Municipal Nutrition Committee (MBC)	Prov'l Nutrition Com. (PNC) & HKI
V. Assessment & Monitoring	- Absence of updated/ reliable data	- Re-assessment of data	DOH & HKI
VI. Manpower Training	- Logistics Support	- Budget for training and resource persons	HKI

Province: NORTHERN SAMAR

AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECHLASSIST.
I. Intervention			
1. Supplementa-tion	- Case detection capa-bility of newly-hired health workers (BHWs, RHMs, RHNs)	- Training on case detection	IPHO
* Vit. A			
* Iron			
* Iodine			

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AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECHASSIST.
2. Fortification			
* FIDEL salt	- Lack of supply	- Linkage with producers	DOH-CO &
* FVR rice			HKI
3. Food	- Lack of knowledge		DA
Production	on BIG & supple-		
	mentary mixes in		
	areas not covered		
	by CPC IV		
4. Nutrition	- Lack of IEC mat.	- Production of IEC	DOH, DECS,
Education	for mothers,	materials in the local	PIA, PPDO,
	school children,	dialect	PSWD
	illiterates		
II. Support			
Strategies			
1. Advocacy &	- Skills on advocacy	- Training on advocacy	PNC & HKI
Planning			
2. Assessment	- Absence of	- Skills training in	PNC & HKI
	monitoring tools	formulating monitoring	
		tools	
3. Manpower	- Identification of	- Training of Trainors	HKI
Training	responsible person		

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Province: SOUTHERN LEYTE

AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECHLASSIST.
I. Intervention			
1. Supplementa-	- Identification of	- Training of MHOs, PHNs,	DOH-NS &
tion	patients with	RHMs & MSWDOs	HKI
	VAD-IDA-IDD cases		
2. Food Prod'n	- Technical know-how	- Training of beneficiaries,	DA & HKI
- BIG	on BIG &	household	
	Food Production		
	- Garden toolss &		
	veg. seeds		
3. Nutrition	- Identification of	- Integration in school	DECS,DOH-NS
Education	Subject Matters	curriculum	PIA & HKI
	i.e. Micronutrient		
		- Production of IEC	
		materials in Cebuano	
		- Utilization of the survey	
		results	
		- Training in communication	
		planning	
II. Support			
Strategies			
1. Advocacy/	- Skills for communi-	- Learning strategies in	DOH-NS and
Prov'l	cation	advocacy among LGUs	HKI
Planning			
		- Orientation of Nutrition	
		Program	

AREAS OF CONCERN	TECHNICAL GAPS	TECHNICAL ASSISTANCE NEEDED	WHO COULD PROVIDE TECHASSIST.
2. Assessment	- Skills in data	- Training	DOH-NS &
.& Monitoring	analysis & interpre-		HKI
	tation		
	- Lack of skills in	- Training	DOH-NS &
	developing baseline		HKI
	protocol		
3. Manpower	- Financial support of	- Design a budget	PNC, MNCs &
Training	the LGUs	acceptable to the LGUs	HKI

21. Evaluation Results

21.1 Attainment of Objectives

* Objectives of the start up meeting were successfully met

21.2 Effectiveness of the Methodology

* "Unique Approach"
* "Relax atmosphere"
* "Learning" at the same time "Enjoying"
* Activities were very enjoyable

21.3 Participation

* Participation was felt at the beginning until the end of the meeting
* Work together to reach the targets
* 99% participation came from the participants and 1% came from the resource speakers and facilitators
* Participants have no inhibitions
* Participants performed well in all the activities of the start-up meeting
* Participants able to fill up gaps
* Opportunity for partnership
  e.g. HKI as potential partner in the implementation of nutrition program
* Created commitment
* Able to see colleagues in the same field
* Opportunity to meet and gain friends

* Less opportunity to internet because of room assignments
* "Great"
* "Bitin" - what is the next activity after the star-up meeting
* Not everybody participated in the social
* Suggested that invited person should attend the meeting and not the representative

21.4 Venue/Food

* Convenient
* Not balanced diet - without vegetables
* Fatty foods

21.5 Others

* HKI contributed a significant change in Northern Samar
* Manageable participants

22. Impression

In behalf of HKI, Ms. Puertollano congratulated the participants for a job well done. Furthermore, she added that it was the first time to be involved in the group who adapted a participatory approach where commitments/responsibilities were realized. The groups' outputs were very realistic and in line with the activities of CSX project. However, she pointed out that the meeting was just a start-up where activities undertaken were light but a lot of efforts will be exerted for the succeeding activities in the implementation of CSX project.

She also commended the participants who are holding high positions because they did not take advantage of their positions and participated well in the activities of the start-up meeting.

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START-UP MEETING
CHILD SURVIVAL PROJECT
LGU-RNC-RHO-PIA-HKI

Casa Anson, Honeybee Food Center
106 Lopez Jaena St., Tacloban City
July 6-7, 1995

Day 1 - July 6, 1995

8:00 - 10:30	Arrival/Registration of Participants Invocation National Anthem		
	Welcome Remarks	-	Dr. Roberto Briones Regional Nutrition Committee
	Message	-	Dr. Alfredo Perez Reg'l. Health Director DOH - Region VIII
	Message	-	Ms. Ellen E. Villate, MPH Acting Country Director, HKI
10:30 - 10:45	BREAK		
10:45 - 11:45	Introduction of Participants/Team Building		
11:45 - 12:00	Presentation of the Start-Up Meeting Objectives		
12:00 - 1:30	LUNCH BREAK		
1:30 - 1:45	Unfreezing Activities		
1:45 - 2:45	Overview of VAD-IDA-IDD and Micronutrient Program in the Philippines		
2:45 - 3:00	BREAK		
3:00 - 3:30	Micronutrient Program/Activities in Region VIII		
3:30 - 4:30	Overview: Helen Keller and the Agency Child Survival Project		
8:00 p.m.	SOCIALS		

Day 2 - July 7, 1995

8:00 - 8:15	Unfreezing Activity
8:15 - 9:15	Team Building Exercise
9:15 - 10:15	Workshop 1: Problems and Stories
10:15 - 10:30	BREAK
10:30 - 11:30	Presentation of Workshop 1 Output
11:30 - 12:00	Clarification of Issues/Concerns
12:00 - 1:00	LUNCH BREAK
1:00 - 2:30	Workshop 2
2:30 - 3:30	Presentation of Workshop 2 Output
3:30 - 3:45	BREAK
3:45 - 4:15	Reaction/Commitments
4:15 - 4:30	Workshop Evaluation
4:30 - 5:00	Closing

START-UP MEETING
CHILD SURVIVAL PROJECT
LGU-RNC-RHO-HKI

Casa Anson, Honeybee Food Center
106 Lopez Jaena St., Tacloban City
6-7 July 1995

LIST OF PARTICIPANTS

NAME	AGENCY/DESIGNATION
Regional Office	
1. Dr. Corazon Sabulao	RHO - MS IV
2. Ms. Emily Grande	RNO - ND IV
3. Mr. Alvin Arpon	PIA - Infocen Manager
4. Ms. Julita Q. Solaña	NNC - NO III
Maasin, Southern Leyte	
1. Ms. Lourdes Wilda Rich	PHO - ND II
2. Ms. Erna Gorne	PIA - Infocen Manager
3. Ms. Imelda K. Estela	PPDO - DPA
4. Ms. Nelita G. Gomez	SWA - Nutritionist
5. Ms. Virginia Manlimos	PAO - DNPC
Naval, Biliran	
1. Dr. Juan Pastor	PHO - PHO II
2. Mr. Zenaido C. Lajura	PIA - Infocen Manager
3. Ms. Matilda Nilda C. Vilches	PPDO - PPDO
4. Ms. Flordelisa Trani	PSWDO - PSWDO
5. Mr. Benjamin Estrada	PAO - Supervising Agriculturist
Catarman, Northern Samar	
1. Dr. Ignacio Pacho	PHO - PHO
2. Ms. Ailene Nalazon	PIA - Infocen Officer
3. Ms. Camila C. Sarmiento	PPDO - Planning Officer
4. Ms. Carmen Mejia	PSWDO - PSWDO
5. Ms. Francisca Sarmiento	PAO - Chief, Extension Div.
Catbalogan, Samar	
1. Ms. Sylvia C. Serfino	PIA - Infocen Manager
Eastern Samar	
1. Ms. Alice Nicart	PIA - Infocen Manager

NAME	AGENCY/DESIGNATION
Albay	
1. Mr. Mario Arguelles	PIA - Infocen Manager
Masbate	
1. Mr. Rodolfo Labastida	PIA - Infocen Manager

START-UP MEETING
CHILD SURVIVAL PROJECT
LGU-RNC-RHO-HKI

Casa Anson, Honeybee Food Center
106 Lopez Jaena St., Tacloban City
6-7 July 1995

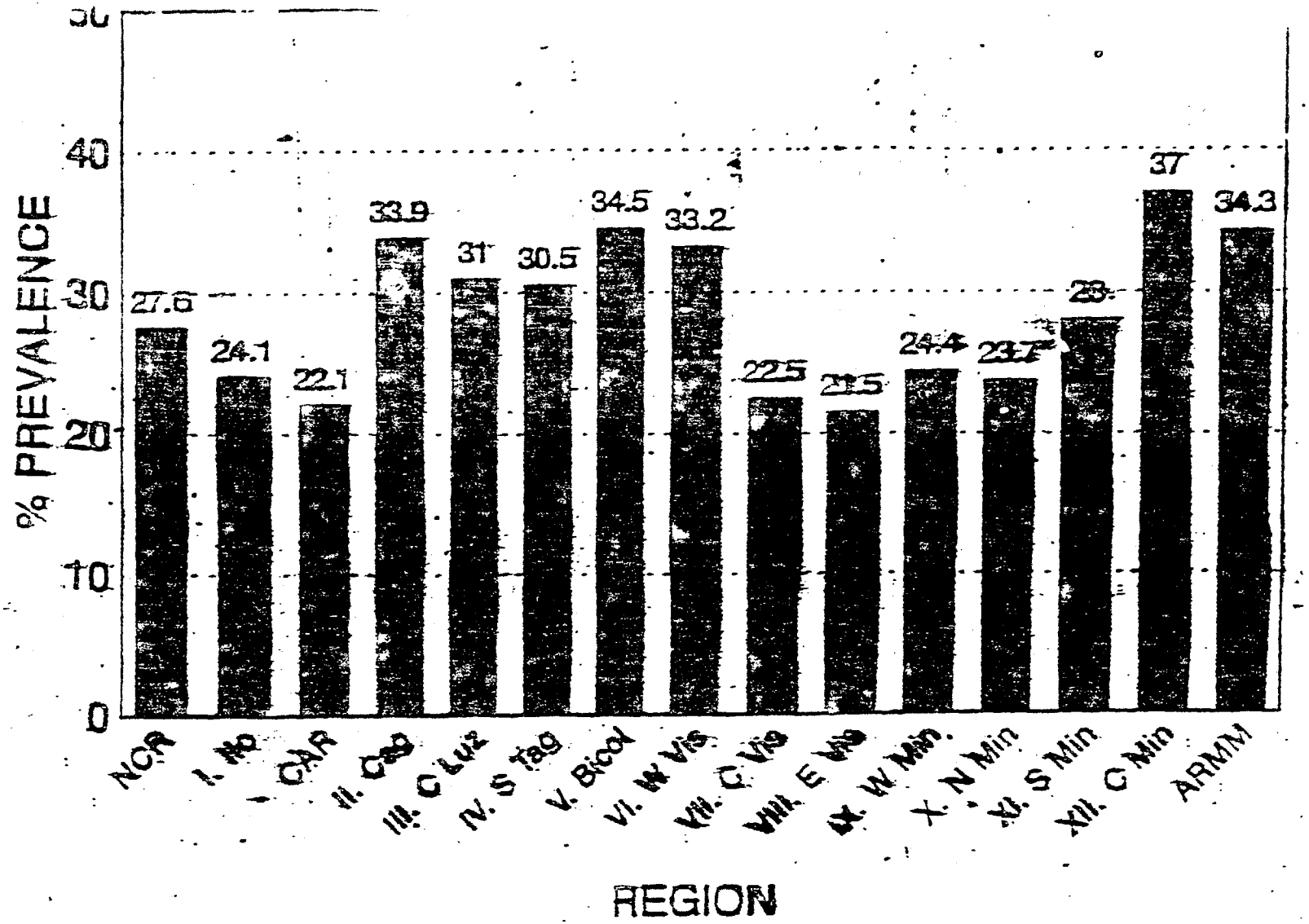
LIST OF RESOURCE PERSONS AND FACILITATORS

NAME	AGENCY/DESIGNATION
1. Dr. Alfredo Y. Perez	RHO - Regional Health Officer
2. Dr. Roberto Briones	NNC - Reg'l Nutrition Prog. Coordinator
3. Ms. Elizabeth M. Joven	DOH-NS - Nutritionist Dietitian IV
4. Ms. Ellen E. Villate	HKI - Acting Country Director
5. Ms. Daylin B. Sandrino	HKI - Training/Program Manager
6. Ms. Eva P. Puertollano	HKI - Communications Manager
7. Ms. Emy L. Garma	HKI - Training Assistant
8. Ms. Clemence C. Tenedero	HKI - Area Coordinator
9. Ms. Ma. Fatima Dolly R. Reario	HKI - Area Coordinator

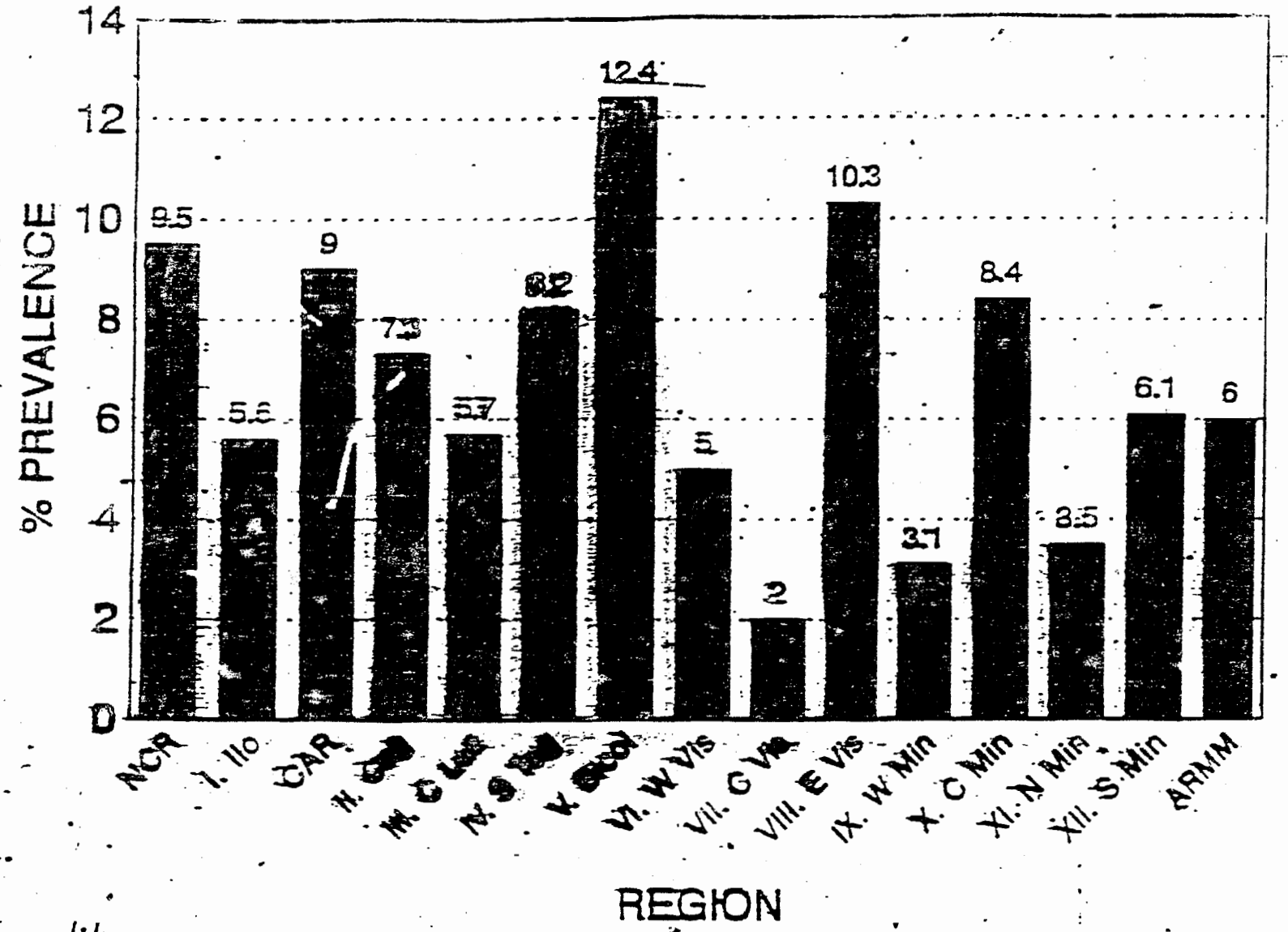
▪ centage of malnourished 0-6 year old Filipino children by region: Phillippines, 1993

Region	Total Subjects	Underweight	Stunted	Wasted
		% Prevalence		
PHILIPPINES	**5669**	**8.4**	**5.6**	**6.2**
I. Ilocos	208	9.8	3.5	4.7
CAR	320	3.8	3.1	5.5
II. Cagayan Valley	261	6.1	3.2	4.3
III. Central Luzon	350	6.4	6.0	5.9
IV. Southern Tagalog	779	9.3	5.5	6.3
Metro Manila	1254*	9.0	4.1	6.9
V. Bicol	475	11.9	5.9	7.8
VI. Western Visayas	438	10.0	7.9	8.2
VII. Central Visayas	253	4.8	4.3	6.4
VIII. Eastern Visayas	378	13.0	7.7	9.7
IX. Western Mindanao	152	7.9	4.4	5.0
X. Northern Mindanao	527	9.7	7.8	6.0
XI. Southern Mindanao	396	6.8	5.9	4.4
XII. Central Mindanao	216	7.5	4.1	4.8
ARMM	334	11.0	12.0	9.5

FNRI, DOST Fourth National Nutrition Survey: Philippines. 1993



Prevalence of anemia among Filipinos, 6 months and over, by region: Philippines, 1993



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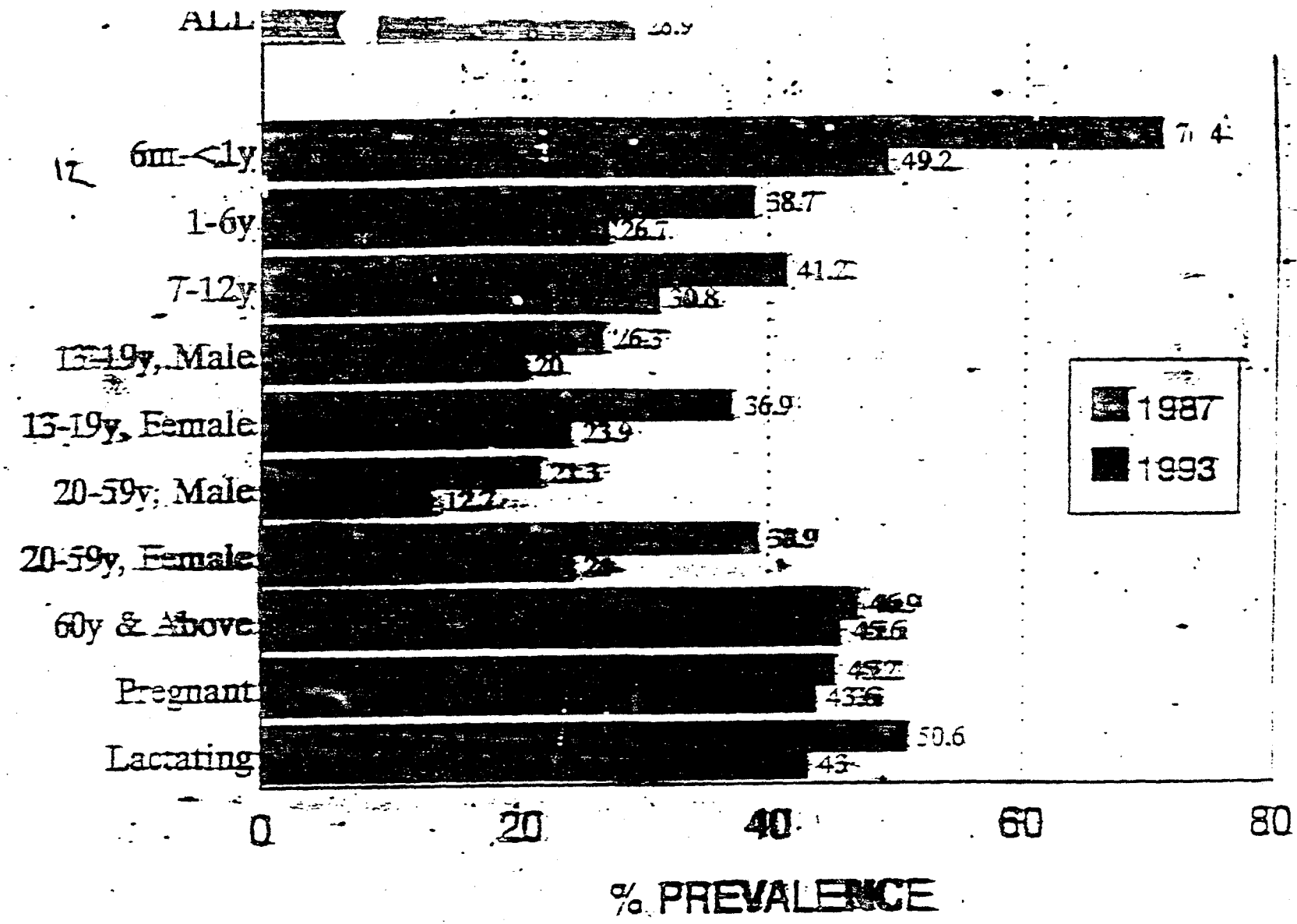
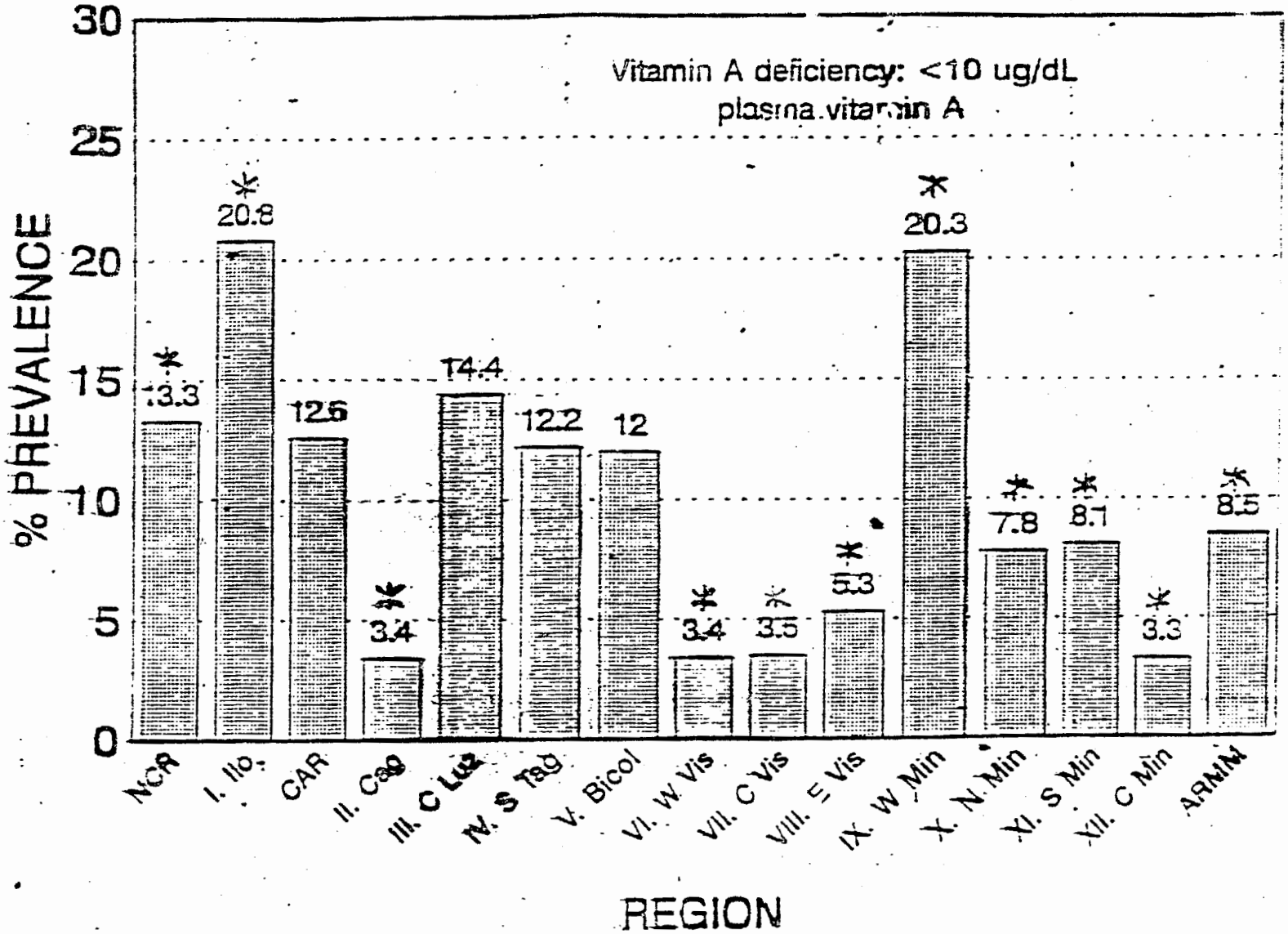
Prevalence of goiter among Filipinos, 7 years old and over, by region: Philippines, 1993

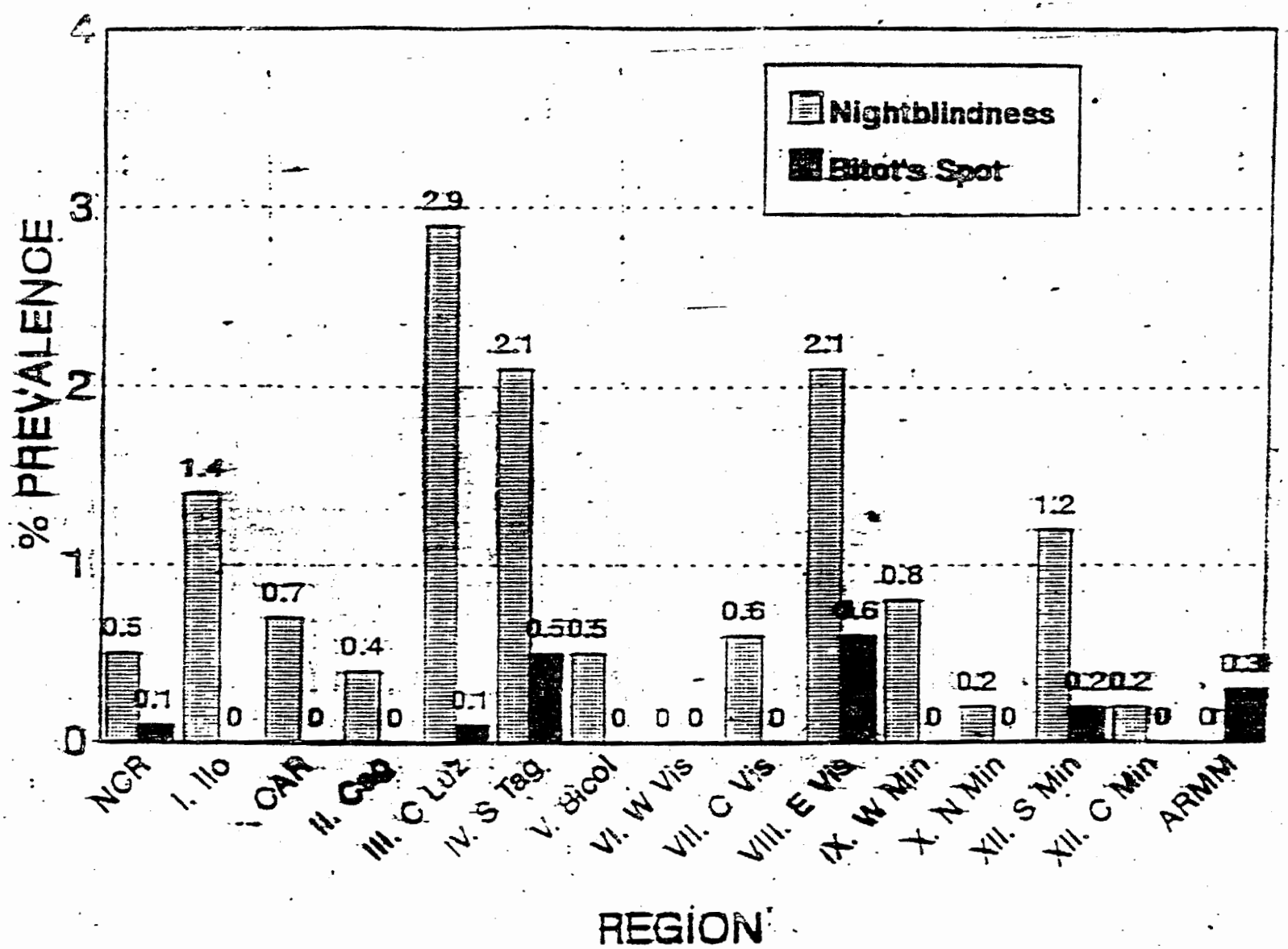


Comparison in the prevalence of anemia by age, sex a physiological state: Philippines, 1987 and 1993



Prevalence of vitamin A deficiency among 6 mo - 5 yr old children by region: Philippines, 1993

* before ASAP



Prevalence of signs and symptoms of Vitamin A deficiency among Filipinos by region: Philippines, 1993

PROJECT APPROACH

The general project approach is to assist the public (local government unit) and private (NGOs) sectors is to provide direct service to communities in the two project regions. Accordingly, the project is designed to address the distinct but inter related roles of the LGUs and the DOH's National Nutrition Service. Project activities are grouped in two components:

(a) Local Government Units (LGUs)
(b) National Nutrition Service (NS)

Component 1: Local Government Unit - HKI will work directly with the variety of LGUs: the provincial board, provincial health staff, members at the provincial nutrition task force and selected municipal-level counterpart as well as their NGO partners. HKI's assistance will be tailored to address local priorities of micronutrient and weaning age malnutrition. HKI will assist local government staff to:

1. Assess the Problem
2. Advocate and Plan
3. Train
4. Monitor
5. Evaluate

PROJECT DESIGN/ PROJECT INTERVENTIONS

The project will emphasize the following interventions:

Nutrition

- Breastfeeding promotion, Weaning Education, and Growth Promotion among Mothers of 0-21 month old infant.

  * provide training in breastfeeding, weaning and growth monitoring management.
  * facilitate organization of breastfeeding and weaning support group.
  * distribute comics during EPI contact regarding essential weaning behavior.
  * train health workers to conduct effective weaning demonstration.
  * develop and provide advocacy tool and training to NGOs, LGUs and mothers' group.

Vitamin A

- Train health workers, volunteers and local government personnel in the detection and treatment of xerophthalmia and prophylactic supplementation (semi-annual) for children 1-5 years of age during national immunization and micronutrient days.

- Develop nutrition communications to promote increased consumption of locally available source of Vitamin A.

- Train health workers, volunteers and local government personnel in effective nutrition education using experiential learning approaches to develop local solutions to common feeding problems.

- Train community workers in bio-intensive gardening and the selective provisions of garden toolos (if necessary)

- Provide communications support to national immunization day and national micronutrient day.

Other Micronutrient (Iron and Iodine)

- Train health workers in iron supplementation and strategies to promote adherence to the recommended regimen integrated with prenatal visit.

- Train health workers in iodine supplementation and ways of reaching women of childbearing age.

- Provide communication support for the promotion of iodized salt in areas where this commodity (FIDEL salt) is already available.

- Provide communication and training support to national micronutrient day.

- Develop and provide advocacy tools and trainings to NGOs, LGUs and mothers' group.

Component 2: National Nutrition Service (NS) - The national component is intended to help the DOH National Nutrition Service develop the capacity of the LGUs to undertake nutrition interventions in the two project regions. HKI's input to the National Nutrition Service will assist them to:

1. Advocate
2. Implement ASAP - Araw ng Sangkap Pinoy
3. Review the National Program
4. Share Information
5. Share Technology

SALIENT FEATURE OF CHILD SURVIVAL PROJECT

- It supplements/complements with the government program on Health and Nutrition and helps the Philippine government in reaching the goals of the following

  - Philippine Plan of Action for Nutrition
  - Country Program for Children
  - Mid Decade Goal

- It enhances the existing health and nutrition activities in the covered Provinces, specially in the area of nutrition education.

- It can facilitate and strengthen the organization of mothers classes at the barangay level.

- It advocates for the participation of the Local Government Unit by getting them involve and support for the project by way of providing yearly fund allocation/budget to Nutrition related activities.

- It can develop and strengthen the capability of health and nutrition workers by providing them the necessary trainings that they can use in performing their tasks.

- It provides an opportunity for socio-economic activities, e.g. home/community food production mobilization and literacy.

- It will provide training materials focusing on micronutrient and other nutrition related interventions for us of the health and nutrition workers in conducting nutri-ed classes.

- It can strengthen community based Micronutrient, weaning and breastfeeding interventions.

- It assists the Philippine Government in saving lives and reducing mortality and disability among women and children associated with micronutrient deficiencies and young child malnutrition.

- It encourages inter-agency (both government and non-government) collaborative efforts and pooling of resources thus increasing project's reach and coverage.

Appendix B

Workshop Outputs

CHILD SURVIVAL X:
Action for Survival, Action for Progress
in Micronutrient and Child Nutrition in the Philippines

Appendix B1

Qualitative Data Analysis

Perceptions

Health, Breastfeeding, Complementary Feeding, Growth Monitoring and Psychosocial Practices, and Community Health Workers

QUALITATIVE DATA ANALYSIS
PERCEPTIONS ON HEALTH

Summary of Workshop Output

1. How do mothers describe the health of their children?

- malusog/mabuti hindi nagkakasakit
- sakitin
- okay lang
- maliksi
- magaling kumain
- masaya
- playful
- mas malaki kaysa ibang bata
- palatawa
- hindi matamlay
- normal mataas ang timbang
- ayos matulog
- mabintog
- lagsik
- skin is fine and smooth
- madaling matuto
- malapsi (maputla)
- not irritable
- good robust
- underweight
- mabagal lumaki
- mahinang katawan
- masirain ang tiyan
- hindi mabisyo
- malakas dumidi
- lacks appetite
- sickly with cough
- mabagal lumaki
- mahina ang katawan
- well cared
- grows well

2. How do they feel about their own children's health? Why?

- nakulbaan (fear) - madaling kapitan ng sakit
  - walang pambili ng medisina

- masaya - malusog
  - weight is increasing
  - baby is not irritable
  - playful and have good appetite
  - madaling maututo ang bata
  - walang problema
  - baby recovers from colds easily
  - maliksi
  - hindi nagkakasakit ang bata

- malungkot - reducing weight
  - may bulate
  - walang pera for proper medication & food supplements
  - mahigmio
  - malnourished
  - nagyagtas (namamayat)
  - sickly

- worried - nagtatae pag nagngingipin
  - child is weak
  - delayed ang paglalakad ng bata
  - walang pambayad/pambili ng medisina
  - masyadong malakas kumain ang bata

3. **What do mothers say they do to ensure that their children are healthy?**

- pagdidihon ug hatagan ug lugaw
- pakainin ng masustansiya para hindi maging malnourished
- mag-breastfeeding
- regular weighing
- dalhin sa hilot / patingnan sa albularyo
- bigyan ng bitamina / medisina
- alagaan sa pagkain at kalinisan
- add solid foods after 3-4 months
- kumakain ng masustansiya para madidi ng bata
- ipa-check-up sa doctor
- inaayudahan ng ibang gatas bukod sa gatas ng ina
- alagaang mabuti
- dili pahamugan
- pabakunahan para hindi magkasakit
- dili pasagdan
- keep home environment clean

- read books on child care
- pinakakain ng cerelac, sabaw at tiki-tiki
- maliligo ang mother ng mainit-init para hindi makadidi ng lamig ang bata
- bring child to health center for consultation and immunization
- bath the child daily

QUALITATIVE DATA ANALYSIS
PRE-NATAL CARE

Summary of Workshop Output

1. What are the practices of the mothers for pre-natal check-ups?

   - consult BHW or other confidant in the locality
   - some mothers do not go to the center for check-up
   - go to physician/OB Gyne/intern
   - go to RHU staff/RHM
   - go to hilot
   - go to mother-in-law
   - most of the mothers go for pre-natal check-up at the BHS and RHU
   - hampal ang tuba-tuba
   - dili magpatun-og sa gabii
   - dili magbuhat ng bug-at
   - dili magpalabi ng kaon sa parat ng tam-is
   - mag exercise (light)
   - kanunay limpiyo sa lawas
   - ayohon paglakaw para dili mabungi si Inday/Ondo
   - kaon ng masustansiya
   - dili magkauga ng bug-at
   - dili matulog ug walang banig
   - maglikay nga masubrohan sa kakapoy
   - dili magsuroy sa gabii kay humot sa wak-wak

2. Of the mothers that have pre-natal check-ups:

   a. Why do they say they have them?

      - may nag-advice na magpacheck-up
      - to know/ensure the condition of mother and child
      - really needed during pregnancy
      - immunization
      - I have infection, low blood, anemic
      - dahil maliit ang tiyan ko, hindi lumalaki ay kabuwanan ko na
      - dahil kalakaran na dito sa lugar, para maiwasan ang disgrasya
      - dahil tumataas ang presyon at takot na may masamang mangyari
      - dahil sa ang panganay kong anak ay lumabas ng kulang sa buwan
      - dahil mahirap maglihi at di makakain

- dahil matagal ng di nanganganak
- weighing
- get BP
- give ferrous sulfate
- to prevent beri-beri
- don't feel well
- mother is high blood
- to know the position of the fetus in mother's womb
- midwife insists
- it is necessary
- walang pera
- magpahilot kay pirme nagkasakit ang tiyan
- mangayo ug advice sa health personnel
- para mahibal-an ang plastar sa akong anak
- para mahibal-an unsang bitamina ang akong imnon
- para dili matetanus
- para matagaan ug regular attention

b. Who do they go to for pre-natal check-ups?

Midwives

- malapit sa kanila
- pinupuntahan sa bahay-bahay ng midwife/BHWs kung hindi nakakapunta sa center
- availability/visibility
- only health workers available in the area
- para tagaan ug bitamina
- mangayo ug advice sa health personnel
- para mahibal-an ang plastar sa akong anak
- para dili matetanus
- para matagaan ug regular attention

BHW

- as trained hilot

Doctors

- may tiwala sa doctor
- secured
- more knowledgeable and accessible to ensure safe delivery
- knows what's best for them
- experienced
- family doctor

Hilots

- regular na magpapaanak sa kanya
- residing within the locality
- traditional birth attendant
- ginahilot pirme nagkasakit ang tiyan

How often?

- regular (once a month)
- no time (never)
- once during pregnancy
- 3x
- 2x
- 4x
- 5x
- cannot remember
- often
- seldom

c. How do they describe the pre-natal care they are given?

- no data
- contented
- pre-natal check-up must be done 2x a month
- provision of weighing scale
- BP taken
- given advice
- given vitamins
- given tetanus toxoid immunization
- urinalysis
- gamot sana'y madagdagan pa, hindi lang reseta ang ibinibigay
- ayusin ang BHW dahil magigiba na, para ganahan naman
- dapat ay pare-parehas ang pagtingin
- maging malinis ang health center at maging aktibo ang health personnel
- kailangan may doctor sa HC
- dapat laging may midwife sa HC
- contented with services
- relieved/confident/happy - baby is strong
- worried not contented - BP is high, hemoglobin is low, breach presentation, with edema
- record taking

- importance of pre-natal care
- PE

d. How do they describe what happens to them during the check-ups?

- dental check-up
- general check-up
- no data
- give ferrous sulfate
- give advice on breastfeeding
- come back for another pre-natal check-up
- urine examination
- tinatanong kung regular ang pagdumi
- tinitingnan kung maputla
- tinitingnan kung manas
- history making
- hemoglobin determination
- health education given
- blood pressure
- weighing
- pinapakinggan ang tiyan sa pamamagitan ng stetoscope
- hinihilot ang tiyan
- sinusukat ang tiyan
- IE (internal exam)
- binibigyan ng reseta
- binibigyan ng immunization
- bibigyan ng vitamins

3. Of the mothers who do not have pre-natal check-ups:

a. Why do these mothers choose not to have pre-natal check-ups?

- afraid of injection
- experience illness during previous check-up; allergies, fevers and weakness
- nagtuturuan ang health worker
- laziness of mothers; not feeling well
- nasanay nang hindi nagpapacheck-up
- with BP apparatus
- midwifery graduate
- busy working
- walang pera
- takot malaman ang resulta ng check-up
- kumakain naman ng masustansiya

- walang midwife/BHS na malapit sa lugar
- discourage by result of previous pregnancy
- naa sila'y kangalinga manghihilot sa ilang tribo

4. In general:

   a. From whom do the mothers say they are receiving advice during their pregnancies?

      - midwives
      - mother-in-law/mother
      - mother/BHW
      - husband
      - other health personnel
      - friends
      - herself
      - in school
      - DSWD, workers
      - doctors
      - nurse
      - heard from radio
      - hilot
      - relatives
      - neighbors
      - old people with experience
      - sister
      - ninang
      - uncle
      - officemate

   b. What kind of advice do they receive? How do they describe them?

      - eat balance diet
      - iwasan ang mabigat na trabaho
      - avoid cold/sweet foods
      - family planning
      - regular pre-natal check-up
      - caring of oneself
      - huwag maligo ng maaga
      - huwag matulog sa tanghali
      - maggamit ng bigkis
      - huwag mag-suot ng bukas sa likod

- mag-inom ng prescribe na gamot
- magpa-immunize/magpatimbang
- don't smoke
- do not eat langka - it will cause boils to both mother and child
- bawal ang softdrinks
- huwag magbasa ng horror
- huwag uupo sa pinto
- do not keep worrying
- eat monggo to prevent beri-beri
- do not take a bath in the afternoon
- do not get wet after the "hilot" session
- morning exercise and exposure to sunlight
- avoid taking a bath during "bad" days
- apply liniments on the abdomen and herbal medicines
- exercise
- maintain proper hygiene
- take vitamin supplements
- do not drink liquor
- do not overwork
- for easy delivery
- to prevent untoward complication during pregnancy and delivery
- magpalabi ug kaon ug parat ng tam-is

c. Whose advice do they say they are following and why?

Midwife
Mother-in-law
BHW
Hilot
Neighbor
Friend
Doctor
PHN
Own Knowledge

Why:

- malapit sa kanila
- confident/trusted
- dahil sila ang nakakaalam ng pamamaraan
- mas may karanasan sila at nakakahiyang hindi sundin
- dahil ang iniisip aay para sa kabutihan ng nanay at anak

- dahil nagkaroon isya ng eclampsia sa kanyang huling pagbubuntis
- they have more experience and knowledgeable
- they have goo advice
- they are the ones doing pre-natal check-up regularly
- for her own sake
- midwife says so
- dili mawala

QUALITATIVE DATA ANALYSIS
BREASTFEEDING

Summary of Workshop Output

1. Why do some mothers choose not to breastfeed?

- ayaw na ng ama
- my child breastfed for only 4 months since I had no more milk
- mother's illness might contaminate (weak lungs)
- mothers is busy
- he is eating solid foods and stopped breastfeeding
- binul-il la hiya; hindi na sumuso
- breasts and chest are painful
- anemic, nahahawa ang bata
- inadequate/not enough breastmilk
- food intake is not sufficient
- infection in the nipple
- child eats well
- child bites the nipple
- mother is pregnant
- "it bothers me"
- wala ng gatas
- napapagod sa maghapong trabaho/maraming isipin baka madede ng bata
- ayaw ng bata dahil nag-iiyak
- ibinutaw na para baka sakaling gumanda ang katawan ng bata
- kanang dede lamang ang may gatas ang left side ay may dugo
- nagkasakit ang nanay ng trangkaso
- nagkasaakit ang anak ng diarrhea
- malaki pa ang bata
- madilaw-dilaw ang gatas ng ina kaya hindi pinadede sa anak baka magkasakit ang bata
- isinusuka ng bata ang gatas ng ina
- hindi kumakain o umiinom ng tubig ang bata kapag pinadede
- nagpi-pills ang nanay
- cracked nipples
- asthmatic mother
- mother is studying
- breast cyst

2. What kind of breastfeeding problems do mothers describe having? How do they describe these problems?

- cyst on the right breast
- infant is vomiting
- sore nipples
- inverted nipples
- insufficient milk
- no more milk
- insufficient food
- abnormality of left breast
- allergy
- mahina ang gatas kaya tinutulungan ng ibang gatas
- matanda na ang nanay, kakaunti na ang gatas
- kakaunti ang nadedeng gatas, naaawa sa anak
- pag sumususo ay nagugutom agad ang ina
- cracked nipple
- painful
- breastfeed in small amount
- mother does not have big nipple
- biting
- when mother is sick
- child got sick
- because the mother is anemic
- blood goes with milk
- child don't get diarrhea

3. Why do some mothers choose to give other kinds of milk?

- hindi malansa
- Bona - it is good for the child, affordable, doctor's advice, advise by neighbor
- Bear Brand - affordable and most liked, no other, he does not have diarrhea and allergy
- Nido - suggested by the doctor; child liked it
- Alaska - so that the child will be provided with iron
- Nestogen - seemed more nutritious than other milk, hiyang niya
- ayaw ng asawa na magbreastfeeding
- dahil nangangayayat ang mother, pag may trabaho ay nakaksuso ng pagod
- sabi ng biyenan ay bigyan na ng pagkain sa 4 months
- para madagdagan ang sustansiya
- doctor's advice
- madaling makapagpalusog at makapagpabigat
- bagay naman ang milk powder at hindi nagtatae

- may vitamin naman at nakakatipid pa
- pinadalhan ng asawa ng milk powder
- sinubukan ang bigay ng pinsan
- dahil may konting dugo ang left breast
- dahil nagkasakit ang nanay
- medyo mura ang napiling milk powder
- iyon lang ang kaya ng budget at bagay naman
- when they are out of household to some needs in the family
- stool harden
- talented
- popular
- best
- proven to be good
- nangangayayat ang bata
- harder to stop breastfeeding if older
- hiyang ang bata
- cheap
- replacement
- palatable
- the child is ready to eat
- the child is old enough
- full cream milk is available at home

4. Until what age do some mothers exclusively breastfeed?

- 0-3 months
- 4-6 months
- 1 week
- 2 weeks
- 2 years
- 9 months
- 6-7 months
- 19 months
- 18 months
- 12 months
- 10 months
- 1 year and 2 months
- as long as mothers have milk
- until teething

5. According to the mothers, why do they exclusively breastfeed until this age?

- narinig sa seminar
- one way of family planning
- marami pang gatas at di pa puwedeng kumain ng iba
- kaya ng kumain ng semi-solid food
- ginawa sa ibang anak
- naaawa po akong ibutaw nang mas maaga
- itinigil na dahil di gumaganda ang katawan
- para huwag maging pihikan at maging aliwan na lang ang pagdede
- nagbuntis na ang nanay at hindi na kaya ang gatas
- para hindi sakitin
- dahil kakaunti ang gatas
- para hindi sundan agad
- para makapagtrabaho naman ang nanay
- dahil nangangagat na ang bata
- parang di na kuntento sa gatas ng ina
- assist mother in farming
- advice of RHM
- para maging malusog ang bata
- para hindi maging masakitin
- kawawa yung bata
- powdered milk is expensive
- mother resume working
- to avoid early pregnancy
- experience from others
- until the baby is satisfied
- because of poverty
- child will just automatically stop
- child needs food supplement after 4-6 months
- breastmilk is good for the baby
- take pills
- time for weaning
- milk teeth is complete

Q UALITATIVE DATA ANALYSIS
WEANING AND FOOD SUPPLEMENTATION

Summary of Workshop Output

1. What kinds of foods do mothers feed their children in addition to breastmilk?

Rice/Rootcrops/Cereals

- lugaw/kanin/am
- biscuits
- camote (niligis)
- patatas (niligis)
- noodles
- cerelac
- mais
- lugaw with broth
- lugaw wiith milk and sugar
- lugaw with salt
- rice with soup and vegetable
- bulgur
- boiiled rice
- powdered rice
- bread
- rice with sabaw
- pansit
- gabi
- ube

Meat/Fish/Eggs

- eggs
- fish
- chicken meat
- alimasag

- liver
- pork
- pusit
- shrimp

Vegetables

- carrots
- ampalaya
- squash
- malunggay
- eggplant
- kangkong
- sitaw
- alugbati
- pechay
- cassava leaves
- okra
- sayote
- gabi leaves

Beans

- monggo
- green peas
- soya beans
- kadyos
- patani

Fruits

- banana
- mango
- papaya
- oranges
- apple

- guava
- lemon
- avocado
- tieza
- pakwan

Sugar/Oil

- chocolate milk
- junk foods
- chocolates
- candies
- sugar
- oil
- milk
- coffee
- softdrinks
- pineapple juice
- orange juice
- calamansi juice
- margarine
- coco milk

2. Of the foods given most often, why do mothers choose these food?

- available
- mabuti para sa bata
- iyan ang alam ko
- likes to eat/likes most/favorite
- with vitamins
- gusto ng baby
- damo it bitamina
- masustansiya
- maupay ka lawas
- kaya bilhin/cheap/affordable
- rich in vitamins

- It increases vitamin of the baby
- It makes te child healthy
- It gives vitamins to the body
- It makes the baby strong
- It prevents sickness
- It increases resistance tio infection
- It replaces milk
- It will help the baby grow
- big enough to eat
- soft and sweet
- easy to swallow
- so child will not have diarrhea
- makasanayan
- maraming nakakain
- given daily
- provide vitamin A
- give protein
- beneficial
- pampakinis ng kutis
- gives energy
- ready to eat
- kuntento ang bata
- karaniwang kinakain araw-araw kahit asin lang ang ulam
- may rasyon na mais buwan-buwan kaya madalas na iniluluto
- walang ibang maibigay/no choice
- merong tanim kaya madalas lutuin
- laging mayroong naglalako
- pampadagdag ng dugo
- madalas na nabibili
- madalas na pasalubong
- to gain weight
- in preparation for weaning
- hiyang
- give more resistance to the body
- easy to prepare
- easily digested

- all family members eat/eaten by the famliy/viand of the family
- mabigat sa tiyan, hindi madaling nagugutom, matagal ang busog
- pampalinaw ng mata
- ensure good health
- good taste
- prevent blindness
- regulate bowel movement
- tolerable
- pampatalino
- pampasigla
- laxative
- madalas niluluto
- para dumalang ang pagdede
- dahil laging may sipon
- mahilig sa maasim
- Ito pa lang ang nasubukang ipakain
- madalas may huli ang tatay
- mura ang isda/mahal ang karne
- malapit sa ilog/dagat
- madaling mabili kahit buto-buto lang
- mas mura kaysa carabeef
- may alaga

3. Which foods do mothers say their children most prefer and why?

Rice/Rootcrops/Cereals

- lugaw
- kanin
- noodles
- cerelac
- camote
- biscuits/bread
- rice with soup
- lugaw with broth

- lugaw with milk and sugar
- rice with noodles
- pancit

Why?

- eats well
- stops crying, satisfied, good to eat
- easily digested
- easily prepared/cooked
- can't be mixed with lugaw
- can be mashed easily
- can't be mixed with soup
- sweet
- child is used to
- no other alternative
- child likes to eat
- available
- whole family eats
- malinamnam/masarap
- nauubos/maraming nakakain
- humihingi pa
- matagal ang busog
- malambot
- ready to eat
- complete food
- variety in flavors
- pampa-utot
- easy to chew
- well-tolerated
- madalas natitikman

Meats/Fish/Eggs

- egg
- fish
- chicken

Why?

- nauubos ang isang buo at humihingi pa
- siguro po'y nasasarapan
- marami siyang nakakain kapag ganito ang ulam
- pampatalino
- pampalakas
- masustansiya
- available
- used/nakasanayan
- delicious
- easily digested
- malinamnam
- no other alternative
- kayang bilhin
- affordable
- promote growth
- giives protein
- daily use

Vegetables

- kalabasa
- sitaw
- malunggay
- alugbati
- kangkong
- kamote tops
- saluyot

Why?

- dahiil mas marami siyang nakakain
- dahil malambot at madaling matunaw
- madalas na ito ang natitikman/nakasanayan
- nutritious
- provide vitamin a
- prevent blindness
- available
- like most/favorite
- good taste
- matamis
- malinamnam
- nauubos
- maraming nakakain
- humihingi pa
- easy to prepare
- can be mashed easily
- good for the body
- "damo it bitamina"
- "maupay ka lawas"
- with vitamins

Fruits

- banana
- mango
- calamansi juice
- papaya
- daranghita
- apple
- orange
- bayabas

Why?

- available in the backyard
- rich in vitamins
- easily digested
- easy to prepare
- can be mashed easily
- often given
- child can eat plenty
- malinamnam/masarap
- nakasanayan
- nauubos
- humihingi pa
- makes the body healthy
- regulate the bowel movement
- favorite
- sweet
- with vitamin C
- cheaper
- to increase weight
- give vitamin A
- pampakinis ng kutis

Sugar/oil

- gisa
- ginataan
- candies

Why?

- delicious
- available
- for frying
- mixed with lugaw
- mixed with milk

4. Which foods mothers do not give their children and why?

• bayabas	- cannot be esily digested
• sitaw	
• rootcrops, except camote	- causes allergy
• bilanghoy cassava	- hard to digest, matigas
• yellow corn	- causes diarrhea
• atdaba nga saging	
• chocolate	- sweet, destroy teeth
• sea food	- hard to digest
• bulgur	
• ampalaya	- mapait
• candies	- tooth decay, 'madaot an ngipin'
• junk foods	- spoil appetite, no vitamin content, preservatives, can't be digested
• softdrinks	- will harm child's health
• jackfruit	- hard to digest, matigas, not tolerated
•	
• saba	- hard to digest
• food with oil	- baka masira ang tiyan
• meat	- hindi manguya
• chicken	- allergy
• gabi	- makati
• mais	- maimpatso, hindi natutunaw, matigas, not tolerated
• malunggay	- nakakabara ng lalamunan, hindi natutunaw
• kamote	- nagtatae, nagsusuka
• bibingka	- hindi manguya
• talong	- makati
• lugaw with salt mixtures	- reduce appetite
• meat, fish, egg	- di matunawan kaya sabaw na lang
	- masyadong mataba
	- nakakabulate (fish)
	- nakakagalis
	- can't afford to buy, matigas

• beans	- hard to digest
• sugar/oil	- too sweet
• fruits	- very hard to swallow
	- hard to digest
	- bad taste
	- bad, strong odor
• okra	- madulas, ayaw nila

5. How willing/in what ways are mothers willing to introduce new foods? Why? Or why not?

Very Willing

- sinusubuan ng pagkain
- give new food, one at a time
- pinapatikim/small portion
- binibilhan kapag may pera
- para lumakas/lumaki
- para matutong kumain
- maganda para sa bata
- nagbibigay ng vitamins
- para masanay/ma-appreciate ng bata ang lasa ng pagkain
- hindi mabulunan
- para malaman kung aning pagkain ang nakaka-allergy sa bata para huwag nang ibigay sa susunod na pagpapakain
- "ginalihlan" before letting them eat
- sabaw muna in case of vegetables
- foods that are easy to prepare like cerelac
- can give child additional food
- baby will get more vitamins
- affordable

Very Interested

- very advantageous
- Infant will be fully developed

- will not become sickly
- para tumaba dayon bata

Others

- interesado ang mga nanay na bigyan ng bagong pagkain ang mga bata sa pamamagitan ng paunti-unting pagbibigay ng pagkain
- kung maka-afford
- willing, if food is available
- to avoid indigestion
- to avoid abdominal pain
- serve with mashed food for easy digestion

6. Specifically for each of the following food categories, how do mothers feel about giving their children:

a. fruits

- makes skin smooth
- easy to digest
- gives vitamins
- prevent sickness
- maintains growth
- nakakadlis ng ubo at sipon (kalamansi at daranghita)
- hard to digest
- good for the body
- delicious
- good for child's health/eyes/skin
- makes child glow
- child gains weight
- prevent LBM
- gives body resistance
- nagbibigay ng minerals
- child does not catch cold easily

b. meat/fish/egg

- pampalakas
- magbibigay sustansiya
- give more resistance
- make them grow and strong
- pampataba
- build and repair body tissues
- protein-rich
- easy to digest
- "napaupay"
- mabitamina
- pampatalino
- nutritious
- strong bones
- increase appetite
- child becomes strong, healthy and bright
- nagpapabusog
- "bitokon"

c. beans?

- hard to digest
- para huwag magkaroon ng beri-beri
- pampalakas ng buto
- healthy and strong
- pampalusog
- masustansiya
- active
- needed by the body
- makes child grow fast
- mura
- tinutulungan siyang lumaki
- additional food for the baby
- source of protein (porr man's meal)
- for the brain/pampatalino
- gives energy

- substitute for meat
- good for child's skin
- only monggo is available

d. vegetables?

- makes skin smooth
- gives vitamins and minerals especially vitamin A
- always available
- nakakadagdag ng dugo
- nakakalinaw ng mata
- masustansiya
- nakakalusog
- good for child's hair
- maintain child's health (glow food)
- attractive color
- can be mixed with tinola
- malayo sa sakit
- makakatipid
- pampaganda ng mata

e. Sugar/Oil

- increases appetite
- pampalakas
- mabilis lumaki
- pampalusog
- healthy and strong
- masustansiya
- gives CHO
- maupay
- supply additional energy
- makes her active
- sweet
- good for his body
- the body needs it

- "nakapatambok" sa bata
- mahal

f. Rice/Rootcrops/Cereals

- matagal ang busog
- malakas ang katawan
- pangunahing pagkain
- lumulusog ang katawan
- baby increases in weight
- easy to digest
- food for the family
- tulong para kumain ng iba-iba
- provides energy
- easy to prepare
- always available
- child likes to eat
- nutritious
- cheap
- energy-giving

7. What foods are they afraid to give their children in each of the categories and why?

Fruits

• guava	- mahihirapang tumae
• papaya	- baka magtae, can't be digested, wet texture
• mais	- hindi matunawan
• antimoya/jackfruit	- causes diarrhea, hard to digest, nakakaimpatso, magkakasakit sa tiyan
• santol	- mabubulunan ang bata
• banana	- child might get constipated
• pineapple	- child might get rashes
• mango	- child might get diarrhea
• orange	- sour

- saba - baka hindi matunawan
- star apple - constipation
- avocado - wet texture

Meat/Fish/Eggs

- fish - nakakabulate, matinik, malansa, child throws it away, not easily digested, bad odor
- eggs - nakakasira ng ngipin, nakaka-allergy
- chicken - nakaka-allergy, nakakagalis, nakakasira ng ngipin
- meat - baka mabulunan, hindi manguya
- liver - mangingitim kapag umiyak

Beans

- kadyos - causes indigestion and allergy

Vegetables

- malunggay - doesn't like taste, hindi natutunaw, mabulunan, kapag dumudumi ay lumalabas ng buo
- tomatoes - doesn't like taste
- pechay - can't be digested
- string beans - doesn't like taste
- ampalaya - mapait, matigas
- kangkong - mahirap lunukin
- talong, gabi - makati

Rice/Rootcrops/Cereal

- bibingka - mabulunan
- kamoteng kahoy/ kamote - magtae, kabag, monotonous, mabigat sa tiyan, baka maimpatso

- mais - hindi matutunawan, matigas
- gabi - makati
- cassava - baka malason, causes kabag, hard to digest
- malagkit - mabigat sa tiyan, baka hindi matunawan
- lugaw - child may vommit

Sugar/Oil

- softdrinks / candies - reduce appetite, destrot milk teeth
- oil - might cause diarrhea, child cannot digest
- lard - kakabagan ang bata

8. How do they prepare the foods in each of these categories and why?

Fruits

- banana - mashed, para hindi mabulunan
- guava - hinihiwa ng maliit, para hindi mabulunan
- papaya - mashed, para hindi mabulunan

- given fresh
- peeled off
- mashed
- scraped
- mixed with milk
- sliced
- blended
- osterized
- chopped
- dropper
- whole

Rice/Rootcrops/Cereal

- rice - boiled, fried, mixed with vegetables and soup
- lugaw - mixed with sugar and salt
- malagkit rice - boiled

Meat/Fish/Eggs

- meat - boiled, sinigang,adobo, giniling, tadtarin, himay-himayin, para hindi mabulunan, para madaling manguya
- fish - mixed with vegetables to add flavor, may sustansiya
- - hinihimay para maalis ang tinik, fried, sinigang
- egg - boiled, fried, mashed, scrambled

Sugar/Oil

- mixed with juice
- for sauteing
- mixed with Milo and Ovaltine
- for frying
- spread
- mixed with rice

Beans

- boiled, mashed, mixed with meat and vegetables para madaling manguya
- powdered
- sauteed
- mixed with sugar and milk
- mixed with alugbati

Vegetables

- boiled
- mashed
- chopped
- gingataan
- ginigisa - for good taste, usual way of cooking
- mixed with soup

9. At what age are each of these types of foods introduced and why?

Fruits

- 6, 7, 8, 9, 5, 3 months, 2 years
- 4-8 mos
- 3 mos and above
- 5, 4, 6, 7, 8, 9 mos

Why?

- pampalakas, nagbibigay ng vitamins and minerals
- matutong kumain, make him healthy and strong
- kaya na ng bata, available, madaling ihanda
- affordable
- child likes to eat
- appetizer

- saging - 4 mos
- daranghita - 4 mos
- papaya - 4 mos
- mansanas - 4 mos
- mangga - 6-8 mos
- guava - 8 mos
- pinya - 10 mos
- guyabano - 6-8 mos

Meat/Fish/Egg

- 3, 8, 6, 7, 8, 9 mos old, 1 year, 1 1/2 years
- 8- 12 mos
- 5 mos and above, 7 mos and above
- 4 mos
- 6 mos

Why?

- malaki na ang bata, can tolerate, kaya nang I-digest ng bata
- full of vitamins
- available
- likes to eat
- gains weight
- gives vitamin supplements

- egg - 3 mos
- fish - 4-5 mos
- chicken - 4-5 mos
- pork - 4-5 mos
- shrimp - 4-5 mos
- alimasag - 9-12 mos

Beans

- 1, 2 years old, 6, 8, 9 mos
- 6 mos and above
- 4, 5, 6, 7, 8, 9 mos, 1 year

Why?

- easily digested, can tolerate
- available
- likes the taste
- likes to eat
- monggo - 3 mos

- kadyos - 4-5 mos
- buto ng sitaw - 4-5 mos
- ayap - 6-8 mos
- green peas - 6-8 mos
- patani - 6-8 mos
- sweet beans - 9-12 mos
- mani - 9-12 mos

Vegetables

- 4, 5, 7 mos old, 1 year
- 6-8 mos
- 6 mos
- 4 mos and above

Why?

- para matutong kumain
- can tolerate, easy to swallow and digest, additional supplements

kalabasa - 4-5 mos
talbos ng kamote - 6-8 mos
dahon ng gabi - 6-8 mos
petsay - 6-8 mos
malunggay - 6-8 mos
kangkong - 9-12 mos
sitaw - 9-12 mos

Sugar/Oil

- 7, 6, 8, 5 mos old, 1 year
- 7 mos and above
- 5, 7 mos, 1 year

Why?

- likes the taste
- increase appetite
- can tolerate
- gives additional nutrients

- taba ng baboy- 3 mos
- gata - 4-5 mos
- candies - 4-5 mos
- chocolate - 6-8 mos
- margarine - 9-12 mos
- buko - 6-8 mos
- honey bee - 9-12 mos

Rice/Rootcrops/Cereal

- 4, 5, 6, 7 mos old, 1 year
- 4 mos
- 4, 5, 6 mos
- 4 mos and above

Why?

- para matutong kumain
- make him healthy and strong
- can tolerate
- give additional nutrients
- easy to digest
- to make him fat
- always available
- provide strength
- increase weight

- lugaw - 3-6 mos

- rice, cerelac, patatas, camote - 3 mos
- gabi - 8 mos
- lugaw - 3 mos
- noodles - 6-8 mos
- puto - 6-8 mos

QUALITATIVE DATA ANALYSIS
GROWTH MONITORING AND PSYCHO SOCIAL PRACTICES

Summary of Workshop Output

1. How do mothers say their children learn to:

Talk

- kinakausap lagi lalo't tuwing umaga
- tinuturuan
- learn thru lip reading
- natuto na lang
- listening
- not able to talk yet (newborn)
- basta lang
- constant conversation with older family members
- on her own
- follow after the mother
- telling stories
- imitate opening of the mouth
- sound creating expected response

Listen

- calling his/her name
- talking to him/her
- making sounds to catch his attention
- inuutusan at sumusunod naman
- kinukwentuhan at kinakausap
- pinakikinig sa radyo
- when you talk he responded
- taught by family members
- demonstrated by mother
- basta lang
- siya lang
- easily disturbed
- she wakes up easily when she hear noise
- stops when scolded
- give toys toys that produce sound

Hold Things

- binibigyan ng laruan
- natuto na lang
- pinapahawak ng mga bagay
- by himself
- demonstrated by mothers
- the baby holds the breast
- group things if given to her
- key chain
- holds the spoon during feeding time
- taught/by following
- by giving toys/objects/colored objects
- easily learned
- pinapahawak ang kamay
- early introduction of toys
- teach on how to handle toys
- tinuturuan na humawak ng "didi"

Play with Other Members of the Family

- family interaction
- playing with older sister, brother, father, mother
- kahit di turuan ay natutong makipaglaro
- pinalalaro sa mga pinsan
- elder brothers/sisters share their toys
- play "taraka" with other member
- giggles when brother and sister plays with him/her
- cried if not involved
- basta lang
- conversation
- smile to others
- joining activities of the other family members
- bulaga-an (tika-tika)

2. What kinds of toys do mothers say they give their children?

- rattle
- plastic dolls, car, gun, ball, spoon, fork, plates, glass
- paper and pencil
- stuff toys
- telephone toy
- shells
- wood
- sling shut (small)

- bell
- mga basyo ng pulbos
- empty boxes
- play house
- book
- plastic fan
- anything not bad for him
- round things
- leaves/cellophane
- flower
- truck
- saucer and spoon
- teether
- key - para madaling magsalita
- bear
- plastic with shape and attractive color
- kiling-kiling
- pacifier
- pencil and paper
- empty plastic container

3. Why do they choose these toys for their children?

- malambot
- yan ang laruan ng mga bata
- not harmful/hazardous
- to keep him busy
- to focus his attention so mother can work
- economical
- usually given by friends, neighbors, relatives
- colorful
- attractive
- safe
- laruan ng babae (doll, plastic utensils)
- laruan ng lalaki (toy gun, ball, sling shut)
- para maganda/magaling sumulat
- sayang naman kung bibili pa
- para mabilis lumakad
- can't be eaten by the child
- no other toys
- do not know the reason
- brother's toys
- cannot be swallowed
- replacement for breast
- a boy must learn how to play basketball said the father

- to avoid accidents
- to pacify the child because she/he is crying
- clean
- no sharp edge
- to develop ability to grasp things
- no toy to give
- para may ideaa sa mga bagay
- mas mabait pag may laruan

4. What reasons do mothers give for weighing their children?

- para malaman kung tumaas o bumaba ang timbang ng bata
- malaman kung malnourish na ang bata
- malaman kung lumalaki ang bata
- to know if the food given is right/proper
- the child is given food commodities
- medical check-up
- time to immunize
- gusto niya
- kasi sinasabi ang timbang
- sinabi ng midwife/BHW
- para ma-monitor ang timbang
- to know if she/he is in good health

5. How do they describe the advantages and disadvantages of weighing their babies?

Advantages	Disadvantages
• weight and health is monitored	• cannot monitor the weight and heaalth of the child
• to know if the child is malnourished	• waste of time for the mother
• check his health	• none
• know whether the weight	• minsan ay nakakaabala
• monitor the weight	• mother is busy
• guide	• far from the health center
• para maalagaan ng husto	• without something to give
• malalaman kung anong dagdag na pagkain ang kailangan	• no available food supplements
	• inconvenient/cumbersome
	• to keep going back to center with child

- nalalaman kung anong kakulangan sa pag-aalaga kung may kulang sa vitamins
- natatakot malaman na ang
- for check-up
- it is to the advantage of the child
- can do something if weight is increasing
- immediate reaction
  status
- child is scared when placed on the weighing scale
- to know the nutritional status
- nahihiya kung malnourished ang anak
- hindi mafollow-up ang timbang
- don't know
- hindi malaman ang health
- walang weighing scale sa BHS

6. How do the mothers feel about the information they receive from health workers when their babies are weighed?

- sad
- happy
- cautioned
- alarmed
- okey lang
- ewan/wala
- have a medical check-up regularly
- please read messages written in the growth chart regarding
- food supplementation, diarrhea and dental care discouraged
- very disheartening
- nahihiya
- satisfied
- worried

7. What are the opinions of mothers about weighing children 0-12 months and why?

monthly
- for immunization
- know if weight increases or not
- according to health worker
- monitor child's weight
- if child's weight improve
- know if he gets healthier as he grows older
- the stage is very critical
- young infants need more attention than older ones
- nakagawian na
- time of weighing in the area
- to ask for additional supplements

- to be guided

once every quarter - no comment

every 2 months
- no comment
- pag merong nag-aabisa ay sumasama sa pagtitimbang
- kasabay ng check-up
- to know the weight increase
- if the weight of the child is compatible with his age

3 months - it's not enough for me to know if he grows or not

every immunization - no other time to go to health center

every consultation - that's the only time to go to health center

no definite schedule of weighing - far from the barangay health center/no weighing scale

every 6 months

many times

weekly - no permanent midwife

8. What are the opinions of mothers about weighing children 1-4 years old and why?

monthly
quarterly
2x a year
every 4 months
no answer
di alam
depend on the schedule
2x a month
once a year

Why:

- para malaman o masundan ang pagtaas ng timbang
- hindi na delikado dahil may edad na
- mas malaki na at may laban saa sakit
- malikot, malaki na mahirap timbangin
- sumusunod lang sa pasabi
- their child is already immunized
- hindi na kailangan
- no permanent midwife
- after FIC no more weighing, it is not necessary - can't no longer receive food supplement supply
- mothers are sometimes busy
- to provide with adequate food if child is malnourished
- weighed too close to monitor

9. How do mothers describe their understanding of the Growth Monitoring Cards? How do they describe how it is used?

- for check-up/consultation
- records weight
- records immunization
- gives advices
- follow-up
- breastfeeding advice
- for treatment
- dental care
- para sa schedule ng susunod na check-up
- kailangan pag mag-aaral na
- ginagamit para sa pagpapakain
- hindi alam ang gamit
- weight taking
- child may be sick
- child may be malnourished
- monitor nutritional status of the child
- EPI scheduling
- clinic visit
- OPT
- family history recording
- can be used in other RHU or places if the family transferred to other residence

10. What do they say on how they feel if the weight of the baby is outside the two lines?

- sad
- worried
- problematic
- kinakabahan
- argue
- hindi ko alam
- discouraged
- very disheartening
- disturb
- not normal
- malnourished
- pity
- does not like

11. What kind of actions do they say they will take if this happens?

- feed the child regularly
- maintain giving nutritious food for normal
- take good care of the child
- give vitamins
- good food
- additional food like vegetables
- increase food intake
- seek advice from midwife
- magtatanong sa health center kung ano ang gagawin
- sisikapin na lalong tumaas ang timbang, pakakainin ng masustansiyang gulay
- hindi alam ang gagawin
- mothers should prepare extra food if the child is underweight
- has a medical check-up always
- ask for supplements
- give special attention
- clean surrounding
- to be seen by a physician
- mother should eat more foods
- take good care of child
- magpaturo kung ano ang gagawin para tumaba
- pag-aralan kung paano tumaas ang timbang
- continue breastfeeding
- submit for immunization

QUALITATIVE DATA ANALYSIS
BARANGAY HEALTH WORKERS

Summary of Workshop Output

1. In general, how do BHWs feel about their work as barangay health workers? Why?

   - satisfied, happy, doesn't count the hours of services because
     - they have love for children
     - help their family and community
     - to gain experience and knowledge

2. What do they describe as their main tasks?

   - coordinate with NGOs
   - conducts regular weighing and OPT
   - assist midwives in clinics activities
   - health and nutrition education
   - campaign for home gardens
   - home visitation
   - assist the RHM in immunization, pre-natal, FP, delivery, sputum exam, etc.
   - makes referral for hosp. of patients

3. How do they describe their talk w/ mothers about nutrition and health?

   - conducts nutrition education/counselling on balance diet, malnutrition, basic food groups, child care, immunization, the use of herbal medicines, FP services, breastfeeding and weaning

4. What kind of help do they say they need to talk to mothers (mothers classes, counselling, etc.)?

   - regular monthly meetings
   - teach us on how to conduct counselling to mothers
   - resource speakers from other agencies
   - training / seminars
   - IEC materials
   - provide us nurses to talk more on health and nutrition topics

5. What kind of teaching aids do they prefer and why?

- book - to guide them on what to take up
- posters - to have an actual viewing of the situation
- flip charts
- pamphlets
- leaflets
- comics
- IEC materials for mothers (dialect of community)
- teaching aids

6. Do BHWs feel mothers follow their advice? What makes them say so?

YES:
- it will help them
- they come during immunization
- they show interest

NO:
- some mothers are hard headed
- hyprocrite
- sometimes capitalize their children for help especially with food ration

7. What do the BHW identify as the most important problem for mothers in each of the following areas and why?

- Pregnancy/pre-natal
  - lazy to go to the center
  - some mothers are pale
  - afraid of TT immunization - it hurts
  - choice of hilot instead of RHMs - referred by mothers
  - hard time motivating on FP services - mothers are always pregnant
  - mothers are underweight

- Breastfeeding
  - sick mothers - baka mahawaan ang bata
  - working mothers
  - inadequate milk
  - inverted nipple
  - nilalagnat ang nanay sa sobrang dami ng gatas
  - pain on the breast; back pain
  - isang suso lang ang ginagamit

- Weaning
  - give soft diet at first like malunggay soup
  - slowly introduce veg. and fruits, cereals which can be easily digested
  - sterilized food utensils used in preparing baby's food

- Food Perception
  - fish and meat will develop the brains and bones of the child
  - at the age of 1-2 yrs. old there is no more food restrictions

- Growth Monitoring
  - teach them on the importance of weight in the growth chart
  - give extra attention and give extra food if the child's weight is decreasing and have a regular check-up
  - read other advices in the GMC

- some used condensed milk as breastmilk substitute
- pag nagpasuso ang nanay mabutod (kabag) ang nanay
- ayaw masira ang porma ng suso
- hindi bagay ang gatas, nagtatae ang bata

- Weaning
  - unbalanced diet because of inadequate knowledge
  - no money to buy enough food
  - veg. leaves will cause diarrhea and will not be digested
  - mothers lazy to prepare
  - superstitious beliefs

- Food Perception
  - eating hard foods can't be digested such as jackfruit, eggplant, GLV, coconut milk

- Growth Monitoring
  - not all mothers knows how to use Growth Monitoring Chart because they're not interested to learn
  - some mothers only weigh during immunization or quarterly basis
  - child's weight is going down/decreasing
  - no weighing scale

8. **What advice do the BHWs give the mothers in each of these areas?**

- Pregnancy/Pre-Natal
  - have TT immunization
  - observe hygiene and sanitation
  - have a balanced diet
  - have exercise and relaxation
  - don't smoke and drink alcoholic drinks
  - take supplements such as FeSo4

- Breastfeeding
  - sterilize feeding bottles to avoid diarrhea
  - have daily exercise in order not to have deformed body
  - practice FP
  - eat more fruits, vegetable, shellfish, meat to produce more milk
  - drink milk
  - continue breastfeeding as long as you have milk
  - continue breastfeeding even if you have sore nipple (use breast pump) wash it with clean water only

QUALITATIVE DATA ANALYSIS
RURAL HEALTH MIDWIVES

Summary of Workshop Output

1. In general, how do RHMs feel about their work as midwives? Why?

   - Satisfied/rewarding work/happy to serve/enjoyable
   - Fulfilled/contented (client + result)
   - Frustrated/tired (Low coverage; Big area of coverage)
   - Self -esteem
   - Fearful na makuha anag sakit (armed groups)
   - They need to work
   - Not satisfied with their salaries
   - Work overload and plenty of paper work
   - "Nakakadismaya" - weigh ng weigh pero wal namang magawa para sa malnourished

2. What do they describe as their main tasks?

   - Handling pre-natal services
   - Birth attendant/deliveries
   - Front-liner in the delivery of the ff:
     - Family planning
     - Immunization
     - Conduct mothers' classes/IEC
     - Household survey
     - Sputum collection
     - Supervises hilots and BHWs
     - Recording/reporting
   - Wa mi claro nga task: ug unsa lang ang isugo sa amo . . . We don't like that (intervening tasks) - Over loaded/over utilized

3. How do they describe their talks with mothers about nutrition and health?

   - Organized them into 20 HH and do classes/study group
   - Conduct individual home visits - the only time that we could talk - "no holds bar" - with "tsismis"
   - sustaining IEC even if we don't have enough visual aids

4. What kind of help do they say they need to talk to mothers (mothers' classes, counselling, etc.)

- IEC materials and visual aids
- TV and video/VTR
- Video van
- Authorative resource person/specialist.during counselling and classes (doctors, nurses . . . ibang mukha)

5. Do RHMs feel mothers follow their advice? What makes them say so?

- Yes, majority is willing to follow
- Sometimes, a comibination of what others say
- Hadlok na sila sa amo

6. What do the midwives identify as the most important problems for mothers in each of the following areas and why?

a) Pregnancy/pre-natal

- incomplete immunization
- high risk mothers
- several mothers are underweight
- anemic with PTB
- poor hygiene due to inadequate water supply
- with goiter with varicosities
- unwanted pregnancies
- lack of knowledge on proper health and nutrition
- inadequate vitamin and the micronutrient supplementation

b) Breastfeeding

- working mothers to bottlefeeding
- lack of knowledge on the importance of breastfeeding
- inverted and infected nipple (suli sa loob)
- insufficient breastmilk of mothers
- gamay ang nipple

c) Weaning

<u>Negative:</u>

- lack of money to buy needed foods, busy, no time to prepare
- insufficient mothers' milk
- beliefs fallacies

- culture
- they they they give pink foods and kept them busy to prevent from crying

Positive:
- Cereal/rice and lugaw with milk
- mashed egg
- vegetables
- exclusive breastfeeding
- allowing their infant/children nibble on hand to digest food
- Ug-unsa lang ang na-a sa balay

d) Food Perceptions

- Some are giving fruits, like papaya, saging, avocado, lemon juice
- Allowing to eat junk foods
- Beliefs
- Biscuits and sweetened candies to avoid *capuy mamali sang hilak*

e) Growth Monitoring

- defective apparatus
- cultural
- submit for weighing during immunization round
- not interested
- inadequate GMC card among mothers
- Some do not go back for follow-up

7. What advices do the RHMs give the mothers in each of these areas:

a) Pregnancy/Pre-natal

- Mothers can't tolerate ferrons advice to buy other brand
- Not to eat salty foods
- Avoid drinking coke
- Not to sleep oftentimes
- Regular AP check-up
- Plant rich source of vitamins, numerals, protein like vegetables, fruits
- Don't overwork, enough rest
- Exercise and daily bath
- Family planning

b) Breastfeeding

- To continue BF even with diarrhea
- Referrals
- To continue Breastfeeding 4-6 months
- Eat more of nutritious foods
- Correct handling during breastfeeding
- Clean nipple before and after feeding
- Feed colostrum
- No water except breastmilk for 6 months

c) Weaning

- Let the children eat more vegetables, fruits, lugaw and fish
- Plant vegetables and fruits
- Observe cleanliness
- Continue breastfeeding
- Provide infant with enough micronutrients supplementation
- Advices to correct beliefs
- Advice when to start feeding
- Fish at 6 months
  - nakakabulate
  - depende sa preparation
  - nagkaka-allergy
- Vegetables at 6 months - mothers
  - hindi matunawan
  - sabaw lang ng gulay -> stomach of child not ready to diegest
  - hindi pa kaya
  - niluluwa ng bata
  - mabulunan
  - magtatae/causes diarrhea

d) Food Perception

- Plant vegetable in the surrounding
- Eat protein rich food

e) Growth Monitoring

- Mothers submit their children for weighing
- Advice advantages and basic intervention of UFC programs

QUALITATIVE DATA ANALYSIS
PERCEPTIONS ON HEALTH

Summary of Workshop Output

1. How do mothers describe the health of their children?

- malusog/mabuli hindi nagkakasakit
- sakitin
- okay lang
- maliksi
- magaling kumain
- masaya
- playful
- mas malaki kaysa ibang bata
- palatawa
- hindi matamlay
- normal mataas ang timbang
- ayos matulog
- mabintog
- lagsik
- skin is fine and smooth
- madaling matuto
- malapsi (maputla)
- not irritable
- good robust
- underweight
- mabagal lumaki
- mahinang katawan
- masirain ang tiyan
- hindi mabisyo
- malakas dumidi
- lacks appetite
- sickly with cough
- mabagal lumaki
- mahina ang katawan
- well cared
- grows well

2. How do they feel about their own children's health? Why?

- nakulbaan (fear) - madaling kapitan ng sakit
  - walang pambili ng medisina

- masaya - malusog
  - weight is increasing
  - baby is not irritable
  - playful and have good appetite
  - madaling maututo ang bata
  - walang problema
  - baby recovers from colds easily
  - maliksi
  - hindi nagkakasakit ang bata

- malungkot - reducing weight
  - may bulate
  - walang pera for proper medication & food supplements
  - mahigmio
  - malnourished
  - nagyagtas (namamayat)
  - sickly

- worried - nagtatae pag nagngingipin
  - child is weak
  - delayed ang paglalakad ng bata
  - walang pambayad/pambili ng medisina
  - masyadong malakas kumain ang bata

3. **What do mothers say they do to ensure that their children are healthy?**

- pagdidihon ug hatagan ug lugaw
- pakainin ng masustansiya para hindi maging malnourished
- mag-breastfeeding
- regular weighing
- dalhin sa hilot / patingnan sa albularyo
- bigyan ng bitamina / medisina
- alagaan sa pagkain at kalinisan
- add solid foods after 3-4 months
- kumakain ng masustansiya para madidi ng bata
- ipa-check-up sa doctor
- inaayudahan ng ibang gatas bukod sa gatas ng ina
- alagaang mabuti
- dili pahamugan
- pabakunahan para hindi magkasakit
- dili pasagdan
- keep home environment clean

- read books on child care
- pinakakain ng cerelac, sabaw at tiki-tiki
- maliligo ang mother ng mainit-init para hindi makadidi ng lamig ang bata
- bring child to health center for consultation and immunization
- bath the child daily

QUALITATIVE DATA ANALYSIS
PRE-NATAL CARE

Summary of Workshop Output

1. What are the practices of the mothers for pre-natal check-ups?

   - consult BHW or other confidant in the locality
   - some mothers do not go to the center for check-up
   - go to physician/OB Gyne/intern
   - go to RHU staff/RHM
   - go to hilot
   - go to mother-in-law
   - most of the mothers go for pre-natal check-up at the BHS and RHU
   - hampal ang tuba-tuba
   - dili magpatun-og sa gabii
   - dili magbuhat ng bug-at
   - dili magpalabi ng kaon sa parat ng tam-is
   - mag exercise (light)
   - kanunay limpiyo sa lawas
   - ayohon paglakaw para dili mabungi si Inday/Ondo
   - kaon ng masustansiya
   - dili magkauga ng bug-at
   - dili matulog ug walang banig
   - maglikay nga masubrohan sa kakapoy
   - dili magsuroy sa gabii kay humot sa wak-wak

2. Of the mothers that have pre-natal check-ups:

   a. Why do they say they have them?

      - may nag-advice na magpacheck-up
      - to know/ensure the condition of mother and child
      - really needed during pregnancy
      - immunization
      - I have infection, low blood, anemic
      - dahil maliit ang tiyan ko, hindi lumalaki ay kabuwanan ko na
      - dahil kalakaran na dito sa lugar, para maiwasan ang disgrasya
      - dahil tumataas ang presyon at takot na may masamang mangyari
      - dahil sa ang panganay kong anak ay lumabas ng kulang sa buwan
      - dahil mahirap maglihi at di makakain

- dahil matagal ng di nanganganak
- weighing
- get BP
- give ferrous sulfate
- to prevent beri-beri
- don't feel well
- mother is high blood
- to know the position of the fetus in mother's womb
- midwife insists
- it is necessary
- walang pera
- magpahilot kay pirme nagkasakit ang tiyan
- mangayo ug advice sa health personnel
- para mahibal-an ang plastar sa akong anak
- para mahibal-an unsang bitamina ang akong imnon
- para dili matetanus
- para matagaan ug regular attention

b. Who do they go to for pre-natal check-ups?

Midwives

- malapit sa kanila
- pinupuntahan sa bahay-bahay ng midwife/BHWs kung hindi nakakapunta sa center
- availability/visibility
- only health workers available in the area
- para tagaan ug bitamina
- mangayo ug advice sa health personnel
- para mahibal-an ang plastar sa akong anak
- para dili matetanus
- para matagaan ug regular attention

BHW

- as trained hilot

Doctors

- may tiwala sa doctor
- secured
- more knowledgeable and accessible to ensure safe delivery
- knows what's best for them
- experienced
- family doctor

Hilots

- regular na magpapaanak sa kanya
- residing within the locality
- traditional birth attendant
- ginahilot pirme nagkasakit ang tiyan

How often?

- regular (once a month)
- no time (never)
- once during pregnancy
- 3x
- 2x
- 4x
- 5x
- cannot remember
- often
- seldom

c. How do they describe the pre-natal care they are given?

- no data
- contented
- pre-natal check-up must be done 2x a month
- provision of weighing scale
- BP taken
- given advice
- given vitamins
- given tetanus toxoid immunization
- urinalysis
- gamot sana'y madagdagan pa, hindi lang reseta ang ibinibigay
- ayusin ang BHW dahil magigiba na, para ganahan naman
- dapat ay pare-parehas ang pagtingin
- maging malinis ang health center at maging aktibo ang health personnel
- kailangan may doctor sa HC
- dapat laging may midwife sa HC
- contented with services
- relieved/confident/happy - baby is strong
- worried not contented - BP is high, hemoglobin is low, breach presentation, with edema
- record taking

- importance of pre-natal care
- PE

d. How do they describe what happens to them during the check-ups?

- dental check-up
- general check-up
- no data
- give ferrous sulfate
- give advice on breastfeeding
- come back for another pre-natal check-up
- urine examination
- tinatanong kung regular ang pagdumi
- tinitingnan kung maputla
- tinitingnan kung manas
- history making
- hemoglobin determination
- health education given
- blood pressure
- weighing
- pinapakinggan ang tiyan sa pamamagitan ng stetoscope
- hinihilot ang tiyan
- sinusukat ang tiyan
- IE (internal exam)
- binibigyan ng reseta
- binibigyan ng immunization
- bibigyan ng vitamins

3. Of the mothers who do not have pre-natal check-ups:

a. Why do these mothers choose not to have pre-natal check-ups?

- afraid of injection
- experience illness during previous check-up; allergies, fevers and weakness
- nagtuturuan ang health worker
- laziness of mothers; not feeling well
- nasanay nang hindi nagpapacheck-up
- with BP apparatus
- midwifery graduate
- busy working
- walang pera
- takot malaman ang resulta ng check-up
- kumakain naman ng masustansiya

- walang midwife/BHS na malapit sa lugar
- discourage by result of previous pregnancy
- naa sila'y kangalinga manghihilot sa ilang tribo

4. In general:

   a. From whom do the mothers say they are receiving advice during their pregnancies?

      - midwives
      - mother-in-law/mother
      - mother/BHW
      - husband
      - other health personnel
      - friends
      - herself
      - in school
      - DSWD, workers
      - doctors
      - nurse
      - heard from radio
      - hilot
      - relatives
      - neighbors
      - old people with experience
      - sister
      - ninang
      - uncle
      - officemate

   b. What kind of advice do they receive? How do they describe them?

      - eat balance diet
      - iwasan ang mabigat na trabaho
      - avoid cold/sweet foods
      - family planning
      - regular pre-natal check-up
      - caring of oneself
      - huwag maligo ng maaga
      - huwag matulog sa tanghali
      - maggamit ng bigkis
      - huwag mag-suot ng bukas sa likod

- mag-inom ng prescribe na gamot
- magpa-immunize/magpatimbang
- don't smoke
- do not eat langka - it will cause boils to both mother and child
- bawal ang softdrinks
- huwag magbasa ng horror
- huwag uupo sa pinto
- do not keep worrying
- eat monggo to prevent beri-beri
- do not take a bath in the afternoon
- do not get wet after the "hilot" session
- morning exercise and exposure to sunlight
- avoid taking a bath during "bad" days
- apply liniments on the abdomen and herbal medicines
- exercise
- maintain proper hygiene
- take vitamin supplements
- do not drink liquor
- do not overwork
- for easy delivery
- to prevent untoward complication during pregnancy and delivery
- magpalabi ug kaon ug parat ng tam-is

c. Whose advice do they say they are following and why?

Midwife
Mother-in-law
BHW
Hilot
Neighbor
Friend
Doctor
PHN
Own Knowledge

Why:

- malapit sa kanila
- confident/trusted
- dahil sila ang nakakaalam ng pamamaraan
- mas may karanasan sila at nakakahiyang hindi sundin
- dahil ang iniisip aay para sa kabutihan ng nanay at anak

- dahil nagkaroon isya ng eclampsia sa kanyang huling pagbubuntis
- they have more experience and knowledgeable
- they have goo advice
- they are the ones doing pre-natal check-up regularly
- for her own sake
- midwife says so
- dili mawala

QUALITATIVE DATA ANALYSIS
BREASTFEEDING

Summary of Workshop Output

1. Why do some mothers choose not to breastfeed?

- ayaw na ng ama
- my child breastfed for only 4 months since I had no more milk
- mother's illness might contaminate (weak lungs)
- mothers is busy
- he is eating solid foods and stopped breastfeeding
- binul-il la hiya; hindi na sumuso
- breasts and chest are painful
- anemic, nahahawa ang bata
- inadequate/not enough breastmilk
- food intake is not sufficient
- infection in the nipple
- child eats well
- child bites the nipple
- mother is pregnant
- "it bothers me"
- wala ng gatas
- napapagod sa maghapong trabaho/maraming isipin baka madede ng bata
- ayaw ng bata dahil nag-iiyak
- ibinutaw na para baka sakaling gumanda ang katawan ng bata
- kanang dede lamang ang may gatas ang left side ay may dugo
- nagkasakit ang nanay ng trangkaso
- nagkasaakit ang anak ng diarrhea
- malaki pa ang bata
- madilaw-dilaw ang gatas ng ina kaya hindi pinadede sa anak baka magkasakit ang bata
- isinusuka ng bata ang gatas ng ina
- hindi kumakain o umiinom ng tubig ang bata kapag pinadede
- nagpi-pills ang nanay
- cracked nipples
- asthmatic mother
- mother is studying
- breast cyst

2. What kind of breastfeeding problems do mothers describe having? How do they describe these problems?

- cyst on the right breast
- infant is vomiting
- sore nipples
- inverted nipples
- insufficient milk
- no more milk
- insufficient food
- abnormality of left breast
- allergy
- mahina ang gatas kaya tinutulungan ng ibang gatas
- matanda na ang nanay, kakaunti na ang gatas
- kakaunti ang nadedeng gatas, naaawa sa anak
- pag sumususo ay nagugutom agad ang ina
- cracked nipple
- painful
- breastfeed in small amount
- mother does not have big nipple
- biting
- when mother is sick
- child got sick
- because the mother is anemic
- blood goes with milk
- child don't get diarrhea

3. Why do some mothers choose to give other kinds of milk?

- hindi malansa
- Bona - it is good for the child, affordable, doctor's advice, advise by neighbor
- Bear Brand - affordable and most liked, no other, he does not have diarrhea and allergy
- Nido - suggested by the doctor; child liked it
- Alaska - so that the child will be provided with iron
- Nestogen - seemed more nutritious than other milk, hiyang niya
- ayaw ng asawa na magbreastfeeding
- dahil nangangayayat ang mother, pag may trabaho ay nakaksuso ng pagod
- sabi ng biyenan ay bigyan na ng pagkain sa 4 months
- para madagdagan ang sustansiya
- doctor's advice
- madaling makapagpalusog at makapagpabigat
- bagay naman ang milk powder at hindi nagtatae

- may vitamin naman at nakakatipid pa
- pinadalhan ng asawa ng milk powder
- sinubukan ang bigay ng pinsan
- dahil may konting dugo ang left breast
- dahil nagkasakit ang nanay
- medyo mura ang napiling milk powder
- iyon lang ang kaya ng budget at bagay naman
- when they are out of household to some needs in the family
- stool harden
- talented
- popular
- best
- proven to be good
- nangangayayat ang bata
- harder to stop breastfeeding if older
- hiyang ang bata
- cheap
- replacement
- palatable
- the child is ready to eat
- the child is old enough
- full cream milk is available at home

4. Until what age do some mothers exclusively breastfeed?

- 0-3 months
- 4-6 months
- 1 week
- 2 weeks
- 2 years
- 9 months
- 6-7 months
- 19 months
- 18 months
- 12 months
- 10 months
- 1 year and 2 months
- as long as mothers have milk
- until teething

5. According to the mothers, why do they exclusively breastfeed until this age?

- narinig sa seminar
- one way of family planning
- marami pang gatas at di pa puwedeng kumain ng iba
- kaya ng kumain ng semi-solid food
- ginawa sa ibang anak
- naaawa po akong ibutaw nang mas maaga
- itinigil na dahil di gumaganda ang katawan
- para huwag maging pihikan at maging aliwan na lang ang pagdede
- nagbuntis na ang nanay at hindi na kaya ang gatas
- para hindi sakitin
- dahil kakaunti ang gatas
- para hindi sundan agad
- para makapagtrabaho naman ang nanay
- dahil nangangagat na ang bata
- parang di na kuntento sa gatas ng ina
- assist mother in farming
- advice of RHM
- para maging malusog ang bata
- para hindi maging masakitin
- kawawa yung bata
- powdered milk is expensive
- mother resume working
- to avoid early pregnancy
- experience from others
- until the baby is satisfied
- because of poverty
- child will just automatically stop
- child needs food supplement after 4-6 months
- breastmilk is good for the baby
- take pills
- time for weaning
- milk teeth is complete

Appendix B2

Child Growth
Basic Learning Package

Additional Sessions

NUTRIENT NEEDS DURING PREGNANCY

Objective: At the end of the session, the mothers will be able to:

- describe the signs, symptoms and causes of Iron Deficiency Anemia (IDA) and identify measures to prevent it
- propose to take iron supplements regularly and increase their daily food intake
- identify the following nutrients; carbohydrates, protein, fats, vitamins and minerals (especially iron), its functions and sources
- explain the importance of increased food intake during pregnancy
- plan a meal rich in calories and nutrients especially iron and vitamin A

Methods:
Diads
Group Discussion
Game
Letter Reading

Materials:
Checklist for IDA (1 copy for every 2 mothers)
Pencils
Food Cards
Flip Chart (pictures depicting situations in the letter)
3 Baskets

Time:

Procedure:

Part I: **Diagnosis: Iron Deficiency Anemia**

Step 1: Ask the participants to choose a partner.

Step 2: Give the participants a checklist.

Step 3: Explain the procedures in filling-up the checklist.

Step 4: Demonstrate how to diagnose.

Step 5: Give the participants about 5 minutes to examine each other using the checklist.

Step 6: After all pairs have finished the examination, tally/consolidate the results of the examination in the checklist.

Example:

Symptoms	Yes	No
Dizziness	3	2
Pale eyelids	4	4

Step 7: After the consolidation of results, the facilitator asks the following questions:

1. How did you feel about the activity?
2. Which part of the activity did you find easy to do? hard to do? Why?
3. What do the results tell us?
4. How did you feel knowing that you don't have anemia?
5. How did you feel knowing that you have anemia?
6. What causes the anemia?
7. What can be done to prevent iron deficiency anemia?

Step 8: Present the following key points written on the blackboard or flipchart.

Key Points to Remember:

- Symptoms and signs such as weakness, restlessness, pale eyelids, etc. can be caused by inadequate intake of iron in the diet which can lead to anemia.

- Iron Deficiency Anemia can be prevented by regular intake of iron supplements like ferrous sulfate ($FeSO_4$) and eating foods rich in iron such as green leafy vegetables and internal organs such as liver and meat.

- Mothers should know that iron prevents anemia and lowers the risk of illness and death among mothers and infants.

PART II: LETTER READING

Step 1: Read the letter with the aid of the flipchart.

An Open Letter from Baby to Mommy

Dear Mommy,

Hi Mommy! The first thing that I would like to tell you is that I am very happy to have you as my Mommy. I know that you love me and I want you to know that even if I am not born yet, I love you already.

Mommy, I want you to know that I am fine here in your womb. It is very warm and cozy. But sometimes, Mommy I feel hungry. You know that for me to grow inside your body, I need to eat also. We both need special foods to make me grow and develop and for you to stay healthy.

I am listing here the special kinds of foods that you and I need for both of us to stay healthy while I am growing inside you:

a. Proteins. Mommy, I need to develop my muscles, my brain and my bones and I need protein to do so. Can you tell me, Mommy what foods are rich in protein? Who knows if I get enough protein, I may grow into another Lea Salonga?

b. Carbohydrates and Fats. I would like to say sorry Mommy for sometimes kicking your stomach. I do that to let you know that I am very much alive inside you. I need to sustain my energy, Mommy. Therefore, I need carbohydrates and fats in our diet. These nutrients give us energy to do our daily activities. You need additional

energy to proudly carry me around the neighborhood! Mommy, can you tell me what foods contain carbohydrates and fats?

c. Vitamins and Minerals. Mommy, I want to look beautiful when I go out into the world. I want you to be beautiful also with your eyes sparkling, your skin glowing and full of life. Thus, Mommy you need vitamins and minerals because they regulate our body processes. Vitamin A and C protects us from illnesses which I don't want to happen to us. I don't want to get sick, Mommy. Then, Mommy there's also iron, it's a mineral. It helps keep our blood healthy. I don't want you to be too tired or pale I want you to play with me.

   Mommy, please eat also foods rich in iodine, I want to grow up smart and without enough iodine my mental development will be impaired.
   Mommy, can you identify foods rich in vitamins and minerals?

Because I am growing inside you, you need to eat more foods. You're not only eating for yourself but for the two of us now. So, Mommy, please don't let us be hungry.

I am depending on you Mommy for my life. I know that you will take care of me by taking care of yourself. I am confident that you will eat the special foods we need because I know you love me and I love you too.

Love,
Baby

P.S. See you in a few months!

Note: Letter should be written at the back of the picture.

Step 3: Ask the participants, the following questions:

- Who wrote the letter? For whom?
- How did you find the letter? How did you feel while listening to the letter?

- What are the concerns of Baby?
- If you were the mother of Baby, what would you do to reassure Baby? Why?
- What foods should the mothers eat so that her baby will develop and grow properly and for her to stay healthy during and after pregnancy?
- Which of these foods are readily available in the area?
- Iodized salt? How can you avail it?

Step 4: After the facilitator has encouraged as many responses as possible, make sure the following points have been made:

KEY POINTS:

- It is important for the mother to increase her food intake to better prepare herself for childbirth. The baby likewise gets its food from its mother for growth and development, thus the additional food intake.
- Mothers should include the following foods in their daily diet:
  Protein - for body building; for the baby to grow and develop properly. Sources include meat, fish, poultry, nuts, legumes, eggs, and milk.
  Carbohydrates and Fats - provides energy to the body to do daily activities and additional needs during pregnancy. Sources include rice, kamote, corn, breads, noodles, oils, margarine.
  Vitamins and Minerals - regulates body processes; for increased resistance against common illnesses; for healthy skin, hair and eyes. Sources includes green, leafy and yellow vegetables and fruits.

Step 5: After the synthesis, ask the mothers:

- If you were the mother of the baby, what will your response be?

Step 6: Request the mothers to write a letter in response to the baby to be submitted during the next meeting. The letter should describe all the foods she will be eating and why she has decided to eat these foods.

PART III: GAME: PLAN A MEAL CONTEST

Step 1: Divide the participants into three groups.

Step 2: Present the group task:

Note: Food cards are laid face-up one by one on top of a table (or in any other flat surface available)

Task:

a. Each group will plan complete a meal rich in calories, iron and iodine using food cards.
(Note: The groups must include locally available foods).
b. Each group is provided with a basket and will go around the table and pick-out the ingredients for their meal.
c. Ask each group (one member from the group) to present their prepared meal and explain why they chose the ingredients.
d. Present criteria:
   - the ingredients are affordable
   - the meal is composed of the 3 basic food groups
   - the meal is easy to prepare

Step 3: Assign a judge and give the following criteria for judging:

- nutrient content of the food item
- affordability
- ease in preparation

Step 4: For the group discussion, ask the following questions:

- How did you feel about the activity? Was it easy? Why? Was it difficult? Why?

- What did the group consider in coming-up with a complete meal?

Step 5: During the synthesis, make sure the following points are stressed:

KEY POINTS TO REMEMBER

- A pregnant woman needs to increase her intake of nutritious foods rich in calories and nutrients especially iron, iodine and vitamin A.
- A complete meal contains the three basic food groups.
- In preparing a meal consider the following: nutrient content of the food items, affordability, ease in preparation. Choose a variety of foods as much as possible.

PRE-NATAL CARE AND SERVICES

Objective: At the end of the session, the mothers will be able to:

- discuss the importance of pre-natal check-up.
- enumerate and discuss the importance of pre-natal services available at the health center.
- identify the advantages of tetanus toxoid immunization.

Methods: Role Play
Group Discussion
Game

Materials: Prepared strips of paper for game
(2 sets: prenatal services, TT schedule)
Pentel Pen
Blackboard
Masking Tape
BP Apparatus
Weighing Scale
Flipchart

Time: 1 hour

Procedure:

Part I: Pre-Natal Care and Services

Activity 1: Role Play

Note: Before the start of the learning session, ask for volunteers from among the mothers who will participate in the role play. Discuss their roles in the role play. Give them time to prepare and practice their role play. Inform the mothers that the role play has two scenes and will be presented one at a time

Ask 6-8 mothers to play the role of:

- Emy, a midwife
- Ann, mother on her 5th pregnancy whose 4th child died of neonatal tetanus
- Daz, a mother with regular pre-natal check-up who has just delivered her 3rd baby
- 3 mothers waiting at the health center waiting for their pre-natal check-up

Step 1: Presentation of Role Play

Scene 1:

3 mothers are talking, Ann who is on her 5th pregnancy was telling Daz that her 4th baby died of neonatal tetanus. She has not had any pre-natal check-up since her 1st pregnancy because she did not feel anything unusual and was not familiar with the services available at the health center.

Daz, knowing what happened to Ann, shares that she has been having a regular pre-natal check-up as soon as her menstruation ceases and monthly or everytime she has any problem regarding her pregnancy.

Scene 2:

At the health center, Emy, the midwife was busy because it's her pre-natal day, and there are many pregnant mothers waiting. When it's Ann's turn for check-up, Emy gives her the basic services available in the health center and explains to her the purpose of each of the services. Emy also gives Ann her TT shot and advises her for the succeeding doses.

Thank the actresses.

Step 2: Group Discussion

Process the role play by asking the following questions:

Ask mothers:

1. How does it feel to play the role of the mother?
2. How does it feel to play the role of a midwife?
3. What was easy? What was difficult?
4. How did you feel about the services?
5. How did you feel about the services?

Questions for the role play:

1. What did you see in the role play?
2. What happened to Ann's 4th baby? Why?
3. Did Ann go to the health center for prenatal care? Why?
4. What did the midwife tell Ann about TT immunization? How many doses shall she receive?
5. When you were pregnant did you go to the health center for pre-natal check-up? Why? Why not?
6. What services were rendered to you? Why?
7. Will you submit yourself for TT immunization when you get pregnant? Why? How many doses?
8. Can you describe the TT immunization?

Step 3: Game

Note:

Before the learning session, the facilitator should prepare 2 sets of strips of paper

1'st set - write on strips of paper the pre-natal services and another strip for importance

2nd set - write on paper strips TT schedule and interval in TT immunization.

Ask everybody to participate. Divide the participants into 2 groups.

1. Give the first set of papers to Group 1 who will work on the different pre-natal services and their importance.

2. Give the second set of paper to Group 2 who will work on TT schedule, interval, period of protection.

3. Ask each group to pair the paper strips given to them.

4. Request the groups to post the pairs of strips on the board.

5. Review the posted paper.

Step 4: Group Discussion

Process the activity by asking the following:

1. How did you feel doing the activity?
2. Did you find any difficulty in posting your answers? Why?
3. Are all these answers correctly paired? Which are not and why?
4. What new things did you learn from the session?

Note: Wrong answers should be corrected.

Step 5: Present key points. (These should be written on the blackboard or Manila Paper). Ask mothers if they have any questions after each key point.

KEY POINTS

1. It is important for mothers to submit to pre-natal check-up once during the first trimester, twice during the second trimester and 4 times during the third trimester.

2. Pre-natal check-up will help mothers prepare and cope with pregnancy.

3. Pre-natal check-up will ensure early detection and treatment of illness during pregnancy.

4. Pre-natal check-up will identify mothers who are at risk and will need close monitoring or referral.

Available services at the health centers:

- History Taking and General Check-up - to find out if there are illness or other conditions in the mother that may affect the pregnancy.

- Weight Taking - to find out if the mother is getting enough nutrients that will ensure normal fetal growth.

- Blood Pressure Taking - to check for hypertensure disease of pregnancy to detect eclampsia early.

- Abdominal Examination - to determine fetal size and position.

- Tetanus Toxoid (TT) Immunization - to protect the fetus and the mother against tetanus infection.

Neonatal tetanus can be prevented by TT immunization and hygiene.

The schedule for TT immunization is as follows:

Dose	**Timing (Interval)**	**Period of Protection**
TT_1	anytime during pregnancy	none
TT_2	1 month after TT_1	3 years
TT_3	6 months after TT_2	5 years
TT_4	1 year after TT_3	10 years
TT_5	1 year after TT_4	for life

TT immunization is safe to give even during pregnancy.

- Iron/folate Supplementation - to prevent anemia in both infant and mother

- Health Education and Counselling - to guide mothers to adapt practices that will lead to safe and healthy pregnancy outcome.
- Dental Check-up - to find out and treat dental problems.
- Management of Illness and Other Conditions - to prevent complication that may endanger both the fetus and the mother.
- Referral - for further management.

Step 6: Ask the participants the following questions:

1. If you are pregnant would you also go to the health center for check-up? Why?
2. What would you tell other mothers to ensure safe delivery?
3. What pre-natal services will you use? Why?

PART II: SELF-CARE PRACTICES

Step 1: Ask participants to identify some self-care practices which they do during pregnancy (categorize answers as to hygiene, exercise, food, rest and relaxation).

Step 2: Ask participants to state reasons for doing such.

Step 3: Identify positive answers and reinforce if necessary.

Step 4: Summarize highlights by emphasizing key points.

KEY POINTS

- Avoid lifting heavy loads, smoking and drinking alcohol.
- Avoid taking drugs without doctor's prescription.
- Do brisk walking.
- Take a bath everyday.
- Wear comfortable clothing.
- Eat foods that are high in protein, low in salt.

Note: Include all the food groups mentioned in the letter.

PREPARING MOTHERS TO BREASTFEED AND SELF CARE PRACTICES

Objective: At the end of the session, the mothers will be able to:

- state the importance of latching
- discuss colostrum and its importance
- enumerate advantages of breastfeeding
- discuss possible breastfeeding problems and their management
- demonstrate proper breastfeeding position
- express desire to breastfeed after delivery
- give example of self-care practices

Methods: Brainstorming
Small Group Discussion
Matching Pictures
Demonstration
Games

Materials: Flipchart/chalkboard
Pentel pen/chalk
Demo Doll
Breast Model
Set of pictures of breastfeeding mothers (correct and incorrect)
Masking Tape

Time: 2 hours

Procedure:

Part I: **Preparing Mothers to Breastfeed**

Activity 1: Group Discussion

Step 1: Ask who among the mothers are practicing breastfeeding.

- What made them decide to breastfeed? Why?

Activity 2: Picture Story

Step 1: Flash to the mothers two pictures.

Picture 1: Woman who has just delivered with her baby on her breast.

Story: Mary has just delivered. She requested the "hilot", Manang Epay to place her baby on her breast so that she can let the baby suck.

Picture 2: Woman lying on bed with her mother-in-law by her side holding her baby and a hilot attending to her.

Story: Lilia just delivered a baby boy. After delivery, her mother-in-law took her baby so that Lilia can rest.

Step 2: Ask mothers the following:

1. What do you see in the picture?
2. Which of the 2 pictures do you practice?
3. Which of the 2 pictures do you think should be done? Why?
4. Will you do the same? Why? Why not?

Step 3: Present key points.

KEY POINTS:

- baby should be latched on to mother's breast immediately after delivery.
- colostrum, thick yellowish first milk secretion, is rich in antibodies and should be given to the baby to increase resistance against infection.
- latching putting the baby to mothers breast as soon as possible after birth.

Activity 3: Small Group Discussion
Matching Pictures
Demonstration

Step 1: Divide mothers into three (3) groups. Ask each group to discuss the following questions:

- What problems did you encounter in breastfeeding?
- What did you do to solve the breastfeeding problems?

Ask each group to list down the answers on a flipchart.

Step 2: Return to the big group. Discuss the highlights of the group output emphasizing key points.

Step 3: Present key points.

Activity 4: Picture Study/Matching Picture

Step 1: Distribute the picture cards to the mothers (not everyone will have a picture).

- Ask mothers holding a picture showing a wrong breastfeeding position to post it on the blackboard. Then, ask mothers holding a picture showing proper breastfeeding position to post it opposite the wrong picture. Repeat this sequence until all of the pictures are posted in pairs.

  To facilitator: Pictures are numbered (Picture No. 1, Picture No. 2)

Step 2: Ask the group the following questions:

- In what way are their cards right or wrong? Why?
- What will the position of the baby affect to breastfeeding? Why?

Activity 5: Demonstration

Step 1: Ask 2-3 mothers to describe and demonstrate proper breastfeeding position using a breast model and baby doll.

Step 2: Present the following key points.

Key Points to Remember

- breastmilk is best for your baby
- every woman has the ability to produce milk for her baby
- breastfeeding is the most reliable way of keeping your baby healthy and helping him/her to grow during the first 6 months, it also helps prevent another pregnancy
- let the baby suck as often as he like day and night
- use both breasts at each feeding
- women with inverted nipples can breastfeed
- proper positioning prevents breastfeeding problems

Features of Correct Breastfeeding Position

1. His whole body is close to his mother, and is facing her.
2. His mouth and chin are close to the breast.
3. The baby's mouth is wide open.
4. There is less areola outside his lower lip than above the upper lip.
5. He is relaxed and happy.
6. Mother does not feel nipple pain.

Activity 6: Ball Passing Game

Step 1: Prepare around 10 questions on separate sheets of bond paper. Crumple these papers one over the other to form a ball. Ask mothers to form a circle and explain the rules of the "Ball Passing Game".

1. The facilitator requests the group to sing. While the group is singing, the ball should be passed around.

2. When the facilitator shouts "STOP", the person holding the ball should remove/peel the outer cover of the ball and read the question written on the paper.

CHILD'S GROWTH MILESTONES

Objective: At the end of the session, the mothers will be able to:

- identify the different stages of child's growth and development. (Milestones)
- describe the characteristics of the child's growth at different stages of life. (0-4 weeks; 1-4 months; 4-8 months; 8 mos.-1 yr.; 1-2 years; 2-3 years; 3-4 years; 4-5 years)
- recommend appropriate measures that mothers can do to support child's development/activities according to child's age.

Methods: Group Discussions
Workshop

Materials: Table
Manila Paper
Pentel Pens
Handout for mothers summarizing characteristics of a child's growth at different stages of life.

Procedure:

Part I: **Growth Milestones of the Child**

Step 1: Divide mothers into three groups

Step 2: Present the table to the mothers.

Explain to mothers that the table has two columns; Column 1 and Column 2. Column 1 are age ranges of their children and column 2 are for the characteristics and development of their children on the different age ranges in column 1. Mothers are to complete column 2.

Step 3: Give each group copies of the table. Request different groups to discuss among themselves the characteristics and development of their children using the table. Encourage them to think of their own children or children they know. What are they able to do at each of these ages.

Example:	1-4 months -	The child can hold an object with hand.
	8-12 months -	Walks with some assistance. Can say ma-ma, da-da.

Inform the groups that they have to finish the task within 20 minutes.

Step 4: Request the groups to present their output.

Step 5: Request mothers to present outputs. Get feedback from other mothers. Generate table. Add any missing points from the different group output. Write these commonalities in another table.

Step 6: Process the activity by asking the following questions:

1. What did you feel doing the activity?
2. What did you learn from this activity?
3. How does it affect you? Why?
4. Why is it important to be aware of the milestones in a child's growth?
5. What support can you give to your child to be able to do the activities at the different age ranges?

Step 7: Present the key points to be emphasized:

Key Points to be Emphasized:

- child's development is a continuous process that happens in stages.
- child's development is a smooth process.
- every child is a unique individual, so sometimes development goes fast with some and sometimes goes slowly with others. What is important is to constantly monitor and support the development and growth of the child.

- most children exhibit the following behavioral characteristics at different developmental stages.

Age	Characteristics
Birth to 4 weeks	- sleeps most of the time - moves the head a little from the side to side - glances occasionally at nearby objects placed about 6-8 inches away from the eyes
1-4 Months	- sleeps less than before - follows slow moving objects 8-12 inches away from the eyes - begin to listen to and turns head toward the source of the sound - places things in his mouth - starts to smile at anyone's face - makes sounds or gargles when excited
4-8 Months	- looks at objects more than 2 feet away - continue to listen to sounds produced by toys, people, and those made by him - reaches out and grasps objects within 3-8 inches away from hi - rolls over from stomach to back and back to stomach - starts to crawl at 6-7 months; creeps at about 8 months - sits with support, but begin to sit alone without support for around 1 minute at about 6-8 months - recognizes mothers or primary caretaker and other members of the family with a smile - start to imitate simple actions (opening and closing hand) - begins to try self-feeding at 7-8 months - enjoys hide and sick - utters syllable like mama, bah-bah

8 Months-1 Year	- can pick up very small objects like grain of rice - pokes at holes with his index finger; brings things to his mouth - starts to climb stairs and towards at around 8 months - pull himself to stand by holding on to rails on the arms of chair at around 10-12 months - show affection by a kiss or hug upon request - imitates a lot of things - plays with objects with various shapes, textures and sign - understand words like mama, papa
1-2 Years	- continue to enjoy watching people, observing things, listening to music, and other sounds and exploring objects - opens and closes drawers, pours things out and puts them back into container - holds cup, uses spoon in eating but prefers to pick up bits of food with his fingers - begins to make vertical lines using pencil or crayon at 13-15 months - walks unaided at around 12-15 months, although he starts to walk by holding on to someone else's hand - can squat while playing on the floor at about 1 1/2 years - begins to run at 2 years - shows negative behavior - say "no", resists requests - plays alone but does not stay too long in any activity - enjoys looking at picture, books, can identify 3-4 pictures at 2 years

2-3 Years	- runs quite well - wants to do things for himself - likes to hold attention and listens to stories about children and himself - enjoys having another child play with him - speaks in short sentences as well as single words - starts to use imagination when playing - scribbles with pencil and crayon
3-4 Years	- moves around - jumps, runs, skips - dresses, also feeds and washes himself - speaks quite well except for difficult words, ask questions constantly - knows color differences - developing independence; wants to try new ways
4-5 Years	- has good control of the body (runs, skips, dances, jumps, climbs, etc.) - up-hand coordination is complete but not up to adult standards - like games with movement - develops a sense of humor, loves to hear and tell funny stories, delighted when one gets the joke - begins to use language well, talks freely during play, asks endless detailed questions

PART II:

Step 1: Request mothers to go back to their small groups.

Step 2: Request each group to discuss among themselves what indigenous toys they can make to encourage their babies to do the activities they have identified - the different age ranges.

Step 3: Request each group to present their output to the big group. Let each group describe how the toys they have identified are made and how these toys can help the development of their child.

Step 4: Process the activity by asking the following questions:

1. What can you say of the activity?
2. Which of these toys do you think children will enjoy playing with?
3. Which of these toys are you willing to make?

Assignment: Make the toy that you have chosen from the list. Bring this toy during the next session and present it to the group. Be ready to explain how it was made and what factors you have considered in making it.

QUARTERLY WEIGHING OF CHILD AGES 1-3 YEARS OLD

Objective: At the end of the session, the mothers will be able to interpret and recognize the importance of monitoring the nutritional status of the child regularly and take appropriate actions.

Step 1: Review the previous session.

Step 2: Request the mothers to go back to their assigned group.

Step 3: Let them look at the pictures and the flipchart of the different activities of the child focusing for ages 1 year to 3 years old only. Ask them the following questions:

1. What possible changes happen to the child from 1-3 years old in terms of:
   - physical
   - nutritional

2. How would you know that your child gained weight from 1 year old to 3 years old?

Note to the Facilitator: See to it that weighing regularly is one of the responses of the mother.

(For Illustration)

Step 4: Show to the mothers two (2) Growth Monitoring Charts, plotted up to 1 year.

GMC A - with plot (entry on the first and fourth quarters only)
GMC B - with plot (entry on the first up to the fourth quarter)

Step 5: Ask the mothers the following questions:

- What can you say of GMC A?
- What does it mean?
- What can you say of GMC B? What does it mean?

- How does this affect you? Why?
- If you are the mother, which one do you want to do? Why?
  How would you improve/maintain the growth of your child?

Step 6: Present Key Points to Remember

- Mothers should weigh their babies quarterly to inform them if their child is on the road to health or needs special attention.
- Mothers would be able to take appropriate actions depending on the direction of the curve.
- Remember that any decrease in weight is a cause for concern.

Appendix C

Baseline Survey Instruments

CHILD SURVIVAL X:
Action for Survival, Action for Progress
in Micronutrient and Child Nutrition in the Philippines

Appendix C1

Baseline Survey
Interview Schedule for Households

HKI-ITER BASELINE SURVEY FOR THE CHILD SURVIVAL PROJECT
INTERVIEW SCHEDULE FOR HOUSEHOLDS
(WESTERN SAMAR TRANSLATION)

Interviewer: _____	Province: _____
Date of Interview: _____	Municipality: _____
Time Started: _____	RHM: _____
Time Ended: _____	Barangay: _____
	Household No.

INTRODUCTORY STATEMENT:

Good Morning/Afternoon. I am a representative of a private organization which is presently conducting a survey on the knowledge, attitude, and practices of mothers and the health status of children in the community. You were chosen as one of the respondents for the survey. We would like to request 15-20 minutes of your time to answer some of our questions. ***The information that will be gathered through the survey will help us evaluate and improve our health and nutrition programs. All the information that you will share with us will be treated as confidential. (EMPHASIZE.)***

	Field Editing	Reinterviewing	Office Editing	Coding	Encoding
Name					
Date					

BLOCK A: DEMOGRAPHIC PROFILE OF THE HOUSEHOLD

NOTE TO THE INTERVIEWER:
- **The RESPONDENT of this block must be the Household Head (HH HEAD) or his/her spouse.**

1. Ano an ngaran? *What is the name of the household head?* **(NAME OF HH HEAD)**	_____
2. SEX OF HOUSEHOLD HEAD	☐ **1-** *Male* ☐ **2-** *Female*
3. San-o man an iya birthday? Pira na an iya edad yana? *When is the Birthdate of the Household Head? So, he is now ___ years old?* **(AGE OF HH HEAD)**	_____
4. Ano hiya-inasaw-an, waray asawa, bulag ha asawa, o balo? *What is the Marital Status of the HH Head?* **(MARITAL STATUS OF HH HEAD)**	☐ **1-** *single/unwed* ☐ **2-** *married* ☐ **3-** *separated* ☐ **4-** *widowed*

5. **Ano man an pinakahataas nga kurso nga iyang nahuman?** *What is the highest grade in school that the HH Head has completed?* **(EDUCATIONAL ATTAINMENT OF THE HH HEAD)**	☐ **0-***No schooling* ☐ **1-***Did not finish elementary* ☐ **2-***elementary gradudate* ☐ **3-***did not finish high school* ☐ **4-***High school graduate* ☐ **5-***Did not finish college* ☐ **6-***College graduate* ☐ **7-***Vocational Course graduate*
6. **Ano an iya trabaho?** *What is the usual occupation of the HH Head?* **(OCCUPATION OF HH HEAD)** **(PROBE IF HH HEAD IS EMPLOYED OR HAS HIS OWN BUSINESS.)**	☐ **1-***None/housewife* ☐ **2-***Professional/Managerial* ☐ **3-***Clerical* ☐ **4-***Own Busisness* ☐ **5-***Farming/Fishing* ☐ **6-***Handicrafts* ☐ **7-***Service* ☐ *Others (specify)* _____
7. **Ano an iyo relihiyon?** *What is religion of the HH Head?*	☐ *1-Roman Catholic* ☐ *2-Iglesia ni Kristo* ☐ *3-Protestant* ☐ *4-Seventh Day Adventist* ☐ *5-Muslim* ☐ *Others (specify)* _____
8. **Pira an membro han iyo pamilya?** *How many are members of your household? Explain that the members of the household are those who eat from a common pot.)* **(HOUSEHOLD SIZE)**	☐☐ _____

9. **Alayon la paghataghan ngaran, sex, petsa han birthday, edad, may trabaho ba o waray an kada membro han pamilya.**

May I have the names of your household members, their birthdates, ages, and whether they are earning income or not.

NAME	RHH	BIRTHDATE (COMPARE AND CHECK WITH AGE FOR CONSISTENCY.)	AGE	SEX	CS	EDUCATION	INCOME EARNER? 1-YES 2-NO
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

***CHECK WITH RESPONDENT WHETHER ALL THE PERSONS MENTIONED ABOVE EAT TOGETHER.**

***CHECK THAT "EDUCATION' AND "INCOME EARNER" ARE FILLED UP FOR ALL PERSONS.**

NUMBER OF INCOME EARNERS ☐

NUMBER OF WOMEN,15-40 YEARS OLD **(Encircle the number.)** ☐

NUMBER OF MARRIED WOMEN, 15-40 YEARS OLD **(Cross out the number.)** ☐

NUMBER OF CHILDREN **(Check the number.)**

0-11 months old ☐

12-23 months old ☐

24-59 months old ☐

10. **Ano an iyo pinakadaku nga kinukuhaan han iyo inume?** *What is the major source of income for your household?* **(PROBE AND NOTE IF EMPLOYED OR HAS HIS OWN BUSINESS.)**	
11. **Ano an klase han iyo balay? (TYPE OF HOUSE.)** **(PROBE TO MAKE SURE THAT THIS IS THE HOUSE OF THE RESPONDENT.)**	☐ *1-Concrete/semi-concrete/bungalow* ☐ *2-Wood/Coco lumber/plywood, etc.* ☐ *3-Kubo/nipa type sawali/kawayan/kugon/ palapa/anahaw/ buli/niyog/etc.* ☐ *Others(specify)* _____
12. **May-ada ba kamo kuyente?** *Is there electricity in your house?*	☐ *1- Yes (include houses with generators/batteries)* ☐ *0- None*
13a **May-ada ba kamo radyo o telebisyon?** *Do you own a radio or television?*	☐ *0-None* ☐ *1-radio only* ☐ *2-television only* ☐ *3-both radio and television*
13b. **Hain kamo nakuha hin inimnon nga tubig?** *Where do you get drinking water?* **IF CLOSED WELL, ASK DEPTH IN METERS.** **NOTE IF COMMUNAL OR PRIVATELY-OWNED.**	☐*1-water tap or waterworks system* ☐*2-closed well (e.g., Jetmatic, water pump, etc.)* ***depth in meters*** _____ ☐*3-open well* ☐*4-spring, covered* ☐*5-spring, uncovered* ☐*others (specify)* _____ ☐ communal ☐ privately-owned
13c. **Hain niyo guinlalabog an iyo si-ot?** *Where do you throw your garbage?*	☐*1-open pit* ☐*2-closed pit* ☐*3-anywhere* ☐*4-burning* ☐*5-garbage collector, municipal gov.t* ☐*6-garbage collector, private* ☐*others (specify)*
13d. **TYPE OF TOILET (OBSERVATION).** **(IF NO TOILET, CHECK '*no toilet*' AND INDICATE THE TYPE OF TOILET THAT THE RESPONDENT USES IN '*others*'.)**	☐*1-flush toilet* ☐*2-water-sealed toilet* ☐*3-antipolo or pit system* ☐*4-no toilet* ☐*others (specify)* _____

BLOCK B: INTERVIEW SCHEDULE FOR SELECTED MOTHER OF CHILDREN (0-59 MONTHS OLD). From the household roster select one sample mother from all mothers of 0-59 months old children.	
NAME OF MOTHER	_____
14. **May nahihibaruan ka ba mahitungod han Vitamin A?** *Have you heard of Vit A?*	☐ *0- No,* **GO TO Q20** ☐ *1- Yes*
15. **Diin ka mo nakabati/nakakuha han impormasyon?** *Where did you hear/learn of Vit A.?* **(CHECK ALL THAT APPLY.)**	☐ *1-Health Center/Midwife* ☐ *2-ASAP* ☐ *3- mother's class* ☐ *others (specify)* _____ ☐ *9-N/A*
16. **Ano an nahihimo han vitamina A han iyo lawas?** *What can Vit. A do to your body?* **(CHECK ALL THAT APPLY.)**	☐ *0- I do not know* ☐ *1- good for the skin* ☐ *2- generally good for the body/good health (PROBE: What good does it do to the body?)* ☐ *3- good for the eyes* ☐ *4-improves appetite* ☐ *others (specify)* _____ ☐ *9-N/A*
17. **Ano an puede mahinabo han tawo nga kulang han Vitamin A?** *What can possibly happen to a person who doesn't have adequate intakeof Vit A?* **(CHECK ALL THAT APPLY.)**	☐ *0- I do not know* ☐ *1- nightblindness/damage to vision/impaired eyesight* ☐ *2- less resistance to infection* ☐ *3- malnourished/retarded growth* ☐ *4- general body weakness* ☐ *5- skin irritations/infections* ☐ *6- decreases appetite* ☐ *others (specify)* _____ ☐ *9-N/A*
18. **Ano an mga pagkaon nga may-ada/rico han Vitamin A?** *What foods are the best sources of Vit. A?* **(CHECK ALL THAT APPLY. IF RESPONDENT ANSWERS "VEGETABLES", PROBE FOR KIND OF VEGETABLE TO DETERMINE IF IT IS RICH IN VITAMIN A.))**	☐ *1-green leafy vegetables like malunggay, camote tops, gabi leaves, petsay, saluyot, alugbati, kangkong* ☐ *2-yellow vegetables like carrots, squash* ☐ *3-yellow fruits like ripe mango, papaya* ☐ *4-liver* ☐ *5-eggs* ☐ *6-milk* ☐ *7-crab meat* ☐ *8-cheese* ☐ *9-dilis*

19. **Maaram ka ba kon hain an Vitamin A dinhi?** *Can you show me which of these is Vit A?*	☐ *0- Don't know VAC* ☐ *1- Know VAC* ☐ *9-N/A*
20. **May-ada ba kamo impormasyon mahitungod han Iron?** *Have you heard of Iron?* **(INFORM THE RESPONDENT THAT IRON IS THE MINERAL IN FERROUS SULFATE TABLETS.)**	☐ *0-No,* **GO TO Q25** ☐ *1-Yes*
21. **Diin ka makabati/makakuha han impormasyon?** *Where did you hear/learn of Iron?* **(CHECK ALL THAT APPLY.)**	☐ *1-Health Center/Midwife* ☐ *2-ASAP* ☐ *3-mother's class* ☐ *others (specify)* _____ ☐ *9-N/A*
22. **Ano an nahihimo han iron na iyo lawas?** *What can iron do to your body?* **(CHECK ALL THAT APPLY.)**	☐ *0- Don't know* ☐ *1-- formation of healthy blood* ☐ *2-production of antibody* ☐ *3-conversion of carotene into Vit A* ☐ *others (specify)* _____
23. **Ano an puede mahinabo han tawo nga kulang sa iron?** *What can possibly happen to a person who doesn't have adequate intake of Iron?* **(CHECK ALL THAT APPLY.)**	☐ *0- Don't know* ☐ *1- weakness* ☐ *2- insomnia* ☐ *3- easily become tired* ☐ *others (specify)* _____
24. **Ano an mga pagkaon nga may-ada/rico han iron?** *What foods are the best sources of Iron?* **(CHECK ALL THAT APPLY.)**	☐ *1-green leafy vegetables like malunggay, camote tops, gabi leaves, petsay, saluyot, alugbati, kangkong* ☐ *2-yellow vegetables like carrots, squash* ☐ *3-yellow fruits like ripe mango, papaya* ☐ *4- liver* ☐ *5-internal organs* ☐ *6- tahong* ☐ *7-seaweeds* ☐ *8-alamang* ☐ *9-dried dilis* ☐ *10- tulingan* ☐ others (specify)
25. **May-ada ba kamo inpormasyon tungod sa Iodine?** *Have you heard of Iodine?*	☐ *0- No,* **GO TO Q30** ☐ *1- Yes*

26. **Diin ka makabati han makakuha inpormasyon?** *Where did you hear/learn of Iodine?* **(CHECK ALL THAT APPLY.)**	☐ *1-Health Center/Midwife* ☐ *2-ASAP* ☐ *3-mother's class* ☐ *4-others (specify)* _____ ☐ *9-N/A*
27. **Ano an nahihimo han iodine ha iyo lawas?** *What can iodine do to your body?* **(CHECK ALL THAT APPLY.)**	☐ *1-regulate utilization of food for energy* ☐ *2- speed up the growth rate of children* ☐ *3- stimulate the body's mental processes* ☐ *4- increase the growth of bones and tissues* ☐ *9-N/A*
28. **Ano an puede nga mahitabo han tawo nga kulang han iodine ?** *What can possibly happen to a person who doesn't have adequate intake of Iodine?*	☐*1-goiter* ☐*2-others (specify)*_____ ☐ *9-N/A*
29. **Ano an mga pagkaon nga may-ada/rico han iodine?** *What foods are the best sources of iodine?* **(CHECK ALL THAT APPLY.)**	☐ *1-dilis* ☐ *2-alamang* ☐ *3-tahong* ☐ *4-seashells* ☐ *5-kuhol* ☐ *6-pusit* ☐ *7-talaba* ☐ *8-halaan* ☐ *9-hipon* ☐ *10- lato* ☐ *11-salt fortified with iodine* ☐ 12-other (specify) _____ ☐ *99-N/A*
30. **May-ada ba supply han iodinated salt ha iyong lugar?** *Do you have a supply of iodinated salt in the community?*	☐ *1- None,* **GO TO Q33** ☐ *2-Yes*
31. **Diin man ini kuhaa? or Ano an ngaran han nag-supply?** *Where can you get or buy this iodinated salt?*	☐ *1-market* ☐ *2-grocery* ☐ *3- sari-sari store* ☐ *others (specify)*
32. **Kakan-o man mo nipalit sa iodinated salt?** *When did you last purchased iodinated salt from these sources?*	☐*did not purchase* ____*days/months ago* ☐ *99-N/A*

33. **May-ada ba kamo iodinated salt ha iyo balay?** *Do you still have iodized/iodinated salt in the house?* **(IF YES, GET A SAMPLE OF SALT AND TEST USING THE UNICEF SALT TESTING KIT)**	☐ **0-** *None*, **GO TO Q35** ☐ **1-** *Yes* **AS TESTED:** ☐ **0-iodized salt is not present in the household** ☐ **1-iodized salt present in the household** ☐ **9-N/A**
34. **Nakapira man kamo mogamit han iodinated salt ha pagluto han pagkaon ha usa ka semana?** *How often do you use iodinated salt in the preparation of food in the past week?*	_____ ***no. of days in the past week*** ☐ **9-N/A**
35. **Nakakarawat ba kamo han iodized oil capsule ha sulod ha 12 ka bulan?** *Have you reeceived iodized oil capsule during the past 12 months?*	☐ **0-** *No*, **GO TO Q37** ☐ **1-** *Yes*
36. **Kakan-o man an katapusan nga nakakarawat kamo ha iodized oil capsule?** *When is the last time you received iodized oil capsule?*	_____ *months ago* **(IF MORE THAN 12 MONTHS, GO BACK TO Q 35.)** ☐ **9-N/A**
37. **Gawas ha iyo ginsiring kanina, may-ada pa ba kamo lain nga inpormasyon tungod han maupay nga nutrisyon ug panlawas?** *Aside from those already mentioned above, what are your other sources of health and nutrition information?*	☐ **1-** *radio/TV* ☐ **2-** *print media* ☐ *others (specify)* _____
38. **Nakaatindir ka ba ha klase para ha mga nanay ha naglabay nga 12 ka bulan?** *Have you attended mother's classes during the past 12months?*	☐ **0-** *No* **GO TO Q41** ☐ **1-** *Yes*
39. **Kapira ka man makaatinder hin klase para ha mga nanay ha naglabay 12 ka bulan?** *How many times have you attended mother's classes during the past 12months?*	_____ ☐ **9-N/A**

40. **Ano man an iyo mga gin-admon?** *What are the topics that were discussed at the times that you attended mother's classes?*	TOPICS: _____ _____ _____ _____ ☐ 9-N/A
41. **May-ada ba binisita nga taga RHU health personnel kinhi ha iyo han naglabay nga 12 kabulan?** *Has any of the RHU health personnel visited your home for health counselling during the past 12 months?*	☐ 0- *No,* **GO TO Q43** ☐ 1- *Yes*
42. **Hin-o man? Masukot ba? Makapira man han usa ka bulan?** *Who visited your home during the past 12 months? How often has he/she visited you?* **(CHECK ALL THAT APPLY AND INDICATE THE FREQUENCY OF VISITS OF EACH TYPE OF PERSONNEL.)**	**HEALTH PERSONNEL** / **Pirang Beses FREQUENCY** ☐ Midwife _____ ☐ Physician/Nurse _____ ☐ BHW _____ ☐ 9- N/A
43. **May-ada ba kamo garden ha iyo balay?** *In the past 12 months, did you have a home garden?* **(INCLUDE ALSO VEGETABLE GARDENS NOT FOUND IN THE RESIDENTIAL LOT.)**	☐ 0- *No,* **GO TO Q46** ☐ 1- *Yes*
44. **Pira man ka bulan han naglabay nga 12 ka bulan nga mayda kamo garden?** *How many months during thepast 12 months did you have a home garden?*	_____ *months* ☐ 9- N/A
45. **Ano an klase han mga tanom an aada ha iyo garden?** *What are the types of plants that you usually had in your garden?* **(RECORD ANSWERS VERBATIM.)**	☐ *Go Foods (specify)* _____ _____ ☐ *Glow Foods(specify)* _____ _____ ☐ *Grow Foods(specify)* _____

46. **May-ada ba kamo garden na iyo kumunidad o baranggay?** *In the past 12 months, did you have a community garden?*	☐ **0-** *No,* **GO TO Q49** ☐ **1-** *Yes*
47. **Pira man ka bulan han naglabay nga 12 ka bulan nga mayda garden ha iyo kumunidad o baranggay?** *How many months during the past 12 months did you have a community garden?*	_____**Bulan** *(months)* ☐ **9-N/A**
48. **Ano an klase han mga tanom nga a-ada ha garden han iyo kumunidad o baranggay?** *What are the types of plants that you had in your community garden?* **(RECORD ANSWERS VERBATIM.)**	☐ *Go Foods (specify)* _____ ☐ *Glow Foods(specify)* _____ ☐ *Grow Foods(specify)* _____
49. **Ano kahirayo an iyo balay ha health center?** *How far is your house to the health center?* **(DO NOT ASK RESPONDENT ANYMORE. ASK RHM, BGY. CAPT., OR KAGAWAD.)**	_____ *Kilometers*
50. **Naano o guinunan-o nimo o niyo an pagkadto ha health center?** *How do you usually go to the health center?*	☐ **1-** *by hiking/walking* ☐ **2 -** ***by public transportation, specify the type*** _____

BLOCK C: INTERVIEW SCHEDULE FOR INFANTS (0-11 MONTH OLD)
(FROM Q9 DETERMINE THE NAME OF THE CHILDREN WHO ARE LESS THAN 12 MONTHS OLD IN THE HOUSEHOLD. USE THEM AS THE REFERENCE CHILDREN (RC) FOR THIS SECTION. YOU MAY HAVE MORE THAN ONE RESPONDENT MOTHER IF YOU HAVE MORE THAN ONE INFANT IN THE HOUSEHOLD.)

	CHILD 1	CHILD 2
51. NAME OF THE MOTHER NAME OF THE CHILD	_____ _____	_____ _____
52. **Han imo pag-burod, nag pa-prenatal check-up ka ba?** *When you were pregnant with* _____ *(RC) did you go for pre-natal check-up?*	☐ **0-***No* ☐ **1-***Yes,* **GOTO Q54**	☐ **0-***No* ☐ **1-***Yes,* **GOTO Q54**

51. NAME OF THE MOTHER NAME OF THE CHILD	CHILD 1 _____ _____	CHILD 2 _____ _____
53. **Kay ano nga waray man?** *Why not?* **(CHECK ALL THAT APPLY.)** **GOTO Q58**	☐ **1-** *Mother is lazy* ☐ **2-***fear of results of check-up* ☐ **3-** *lack of money* ☐ *others (specify)* _____ ☐ **9-N/A**	☐ **1-** *Mother is lazy* ☐ **2-***fear of results of check-up* ☐ **3-** *lack of money* ☐ *others (specify)* _____ ☐ **9-N/A**
54. **Kon oo, ano man an kaupayan nga imo nakuha han prenatal check-up?** *If Yes, what are the benefits of going for prenatal check-up?* **(CHECK ALL THAT APPLY.)**	☐ **1-** *to ensure the condition of the mother* ☐ **2-** *to ensure the condition of the baby* ☐ **3-** *fear that something may happen to the child* ☐ *others (specify)* _____ ☐ **9-N/A**	☐ **1-** *to ensure the condition of the mother* ☐ **2-** *to ensure the condition of the baby* ☐ **3-** *fear that something may happen to the child* ☐ *others (specify)* _____ ☐ **9-N/A**
55. **Kon oo, hino man an nag-prenatal check-up ha imo?** *If yes where/to whom did you go for prenatal check-up?*	☐ **1-** *Health Center* ☐ **2-** *Midwife* ☐ **3-** *Private Clinic* ☐ **4-***others (specify)* _____ ☐ **9-N/A**	☐ **1-** *Health Center* ☐ **2-** *Midwife* ☐ **3-** *Private Clinic* ☐ **4-***others (specify)* _____ ☐ **9-N/A**
56. **Pira na ka bulan han imo pagburod han syahan mo nga pagpapre-natal check-up?** *At what age of your pregnancy did you start to go for prenatal check-up?*	_____ *month of pregnancy*	_____ *month of pregnancy*
57. **Han burod ka nakakapira ka bisita ha clinic pagpa-check-up** **—han una nga tulo ka bulan?** **—han ikaduha nga tulo ka bulan?** **—han ikatulo nga tulo ka bulan?** *How many times have you gone for prenatal check-up per trimester of your pregnancy?*	_____ *times for the first trimester* _____ *times for the second trimester* _____ *times for the third trimester* _____ *total no. of* [illegible]	_____ *times for the first trimester* _____ *times for the second trimester* _____ *times for the third trimester* _____ *total no. of* [illegible]

51. NAME OF THE MOTHER NAME OF THE CHILD	. CHILD 1 _____ _____	CHILD 2 _____ _____
58a. **Nakapira ka tagi hin TT han imo pagburod kan _____ (RC)?** *How many times were given TT shots when you were pregnant with (RC)?*	*no. of times during pregnancy _____*	*no. of times during pregnancy _____*
58b. **Nakapira ka na katagi hin TT tikangan han imo pagkakinse anos?** *How many times wre you given TT shots since you were 15 years old?*	*no. of times since 15 years old _____*	*no. of times since 15 years old _____*
59. **May-ada ka ba gitumar nga iron (ferrous sulfate) sa imong pagburod?** *Did you take iron supplements during your pregnancy:*	☐ **0-** *No,* **GOTO Q63** ☐ **1-** *Yes*	☐ **0-** *No,* **GOTO Q63** ☐ **1-** *Yes*
60. **Kon oo, ano man nga bulan ka primero nga nagtumar?** *If yes, during which month of pregnancy did you first begin to take iron supplements?*	_____ *month of pregnancy*	_____ *month of pregnancy*
61. **Kapira ka man nagtumar ng iron (ferrous sulfate) sa imong pagburod?** *How often have you been taking your iron supplements during your pregnancy?* **IF IRREGULAR, ASK THE NUMBER OF DAYS IN A WEEK.**	☐ *daily* _____ *no. of days a week, if irregular*	☐ *daily* _____ *no. of days a week, if irregular*
62. **Pira man ka bulan ka nag-tumar ng iron (ferrous sulfate) sa sulod han panahon han imo pag-burod?** *How many months have you been taking iron supplements during the whole period of your pregnancy?*	_____ *no. of months during pregnancy*	_____ *no. of months during pregnancy*

51. NAME OF THE MOTHER NAME OF THE CHILD	CHILD 1 _____ _____	CHILD 2 _____ _____
BLOCK D: INFANT FEEDING PRACTICES		
63. **Ano man an imo ginpakaon han imo anak sa iya edad nga waray pa makaabot sa 4 ka bulan?** *What did you feed ___ (RC) when he/she was less than four months old?*	☐ 1- *breastmilk only* ☐ 2- *breastmilk plus other milk or liquids* **IF ANSWER IS '1' OR'2', GO TO Q 66.** ☐ 3- *other milk orother liquids only*	☐ 1- *breastmilk only* ☐ 2- *breastmilk plus other milk or liquids* **IF ANSWER IS '1' OR'2', GO TO Q 66.** ☐ 3- *other milk orother liquids only*
IF RC IS BEING GIVEN MILK OR LIQUIDS OTHER THAN BREASTMILK		
64. **Nagpasuso ka ba?** *Did you ever breastfeed (RC)?*	☐ 0- *No,* ☐ 1- *Yes,* **GOTO Q66**	☐ 0- *No,* ☐ 1- *Yes,* **GOTO Q66**
65. **Kay ano nga waray man?** *Why not?* **(CHECK ALL THAT APPLY.)**	☐ 1- *Mother has no milk/not enough* ☐ 2- *Mother's milk not suitable for brestfeeding/mother is sickly/ breast is defective* ☐ 3- *Working mother/always out* ☐ 4- *Husbands/relatives want it* ☐ 5- *More convenient for mother* ☐ *others (specify)* _____ ☐ 9- *N/A*	☐ 1- *Mother has no milk/not enough* ☐ 2- *Mother's milk not suitable for brestfeeding/mother is sickly/ breast is defective* ☐ 3- *Working mother/always out* ☐ 4- *Husbands/relatives want it* ☐ 5- *More convenient for mother* ☐ *others (specify)* _____ ☐ 9- *N/A*
66a. **Ano an edad sa imong anak sa panahon nga gipaiinom mo hiya ug gatas gawas sa imong gatas?** *(How old was ___ (RC) when you started giving him/her milk other than breastmilk?)*	☐ *When RC was born* ☐ *When RC was ____ months old* ☐ *Never given other milk*	☐ *When RC was born* ☐ *When RC was ____ months old* ☐ *Never given other milk*
66b. Ano an edad sa imong anak sa panahon nga gipaiinom mo hiya ug lain nga mainom gawas sa imong gatas? *(giving him other liquids (like am, juice, etc.)*	☐ *When RC was born* ☐ *When RC was ____ months old)* ☐ *Not yet initiated*	☐ *When RC was born* ☐ *When RC was ____ months old)* ☐ *Not yet initiated*

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51. NAME OF THE MOTHER NAME OF THE CHILD	CHILD 1 _____ _____	CHILD 2 _____ _____
67. **Kay ano man nga gipainom mo hiya hin lain pa nga irimnon?** *Why are you giving ___(RC) milk or other liquids in addition to your breastmilk?* **(CHECK ALL THAT APPLY.)**	☐ *1-It is good for the baby* ☐ *2-Easier/more convenient ot mother* ☐ *3-Mother has no milk/milk is not enough* ☐ *4-Mother's milk not suitable for brestfeeding/ mother is sickly/breast is defective* ☐ *5-Husbands/relatives want it* ☐ *6-Working mother/always out* ☐ *7-mother is pregnant* ☐ *8-mother is taking medicine* ☐ *others (specify)* _____ ☐ *9- N/A*	☐ *1-It is good for the baby* ☐ *2-Easier/more convenient ot mother* ☐ *3-Mother has no milk/milk is not enough* ☐ *4-Mother's milk not suitable for brestfeeding/ mother is sickly/breast is defective* ☐ *5-Husbands/relatives want it* ☐ *6-Working mother/always out* ☐ *7-mother is pregnant* ☐ *8-mother is taking medicine* ☐ *others (specify)* _____ ☐ *9- N/A*
IF RC IS BEING GIVEN BREASTMILK		
68a. **Kay ano nga nagpasuso ka?** *Why did you breastfeed ___(RC)?* **(CHECK ALL THAT APPLY.)**	☐ *1-It is good for the baby/baby is healthier* ☐ *2-It has vitamins/antibodies/ prevents baby from getting sick* ☐ *3-Easier/more convenient for mothers* ☐ *4-Husbands/relatives/friend want it* ☐ *5-canned milk is expensive* ☐ *Others (specify)* _____ ☐ *9- N/A*	☐ *1-It is good for the baby/baby is healthier* ☐ *2-It has vitamins/antibodies/ prevents baby from getting sick* ☐ *3-Easier/more convenient for mothers* ☐ *4-Husbands/relatives/friend want it* ☐ *5-canned milk is expensive* ☐ *Others (specify)* _____ ☐ *9- N/A*
68b. **Pira ká oras pagka-anakan ni _____ (RC) mo tinikangan pagpasuso?** *How many hours after the birth of _____ (RC) did you start giving him/her breastmilk?* **(RECORD *HOURS* AFTER BIRTH.)**	_____ *hours after birth*	_____ *hours after birth*

51. NAME OF THE MOTHER NAME OF THE CHILD	CHILD 1 _____ _____	CHILD 2 _____ _____
68c. **Guintagan mo ba hiya hin colostrum (una nga gatas nga nagawas ha susu han usa nga nanay, iton nga baga matidulaw)?** *Did you give him/her the colostrum?*	☐ *1-YES* ☐ *2-NO*	☐ *1-YES* ☐ *2-NO*
69. **Pira man ka-tuig nga nagpasuso ka?** *How long did you breastfeed ___(RC)?*	•*mother stopped breastfeeding when RC was ____ months old* **(GO TO Q71)** ☐ *still breastfeeding* ☐ *9-N/A*	•*mother stopped breastfeeding when RC was ____ months old* **(GO TO Q71)** ☐ *still breastfeeding* ☐ *9-N/A*
70. **Ano ang edad sa imong anak ang imong plano nga moundang ka sa pagpasuso?** *Until what age (of RC) do you plan to give breastmilk?* **(PROBE FOR AGE OF CHILD IN MONTHS. IF RESPONDENT ANSWERS 'until the child wants', ASK: IN YOUR BEST OPINION, WHAT IS THE BEST TIME TO STOP BREASTFEEDING THE CHILD.)**	•*until RC is ___ months old.* ☐ *until the child wants* *the best time to stop breastfeeding the child is when he/she is _____ months old*	•*until RC is ___ months old.* ☐ *until the child wants* *the best time to stop breastfeeding the child is when he/she is _____ months old*
WEANING PRACTICES:		
71. **Nagpakaon ka ba ug laing pagkaon gawas sa imong gatas?** *Have you started giving ___ RC any food/semi solid food other than breastmilk/ other milk or liquid?*	☐ *1-No,* **GO TO Q78** ☐ *2-Yes*	☐ *1-No,* **GO TO Q78** ☐ *2-Yes*
72. **Pira an iya edad nga gihatagan mo siya ug lain nga pagkaon?** *At what age did you start giving him food other than breastmilk/other milk or liquid?*	*When RC was ___ months old*	*When RC was ___ months old*

51. NAME OF THE MOTHER NAME OF THE CHILD	CHILD 1 _____ _____	CHILD 2 _____ _____
73. **Kay ano nga ini nga edad ang imo ginpili?** *Why at this age?*		
74. **Ano nga klase nga pagkaon o irimnom ang imo ginhatag?** *What type of foods other than breastmilk or other milk or liquid have you given him?*	☐*1-Homemade foods like lugaw, mashed potato* ☐*Others(specify)*	☐*1-Homemade foods like lugaw, mashed potato* ☐*Others(specify)*
75. **Kon lugaw, may-ada ka ba gidugang niini?** *If lugaw, do you mix something with lugaw before you serve to your child?*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*
76. **Ano man an imo gidugang ha lugaw?** *What do you mix with the lugaw?* **(RECORD ANSWERS VERBATIM.)**	☐ *Glow food, (specify)* _____ ☐ *Grow food(specify)* _____ ☐ *Go food (specify)* _____	☐ *Glow food, (specify)* _____ ☐ *Grow food(specify)* _____ ☐ *Go food (specify)* _____
77. **Sa naglabay nga 24 oras kapira ka man naghatag han iya pagkaon?** *In the past 24 hours how many times have you given ___(RC), this weaning mix?*	_____*times* **GO TO Q79a**	_____*times* **GO TO Q79a**
78. **Ano nga edad ka nag-plano nga hatagan mo hiya hin lain nga pag-kaon?** *At what age do you plan to give him food other than breastmilk/other milk or liquid?*	*When RC is* _____*months old.*	*When RC is* _____*months old.*

ASK OF CHILDREN 12-23 MONTHS OLD (FROM Q9, DETERMINE THE NAME OF THE CHILDREN WHO ARE BETWEEN 12-23 MONTHS OLD IN THE HOUSEHOLD. USE THEM AS THE REFERENCE CHILDREN (RC) FOR THIS SECTION. YOU MAY HAVE MORE THAN ONE RESPONDENT MOTHER IF YOU HAVE MORE THAN ONE ELIGIBLE CHILD IN THE HOUSEHOLD.)		
NAME OF CHILD 12-23 MONTHS OLD		
79a. **Guinpasuso mo ba hi _____ (RC)?** *Did you breastfeed him/her?*	☐*1-YES* ☐*2-NO*, **GO TO FOOD FREQUENCY FORM**	☐*1-YES* ☐*2-NO*, **GO TO FOOD FREQUENCY FORM**
79b. **Ano-an idad ni _____ (RC) umokoy pagsuso?** *When did you stop breastfeeding him/her?*	*AGE OF CHILD IN MOS* _____ ☐☐	*AGE OF CHILD IN MOS* _____ ☐☐

BLOCK E: ANTHROPOMETRIC AND PHYSICAL EXAM FOR 0-24 MONTH OLD CHILDREN AND 15-49 YEAR OLD WOMEN

Physical Examiner _____	Province: _____
Date of P.E. _____	Municipality: _____
Time Started _____	RHM: _____
Time Ended: _____	Barangay: _____
	Household No.

Physical Exam for Women 15-49 years old

	Woman 1 (youngest)	Woman 2	Woman 3	Woman 4	Woman 5 (oldest)
1. Name of Woman					
2. Birthdate					
3. Marital Status	☐ *single/ unwed* ☐ *married* ☐ *separated* ☐ *widowed*	☐ *single/ unwed* ☐ *married* ☐ *separated* ☐ *widowed*	☐ *single/ unwed* ☐ *married* ☐ *separated* ☐ *widowed*	☐ *single/ unwed* ☐ *married* ☐ *separated* ☐ *widowed*	☐ *single/ unwed* ☐ *married* ☐ *separated* ☐ *widowed*
4. Physiological Status	☐ *pregnant, ____months* ☐ *lactating*	☐ *pregnant, ____months* ☐ *lactating*	☐ *pregnant, ____months* ☐ *lactating*	☐ *pregnant, ____months* ☐ *lactating*	☐ *pregnant, ____months* ☐ *lactating*
5. Iodine Deficiency Goiter Status (Examine the woman's thyroid and record her goiter grading)	☐ None ☐ Palpable goiter (felt but not seen) ☐ Goiter visible ☐ Nodular	☐ None ☐ Palpable goiter (felt but not seen) ☐ Goiter visible ☐ Nodular	☐ None ☐ Palpable goiter (felt but not seen) ☐ Goiter visible ☐ Nodular	☐ None ☐ Palpable goiter (felt but not seen) ☐ Goiter visible ☐ Nodular	☐ None ☐ Palpable goiter (felt but not seen) ☐ Goiter visible ☐ Nodular
6. Blood extraction for HB status	☐ extracted ☐ not extracted **GO TO Q8** ☐ not sampled **GO TO Q8**	☐ extracted ☐ not extracted **GO TO Q8** ☐ not sampled **GO TO Q8**	☐ extracted ☐ not extracted **GO TO Q8** ☐ not sampled **GO TO Q8**	☐ extracted ☐ not extracted **GO TO Q8** ☐ not sampled **GO TO Q8**	☐ extracted ☐ not extracted **GO TO Q8** ☐ not sampled **GO TO Q8**
7. Hb Status	☐☐ ☐ g/l	☐☐ ☐ g/l	☐☐ ☐ g/l	☐☐ ☐ g/l	☐☐ ☐ g/l

Physical Exam for Children (0-59 months)				
	CHILD 1 (youngest)	CHILD 2	CHILD 3	CHILD 4 (oldest)
8. Name of Child				
9. Sex	☐ 1-*Male* ☐ 2-*Female*	☐ 1-*Male* ☐ 2-*Female*	☐ 1-*Male* ☐ 2-*Female*	☐ 1-*Male* ☐ 2-*Female*
10. Birthdate				
11. Age(in months)	☐☐	☐☐	☐☐	☐☐
12. Gitimbang na ba siya han nakalabay nga 12 ka bulan? *Has this child been weighed in the past 12 months?*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*
13. Pira ka beses ini nga bata natimbang han nakalabay nga 12 ka bulan? *How many times was the child weighed in the past 12 months?*	☐	☐	☐	☐
14. Ano man an mga kaupayan han pagtitimbang kan bata? *What are the benefits of weighing?*	☐1-*to know if weight of the child is increasing or not/ to know if the child is growing* ☐2-*advised by the health worker* ☐3-*to request fofr additional supplements*			
15. Kay ano nga waray man ipatimbang an bata? *Why was the child not weighed?*	☐ *1-child is scared* ☐ *2-it is not needed, child is already big* ☐ *3-mother is busy*	☐ *1-child is scared* ☐ *2-it is not needed, child is already big* ☐ *3-mother is busy*	☐ *1-child is scared* ☐ *2-it is not needed, child is already big* ☐ *3-mother is busy*	☐ *1-child is scared* ☐ *2-it is not needed, child is already big* ☐ *3-mother is busy*
16. May-ada ba ini nga bata hin "yellow card" *Does the child have an Under five yellow card?*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*

	CHILD 1 (youngest)	CHILD 2	CHILD 3	CHILD 4 (oldest)
8. Name of Child				
17. May ada ba han imo mga anak ni nakatumar o nakainum hin bitamina A nga capsula han kini mga nakalabay nga 12 ka bulan? Hir hin-o hira? *Has any of your children received Vit A capsules during the past 12 months? Who are they?*	☐ *1-received* ☐ *2-did not receive*	☐ *1-received* ☐ *2-did not receive*	☐ *1-received* ☐ *2-did not receive*	☐ *1-received* ☐ *2-did not receive*
18. Ika pira ka beses nakakaon o nakakarawat an imo anak hin bitamina A capsule? *How many times did your child received Vit A capsule?*	_____	_____	_____	_____
19. Han ano nga okasyon an imo anak nakakakarawat hin bitamina A capsule? *On what occasion did your child received Vit A capsules*	☐ 1-ASAP, Oct 17, 1994 ☐ 2-NID, March 1995 ☐ 3-routine RHU services	☐ 1-ASAP, Oct 17, 1994 ☐ 2-NID, March 1995 ☐ 3-routine RHU services	☐ 1-ASAP, Oct 17, 1994 ☐ 2-NID, March 1995 ☐ 3-routine RHU services	☐ 1-ASAP, Oct 17, 1994 ☐ 2-NID, March 1995 ☐ 3-routine RHU services
21. Weight	_____ gms.	_____ gms	_____ gms	_____ gms
22. Child is with:	☐ 1-Nightblindness ☐ 2-Bitot's Spot	☐ 1-Nightblindness ☐ 2-Bitot's Spot	☐ 1-Nightblindness ☐ 2-Bitot's Spot	☐ 1-Nightblindness ☐ 2-Bitot's Spot

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	CHILD 1 (youngest)	CHILD 2	CHILD 3	CHILD 4 (oldest)
8. Name of Child				
23. **Nasakit ba hi _____ (RC) han mga nakalabay nga tulo ka bulan?** *Did _____ (RC) get sick during the past 3 months?*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*	☐ *1-No* ☐ *2-Yes*
24. **Ano an iya sakit?** What was his/her sickness?				

Appendix C2

Baseline Survey

HKI Food Frequency Questionnaire

HKI-ITER BASELINE SURVEY FOR THE CHILD SURVIVAL PROJECT
HKI FOOD FREQUENCY QUESTIONNAIRE
(CEBUANO TRANSLATION)

For Supervisor:
Animal = _____ (a)
Plant ....(b)/6 = _____ (c)
Weight Total ... (a+c) = _____ (d)

Barangay:_____
Household no._____
Name of Household Head:
_____

Selection of the Reference Child:

First, randomly select one mother among those with 12-59 month old children. Then, from among the 12-59 months old children of the selected mother, randomly select one child. Record the name and sex of the child in the space provided below. Proceed to ask the following questions from the caretaker of the reference child.

Name of the reference child (RC): _____
Age: _____months **Sex:** ☐ male ☐ female

NAME OF FOOD ITEM	Sa nangaging pito nga adlaw, pila ka adlaw nagkaon si _____ (RC) ug _____ (specific food item)? *How many days in the past seven days, did _____ (RC) eat _____(specific food item)?* NUMBER OF DAYS EATEN /WEEK
Kan-on *Rice (Main staple food)*	
Siling Kutikut *(Spicy, hot peppers)*	
Utanon *Dark green leafy vegetables (DGLVs as a food grp)*	☐
Gatas *Milk*	
Carrot	☐
Mangga *(Ripe Mango)*	☐
Kalabasa *(Dark yellow squash)*	☐
Kamunggay *(Malunggay)*	
Tapayas *(Ripe papaya)*	☐
Noodles	
Itlog *(Eggs with yolk)*	○
Bolinao *Dilis (small fish)*	○

NAME OF FOOD ITEM	NUMBER OF DAYS EATEN /WEEK
Mani ***(Peanuts)***	
Kamote ***(Yellow or orange sweet potato)***	☐
Manok ***(Chicken)***	
Kangkong **Kangkong**	
Atay ***Liver (any kind)***	○
Dahon ng Kamote ***(Sweet potato leaves)***	
Baboy ***(Pork)***	
Butter	○
Monggo ***(Mungbean)***	
Red palm oil	☐
Cod liver oil	○
Gawang/Lawot ***(Foods cooked in oil)***	
Plant source rich in Vit A	☐
Avocado	
Cerelac	○
Mantikilya ***(Margarine such as Star)***	○

(IF THE RESPONDENT GIVES TOO MANY "7" ANSWERS, PROBE AND VALIDATE IF THIS IS TRUE.)

Nagtomar ba karon ang imong bata ug tambal nga bitamina? ☐ **Yes** ☐ **No** ☐
Does your child take vitamin supplement?

Kon oo, unsay ngalan sa tambal (brand name)? _____
If Yes, what supplement?

○ **Animal source of vitamin A** ☐ **Plant source of vitamin A**

Interviewer's Name:_____

PD-ABN-625

HELEN KELLER
INTERNATIONAL

CHILD SURVIVAL X:
Action for Survival, Action for Progress in Micronutrient and Child Nutrition in the Philippines

funded by

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Annual Report
October 1994 - September 1995

Attachment A:
Health and Nutrition Situation
Province of Northern Samar

Final Report 1995

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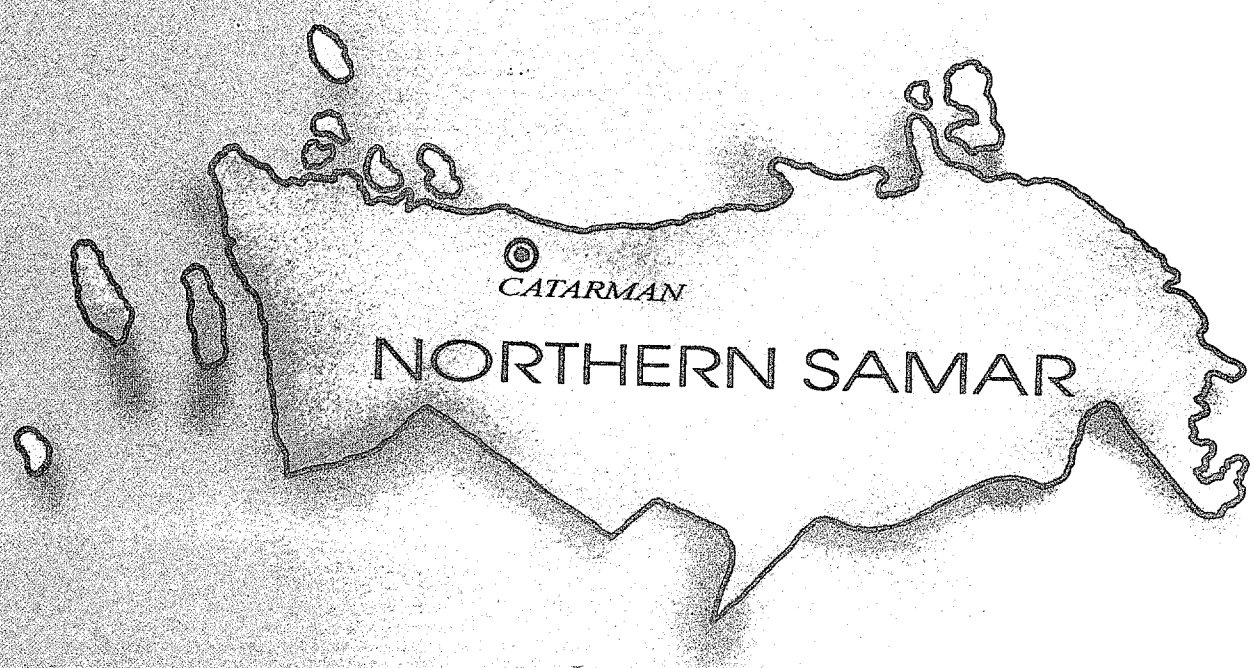
Health and Nutrition Situation

of MOTHERS and CHILDREN



Northern Samar 1995

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Message

The Provincial Government firmly believes that our people are the most important and most precious resource of the province. Hence, we have been making substantial investments aimed at improving the quality of our human resources.

We have posted modest though important gains in terms of expanding access to education as well as in improving the delivery of health and other social services. We have improved our communication and transportation facilities. We are strenghthening our agricultural programs and providing new job opportunities.

However,there are still many concerns that need to be addressed. And one of the more urgent concerns is malnutrition.

While there have been an improvement of the over-all nutritional status particularly of women and children,there is still much to be done.

I therefore call on the different government agencies, non-government organizations and especially our local executives to join forces in our fight against malnutrition. With the guidance and support from UNICEF and Helen Keller International,we have every reason to suceed.

It is my fervent hope that we continue to work harder and with a stronger sense of commitment and dedication for the women and children of Northern Samar.

Harlin Cast. Abayon
Governor

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Message

Evidence to date strongly show concern of the magnitude of the malnutrition problem in our country. Malnutrition affects children, pregnant and lactating women and those engaged in heavy manual labor. There is therefore a need for bringing together knowledge on the nature, magnitude, and distribution of the malnutrition problem and the factors that directly or indirectly cause the problem so that people concerned and those who have a concern for nutrition will be appraised of the problem.

I congratulate the Provincial Nutrition Committee of Northern Samar and the people behind the scene for making this need a reality in this Nutrition Situation of Northern Samar. Congratulations, too, and my sincerest gratitude to the Helen Keller International and UNICEF for providing technical and logistic support.

Dr. Ignacio F. Pacho
Provincial Health Officer II
Catarman, Northern Samar

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Message

The Nutrition Situation of Northern Samar has given the advocates the opportunity to be brought back to reality after the momentary euphoria it felt from the accolades received in recognition for its humble share in lending a helping hand by making the nutrition program in the province an institution of love. It is love that compelled our Lord Jesus Christ to feed his 5,000 followers with carbohydrates and protein.

The Nutrition Program is the best and a clear cut plan of action to ensure that the welfare of today's children and the health of the coming generation are taken cared of. However, the primary roadblock in the implementation is always and ever the financial anemia of the government and the poverty of the majority of the people.Unless all these are addressed, the nutrition situation of the province will remain at its present levels.

Wifredo S. Alvez
Provincial Nutrition Action Officer
PLGOO

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PROVINCIAL PROFILE

Northern Samar *is one of the three provinces comprising Samar Island created under RA 4221 on June 19, 1965. It is bounded by the Pacific Ocean on the East; the San Bernardino Strait on the North; Samar Sea on the West and Samar Province on the South.*

It ranks thirty-fifth in size among the 74 provinces of the Philippines and accounts for practically 1.2 percent of the total land area of the country.

Northern Samar has an area of 3,498 square km. or 349,800 hectares. More than half of the province's land area is considered economically significant while the rest have less percentile distribution as resources potentially. About 52 percent of the total land area is covered by forests and 42 percent are classified as alienable and disposable.

The climate of Northern Samar belongs to Type II with no distinct dry and wet season but with pronounced rainfall from October to January. The driest month is May.

The province has a very rugged terrain with restricted plains and valleys. The river valleys are low-lying and are often interrupted by hills. The remaining portion is rolling, hilly and mountainous. The interior of the mainland consists of highly dissected hills and mountain peaks. Low-lying hills are found between the coastal plains of Palapag, the river valley of Gamay and Catubig valley. The soil in the province is mostly clay loam, Las Castellanas clay and Libertad clay loam.

The province is endowed with both metallic and non-metallic minerals. Metallic mineral deposits are copper, aluminum and bauxite. These are found in Biri, San Isidro and Mapanas.

In the 1988 family income and expenditure survey conducted by the National Statistics Office, the average annual income of the province was P20.6 thousand per family while average expenditure was P16.4 thousand, food was the top expenditure item, 56.8% followed by the rent / rental value, 10.5%, then fuel. Light and energy came third at 7.4% followed by clothing, transportation and education. It was quite obvious that expenditure for health and health care were not the priorities leaving much of the responsibility to the government

Income Class Classification - Class B or 2nd Class

HEALTH PROFILE

Capital Town	:	**Catarman**
No. of Municipalities	:	**24**
No. of Barangays	:	**570**
Population (1990)	:	**383,685**
Population Density	:	**101.6/square km.**
Land Area	:	**3,498 square km.**
No. of Household (1990)	:	**72,365**
Average Household Size	:	**5.3**
Working Population (15 years and over)	:	**202,000 (labor force survey, January 1992)**
Dependent Population	:	**169,15 or 44.14%**
Literacy Rate	:	**88.07%**

Statistics:	Crude Birth Rate	**24.18%**
	Crude Death Rate	**.92%**
	Maternal Mortality Rate	**2.89%**
	Infant Mortality Rate	**10.51%**

No. of Health Facilities:

Provincial Health Office	:	**1**
District Hospitals	:	**7**
Rural Health Units	:	**24**
No. of Midwives	:	94 regular 31 PHDP
Bgy. Health Stations	:	**132**

No. of CVHWs
1. BHWs - **2,635**
2. BNS - **255**
3. Trained Hilot - **150**

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EXECUTIVE SUMMARY

Common Nutrition Problems of Northern Samar

Protein-Energy Malnutrition (PEM)

- lack of calories or protein or both; commonly affecting infants and preschoolers.
- prevalence among preschool children is 21.6% in 1994 (combined moderately and severely underweight).
- prevalence among school children is 5.24%
- municipalities with high prevalence of PEM are: Lope de Vega, San Roque, Lavezares, San Isidro, Bobon, Victoria, Mondragon, Silvino Lobos, Catarman and Laoang.

Vitamin A Deficiency (VAD)

- decreasing trend from 7.3% in 1991 to 1.1% in 1994.
- Provincial Health Office (PHO) data showed 15% identified VAD cases against the target group.
- first ten municipalities with high prevalence of VAD: Silvino Lobos, Mapanas, Catubig, Laoang, Lope de Vega, Lavezares, Catarman, Las Navas, Rosario, San Roque

Iron Deficiency Anemia (IDA)

- high prevalence rate of anemia among preschoolers
- observable also among school children

Iodine Deficiency Disorders (IDD)

- 1.12% of all ages surveyed suffer from goiter
- prevalence rate among grades 1 and 2 school children is 22.3%.

10 LEADING CAUSES OF MORBIDITY

1. Acute Respiratory Infections
2. Diarrhea
3. Pneumonia
4. Pulmonary Tuberculosis
5. Urinary Tract Infections
6. Hypertension
7. Wounds
8. Injuries
9. Typhoid Fever
10. Influenza

10 LEADING CAUSES OF MORTALITY

1. Pneumonia
2. Heart Disease
3. Septicemia
4. Cerebrovascular Accidents
5. Tetanus
6. Pulmonary Tuberculosis
7. Meningitis
8. Anemia
9. Diarrhea
10. Prematurity

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CAUSES OF MALNUTRITION

1. Poverty/Low income.
2. Inadequate food intake at the household level.
3. Some unfavorable food beliefs/practices.
4. Lack of nutrition knowledge
5. Infectious diseases (ARI and diarrhea).
6. Low intake of vitamin A, iron and iodine-rich foods.
7. Poor environmental and hygienic practices/conditions.
8. Lack of potable water supply.
9. Lack of health facilities.
10. Poor delivery of basic health services.
11. High consumption of "junk foods" sold in school canteens.
12. Large family size.
13. Low food production.

STATUS OF THE PROGRAM

Infants and Preschoolers:

- ❑ Decline in prevalence of PEM (moderate and severe) from 29.7% in 1991 to 21.6% in 1994
- ❑ 100% Identified VAD cases given treatment dose of VAC 200,000 I.U.
- ❑ 51% of preschoolers who are high risks for VAD were given preventive dose of VAC. However, during NID and ASAP (since 1993) all preschoolers aged 1-5 years were given VAC.
- ❑ 133 Weaning Moments education classes were conducted by 59 trained midwives in some areas (San Roque, Pambujan, Laoang, Palapag, Gamay, Mapanas, Lapinig, Catubig, Las Navas, San Antonio and Silvino Lobos). Two thousand six hundred forty one mothers have attended and graduated from the classes.

- 981 mothers were counselled on proper weaning and feeding practices and 541of them were followed up by the 106 BHWs from the 172 BHWs who were trained on weaning home counselling with the use of counselling cards.

- Food commodities through the Targetted Food Assistance Program (TFAP) provided to moderately and severely malnourished children.

Schoolchildren:

- 94% of school children were weighed during the annual OPT.

- 2% decrease of 2nd and 3rd degree malnourished school children.

- School gardens are maintained in most schools.

- School canteens are maintained by 40% of schools in the division.

- 10% of the schools are CARE beneficiaries.

- 10% of the schools have Bio-Intensive Gardens (BIG).

- Ratio of school dentist to no. of pupils is 1:18,750.

- One school physician for every 74,000 school population.

- School nurse to pupil ratio is 1:15,000.

RECOMMENDATIONS

For Preschool Children's Problems:

- More income generating projects and job opportunities to augment family income.

- Promote the use of weaning mix.

- Full implementation of Weaning Moments Education.

- More trainings for BHWs and BNS.

- Encourage 100% toilet constructions.

- Construction of deep and artesian wells; intensify spring development; well protection for closed dug wells.

- ❑ Adequate support to health workers (e.g. financial, medical/ surgical supplies, drugs and medicines).
- ❑ Implement "OPT plus". (OPT plus means weighing to determine the nutritional status of the child and the examination of the eye to detect early signs of VAD. This is done in order to immediately inform the mothers what signs of malnutrition are observable in their children).
- ❑ Processing of nutritious substitutes for junk foods.
- ❑ Intensification of family planning programs.
- ❑ Encourage backyard gardening or Bio-Intensive Gardening.

For Schoolchildren's Problems:

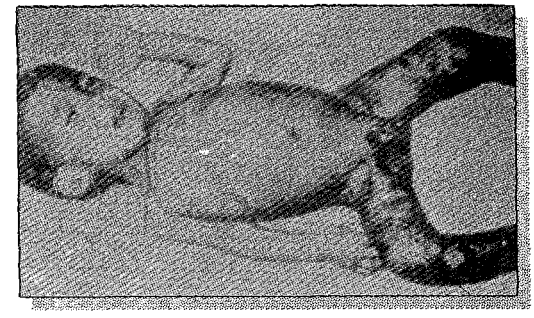
- ❑ Intensify Nutrition Education through integration in the school curriculum.
- ❑ Include Nutrition Education in PTA meetings.
- ❑ Conduct VAD-IDA-IDD trainings among school officials and teachers.
- ❑ Expand Teacher-Child-Parent (TCP) approach in all districts in the division.
- ❑ Conduct barangay assemblies on the elimination of micronutrient malnutrition.
- ❑ Reorient administrators and teachers on proper nutrition, on the nutrition program and other nutrition - related issues and concerns.
- ❑ Implement Bio-Intensive Gardening in all schools.
- ❑ Assign an Edukasyong Pantahanan Pangkabuhayan teacher or Home Economics major to manage the School Canteen.
- ❑ Encourage income-generating projects in all schools to support the Nutrition Program.

COMMON NUTRITION PROBLEMS

HOW SERIOUS IS THE PROBLEM ?

PROTEIN ENERGY MALNUTRITION (PEM)

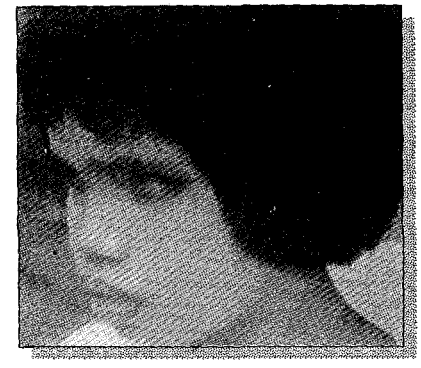
- Results from lack of protein, or calories or both, commonly affected are infants (0-12 months old) and preschool children (12-83 months old). Victims of PEM are sickly, prone to infections like diarrhea, measles, whooping cough and other respiratory diseases, retarded in growth and exhibits psychomotor change like apathy, lethargy and lack of appetite. Children affected are more likely to get sick and die early.



Severely Malnourished (PEM)

VITAMIN A DEFICIENCY (VAD)

- Results due to low intake of green, leafy and yellow vegetables and fruits, animal foods which are rich sources of vitamin A and fats. Lack of vitamin A in the body results to NIGHTBLINDNESS or "harap" which is the inability to see in the dark. Prolonged deficiency will result in xerophthalmia (dryness of the eyes, commonly caused by lack of Vitamin A) and eventual permanent blindness.



Blindness (VAD)

IRON DEFICIENCY ANEMIA (IDA)

- Results from a prolonged period of inadequate intake of dietary iron which is essential for the normal functioning of the blood. Children affected have impaired physical and mental development and have low resistance to infection while pregnant women with IDA have a higher risk of maternal mortality, increased risk to infection and have more low birth weight babies.

Low Birth Weight Baby (IDA)

IODINE DEFICIENCY DISORDER (IDD)

- This is usually seen as goiter and enlargement of the thyroid gland characterized by the swelling at the base of the neck. Pregnant women affected increase risk to a mentally and physically retarded child and more miscarriages. Affected children may have mild or severe mental retardation, poor intelligence, slow growth.

Cretin (IDD)

PRESCHOOLERS

HOW SERIOUS IS THE PROBLEM ?

PROTEIN ENERGY MALNUTRITION (PEM)

- The prevalence of PEM (combined moderately and severely underweight) is high in 1991 at 29.7% but declined in 1992 from 27.9% to 21.6% in 1994. On the other hand, the number of preschool children with **normal** weight has increased from 25% in 1992 to 37% in 1994.

- Reports on Operation Timbang in 1994 revealed that for every 10 preschoolers, 2 are suffering from PEM. Thus, PEM still remains a public health problem affecting our preschool children.

Nutritional Status of Preschool Children (0-83 months)

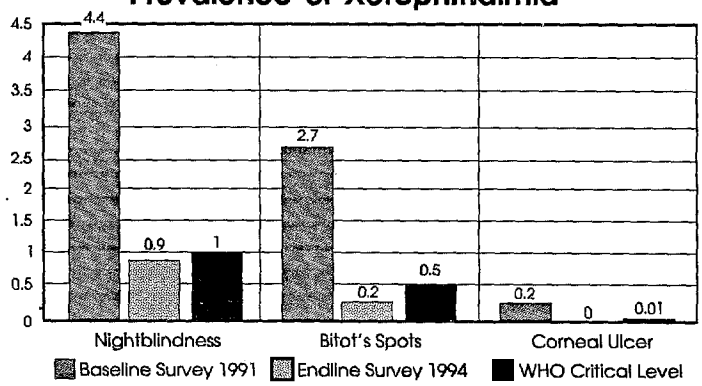
severely underweight	**1,806**	**or**	**2.7%**
moderately underweight	**12,594**	**or**	**19%**
mildly underweight	**24,779**	**or**	**37%**
overweight	**2,778**	**or**	**4%**
NORMAL weight	**24,466**	**or**	**37%**

based on 1994 Operation Timbang

VITAMIN A DEFICIENCY (VAD)

- Based on the Endline Survey conducted by DOH-HKI in 36 barangays, there is a marked reduction of vitamin A deficiency cases (nightblindness, Bitot's spots, corneal ulcer) from 7.3% in1991 to 1.1% in 1994.

Prevalence of Xerophthalmia



- However, based on the FHSIS reports submitted by the Rural Health Units to the PHO, Northern Samar has 15% identified Vitamin A deficiency cases against the target. The first ten municipalities which has the highest prevalence of VAD are:

1. Silvino Lobos
2. Mapanas
3. Catubig
4. Lao-ang
5. Lope de Vega
6. Lavezares
7. Gatarman
8. Las Navas
9. Rosario
10. San Roque

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CAUSES

- lack of access to adequate food
- low family income
- some unfavorable food beliefs and practices
- infectious diseases - ARI and diarrhea are leading causes of child mortality
- poor feeding and weaning practices
- low intake of vitamin A, iron and iodine-rich foods
- inadequate intake of fats /oil to enhance absorption of vitamin A, and vitamin C to enhance absorption of iron.
- lack of knowledge on the importance of proper nutrition
- poor environmental and hygiene practices
- lack of potable water supply especially in remote barangays

STATUS OF THE PROGRAM

- Prevalence of moderately and severely underweight children (0-83 months) declined from 29.7% in 1991 to 21.6% in 1994.

  Identified VAD cases were given treatment dose of VAC 200,000 IU. (1 capsule today, 1 capsule tomorrow, 1 capsule after two weeks).

- Preschooler considered as high risk for VAD (those with recent measles, ARI, diarrhea, and there who are mildly moderately to severely malnourished) are given preventive dose of VAC (1 capsule today and 1 capsule after 6 months). However, in the implementation of universal dosing of VAC during NID and ASAP since 1993, all preschoolers aged 1-5 years old were given VAC whether or not they are high risk. Intervals for NID and ASAP is roughly 6 months.

- Weaning Moments Lessons and weaning home counseling are still being implemented by trained midwives and BHWs in some areas of the province. Municipalities with Weaning Moments education are San Roque, Pambujan, Lao-ang, Palapag, Gamay, Mapanas, Lapinig, Catubig, Las Navas, San Antonio and Silvino Lobos.

RECOMMENDATIONS

- ❑ Continue to provide food commodities through the Targeted Food Assistance Program to moderately and severely malnourished.
- ❑ Encourage full implementation of Weaning Moments Lessons and Home Counseling by midwives and BHWs.
- ❑ Promote the use of Weaning Mix.
- ❑ Encourage extra meals for sick children and those children recovering from illness to avoid malnutrition.
- ❑ Promote high immunization coverage and increase ORS use rate.
- ❑ More income-generating projects and job opportunities to augment family income.
- ❑ More trainings for BHWs and BNS.
- ❑ Encourage 100% toilet constructions.
- ❑ Construction of deep wells and artesian wells; intensify spring development; well protection for closed dug wells.
- ❑ Adequate support to health workers (e.g. financial, medical/surgical supplies, drugs and medicines).
- ❑ implement "OPT plus". (OPT plus means weighing to determine the nutritional status of the child and the eye examination to detect early signs of VAD). This is done in order to immediately inform the mothers what signs of malnutrition are observable in their children.
- ❑ Processing of nutritious substitutes for junk foods.
- ❑ Intensification of familiy planning programs.
- ❑ Encourage backyard gardening or Bio-Intensive Gardening.

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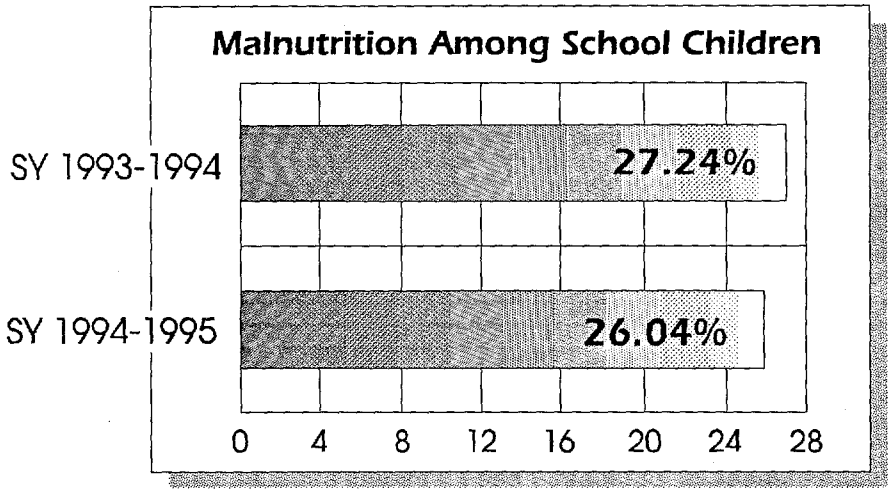
SCHOOLERS

HOW SERIOUS IS THE PROBLEM ?

PROTEIN ENERGY MALNUTRITION (PEM)

- ❑ 5.24% of school children are mildly malnourished.
- ❑ 27.72% of school children are moderately and severely malnourished.
- ❑ The decrease of moderately and severely malnourished school pupils is significant:

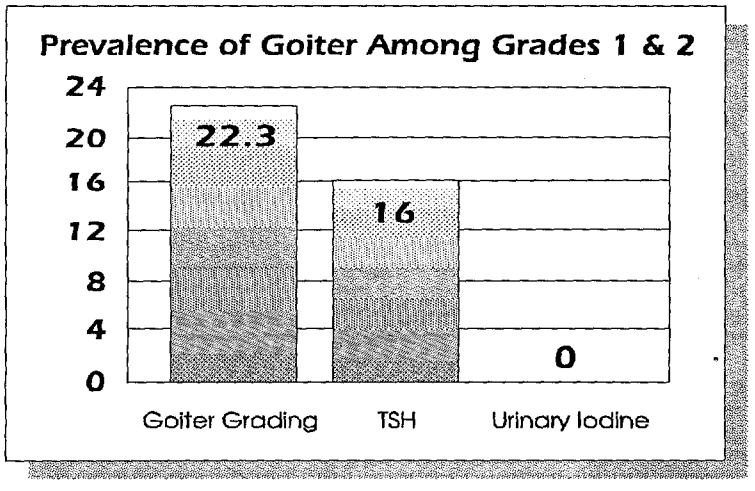


Schoolyear 1993-1994 27.24%

Schoolyear 1994-1995 26.04%

VITAMIN A DEFICIENCY (VAD) and IRON DEFICIENCY ANEMIA (IDA)

- ❑ No available impirical data on VAD and IDA among school children but observable among them.



IRON DEFICIENCY DISORDERS

- ❑ The prevalence rate of goiter is 22.3% among grades 1 and 2.

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CAUSES

- ❑ Poverty
- ❑ Lack of knowledge of parents on dietary intake.
- ❑ Inadequate food intake due to lack of food supply.
- ❑ Lack of health facilities in school.
- ❑ High consumption of junk foods sold in school canteen.
- ❑ Lack of safe water supply.
- ❑ Unfavorable food beliefs and fallacies of families.
- ❑ Large family size which result in unequal/insufficient distribution of food.
- ❑ Inadequate food intake due to pressure of time or demanding school work.
- ❑ Low consumption of leafy green vegetables.
- ❑ Fruits not part of the family diet.
- ❑ Poor environmental sanitation and hygiene practices.
- ❑ Indifferent attitudes of parents to symptoms of child's disease/ illness.
- ❑ Families raise vegetables, animals and fruits to augment income for other needs.
- ❑ Prevalence of common ailment and diseases.

STATUS OF THE PROGRAM

- ❑ School children are weighed annually.
- ❑ School gardens are maintained in most schools.
- ❑ 40% of big schools in the division has school canteen.

- ❑ 10% of schools received food commodities.
- ❑ 10% of schools has a model Bio - Intensive Gardens.
- ❑ School dentist ratio is 1:18,750
- ❑ 1 school physician for school population
- ❑ School nurse and pupil ratio is 1: 15,000

RECOMMENDATIONS

- ❑ Intensify Nutrition Education among school children by integrating nutrition education in the curriculum.
- ❑ Include nutrition education in PTA meetings.
- ❑ Conduct VAD-IDA-IDD Trainings among school officials and teachers.
- ❑ Expand TCP (Teacher-Child-Parent) Approach in all districts in the division.
- ❑ Conduct barangay assemblies on the elimination of micronutrients malnutrition.
- ❑ Reorient administrators and teachers on Health Guardian Program.
- ❑ Implement Bio - Intensive Gardening in all schools.
- ❑ Assign an Edukasyong Pantahanan at Pangkabuhayan teacher to manage school canteen.
- ❑ Encourage Income Generating Projects in all schools to support nutrition program.
- ❑ Increase number of health personnel to serve school population.
- ❑ Construct toilets in every classroom.

PREGNANT AND LACTATING WOMEN

HOW SERIOUS IS THE PROBLEM ?

IODINE DEFICIENCY DISORDERS

- National data indicate that prevalence rate of goiter cases among pregnant women is 57.72%. Northern Samar has 9.5 goiter prevalence for ages 7 years and over. No data are available for pregnant/lactating women only.

IRON DEFICIENCY ANEMIA

- National data reveals prevalence rate of anemia cases among lactating women is 50.6% and 45% among pregnant women. Unfortunately, no data are available for Northern Samar. .

CAUSES

IODINE DEFICIENCY DISORDERS

- Highly endemic in some areas wherein iodine source is very low.
- Increased intake of goitrogenic substances like cassava especially in interior and upland barangays, where other sources like carbohydrates is not always available and affordable.
- Genetic factor, inherent biological defect can prevent thyroid iodine uptake, and its conversion to thyroid hormone.
- Inadequate intake of iodine-rich foods like seafoods, seaweeds and salt with iodine.

IRON DEFICIENCY ANEMIA

- Lack of knowledge on dietary intake of iron-rich foods.
- Inadequate intake of iron-rich foods essential for normal functioning of the blood.
- Erroneous beliefs.
- Religious beliefs.

- Poor biological availability of dietary iron.
- Chronic blood loss due to abortion and hemorrhage.
- Irregular or lack of pre and post natal check-up.

RECOMMENDATIONS

- Encourage women of reproductive age to eat vitamin A and iron-rich foods to prevent micronutrient malnutrition.
- Encourage the use of oil in cooking dark green leafy vegetables to enhance the absorption of vitamin A.
- Encourage intake of vitamin C-rich foods to enhance absorption of iron.
- Encourage pregnant women to eat enough iodine-rich foods like seafoods, seaweeds, and the use of iodized salt to ensure the infant's maximum physical and mental development.
- Maintain adequate supply and promote the use of iodized salt especially in upland communities and barangays.
- Advise lactating mothers to take orally a single dose of vitamin A capsule 200,000 IU within one month after each delivery to raise serum level of vitamin A.
- Promote homeyard gardening and provide adequate supply of seeds for every household to encourage the local production and consumption of vegetables and fruits rich in iron, vitamin A and vitamin C.
- Conduct massive nutrition and health education campaign through the radio, TV, comics, and mothers classes particularly weaning education classes.
- Expand trainings of health workers especially midwives and BHWs on Weaning Education in areas with no Weaning Education activities.
- Encourage the observance of personal hygiene and improvement of environmental sanitation.
- Promote pre and post natal check-up and care among pregnant and lactating women.
- Pregnant and lactating mothers should be advised to exclusively breastfeed their babies because breastmilk provide adequate supply of iron during the first six months.

Top 5 Municipalities with Highest and Lowest Accomplishment on Supplementation

HIGHEST		LOWEST	
VITAMIN A		**VITAMIN A**	
San Antonio	123%	Catubig	5%
Silvino Lobos	112%	San Vicente	9%
Las Navas	110%	Capul	12%
Allen	107%	San Isidro	13%
Gamay & Pambujan	102%	Catarman	18%

IRON (for 0-83 months children)		**IRON** (for 0-83 months children)	
Capul	60%	Gamay, Silvino Lobos	2%
San Isidro	50%	Pambujan	3%
Biri	46%	Allen, Lapinig	4%
Mapanas	34%	Lavezares	6%
Mondragon	29%	Lope de Vega, Rosario	7%
IRON (for pregnant women)		**IRON** (for pregnant women)	
Bobon	138%	Lapinig	30%
Mondragon	129%	San Vicente	42%
Mapanas	124%	Gamay	46%
Catarman	116%	Silvino Lobos	47%
San Jose	112%	Pambujan, Lope de Vega	50%
IRON (for lactating women)		**IRON** (for lactating women)	
Bobon	139%	Silvino Lobos	25%
Capul, San Isidro	92%	Lapinig	45%
Catubig	91%	Biri, San Antoni	46%
Mondragon, Allen	89%	Gamay	51%
Lao - Ang	88%	Rosario	53%

IODINE (for 7 years old & over)		**IODINE** (for 7 years old & over)	
Palapag	58%	Capul,Bobon,Lao-Ang	2%
Las Navas	25%	Lavezares	3%
Mondragon	22%	San Isidro	4.5%
San Antonio	16%	Pambujan	5%
Biri	14%	Silvino Lobos,Lapinig,Sn.Jose	7%

Data Source: FHSIS

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WHERE TO REFER and COORDINATE on NUTRITION and NUTRITION - RELATED PROGRAMS

Government and Non-Government Agencies Involved on Nutrition-Related Programs

AGENCY	PROGRAM / ACTIVITIES
RURAL HEALTH UNITS/ BARANGAY HEALTH STATIONS	***OPERATION TIMBANG*** **:** mass weighing of children 0-83 months old to determine Nutritional Status, done every first quarter of the year by the barangay nutrition committee led by the BHWs and midwives. ***SUPPLEMENTATION*** **:** includes food supplementation to moderately and severely malnourished preschool children , and micronutrients (Vitamin A, Iron, Iodine) distribution to identified cases. ***GROWTH MONITORING*** **:** promotion on the use of UFC cards and monthly weighing of preschool children. ***WATER and SANITATION*** **:** involves provision of toilet bowls and construction of sources of potable water. ***NUTRITION EDUCATION*** **:** conduct of nutrition education classes to mothers thru weaning moments classes by some trained BHWs. Sometimes integrated with other health services during clinic visits.
PROVINCIAL AGRICULTURE OFFICE	***PLANT NURSERIES and BIO-INTENSIVE GARDEN DEMONSTRATIONS*** **:** involve establishment of demonstration gardens, training of RICs, BHWs, BNS; seeds distribution and provision of garden tools particularly to CPC IV municipalities. ***SUPPLEMENTARY MIXES COMMUNITY BASED PROCESSING*** **:** involves training of mothers in the barangays on the preparation of INSOMIX (powdered complete weaning diet for infants) and provision of kitchen utensils to CPC IV municipalities.

AGENCY	PROGRAM / ACTIVITIES
DEPARTMENT OF TRADE AND INDUSTRY	***PRO-POOR PROGRAMS :*** involves identification and extension of loans to NGOs for relending to beneficiaries belonging to low income families, unemployed and underemployed adults for Income Generating Projects (IGPs). The purpose is to increase the income and improve their living condition.
DEPARTMENT of AGRARIAN REFORM	***LIVELIHOOD PROJECTS :*** livelihood support funds for fisheries, agricultural and farm product trading, including carabao dispersal to Agrarian Reform Beneficiaries (ARBs).
DEPARTMENT of EDUCATION, CULTURE and SPORTS	***OPERATION TIMBANG*** : involves mass weighing of school children to determine nutritional status of school children, conducted every quarter. ***BIO-INTENSIVE GARDENING***: encourages the implementation of BIG among EPP teachers. ***TEACHER-CHILD-PARENT APPROACH (TCPA):*** integration of nutrition messages in the different subject areas, a carry over of learning from the school to the home.
PROVINCIAL SOCIAL WELFARE and DEVELOPMENT	Weighing of 0-6 yr, old preschoolers in every barangay either by BNS, BNV, DCW supervised by MSWO to determine the 2nd and 3rd degree malnourished children Feeding of moderate and severely malnourished children by CRS and local food commodities. Conduct of nutrition education with mothers. Extend assistance to income Generating Projects to Day Care parents and SF parents (based on need). Conduct of Parent Effectiveness Sessions. Cooking demonstration to mothers (based on need). Family planning.

AGENCY	PROGRAM / ACTIVITIES
PROVINCIAL NUTRITION OFFICE	Full weighing of 0 - 83 months pre school children and monthly follow-up weighing of 0 - 18 months and 2nd and 3rd degree malnourished children. Conduct of PABASA sa Barangay to 2 - 5 year old preschool children done in Day Care Service Centers.
DEPARTMENT of INTERIOR and LOCAL GOV'T	Sees to it that the Local Government Units organize, and institutionalize nutrition councils. Monitor programs, projects, and activities of th Nutrition Council.
PHILIPPINE INFORMATION AGENCY	Extends communication support to the provincial nutrition program and other nutrition programs of the LGUs and the other agencies.
UNIVERSITY of EASTERN PHIL.	Nutrition Education at all levels (elementary, secondary and tertiary). Dissemination of planting materials, dispersal of ducks to farmers. Construction of municipal nurseries under the APEPSI (Agricultural Productivity Enhancement Program for Samar Island).
PROV'L PLANNING and DEVELOPMENT OFFICE	Integration of nutrition program into the Provincial Local Development Plan.
PROVINCIAL BUDGET OFFICE	Considers budgetary proposals for nutrition programs, projects and activities.
PROV'L. TREASURER'S OFFICE	Disbursement of funds intended for the implementation of nutrition programs.

Malnutrition Rate Among Pre-School Children of Northern Samar

Year	PSC Weighed	Weighed (%)	Overweight	Normal	Mild 1st degree	Moderate 2nd degree	Severe 3rd degree
1994	66,771	86.6	2,788 4%	24,615 37%	24,968 37%	12,594 19%	1,806 2.7%
1993	66,070	86	2,984 4.5%	25,075 38%	23,779 36%	12,320 18%	1,912 3%
1992	57,638	74	2,741 5%	24,009 41%	14,789 25%	13,742 24%	2,357 4%
1991	47,452	72	2,525 5%	17,748 37%	13,084 27.5%	12,052 25%	2,043 4%
1990	47,146	61	2,230 4.5%	17,294 36.5%	13,802 29%	11,362 24%	2,458 5%
1989	41,765	44	2,112 5%	14,883 35.5%	13,890 33%	8,771 21%	2,109 5%

Operation Timbang 1994

MUNICIPALITY	TARGET	TOTAL # OF PSC WEIGHED 0-83 mos.	%	Severely Underweight PSC (3rd degree)		Moderately Underweight PSC (1st degree)		Mildly Underweight PSC (2nd degree)		Normal		Overweight	
				Number	%	Number	%	Number	%	Number	%	Number	%
1. Allen	3093	3149	102	25	.8	471	15	1083	34	1450	46	120	3
2. Biri	1499	1410	94	5	.35	248	17	767	53	353	27	37	3
3. Bobon	2748	2500	91	55	2	623	25	894	36	852	34	76	3
4. Capul	1910	1793	94	20	1	194	11	594	37	898	50	87	5
5. Catarman	10234	9525	93	217	2	2001	21	3501	37	3224	34	582	6
6. Catubig	4429	3276	74	49	2	433	13	1338	41	1381	42	75	2
7. Gamay	3165	2873	91	77	3	582	20	926	32	1230	43	58	2
8. Laoang	8443	7103	84	383	5	1263	18	2179	31	2821	40	457	6
9. Lapinig	1653	1343	81	31	2	234	17.5	641	48	377	28	60	4.5
10. Las Navas	4421	3982	90	125	3	577	15	1203	30	2031	51	46	1
11. Lavezares	3827	3427	90	141	4	817	24	1500	44	828	24	141	4
12. Lope de Vega	1858	1676	90	91	6	486	32	538	36	535	24	26	2
13. Mapanas	1517	1343	88	29	2	238	18	508	38	517	38	51	4
14. Mondragon	4297	2805	65	102	4	584	22	1313	43	631	24	175	7
15. Palapag	4039	3308	82	54	1.5	484	14.5	1289	39	1419	43	62	2
16. Pambujan	3693	3241	88	60	2	399	12	1024	32	1527	47	231	7
17. Rosario	1345	1262	94	21	2	207	16	562	45	442	35	30	2
18. San Antonio	1439	1213	84	11	1	194	16	456	38	525	43	27	2
19. San Isidro	3685	3439	93	104	3	837	24	1277	37	1048	31	173	5
20. San Jose	2163	1998	92	27	1	297	15	836	42	804	40	34	2
21. San Roque	2782	2663	96	47	2	772	29	1107	41	656	25	81	3
22. San Vicente	1160	1128	97	17	1	168	15	461	41	436	39	46	4
23. Silvino Lobos	1821	918	50	84	9	142	15	262	292	411	45	19	2
24. Victoria	1816	1396	77	31	2	343	24	709	51	219	16	94	7
TOTAL	**77037**	**66771**	**86.6%**	**1806**	**2.7**	**12594**	**19**	**24968**	**37**	**24615**	**37**	**2788**	**4**

*w/ shade - top 10 municipalities with high prevalence of protein-energy malnutrition (PEM)

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Nutritional Status of Public School Children Of Northern Samar

	Municipality	Enrolment	Total Weighed		Overweight		Normal		Mild 1°		Moderate 2°		Severe 3°		Rank
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1.	Allen	2736	2598	94.96	76	2.93	1056	40.65	994	38.26	376	14.47	96	3.70	19
2.	Biri	1573	1557	98.98	0	0	734	47.14	497	31.92	324	20.81	2	.13	16
3.	Bobon	2603	2432	93.43	48	1.97	1024	42.10	738	30.34	458	18.83	164	6.74	10
4.	Capul	1792	1623	90.56	38	2.34	720	44.36	686	42.26	161	9.92	18	1.11	23
5.	Catarman	10101	9438	93.43	385	4.07	4207	44.57	2245	23.78	2121	22.47	480	5.08	8
6.	Catubig	4203	3463	82.39	46	1.32	1601	46.23	997	28.79	640	18.48	179	5.16	13
7.	Gamay	4113	3833	93.19	103	2.68	829	21.62	1387	36.18	1461	38.11	53	1.38	2
8.	Laoang	8538	8044	94.0	68	.85	3620	45	2561	31.83	1502	18.67	293	3.64	14
9.	Lapinig	1826	1809	99.06	20	1.10	1307	72.25	374	20.67	83	4.58	25	1.38	24
10.	Las Navas	4297	4006	93.22	74	1.84	1822	45.48	1083	27.0	493	12.30	534	13.33	9
11.	Lavezares	4053	3934	97.0	22	.55	1661	42.22	915	23.25	1065	27.0	271	6.88	3
12.	Lope de Vega	1609	1351	83.96	88	6.51	563	41.67	368	27.24	268	19.83	64	4.73	11
13.	Mapanas	1807	1753	97	61	3.47	538	30.69	375	21.39	779	44.43	0	0	1
14.	Mondragon	4209	4147	98.52	82	1.97	2526	60.91	664	16.0	543	13.0	332	8.0	15
15.	Palapag	4630	3851	83.17	18	.46	1768	45.91	1347	34.97	627	16.28	91	236	18
16.	Pambujan	38.95	3747	96.20	35	.93	1687	5.02	1447	38.61	286	7.63	292	7.79	21
17.	Rosario	1449	1379	95.16	9	.65	723	52.42	460	33.35	167	12.11	20	1.45	22
18.	San Antonio	1138	1110	97.53	17	1.53	14	46.30	379	34.14	187	16.84	13	1.17	20
19.	San Isidro	3420	2653	77.57	36	1.35	1271	47.90	697	26.27	537	20.24	112	4.22	12
20.	San Jose	2283	2073	90.80	79	3.81	780	37.62	547	26.38	465	22.43	202	9.74	4
21.	San Roque	3174	3174	100	109	3.43	867	27.31	1214	38.24	727	22.90	257	8.09	5
22.	San Vicente	958	953	99.47	47	4.93	304	31.89	414	43.44	171	17.94	17	1.78	17
23.	Silvino Lobos	1568	1332	84.94	1	.07	560	42.04	386	28.97	294	22.07	91	6.83	6
24.	Victoria	1778	1765	99.26	3	16	834	47.25	439	24.87	284	16.09	205	11.61	7
	TOTAL	77753	72025	92.63	1465	2.03	31516	43.75	21214	29.45	14019	19.46	3811	5.29	

*w/ shade - top 10 municipalities with high prevalence of second and third degree malnutrition

2c

Coverage Of Supplementation
ASAP 1994

MUNICIPALITY	VITAMIN A CAPSULE		IODIZED OIL CAPSULE	
	%	Rank	%	Rank
1. Allen	129	5	91	6
2. Biri	126	7	88	7
3. Bobon	145	2	86	8
4. Capul	120	9	58	18
5. Catarman	107	18	65	16
6. Catubig	113	13	72	13
7. Gamay	115	12	58	18
8. Laoang	102	20	64	17
9. Lapinig	110	15	55	19
10. Las Navas	108	17	73	12
11. Lavezares	148	1	93	5
12. Lope de Vega	127	6	104	2
13. Palapag	135	4	85	9
14. Pambujan	119	10	83	10
15. Mapanas	102.5	19	75	11
16. Mondragon	96	21	68	15
17. Rosario	80	23	69	14
18. San Antonio	111	14	69	14
19. San Isidro	109	16	88	7
20. San Jose	122	8	103	3
21. San Roque	143	3	101	4
22. San Vicente	110	15	91	6
23. Silvino Lubos	83	22	51	20
24. Victoria	116	11	105	1
TOTAL	116%		76.5%	

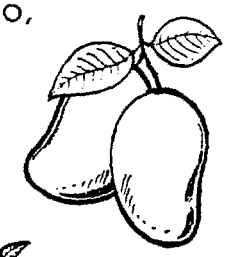
* w/ shade-top 10 municipalities with highest coverage of supplementation

Food Sources of Micronut ents Available in *Northern Samar*

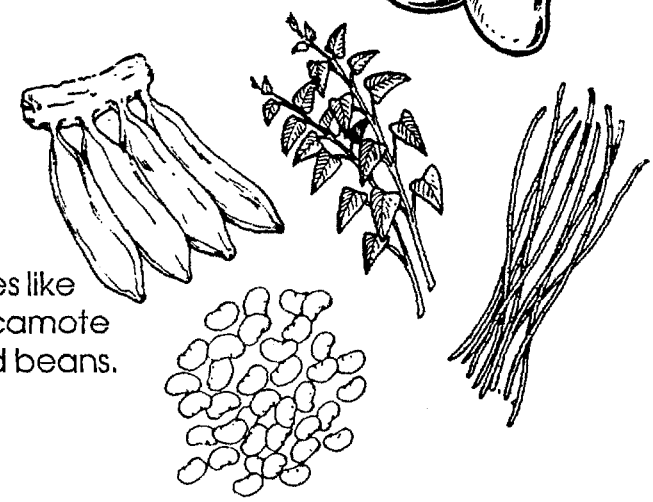
VITAMIN A RICH FOODS

1. Animal Sources - liver, aligue, egg yolk

2. Plant Sources - dark green leafy vegetables and yellow vegetables and fruits like gabi leaves, camote leaves, malunggay leaves, ampalaya leaves, kangkong leaves, sili leaves, pako, kamoteng kahoy leaves, petsay, carrots, squash, yellow camote, sitaw talbos, tiesa, ripe mango, ripe papaya, ripe banana and others.



note: Absorption of Vitamin A in the body is enhanced by intake of a little oil or fats.



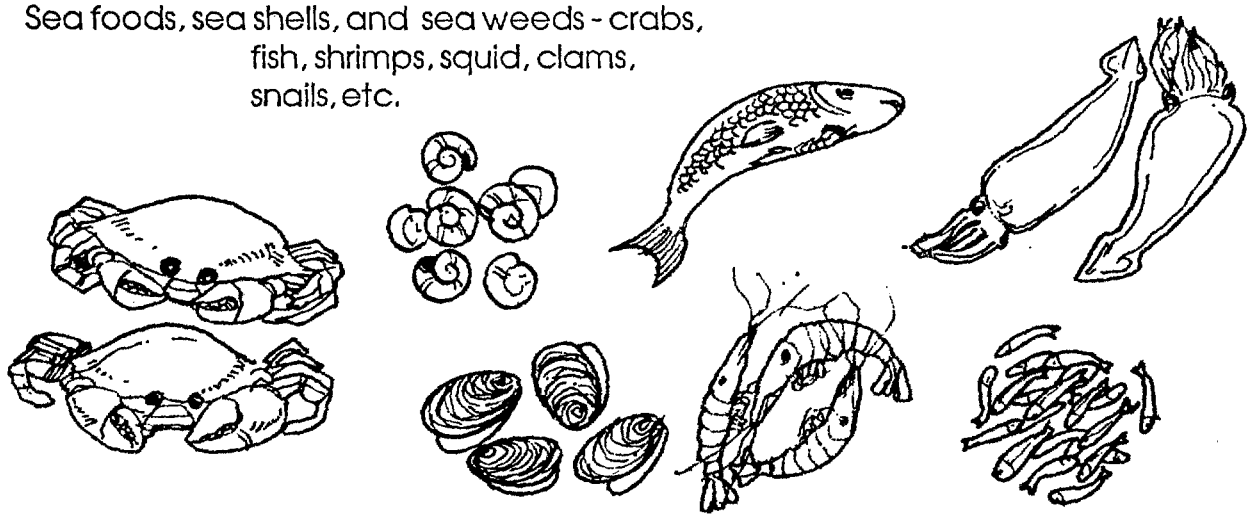
IRON RICH FOODS

1. Animal Sources - red meat, liver

2. Plant Sources - dark green leafy vegetables like gabi leaves, camote leaves, camote leaves, malunggay and dried beans.

IODINE RICH FOODS

Sea foods, sea shells, and sea weeds - crabs, fish, shrimps, squid, clams, snails, etc.



24

OVERVIEW OF MALNUTRITION

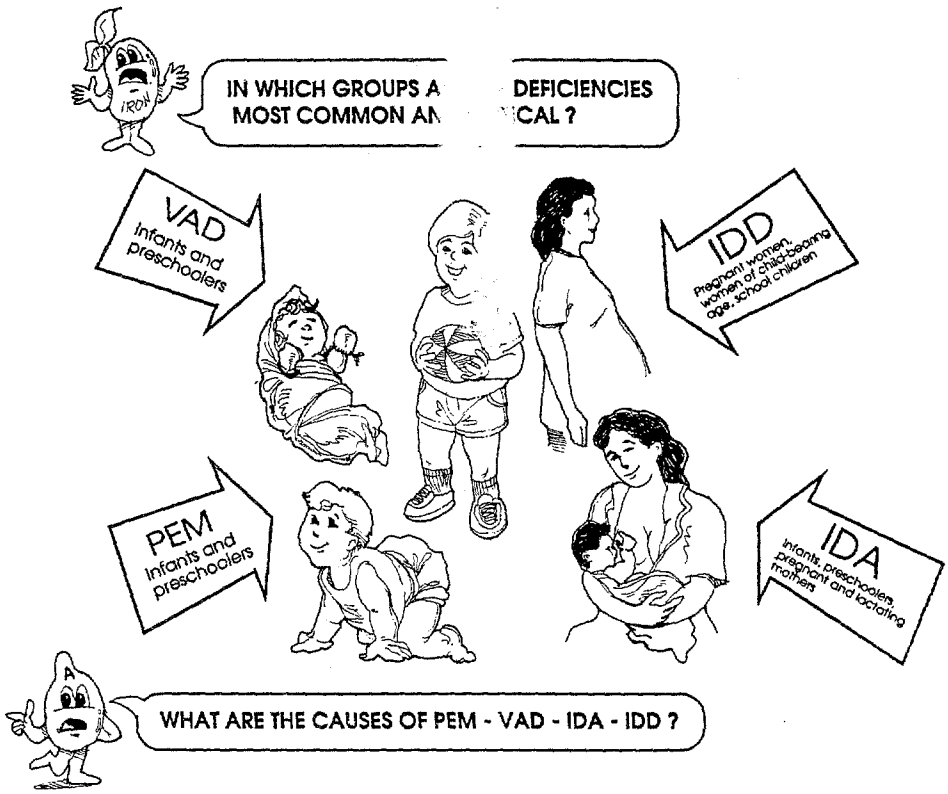
IDD	PEM	VAD	IDA
IODINE DEFICIENCY	PROTEIN ENERGY MALNUTRITION	VITAMIN A DEFICIENCY	IRON DEFICIENCY ANEMIA

WHAT ARE PEM-VAD-IDA-IDD?

These are conditions which refer to nutritional disorders from lack of food and/or micronutrients such as iodine, iron and Vitamin A. Poor nutrition, with its related illnesses, is responsible for more deaths than any other problem, and poses a great danger to young children.

WHAT IS THE MAGNITUDE OF PEM - VAD - IDA - IDD?

	RANGE BASED ON RESULTS OF PHILIPPINE SURVEYS	PRACTICAL SIGNIFICANCE
VAD	1-4 out of 100 preschoolers have nightblindness and/or Bitot's spot. 17 children go blind everyday due to VAD.	endemic and above WHO critical level in many regions, especially Regions IV,V, VIII, XI, IX and NCR.
IDA	7 out of 10 infants are anemic. 4 out of 10 preschoolers are anemic. 5 out of 10 pregnant/lactating mothers are weak and anemic.	widespread, in all parts of the Philippines.
IDD	1-2 out of 10 school children and pregnant women have goiter	highly endemic in many regions especially the Cordillera and Mindanao.
PEM	2 out of 10 preschoolers are moderately and severely malnourished.	widespread, especially Regions I, V, VI, VIII, and XII.



GENERAL

- Not eating enough foods containing nutrients.
- Increased body needs due to fast growth (infants and preschoolers), and the body's conditions (Pregnancy, lactation, menstruation).
- Frequent illness and infection.
- Poverty.

SPECIFIC

PEM

- Not enough food intake,especially protein and/or energy-rich foods.
- Illnesses like diarrhea, measles, respiratory infections.

VAD

- Lack of dark green leafy and yellow fruits and vegetables in the diet.
- Lack of fat or oil in the diet to absorb Vitamin A.
- Poor absorption or rapid utilization of Vitamin A during infection(measles, chronic diarrhea, acute respiratory infection).

IDA

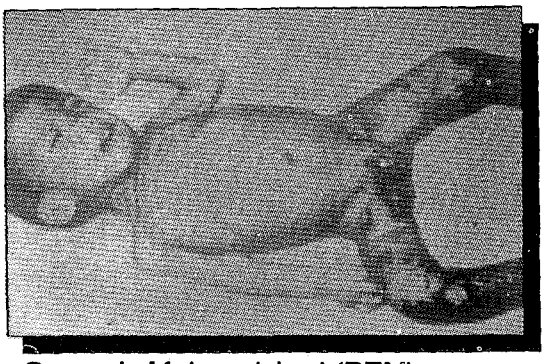
- Lack of green leafy vegetables and animal foods rich in iron.
- Lack of Vitamin C which helps in iron absorption.
- Chronic blood loss (parasitism, menstruation).
- Increased demand during pregnancy and lactation.

IDD

- Lack of iodine-rich foods (i.e. sea foods in the diet).
- Presence of goitrogens (like cassava and cabbages) which interfere with iodine absorption.
- Soil depleted of iodine due to erosion.

WHAT ARE THE CONSEQUENCES OF VAD - IDA - IDD - PEM PROBLEMS ?

Cretin (IDD)



Severely Malnourished (PEM)

Low Birth Weight Baby (IDA)

Blindness (VAD)

PEM

- Premature death
- Weak resistance to infection
- Poor growth
- Slow psychomotor coordination
- Poor social development

VAD

- 30% higher child death rate
- Poor growth
- Blindness
- Weak resistance to infection
- Permanent damage to vision

IDA

Children

- Impaired physical and mental development
- Low resistance to infection
- Poor mental performance

Pregnant Women

- High maternal and infant mortality
- More low birth weight babies
- Increased infection

Adults

- Reduced work productivity

IDD

- Mild and severe mental retardation
- Poor intelligence
- More miscarriages and still births
- Slow growth
- Goiter
- Deafness and muteness

WHY INVEST *in* MICRONUTRIENT NUTRITION ?

For Labor Productivity

IRON improves workers' productivity.
IODINE improves earning capability.
VITAMIN A prevents losses in earnings.

For Better Educational and School Performance

IRON improves skills, capacity to focus attention, school attendance.
IODINE improves learning capacity and school performance.
VITAMIN A improves vision, prevents blindness, reduces illnesses and absences.

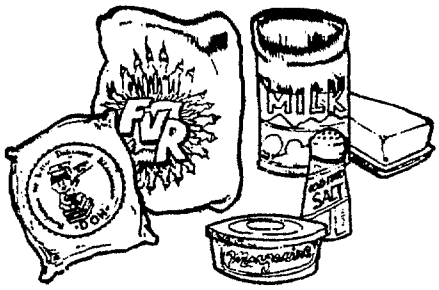
For Improved Child Survival and Safer Motherhood

VITAMIN A lowers infant and child mortality. for protection from infectious diseases.
VITAMIN A and **IRON** lowers rehabilitation cost.
VITAMIN A, IRON and **IODINE** lowers health care cost, for fewer health complication and illness.

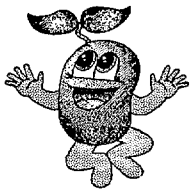
25.

WHAT HAS TO BE DONE ?

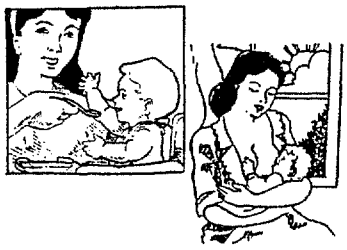
Supply critical micronutrients (Vitamin A, Iron and Iodine) through supplementation and fortification



Salt has been fortified in many countries.Some companies in the Philippines have already capitalized on the market advantage of fortifying their products (e.g. margarine, juices, hotdogs, and chichiria). There is a need to fortify others, especially those which reach the lower income groups.



Promote a change in diet.

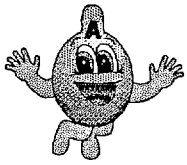


Promote good nutrition from the earliest age.

Nothing is better for a baby than breastmilk from birth to 4 - 6 months.

Promote more and better food for weaning age infants (4-6 months and older) to prevent malnutrition before it starts.

Promote increased intake of dark green leafy vegetables and yellow fruits with a little oil and withVitamin C - rich foods to improve vitamin A and Iron intake.



Invest in Nutrition.

Educate your consumers, students, constituents, workers.

Fortify your food products.

Make iodine and Vitamin A supplements available locally at affordable prices.

Generate resources, interest, leadership and action towards eliminating the devastating effects of **HIDDEN HUNGER.**

PD-ABN-625

HELEN KELLER
INTERNATIONAL

CHILD SURVIVAL X:
Action for Survival, Action for Progress in Micronutrient and Child Nutrition in the Philippines

funded by

USAID: Cooperative Agreement No. FAO-0500-A-00-4040-00

Annual Report
October 1994 - September 1995

Attachment C:
Provincial Communications Plans
Provinces of Albay, Eastern Samar, Leyte and Masbate

Child Growth Project

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Attachment C1

Child Growth Project
Provincial Communications Plan

Province of Albay

CHILD GROWTH PROJECT

PROVINCIAL COMMUNICATIONS PLAN

PROVINCE OF ALBAY

PROVINCE OF ALBAY

BACKGROUNDER

Albay lies at the southern portion of Luzon, bordered on the north by Camarines Sur and on the south by Sorsogon. On the east is the Pacific Ocean, on the southwest, Burias Pass and on the northeast, Lagonoy Gulf and Camarines Sur. One of our greatest asset is the majestic Mayon Volcano claimed to be the world's most perfect cone, beautiful yet so disastrous.

The province is divided into three political districts composed of 17 municipalities, one chartered city and 719 barangays, with a total land area of 2,552.6 square kilometers. In the 1990 census of population, Albay registered a total constituents of 902,588. About 68 percent is living in rural areas and only 32 percent in the urban areas. The province has a population density of 354 persons per kilometer, concentrated in the rural.

Some barangays are inaccessible in terms o transportation, peace and order situation and topography. These barangays are mostly upland and coastal, basically in need of primary health care services.

Various health problems beset the province especially after disasters and calamities. Among the various problems confronting the province is the high incidence of malnutrition. Malnutrition is a multi-faceted and multi-dimensional problem affecting vulnerable groups particularly infants, preschoolers, school children, pregnant and lactating mothers as well as agricultural workers.

One source of malnutrition data is the Operation Timbang of the Department of Health. In 1994, 155,543, 0-83 months children were benefitted by the program. It showed that out of the beneficiaries, 5,192 children or 3 percent of the sampled population were severely malnourished. These data has a positive effect because it decrease

compared to 1992 and 1993. This could be well attributed to the effective nutrition program implemented in the countryside.

The moderately malnourished children has a fluctuating trend. In 1992, it has a total of 28,157 and decreased to 26,360 in 1994, or a percentage decrease of 6.4 percent in two years time.

On the other hand, Albay remained number one among the 76 provinces of the country with a 110.6% coverage. This means that 26,960 infants received full dosage of the 6 EPI anti-gens before they reached the age of one.

ALBAY

Area of Concern: Pregnancy/Pre-Natal

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Mothers should go to the HC at least 3x or 1x/trimester for consultation during pregnancy.	+ Some mothers go to health centers regularly for check-up and others go once, 2x, 3x, 4x, 5x, seldom, often and still others never have time to go to health centers for pre-natal check-up Services received: - BP - weighing - pinapakinggan ang tiyan sa pamamagitan ng stet. - hinihilot at sinusukat ang tiyan - IE - binibigyan ng reseta, immunization at vitamins	+ no time + takot sa injection + walang nararamdaman + malayo sa center + may tiwala sa doctor + hilots ang regular na nagpapa-anak sa kanila	+ para makasiguro na nasa mabuting kalagayan at condition ang bata at ina + to enusre safe delivery + para makasiguro na malusog ang ina + para maiwasan ang tetanus sa bata + kung may nararamdamang hindi mabuti sa pagbubuntis + para malaman ang position at kalagayan ng bata + para malaman ang BP + nandiyan ang midwife + may nag-advice na magpa-check-up + malapit sa kanila + pinupuntahan ng midwife/BHWs kung hindi nakakapunta sa center + advice on pregnancies often received from midwives, mothers, mothers-in-law, BHWs, husband, friends and relatives, in school and other health and DSWD workers and personnel

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
• Increase food intake	• proper food counselling done especially in mother's class, bench conference, individual counselling, house to house visit, mother's craft, nutrition class • some mothers avoid the intake of cold/sweet foods	• para hindi masyadong lumaki ang bata sa tiyan	• para malusog ang bata
• Practice self-care	Pregnant women usually practices the following: • huwag maligo ng maaga • huwag matulog sa tanghali • maggamit ng bigkis • huwag magsuot ng bukas ang likod • caring of oneself	• para hindi malamigan ang bata • para hindi masyadong lumaki ang tiyan, para nasa lugar palagi ang bata	• regular pre-natal check-up • mag-inom ng prescribe na gamot • practice family planning • magpa-immunize/ magpatimbang • iwasan ang mabigat na trabaho
• Mothers should receive complete TT immunization	• takot sa injection	• para maiwasan ang tetanus	• mothers adviced to receive complete TT immunization to avoid tetanus
• Mothers should prepare themselves to breastfeed	• some mothers are exclusively breastfeeding, others are mixed feeding and others are not breastfeeding	• inverted • working mothers • no milk • sore nipples	• working mothers are adviced to express breastmilk in a clean container and to be fed to infants • mothers with no milk are adviced to let child or husband sucked nipples to stimulate the flow of milk
• Regular intake of iron supplements	• foods riched in iron not available in the area • foods available but mothers has no proper knowledge	• lack of medicines in the RHUs • no money to buy medicines • no proper knowledge on the right selection of food	• mothers are adviced to eat foods riched in iron

Albay

Area of Concern: Breastfeeding

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
Birth to First Week			
• Immediate Latching • Giving of Colostrum • Exclusive Breastfeeding	• no data • no data • mothers exclusively breastfeed	Why Exclusively Breastfeed: • narinig sa seminar • magatas pa • sayang ang gatas • one way of family planning • mas malusog ang bata • masustansiya • not giving colostrum to new born babies	• one way of family planning • sayang ang gatas • narinig sa seminar • giving colostrum to new born babies • masustansiya • economical
2nd Week to 4 Months			
Continuous Exclusive Breastfeeding • on demand breastfeeding	• Some mothers exclusively breastfeed for: - 1 week only - 2 weeks only - 0-3 months only	• insufficient milk • no more milk • buntis na • ayaw ng ama • marunong nang kumain ang bata • gumagamit ng pills • inverted nipples • sore nipples	• feed baby before leaving for work • stock breastmilk in a clean container to be fed when the baby is hungry • proper personal hygiene and care of breast • refer to MHC for proper medical care
4 to 6 Months			
• Continued breastfeeding and introduction of supplementary feeding	• some mothers exclusively breastfeed for 4-6 months	• infant is vomiting • ayaw na ng baby • cyst on the right breast • working mothers • inadequate knowledge on breastfeeding • emotionally disturb • cause unknown • improper care of breast	• let the baby continue sucking to stimulate the flow of milk • proper massage of the nipples on early part of pregnancy • proper health education to untrained hilots and mothers on benefits and importance of giving colostrum

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
7-12 Months			
+ Continued breastfeeding and supplementation	+ some mothers exclusively breastfeed up to 9 months		
1-3 Years			

+ Continue breastfeeding	+ some mothers exclusively breastfeed up 2 years
	
	The ff. problems have been encountered by mothers during breastfeeding:
	- breast
	  - cyst on right breast
	  - sore nipples
	  - inverted nipples
	- insufficient milk
	- no more milk
	- infant is vomiting
	- working mothers
	- yellowish discoloration		

Dietary Intake			
+ Increase Food Intake	+ kumain ng maraming gulay + balance diet	Why Mix Feed? + cheap + hiyang + doctor's prescription + substitute for breastmilk + used by the family + hindi malansa + sabi puwede na + child likes it + available at the store + other children were given this brand	

Albay

Area of Concern: Growth Monitoring

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
Continous Growth Monitoring			
• Monthly weighing plotting and interpreting growth curve and advised on causes and action on growth faltering.	• Some mothers have their babies weighed monthly, once every quarter. • Mothers understand that GMC is only used for immunization, check up, and weighing. • Children included in TFAP were weighed monthly. • Bring GMC during check-up	• Mothers do not know the importance of GMC • Mothers were not taught how to plot the weight of their babies in the GMC • Do not know the meaning of plotting the weight in the GMC • Waste of time for the mother • Workers do not show interest	• Mothers believe that weighing their babies is advantageous: - weight and health is monitored - to know if the child is *malnourished* - to know if the weight of child is increasing or decreasing - to find out the kind of action to be given in case the child is malnourished

Albay

Area of Concern: Weaning and Food Supplementation

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
<u>4-6 Months</u> + Start giving soft and nutritious foods in addition to breastmilk	Mothers start giving the following foods at the following ages: Fruits at 3-6 mos. banana - 4-5 mos. mango - 6-8 mos. papaya - 6-8 mos. oranges - 4-6 mos. apples - 6-8 mos. guava - 6-8 mos. lemon - 4-6 mos. pomelo - 9-12 mos.	Mothers believe that fruits: - Give body resistance - Nagpapaganda ng kutis - Pampasigla - Santol - nabubulunan ang bata - Jackfruit - indigestion, naimpatso, matigas	Mothers willing to give fruits because: -mura -available -madaling ihanda -affordable -masustansiya -pampakinis ng kutis -pampasigla -pampalakas -gives energy -pampalusog -masarap -favorite -laxative, prevents constipation
	Meat/Fish/Eggs at 3 mos. to 1 year eggs - 4-5 mos. fish - 4-5 mos. pork - 6 mos. chicken - 9-12 mos.	+ Mothers give these foods because: -Masustansiya -Pampalusog -Pampalakas -Helps in Child Growth -Masarap -Pampatalino -Available -Fish- nakaka-allergy - nakakabulate -Eggs- nakakasira ng ngipin	+ Mothers willing to give these foods because: -masustansiya -pampalakas -pampatalino -available -can be tolerated and easily digested(5-7 mos. and above)

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
		-Eggs- nakaka-allergy -Chicken- nakaka-allergy - nakakagalis - nakaasira ng ngipin -Meat- mahal - matigas	
	Beans - 3 mos. - 1 year - mongo - 6-8 months - green peas - 6-8 months - string beans - 9-12 mos. - soya beans - 6-8 mos.	✦ Mothers believe that beans are: - mayaman sa protina - pampalakas - available at backyard - rich in vitamins and minerals - pampatalino	✦ Mothers are willing to give beans because: - mayaman sa protina - pampalakas - available at backyard - rich in vitamins and minerals - pampatalino
	Vegetables - 4 mos-1 year - squash - 4-5 mos. - camote - 4-5 mos. - malunggay - 6-8 mos. - pechay - 6-8 mos. - cassava leaves - 9-12 mos. - okra - 9-12 mos. - carrots - 8-12 mos. - kangkong - 9-12 mos. - ampalaya - 9-12 mos. - gabi leaves - 9-12 mos.	✦ Mothers give these vegetables because: - nutritious - pampalakas - rich in vitamins and minerals	✦ Mothers believe that vegetables are: - nutritious - give additional supplements - child can tolerate foods right for his/her age - food easy to digest and swallow
	Sugar/Oil - 3 to 12 months - chocolate - 6-8 mos. - candies - 6-8 mos. - margarine - 6-8 mos. - peanut butter - 6-8 mos. - taba ng baboy - 12 mos. - gulay sa gata - 6-12 mos.	✦ Mothes give these food because: - child likes the taste - pampataba - energy giving - masustansiya	✦ Mothers are willing to give these food because they believe that: - energy giving - pampataba - masustansiya - gives additional nutrients

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Rice/Rootcrop/Cereals - 4 mos. to 1 year - lugaw - 3-6 mos. - camote - 3-6 mos. - potatoes - 3-12 mos. - cerelac - 3-8 mos. - biscuits - 3-8 mos. - bulgur - 4-6 mos. - boiled	Lugaw - malambot - easily digested - madaling lutuin - easy to swallow - nakakabusog Cerelac - ready to eat - easy to prepare - complete food - variety in flavors Rootcrops - pampa-utot - soft - easy to swallow and chew - well tolerated - nakakasuka - matigas, baka malason, causes kabag - hard to digest	✦ Mothers are willing to give the food because they believe that the food is: - energy giving - needed by the child's body - makes him healthy - cheap - food for the family - can be tolerated by children 4-5 mos. and above - gives additional nutrients - soft - masarap ✦ Willingness of mothers to introduced new foods? - giving it gradually in small amount one food at a time - para masanay - para ma-appreciate ng bata ang lasa ng pagkain - hindi mabulunan - para malaman kung ang pagkain ang nakaka-allergy ibigay sa sususon na pagpakain - sabaw muna in place of vegetables - affordable

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Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
7 to 12 Months			
• Frequent feeding (3-5x daily) • Feeding 1-3 weaning mixes in addition to breastmilk	• Mothers feed their babies whatever available foood they provided these foods will not cause - indigestion - allergy	• Reasons why mothers give these foods are: - available - mabuti para sa bata	• Mothers are aware of the aware of the importance of food to the baby like: - it gives vitamins - nutritious - makes child healthy and strong - prevents sickness
	• They usually feed their children with the ff. mixes: - am - lugaw - lugaw with broth (chicken or beef) - lugaw with milk and sugar - lugaw with salt - rice with soup and vegetable • Other foods they give their children: Rice/Rootcrops/Cereal - lugaw - biscuits - potatoes (mashed) - camote (mashed, boiled, broiled) - bulgur - noodles - boiled rice - cerelac - powdered rice - corn - bread	• cheap/affordable • favorite of child • masustansiya • makes child healthy • makes baby strong • increases resistance to infection • helps baby grow • soft and sweet • easy to swallow • gives vitamin to the body • pampakinis ng kutis • ready to eat • gives energy • kinakain araw-araw • may rasyon na mais buwan-buwan kaya madalas nila iluto • available at backyard	• increases resistance to infection • helps baby grow • prevents diarrhea • provides vitamin A • pampakinis ng kutis • gives energy • gives protein • pampadagdag ng dugo • weight gain • pampalinaw ng mata • prevents blindness • ensures good health • regulates bowel movement • baby becomes active and energetic

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Meat/Fish/Eggs - eggs - fish - chicken - pork - shrimp - crabs	+ masustansiya + gives protei + additional minerals and vitamins + pampalakas + pampatalino + pampataba	All these foods are: + available + affordable + easy to prepare + food for the family
	Vegetables - carrots - squash - pechay - gabi leaves - malunggay - sitaw - sayote - okra - camote topss - cassava leaves	+ pampadagdag ng dugo + gives more resistance + eaten by family + prevents blindness + pampakinis ng kutis + easily digested + masarap + help in baby's growth + always available at backyard + ensures good health + nakakapataba	+ nutritious + pampalakas + gives additional nutrients + easy to swallow and digest + can be tolerated + helps in child growth + pampalinaw ng mata + pampakinis ng kutis + laxative
	Beans - monggo - green peas - soya beans - string beans	+ masustansiya + pampalusog + rich in protein + pampalakas + pampatalino	
	Fruits - banana - mango - papaya - apples - oranges - lemon - guava - pakwan - melon	+ laxative + gives body resistance + pampaganda ng kutis + pampasigla	

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Sugar/Oil - candies - milk - coffee - softdrinks - pineapple juice - calamansi juice - margarine - chocolates - oil - junk foods	✦ pampataba ✦ energy giving ✦ masustansiya ✦ easily tolerated	
<u>1-3 Years</u>			
For Babies ✦ Encourage giving babies adequate calorie and nutrient intake.	✦ Solid Foods: - plain rice - inihaw na camote - bread/biscuits	✦ well tolerated ✦ easily digested ✦ soft	✦ masustansiya ✦ pampalakas ✦ madalang ng dumede ✦ tumataba
For Mothers ✦ Encourage mothers to have adequate calorie and nutrient intake.	- rice - camote - bread/biscuits	✦ gusto niya ✦ madaling mabili ✦ has good appetite	✦ hindi sakitin ✦ nagbibigya lakas ✦ pampataba/pampalusog
<u>1-3 Years</u> ✦ Encourage additional meal everyday once the child is recovering until pre-illness weight level is achieved.			

PROBLEM

The need to improve practices of mothers on pre-natal, breastfeeding, weaning, growth monitoring and promotion.

General Objectives:

To improve the practices of mothers on pre-natal, breastfeeding, weaning and growth monitoring & promotion at least 70% every year up to 1998.

Specific Objectives:

Awareness:

Pre-Natal

- that 90% of the pregnant women should be informed on the importance of early and regular pre-natal check-up.

Breastfeeding

- that 75% of mothers should be informed to practice exclusive breastfeeding from birth up to 6 months, especially the giving of colostrum.

Weaning

- that 60% of mothers with 6-24 months old babies should be informed to introduce quality and quantity of weaning foods.

Growth Monitoring

- that 70% of mothers should be informed on the importance and meaning of growth curve in the GMC and do appropriate action.

Knowledge:

Pre-Natal

- that 90% of pregnant women shall be able to know the importance of early and regular pre-natal check-up.

Breastfeeding

- that 80% of mothers should understand the practice of exclusively breastfeeding from birth up to 6 months.

Weaning

- that 70% of mothers with 6-24 months old babies should be able to know the importance of quality and quantity of weaning foods.

Growth Monitoring

- that 80% of mothers should be able to understand the importance and meaning of growth curve in the GMC and do appropriate action.

Motivation:

Pre-Natal

- that 85% of pregnant mothers shall be able to relate the importance of early and regular pre-natal check-up.

Breastfeeding

- that 90% of mothers should be able to relate the importance of exclusive breastfeeding from birth up to 6 months especially the giving of colostrum.

Weaning

- that 75% of mothers with 6-24 months old babies should be encouraged to give quality and quantity of weaning foods.

Growth Monitoring

- that 85% of mothers should be encouraged to know the importance of monthly weighing and know the interpretation of the growth curve and do appropriate action.

Adoption:

Pre-Natal

- that 90% of pregnant mothers submit themselves for an early and regular pre-natal check-up.

Breastfeeding

- that 90% of mothers initiated exclusive breastfeeding from birth up to 6 months.

Weaning

- that 80% of mothers with 6-24 months old babies were given quality and quantity of weaning foods.

Growth Monitoring

- that 85% of mothers were able to interpret the meaning of growth curve and do appropriate action.

Mobilization:

Pre-Natal

- that 90% of pregnant mothers were able to influence other mothers to submit themselves for an early and regular pre-natal check-up.

Breastfeeding

- that 90% of mothers influenced other mothers to practice exclusive breastfeeding from birth up to 6 months.

Weaning

- that 80% of mothers with 6-24 months old babies were able to influence other mothers to give quality and quantity of weaning foods.

Growth Monitoring

- that 85% of mothers were able to influence other mothers the meaning and importance of growth curve and do appropriate action.

TARGET AUDIENCE

Primary:

- Mothers (CBA)
- Pregnant Mothers
- In-Laws
- Father
- Sister
- Househelps
- Lola/Lolo

Secondary:

Health Workers - to conduct orientation training on the updates of the child growth project

- BHWs
- Midwives
- PHNs
- Doctors

Tertiary:

- LGUs - to conduct orientation meeting on the updates of the child growth project.
  - to solicit funding report.

- Media - to orient and update the media regarding child growth project.
  - to utilize tri-media in the dissemination on the updates of child growth project.

- NGOs and other government agencies - to conduct orientation briefing on the updates of the child growth project.

MESSAGES

Pre-Natal

Message : "Likayan ang kagadanan. Atab asin regular na check-up ang kaipuhan."

Breastfeeding

a. Birth to 1st Week

Message: "Pagpadudo ugalion
Primerong gatas na colostrum
Dai pagsayangan
Si baby sa center darahon
Marhay na salud manteniron."

b. Birth to 6 Months

Message: "Exclusibong pagpadudo asin
bulanan na pagpatimbang
Para maantabayanan ang
marhay na salud kankaakian."

Weaning and Growth Monitoring

a. 7-12 Months

Message: "Ipadagos an pagpadudo mientras
nagtatao min dagdag na pagkaon
Marhay na lawas kanaki - makakalaon."

b. 1 to 3 Years

Message: "Ipadagos ang pagpadudo
Tawan nin masustansiyang pagkain

Ipatimbang bulan-bulan
Para makasigurong marhay na salud kan mga kaakian."

MEDIA CHANNELS

Interpersonal Communication

a. Mother's Class/HH teachings/Mothercraft Nutrition Class

Materials	:	Flipcharts/Posters (MICAM flipcharts, flane kits)
Participants	:	87 Midwives (8 municipalities)
Cost	:	c/o HKI

Mass Media

a. Awareness

Material	:	Jingle
Air Time	:	30 seconds
Message	:	to be produced locally
Frequency	:	3x a day for 1 month

b. Print (1996 calendars)- pregnant mothers and other mothers (CBA) shall be given this special calendar after pre-natal and consultation at the center.

No. of Copies	:	Malinao	-	5,223 HH*
		Bacacay	-	8,198 HH
		Rapu-rapu	-	4,383 HH
		Libon	-	10,044 HH
		Pioduran	-	6,132 HH
		Camalig	-	8,326 HH
		Manito	-	2,663 HH
				42,306 HH

* based on 1990 census of population

EVALUATION METHODOLOGIES

Formative Evaluation

- Quick Response Survey - to solicit immediate response through random sampling

  a. Household visitation and consultative dialogue

     - 10 mothers per barangay shall be randomly selected and shall be done once a month per barangay.
     - interview with primary and secondary audience and shall be conducted once a month per municipality.

Summative Evaluation

- Qualitatitve Survey - to conduct a qualitative survey through a questionnaire to be given randomly.

  a. In-Depth Interview (validation/post evaluation)

     - will be conducted once per barangay (5 questions at least)

Communication Plan Timeline
February 1995 to July 1998

Date	Activities
February - March 1995	Completion of KAP Survey Reports
February - March 1995	Completion of Nutrition Situation Report
March - June 1995	Development of Basic Learning Package a. Workshop on the revision of BLP b. Pre-test of BLP c. Revision of pre-tested BLP d. Submission of revised BLP e. Packaging of materials f. Printing of materials
July 1995	Development of Mass Media Materials a. Submission of Jingle b. Printing of Posters and Flipcharts c. Printing of Calendars d. Review of Mass Media Materials e. Pre-testing of Mass Media Materials f. Revision of pre-tested Mass Media Materials g. Printing of Materials
July 1995	Conduct of orientation meeting at the LGUs regarding updates of the project. Conduct of Provincial Trainor's Training

Date	Activities
August 1995	Conduct of Barangay-Level Training
January 1995 - July 1998	Project Implementation a. Airing of Radio Plugs b. Conduct of mother's class/household teachings/mother's craft nutrition class c. Distribution of calendars, posters, flipcharts
January 1996 - July 1998	Monitoring and Evaluation a. Conduct of household visitation and consultation dialogue b. Conduct of interviews c. Conduct of qualitative survey
	Submission of Monitoring and Evaluation Report

Attachment C2

Child Growth Project
Provincial Communications Plan

Province of Eastern Samar

CHILD GROWTH PROJECT

PROVINCIAL COMMUNICATIONS PLAN

PROVINCE OF EASTERN SAMAR

PROVINCE OF EASTERN SAMAR

BACKGROUNDER

The province of Eastern Samar is one of the six provinces in Region VIII lying along the Pacific Ocean bounded by the province of Northern Samar in the north, Samar in the west and the Leyte Gulf in the south. It has a total land area of 447,675 hectares predominantly agriculture with a forest cover about 55% and having a population of 328,640 census year 1990.

Despite the abundance of mineral resources in the area, the province has remained poor at a poverty incidence of 29.0% in the 1988 FIES. Unemployment and underemployment is so high that rarely one can afford to avail of the basic social services and amenities in life.

Health situation reveals that malnutrition rate in the province is so alarming posting at 21.20% in 1994 and prevalent among preschool children generally coming from the poverty striken municipalities of the province. Morbidity and mortality in one hand are rapidly caused by Pneumonia, Diarrhea and Septecemia. To a certain extent, it is associated with nutrition related causing diseases.

Eastern Samar

Area of Concern: Pregnancy/Pre-Natal

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
• Mothers should go to the health center for check-up upon ceasation of menstruation.	• Some mothers go to the center for check-up.	• for consultation • know pregnancy status • ensure mother's health and safe delivery • to avail of vitamins and medicines • ailment (painful stomach) • ensure mother's health • to get medicines	• good advise of health personnel • ensure condition of the mother • ensure safe delivery • get medicines
	• Some mothers do not go to the HC for check-up.	• experienced illness during previous check-up ex. allergy, fever, weakness • do not experience delivery problems • nagtuturuan ang health workers • laziness of mothers • not feeling well	• do not experience delivery problems even without pre-natal check-up
• Include breastfeeding advise during pre-natal check-up.	None	None	• health personnel are trained and required to do comprehensive MCH campaign
• Get nutritional advise from trained health worker	• get advise from health worker (doctor, nurse, BHW, hilot) • mother/in-laws • friend • neighbor	• go to the health center • also ask advice from their mother-in-law, husband, etc.	• MCH policy requires BF counselling to be given pre-natal and post-natal care • DOH/NGO is trying to train health personnel including CUHW
• Mothers to practice self health care at home.	• they are following the advise given by doctor, PHN, RHM, BHW on self-care	• ensure safe delivery, mothers and child health	• DOH/NGO is trying to reach the general public thru print and broadcast media

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
• Mothers should receive at least 2 TT immunization.	• only mothers who go for check-up and submit during NID are given TT immunization	• it is a requirement during check-up	• health workers conduct home visit • PHC stress self-reliance and health care • availability of TT vaccines at hospitals and health centers • 2 NIDs in a year
• Have regular intake of iron supplement (FeSO4)	• only 26% of 90.1 mothers who go to health centers receive iron supplement	• some mothers refuse to take FeSO4 because of side effects	• there are available food in the province rich in iron like: - malunggay - protein foods • campaign for malunggay planting and consumption

Eastern Samar

Area of Concern: Breastfeeding

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Immediate Latching	+ no data	Why Mixed Feeding?	
+ Giving of Colostrum	+ no data	+ mother is busy + exposed to the sun	+ mother is busy + time for weaning
+ Exclusive Breastfeeding		+ cannot maintain buying commercial prepared milk	+ insufficient milk + mother needs to work
Birth to First Week	+ exclusively breastfeed from birth to 2nd week	+ eating solid food + para mabusog + para masanay	+ child needs food supplement
2nd Week to 4 Months	+ some mothers exclusively breastfeed - 1 month - 2 months - 3 months	+ because of next pregnancy + insufficient milk + breast swelled + going to Manila + naaawa	
4 to 6 Months (continued breastfeeding and introduction of supplementary feeding)			
7-12 Months (continued breastfeeding and supplementary)	+ some mothers exclusively breastfeed up to 7-12 months + some mothers continue breastfeeding with supplementary food		
1-3 Years (continue breastfeeding)	+ some mothers continue breastfeeding up to 24 months (2 years)	+ eat solid foods	

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Following Problems Encountered during Breastfeeding 1. painful 2. insufficient food 3. abnormality of left breast 4. mothers became anemic 5. infected nipple 6. allergy 7. no milk for the first 4 months		
+ Increase Food Intake	+ some mothers are anemic		
	+ some mothers choose not to breastfeed	+ mothers' illness might contaminate + mtoher is busy + he is eating solid foods and stopped breastfeeding + breasts and chest are painful + anemic, naaawa ang bata + not enough milk + food intake not sufficient + child eats well + child bites the nipple + mother is pregnant + "it bothers me"	
	+ Those mothers who do not breastfeed give other milk like: - Bona - Bear Brand - Nido - Alaska - Nestogen	+ it's good for the child + affordable + doctor's advice + advice by neighbor + no diarrhea and allergy + most liked + no other + so that child will be provided with iron + seemed more nutritious than other milk + hiyan niya	+ mothers follow doctor's advice and neighbor's advice + mothers know that iron is needed by the child

Eastern Samar

Area of Concern: Growth Monitoring

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Monthly weighing, plotting and interpreting growth curve and advise on causes and action on growth monitoring.	+ most mothers have their babies weighed monthly	+ to know whether the weight increases or not + to know the health status of the child + to know if the food given is right/proper + the child is given food commodities + the stage is very critical + young infants need more attention than older ones	+ health is checked + progress of weight is known + when weight is normal mother feels happy + mothers are guided + can determine how feeding practices can be improved based on the weight gain/loss of the baby
	+ some mothers have their babies weighed 3x a month	+ to know if child is getting better	+ weight is monitored
	+ some mothers have their babies weighed 2x a month	+ to know if child's weight is suited to his age + mothers will be blamed if something happends to the child	
	+ some mothers have their babies weighed 5x a year		
	+ some mothers have their babies weighed twice a year		
	+ some mothers hve their babies weighed once a year only		
+ Medical Referral when indicated			
+ Monitor growth milestones			

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
1-3 Years Old			
+ Weigh child quarterly. Plot and interpret growth curves and advise on causes and action on growth faltering.	+ Mothers have their child weighed: - monthly - 2x a year - every 4 months	+ to know if child's weight is increasing or not + he is already old, no need for regular weighing + feels more secured + child is already big	+ child is given immediate action of situation calls for it + can get advice from health workers + given vitamins

Eastern Samar

Area of Concern: Weaning and Food Supplementation

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
<u>4-6 Months</u>			
+ Introduction of clean and adequate supplementary food	Mother start giving the following foods at the following ages:		
	Rice/Rootcrops/Cereal (3-6 mos.) - am - lugaw (1 month) - lugaw with egg (6 months) - cerelac (4-6 months) - potatoes (mashed)	Mothers believe that rice/rootcrops/cereals are: + good for the child + iyan ang alam ko + nakakabusog + eats well + with vitamins	Mothers are willing to give rice/rootcrops/cereals because: + tolerate + nakakabusog + easy to prepare + available
	Fruits (4-8 Months) - papaya - saging - manga - orange - avocado	+ nutritious + available + delicious + rich in vitamin A + kaya niya	+ good for the baby + give vitamins + tolerable
	Vegetables (6-8 Months) - malunggay - squash - camote tops (soup) - sayote - sitaw	Mothers believe that vegetables are: + good for the child + available + affordable + gusto ng baby	Mothers are willing to give these to children because: + good for the body/eyes + child like to eat + nutritious + affordable + rich in vitamin
	Beans - monggo	+ rich in vitamins + affordable	+ easy to prepare + gives strength
	Fish/Meat/Egg - egg	+ nutritious + affordable + adds flavor	+ good for the child + available

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Sugar/Oil - sugar	+ available + good for the body	+ good for the child + adds flavor
<u>7-12 Months</u>			
+ Frequent feeding (3-5 daily) Feeding "1+3" weaning mixes in addition to breastmilk	+ mothers feed their babies whatever available food they have, provided these foods will not: - cause indigestion - cause allergy - destroy teeth, cause tooth decay	Reasons why mothers give these foods: + available + yun ang alam ko	Mothers are aware of the importance of food to the baby like: + gives strength + rich in vitamins + increase resistance
	+ they usually feed their children with the following mixes: - am - lugaw - lugaw with egg - lugaw with noodles - lugaw with broth - lugaw with milk/sugar - lugaw with salt - lugaw with vegetable - rice with soup - pancit	+ nutritious + easy to prepare + para masanay + available + nakakabusog	
	+ other foods they give their children: Rice/Rootcrops/Cereals - lugaw - biscuits - potatoes (mashed) - camote (mashed/sliced)		

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	- noodles - bulgor - noodles - cerelac - bread - rice		
	Meat/Fish/Eggs - eggs - fish - chicken - *litson* - nilagang kame - shrimp - alimasag	+ plenty of vitamins + adds flavor + available	+ good for the baby + affordable + *nutritious*
	Vegetables - squash - malunggay - sitaw - sayote - ampalaya	+ good for the eyes + available + rich in vitamins	+ gives vitamins + good for the eyes + availalble
	Fruits - banana - papaya - oranges - avocado - mango	+ good for the skin + rich in vitamins + nagpapaganda ng katawan	+ rich in vitamins + good for they body + nutritious + available
	Beans - monggo - green peas	+ affordable + libre	+ nutritious + good for the body
	Sugar/Oil - milk - coffee - sugar - oil - gata	+ gives strength + usual (food) at home	+ gives strength + makes child healthy

PROBLEM

The need to improve practices of mothers on pre-natal, breastfeeding, weaning, growth monitoring and promotion.

General Objectives:

To improve the practices of mothers on pre-natal, breastfeeding, weaning and food supplementation and growth monitoring and promotion.

Specific Objectives:

Awareness:

Pre-Natal

- % of pregnant women will be aware that they should go to the HC 1x per trimester.

Breastfeeding

- % of mothers with 0-24 months babies will be aware that they should exclusively breastfeed their babies from 0-6 months.

Weaning

- % of mothers with 0-24 months old babies will be aware that they should introduce supplementary food at 4-6 months.

Growth Monitoring

- % of mothers with ____ mos. children will be aware on the importance of growth monitoring and promotion.

Knowledge:

Pre-Natal

- % of pregnant women will be able to describe the importance of early AP check-up.

Breastfeeding

- % of mothers with 0-24 months babies will be able to identify the benefits of exclusive breastfeeding from 0-6 months.

Weaning

- % of mothers with 0-24 months babies will be able to identify the benefits of introducing supplementary food at 4-6 months.

Growth Monitoring

- % of mothers with ___ mos. children will be able to identify the use and importance of growth monitoring and promotion.

Motivation:

Pre-Natal

- % of pregnant women will go to HC 1x per trimester.

Breastfeeding

- % of mothers with 0-24 months babies will initiate exclusive breastfeeding.

Weaning

- % of mothers with 0-24 months old babies will be initiating the giving of food supplement at 4-6 months.

Growth Monitoring

- % of mothers with ___ mos. children will be encourage to use and interpret growth monitoring chart.

Adoption:

Pre-Natal

- % of pregnant women will go to HC 1x per trimester.

Breastfeeding

- % of mothers with 0-24 months old babies are exclusively breastfeeding at 0-6 months.

Weaning

- % of mothers with 0-24 months babies will introduce food supplement.

Growth Monitoring

- % of mothers with __ mos. children will be able to interpret growth trend and corresponding action.

MESSAGES

Pre-Natal

Message : Kon nagsasagpon pakonsulta dayon ayaw na palabya in tulo ka bulan, para sigurado an kaupayan.

Breastfeeding

Message : Tikang han katawo ngada ha unom ka bulan, gatas gud la ni nanay an kinahanglan. Ihatag and colostrum, an una nga gatas, masustansiya, maupay nga lawas masisiguro ta.

Growth Monitoring

Message : Ipatimbang an bata kada bulan. Basi hibaruan kon maupay an kalawasan.

Weaning

Message : Pag-abot han bata hin upat ngadto ha unom ka bulan, ipadayon pagpasuso kay kinahanglan paghatag iba nga mga pagkaon. Lugaw, isda, bunay, karne, mantika ug mga utanon nga makakaupay han ira panlawas.

Pagpasuso ipadayon. Dugang nga sustansiya ihatag gihapon lugaw, isda, karne, bunay, mantika ug utanon, labi na ha usa ngada tulo ka tuig nga pangidaron, pagtubo han bata angay siguraduhon.

MEDIA CHANNELS

Pre-Natal

Channel : Broadcast Media
Material : Radio Plug
Flyer

Channel : Support Media
Material : Poster - HBMR, leaflets

Weaning

Channel : Mass Media
Material : Radio Plug (30 seconder)
Flyers

Channel : Interpersonal Media
Material : Flane Kit

Channel : Support Media
Material : Calendar with Menu
Comics
Nutriwheel
Flane Kit

Breastfeeding

Channel : Broadcast Media
Material : Radio Plug (30 seconder)

Channel : Mass Media (Print)
Material : Poster
Comics

Channel : Interpersonal Media

Material : BF Flipchart

Channel : Slogan Contest (Mother of the Year)
Material : Flane Kit

Growth Monitoring

Channel : Broadcast/Mass Media
Material : Radio Plug (30 seconds)

Channel : Interpersonal Media
Material : Flipchart
GMC

Channel : Support Media
Material : GMC

Channel : Mass Media
Material : Posters
Comics
GMC

EVALUATION METHODOLOGIES

Summative Evaluation:

- captures a more comprehensive data with information that would serve as a sound basis for future planning of related programmes.

Communication Plan Timeline
February 1995 to July 1998

Date	Activities
February - March 1995	TNA of CGP Team
April - May 1995	Pre-testing of Child Growth Package
May 1995	Workshop Development on Training Design
July 1995	Training of Provincial Trainors
3rd - 4th quarter 1995	Barangay Level Training of RHMs
January - February 1996	Social Preparation and Mobilization of Target Audience (Primary, Secondary, Tertiary)
4th quarter 1995	Launch the communication plan
January '96 - July '98	Project Implementation • Distribution of CG Package • Airing of radio plugs over local radio stations • Counselling/Mother's Classes • Monitor/supervise project activities • Conduct quarterly feedback
Dec. '96 - Feb. '97	Retraining of the Implementors
Dec. '96 - Feb. '97	• Monitor conduct of retraining of implementors

Jan. '96 - July '98	• Special Project Monitoring Study - routine monitoring

Attachment C3

Child Growth Project
Provincial Communications Plan

Province of Leyte

CHILD GROWTH PROJECT

PROVINCIAL COMMUNICATIONS PLAN

PROVINCE OF LEYTE

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PROVINCE OF LEYTE

BACKGROUNDER

The province of Leyte has 41 municipalities with 2 cities, 17 municipalities + 1 ~~cities of which~~ are Cebuano speaking and 24 municipalities plus 1 city are waray speaking.

Leyte is considered a depressed province, and we have 5 pro-poor and 6 LAKASS municipalities.

As to health facilities, Leyte has one Regional Hospital, 9 District Hospitals, 3 Industrial Hospitals, 4 Private Hospitals and 5 Community Hospitals, 1 of which is functional, 2 operating as an OPD and 2 to operate sometime this year.

As to health status, the CBR is 25.7, CDR is 3.61, IMR is 15.5 and MMR is .78. Morbidity cause includes pneumonia, diarrhea, URTI, measles, TB and schisto. Mortality causes include TB and diarrheal disease..

As to our health program implementation, we are trying to accomplish our goal. Our MRP is 18% which is lower than that of last year.

Leyte is a recipient of funding from UNICEF for its CPC IV and USAID-EDF for LGU performance program.

Leyte

Area of Concern: Pregnancy/Pre-Natal

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Mothers should go to the HC at least 3x or 1x/trimester for consultation during pregnancy.	+ Some mothers go for pre-natal once during pregnancy. Most mothers go to health center for pre-natal. Services received: - weight/BP taken - urine examined - abdomen palpitated - fetal heartbeat determined - dental check-up - immunization given - vitamin supplementation given - TT given	+ Free medicine to be given	+ ensure baby's/mother's good health + know the position of the fetus in the mother's womb + to be prepared + knowledgeable + experienced
+ Mothers wh ould take extra calories and nutrients particularly iron and iodine.	+ food supplementation given + eat balance diet + eat more fruits and vegetables + ferrous sulfate is available + micronutrient and supply of protein rich foods + some do not plant DGLV (BHW) + do not eat salty foods	+ this are things that trigger malnutrition among mothers in the area (RHM) + become anemic after delivery (RHM) + mothers are sickly	+ more advocacy in the importance of eating the right kind of food (RHM) + intensify information campaign (BHW) + advise to maintain and start off gardening (BHW)
+ Mothers should receive TT immunization.	+ TT immunization		

Leyte

Area of Concern: Breastfeeding

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
Birth to First Week			
• Giving of Colostrum	• some mothers discard colostrum.	• no proper information on colostrum • colostrum is dirty	
	• some mothers give colostrum	• first immunity for the baby • knew the practice	• first immunization of the baby
• Exclusive Breastfeeding	• some mothers exclusively breastfeed	Why exclusively breastfeed? • advise of RHM • dire na paralitan an gatas kan nanay • to ensure good health • always available • economical • enough milk supply • no money to buy milk • for child to be healthy • less expensive and convenient for the mothers • the babies health is assured • relationshiop between mother and baby is closer • protects the baby from sickness	• advise of RHM • relationshiop between mother and baby is closer
	• some mothers choose not to breastfeed	• some mothers lack breastmilk • inverted nipples • cracked nipples • lazy to wake up at night	

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	• those mothers who do not breastfeed give other milk like: - Bona - Nestogen - Alaska - Bear Brand	• doctors advice • to supplement breastmilk • believes that it is the milk for the baby • proven to be good • "mo angay" ang bata • kayang bilhin/cheap and complete • child likes it	• mother follow doctor's advice
<u>4 to 6 Months Old</u> • Continue breastfeeding and introduction of supplementary feeding	• some mothers continue breastfeeding and introduce supplementary foods.	<u>Why Mix Feed?</u> • breastmilk no longer enough for the baby • advice of RHM • child can practice to eat	• mothers follow advise of RHM
<u>7-12 Months Old</u> • Continue breastfeeding and supplementary	• some mothers continue breastfeeding with supplementary food		

Leyte

Area of Concern: Growth Monitoring

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
<u>Continuous Growth Monitoring</u>			
• Monthly weighing, plotting and interpreting growth curve and advise on causes and action on growth faltering.	• some mothers have their babies weighed monthly	• to monitor child's weight/growth • to know if child is growing • to know if weight is increasing or not • to detect if child is malnourished	Mothers believe that weighing their babies is advantageous: • to know if child's weight is increasing or not • to determine whether child has normal weight or not • child's growth is monitored • can do something if weight is increasing
	• other mothers have their babies weighed every six months	<u>Resistance</u> • inconvenient/cumbersome • mothers have to keep going bak for child's weighing • child is scare when place in the weighing scale	
<u>1-3 Years Old</u>			
• Weighed child quarterly plot and interpret growth curves and advised on causes and actions on growth faltering.	Mothers weigh their babies - monthly - quarterly - every six months	• to monitor weight • child can be enrolled in feeding programs • determine if child is gaining weight	

Leyte

Area of Concern: Weaning and Food Supplementation

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
<u>4 to 6 Months</u> • Introduction of clean and adequate supplementary food. • Start giving soft food in addition to breastmilk.	• Mothers start giving the following foods at the following ages:		
	Fruits - 3-6 Months - papaya - banana - mango	• Mothers believe that fruits: - easy to chew - available - prevent LBM - good eyesight - makes child glow - nutritious	• Mothes are willing to give fruits because: - available - easy to prepare - rich in vitamins
	Meat/Fish/Egg - 3 mos. - 1 yr. - fish - 4-5 mos. - meat - 6-8 mos. - egg - 4-5 mos.	• Mothers give this food because: - good for the child - easy to digest - child becomes strong, healthy and bright - protein-rich, nutritious - affordable	• Mothers are willing to give these foods because: - protein-rich - nutritious - good for the child - easy to digest
	Beans - 3 mos. - 1 yr. - monggo - 6 mos.	• Mothers believe that beans are: - protein-rich - makes child healthy, grow fast and strong - good for child's skin	• Mothers are willing to give beans because they are: - protein-rich - makes child healthy - good for child's skin
	Vegetables - 4 mos. - 1 yr. - squash - 4-5 months - kangkong - 6-8 mos. - malunggay - 6-8 mos. - camote tops - 6-8 mos.	• Mothers give these vegetables because at this age because: - good for child's eyes, hair - maintain child's health - plenty of vitamin A - attractive color	• Mothers believes that vegetables are: - gives vitamin A - good for child's eyes, hair - maintains child's health

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Sugar/Oil - 3-12 months	+ Mothers give these foods because: - good for child's energy	+ Mothers give sugar/oil because: - good for child's energy
	Rice/Rootcrops/Cereal - mos. - 1 year - lugaw - 3-5 mos. - cerelac - 4-5 mos. - gabi, camote - 9 mos.	+ Mothers give these foods because: - soft and easy to digest - makes him strong - eats plenty - nutritious - gives child energy	+ Mothers are willing to give the food because they believe that the food: - increases the weight of the baby - makes the child strong - gives child energy - it is easy to digest - it is nutritious

PROBLEM

The need to improve practices of mothers on pre-natal, breastfeeding, weaning, growth monitoring and promotion.

General Objectives:

To improve mother's practice on pre-natal, breastfeeding, weaning and growth monitoring in the priority areas of the province of No. Leyte by EO 1996.

Specific Objectives:

Awareness:

Pre-Natal

- 75% of CBA women during 1995 are aware that they should submit for early and regular pre-natal check-up.

Breastfeeding

- 85% of pregnant mothers are aware that they should exclusively breastfeed their babies from 0-6 months.

Weaning

- 50% of post-partum mothers are aware that they should give "1+3" weaning mix to their babies at six months.

Growth Monitoring

- 80% of HW with facilities aware of the importance of teaching mothers to plot and interpret child's weight.

Knowledge:

Pre-Natal

- 70% of them are able to enumerate the advantages of early and regular pre-natal check-up.

Breastfeeding

- 80% of these pregnant mothers will be able to explain the advantages of exclusive breastfeeding.

Weaning

- 80% of these mothers will be able to cite examples of "1+3" weaning mix.

Growth Monitoring

- 90% of the HW will be able to enumerate the importance of teaching mothers to plot and interpret child's weight.

Motivation:

Pre-Natal

- 70% of pregnant mothers can submit for early pre-natal care.

Breastfeeding

- 100% of these mothers will successfully initiate exclusive breastfeeding.

Weaning

- 70% of these mothers initiate to give their six months old babies "1+3" weaning mix.

Growth Monitoring

- 80% of HW try to teach mothers with 0-5 years how to plot and interpret child's weight.

Adoption:

Pre-Natal

- 80% of these pregnant mothers submit for regular pre-natal check-up.

Breastfeeding

- 85% of these mothers will successfully breastfeed exclusively their babies up to six months.

Weaning

- 70% of these mothers continue to give weaning mix up to 1 year.

Growth Monitoring

- 70% of HW always teach mothers with 0-5 years how to plot and interpret child's weight.

Mobilization:

Pre-Natal

- 70% of the above pregnant mothers are able to teach other mothers the benefits of early and regular pre-natal check-up.

Breastfeeding

- 50% of these mothers will encourage other mothers to exclusively breastfeed their babies up to 6 months.

Weaning

- 50% of these mothers are able to influence other mothers to give "1+3" weaning mix to their babies.

Growth Monitoring

- 60% of mothers with 0-5 years children are able to teach other mothers to plot and interpret child's weight.

TARGET AUDIENCE

Primary:

- Pregnant Mothers
- Post-partum Mothers
- Child Bearing Age Women

Secondary:

- RHMs
- BHWs

Tertiary:

- LGUs
- DOH
- Service Staffs
- Policy Makers

MESSAGES

Pregnancy

Early Visit

Message : Pag-ukoy han imo regla pagburod huna-huna-a ha sentro bumisita.

Breastfeeding

a. Birth to 1st Week

Message: An "Colostrum" amo an madaragdarag ngan mapilit nga gatas han nanay. Ini ihatag han bata para han magkalain-lain nga sakit panalipod niya.

Gatas gud la han nanay an completo han sustansiya ihatag han bata tikang han katawo ngadto han unom ka bulan na hiya.

b. Birth to 6 Months

Message: Ha Sentro an bata kada bulan ibisita an GMC card pirme da-dad-a.

Weaning and Growth Monitoring

a. 7-12 Months

Message: An bata pag-edad hin pito ka bulan ngadto han pagtu-ig na niya pagpasuso han gatas han nanay padayona "1+3" weaning mix ihatag guihapon ha iya ha kada adlaw makatolo ngadto ha makalima.

b. 1 to 3 Years

Message: Give your growing child the right kind of food in their adequate amount.

MEDIA CHANNELS

A. Mass Media

Pre-Natal

Channel : Broadcast Radio
Material : Dialogue

Brief Description: 30 seconds dialogue of two mothers.
Mother No. 1 asks her kumare where she came from; Mother No. 2 replies that she has been to the HC because of the message during PMC that one should go to the HC when she misses her menstruation

Weaning

Channel : Print
Message: Weaning (7-12 months)
Material : Flyer

Brief Description: One page showing a mother feeding baby; weaning mixes sample - lugaw, fish, vegetables and oil

Contains message re: feed child frequently 3-5 times a day.

Channel : Print
Message: Weaning (1-3 years)
Material : Flyer

Brief Description: Contains information on the kinds and the recommended quantity to give to children from age 1-3 years (table).

Give your child the right kinds of food in adequate quantity.

With reminder for mother at bottom of page to bring child regularly for growth monitoring.

Breastfeeding

Channel : Print Media
Material : Flyer

Brief Description: Picture depicting a HW helping a mother positioning her baby for breastfeeding. Another flyer with messages on colostrum and exclusive breastfeeding message.

Channel : Print
Material : Card

Brief Description: Face of card shows a mother bringing child to health center; weighing scale can be seen. Back of card has message reminding mother to bring child regularly to clinic for weight taking.

EVALUATION METHODOLOGIES

Formative Evaluation

- Monthly/quarterly review of reports on number and percent of mothers coming:
  a. for early AP care
  b. regularly for AP care

- Conduct formal/informal interview of mothers using structured questions.

- Observe behavior of mothers during barangay/home visits.

- Assess GMCs

Summative Evaluation

- Records review to determine whether
- Qualitative survey
- Program review
- Review records; compare data against desired/stated objectives.

Communication Plan Timeline
February 1995 to July 1998

Date	Activities
February - May 1995	Development of mass media materials
March 1995	Workshop in the development of basic learning package
April - May 1995	Pre-test of basic learning package
May 1995	Workshop in the development of training design
July 1995	Training of provincial trainors
3rd and 4th quarter	Barangay Level Training
October - December 1995	Distribution of child health package
January 1996 - July 1998	Implementation - airing of radio plug over local radio stations - conduct mother's classes/counselling - bench conferences - periodic monitoring (quarterly)
December 1996	Evaluation (yearly)

Attachment C4

Child Growth Project
Provincial Communications Plan

Province of Masbate

CHILD GROWTH PROJECT

PROVINCIAL COMMUNICATIONS PLAN

PROVINCE OF MASBATE

PROVINCE OF MASBATE

BACKGROUNDER

Composed of three-sub provincial islands, Burias, Ticao and Masbate. There are 21 municipalities with 546 barangays. It has an estimated population of 599,915 (1990 Census of Population and Housing). Fifty two percent 38/100 of whom are children from 0-17 months of age, and 19.44 are women of reproductive age.

Health and Nutrition Status

Per 1993 OPT it has a 22.38% moderately and severely underweight from the total population of 122,936 actually weighed (preschool children).

Percent population with access to sanitary toilets - 24% (1994 PHO data)
Percent population with access to safe water - 35% (1994 PHO data)
EPI Coverage - 80.6% (1993 PHO data)

Masbate

Area of Concern: Pregnancy/Pre-Natal

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Mother should go to the health center at least 3x or 1x/trimester for consultation during pregnancy.	+ Mothers go to healthe center: - once a month - 2x a month - 3x a month - regularly	+ near the health center + baby given medicines + mother is having high blood pressure + don't feel well	+ to ensure good health of the child and mother + to avoid complication in delivery + accessibility + know what's best
	+ Most mothers go to midwife and hilot for pre-natal check-up	+ RHM told them to do so + mother-in-law advise them to submit for AP	+ ensure safe delivery
	+ Services received: - abdominal exam - weighing - BP check-up - vitamin supplements - TT immunization - given prescription	+ to ask for supplements/ medicines + for TT immunization	+ iron supplements for pregnant mothers + TT immunization for AP mothers
+ Mothers should prepare themselves to breastfeed.	+ clean nipple before breastfeeding + pulling nipple before delivery (inverted nipple)		+ personal hygiene
+ Increase food intake			+ adviced on: - proper diet - drink vitamins
+ Practice self-care	+ don not keep worrying + not to work hard		+ avoid fatigue

Masbate

Area of Concern: Breastfeeding

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
+ Exclusive Breastfeeding	+ mothers exclusively breastfeed	+ breastmilk is good to avoid early pregnancy + powdered milk is expensive + experience from others	+ powdered milk is expensive + to avoid early pregnancy + one way of family planning
	+ choose not breastfeed	+ breast cyst + working mothers + no breastmilk + breastfeeding problems + nipple infected + mother is sick + child is sick	+ seek medical attention + breastfeeding counselling
	+ mix feeding with commercial infant formula	+ hiyang ang bata + child likes it + LBM + good for the body + available + palatable + prescribe by physician Infant formula being given to the child: - Bona - Nestogen - Bear Brand	+ breastfeeding counselling + advocacy on the importance of breastfeeding vis-a-vis infant formula

Masbate

Area of Concern: Growth Monitoring

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
• Monthly weighing, plotting and interpreting growth curve and advised on causes and action on growth faltering.	• weighing depends on scheduled set by the health worker • RHM rarely visits the clinic • far from the barangay health center and no weighing scale	• that's the only time set by the health worker, she has other areas to attend to • no definite schedule of weighing	• to know whether weight is improving • ask for additional supplement • make sure the child is gaining weight • to know if the weight of child is compatible with his age • monitor the growth of the child • it is for the advantage of the child • to know if the child is malnourished.
• Medical referral when indicated.	• parents willing to see a physician when indicated		• willingness of parents to see a physician if there is a need
• Monitor growth milestones	• most mothers don't use the growth monitoring card/chart	• no knowledge on how to use	• a boy must know how to play basketbal • toys are given to entertain the child
• Parents should learn simple techniques to promote child's self-confidence, curiosity, self-expressinon ang discipline	• most parents leave their children alone • toys are used to entertain the child so won't cry • there are no other toys to give the child • toys that cannot be swallowed are given • to keep child busy while mother is away	• no other toys are available • these are old toys of older sibling • to avoid accidents	

Masbate

Area of Concern: Weaning and Food Supplementation

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
<u>4-6 Months</u>			
Introduction of Clean and Adequate Supplementary Food + Start giving soft nutritious food in addition to breastmilk	+ Mothers start giving the following foods at the the following ages:		
	Fruits - 4-9 mos. - manga - papaya - guava - orange - guava - avocado - cayometo	+ mothers belive that fruits: - nutritious - rich in vitamins - good for his health - strong body - does not catch cold easily + some mothers believe that fruits can cause LBM, hard to digest	+ mothers are willing to give fruits because: - available - no choice - likes it most - soft and sweet - good for the body - can satisfy + some fruits can be given in another form
	Meat/Fish/Egg - 4 mos. - 1 yr. - meat - 4 mos. - 1 yr. - fish - 5-10 mos. - egg - 4 mos. - 1 yr. - chicken - 1 yr.	+ mothers give these foods because: - nutritious - builds resistance - good for the body - strong body - makes him healthy	+ mothers are willing to give beans because they are: - always available - no other choice - substitute for meat - nutritious

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	Vegetables - 4 mos. - 1yr. - malunggay - 4 mos.-1yr. - alugbati - 8 mos. - 1 yr. - camote talbos - 4 mos. - 7 mos. - squash - 6 mos. - 1 yr. - sili talbos - 6 mos. - egg plant - 9 mos.	+ mothers give these food at this age because: - he consumed the food - no other choice - always available - rich in vitamins - nutritious - increase in weight - palatable - he likes it - makes him healthy	+ mothers are willing to give vegetables because: - available - no other choice - always consumed - rich in vitamins - nutritious - can be mix with tinola
	Sugar/Oil - 5 mos. - 1 yr. - sugar - 5 mos. - 1 yr. - oil - 7 mos. - 1 yr. - fried fish - 7 mos. - 1 yr.	+ mothers give these food because: - cheap - always available - sweet - increase in weight - good for the baby	+ mothers are willing to give these foods: - nutritious - available - give carbohydrates - makes the child strong - increase in weight - good for his body - child is fatty - child becomes healthy
	Rice/Rootcrops/Cereal - 4-7 mos. - lugao - 4-7 mos. - cerelac - 4-5 mos. - rice - 4-10 mos. - biscuit - 4 mos. - camote - 6-10 mos. - bread - 7 mos.	+ mothers give these foods at this age because: - he likes it most - in preparation for weaning - easy to cook - big enough to eat - good for the body - increase in weight - no choice - child can consumed the food - easy to digest - available	+ mothers are willing to give these foods because: - always available - easy to cook - nutritious - he likes it most - easy to digest - no choice

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
			Willingness of mothers to introduce new foods: + Very Willing - ginalihian before letting them eat - small portion of fruits - sabaw muna in case of vegetables - foods that are easy to prepare like cerelac
<u>7-12 Months</u>			
+ Frequent feeding (3-5 times daily) of 1+3 weaning mixes	+ mothers feed their babies whatever available foods provided it will not cause: - indigestion - loose of appetite - diarrhea	+ Reasons why mothers give these foods: - available - likes it most - big enough to eat - soft and sweet - to gain weight - no choice - nutritious - good for the baby - in preparation for weaning - masustansiya - hiyang - give more resistance to the body - give vitamins - increase appetite - does not catch cold easily	+ mothers are aware of the importance of food to the baby: - rich in vitamins - nutritious - available - likes it most - big enough to eat - no choice - to gain weight - good for the body - in preparation for weaning - masustansiya - give more resistance to the body - give vitamins
	+ Other foods given to their children - water - junk foods		

Proposed Behavior	Existing Behavior	Why This Behavior (Include Fears/Apprehension/ Resistance)	Opportunities (Include Benefits/Motivations)
	- softdrinks - am - jackfruit - saba - cassava - shellfish - coconut milk - ground rice - coffee - juice - milk		

PROBLEM

The need to improve practices of mothers on pre-natal, breastfeeding, weaning, growth monitoring and promotion.

General Objectives:

To improve the practices of mothers on pre-natal, breastfeeding, weaning and growth monitoring and promotion.

Specific Objectives:

Awareness:

Breastfeeding

50% of mothers with 0-59 months old babies will be aware that they should exclusively breastfeed their babies at 0-6 months.

Growth Monitoring and Promotion

that 100% of mothers of 0-59 months old children will be informed on monthly weighing.

Knowledge:

Pre-Natal

60% of the EP will be able to mention the benefits/importance of pre-natal check-up.

Breastfeeding

For the 60% of mothers of 0-24 months old to describe the importance of exclusive breastfeeding (0-6 months).

Growth Monitoring and Promotion

that 75% of mothers of 0-59 months children will be able to identify the importance of monthly weighing and growth monitoring chart.

Weaning

to enhance the understanding of 75% of mothers of EP to continue breastfeeding and frequent feeding (3-5 times/day 1+3 weaning mix) and growth monitoring and promotion.

Motivation:

Pre-Natal

15% of the EP will submit for pre-natal check-up during the 1st trimester of pregnancy.

Weaning

75% of the 75% of mothers of EP will be able to follow the introduction of soft nutritious foods in addition to breastmilk at 4-6 months old.

Adoption:

Growth Monitoring and Promotion

that 50% of mothers of 0-59 months old children will submit their children for monthly weighing.

Mobilization:

Pre-Natal

15% of the EP will motivate/convince mothers to submit for pre-natal check-up.

TARGET AUDIENCE

Primary:

- Mothers

Secondary:

- Husbands
- Mothers
- Mothers-in-law
- Grand Mother
- BHWs

Tertiary:

- Physician
- Public Health Nurse
- Barangay Officials/LGUs
- RHMs
- Teachers
- NGOs
- Mediamen

MESSAGES

Pre-Natal

Awareness

Poster: "Gatas sa lata waran data. Gatas sa iloy masustansiya."

"Subaybayan kalusugan ng inyong mga anak! Magpatimbang buwan-buwan sa pinakamalapit na health center."

"Bata na bag-o matawo pa onom ka bulan, gatas lang sa iloy an kinahanglan."

Knowledge

Poster: "Primero na bulan san pagbudos pre-natal kinahanglan para komplikasyon maibitaran."

"1+3 = 4 No? on PA one plus three (1+3) mix = lugaw dagdagan ng gulay, isda at mantika 3x a day nandito na!"

Motivation:

Poster: "Magdugay sa mundo
pag-anak delikado
regular na pre-natal obligado"

Adoption

Poster: "Maglikay!!!
Magpa pre-natal dayon sa pagtuna
san pagbudos."

MASS MEDIA

Pre-Natal

Channel : Radio

Mood : Drama

Message: Submit for pre-natal immediately once you became pregnant.

Suggested Dialogue

The mother is worried of another due to unspaced pregnancies. Once morning during breakfast, the wife seems "matamlay" which was also noticed by the husband, because she suspects of another pregnancy. Considering that she is a bleeder a multipara, she told her husband about it. The husband being also worried insisted that they should immediately go to the health center for pre-natal.

Budget Cost: P20,000.00

INTERPERSONAL COMMUNICATION

a. Mother's Class - P300.00 x 100 classes = P30,000.00
b. Counselling
c. Bench Conference
d. Barangay Assembly - P100.00 x 100 = P10,000.00

MASS MEDIA

Awareness/Knowledge

Poster: Glossy Cartolina - size with the message attached.
Have one (1) type of poster for each message
250 pcs./message of every concern.
250 pcs. x 5 messages = 1,250 x P50.00 = P62,500.00

Motivation

Material : Radio Plug

A 10 seconder radio plug to be produced by HKI but voicing will be done by a Masbateno. This will be aired for 2 months = P10,000.

Message: "Magdugay sa mundo
pag-anak delikado
regular na pre-natal obligado."

Kumadto sa pinakamalapit na health center

FORMATIVE EVALUATION

1. Formal Interview

   a. we could get a first hand information.
   b. see personally the respondents or beneficiaries of the project.
   c. we could determine the relevance of the answers to the real situation.)

2. Quick Response Survey

   a. it is not time consuming
   b. it is not expensive
   c. immediate response could be generated

3. Observation

   This type of evaluation will reinforce the findings that surfaced during formal interviews.

Summative Evaluation:

- Quantitative

   1. Easy to conduct
   2. Easy to analyze
   3. We want to try quantitative because we have already tried the qualitative research.

Communication Plan Timeline
February 1995 to July 1998

Date	Activities
February 1995	Development of Communications Plan
April - Mary 1995	Pre-testing of Materials
May 1995	Workshop on the Revision of CG Package
June 1995	Finalization of CG Materials
June 1995	Packaging of Materials
March 1995	Development of Mass Media Materials
July - August 1995	Printing of Materials c/o HKI
June - July 1995	Pre-testing of Materials for Mass Media
July 1995	Revision of Materials
May 1995	Workshop on Training Design
August - December 1995	Conduct or Training (Barangay Level)
January 1996 - 1998	Monitoring of Mother's Classes/Counselling
September 1995	Launch the Communications Plan
September 1995	Awareness of Child Growth Program on Radio and other Activities

Date	Activities
January 1996	Airing of Radio Plugs
January 1996	Distribution of Posters
September 1998	Summative Evaluation
January - December '96 - '98	Community Assemblies
January - December '96 - '98	Mother's Classes
January - December '96 - '98	Bench Conferences
July - December of each year	Semi-Annual Program Implementation Review

NUTRITION SITUATION
MASBATE

WORKSHOP I:

Task : To review and analyze the existing health and nutrition situation in the province.

Target Group : Pregnant and Lactating Women
Infants 0-12 months
Preschoolers 1 year - 4 years

What are the Major Health and Nutrition Problems?	How common/how serious is the problem?	Why do they exist?	Where do they exist
	1. Biological Pneumonia and diarrhea disease - leading cause of mortality. 2. Physical - Vis-a-vis the Bicol region - Masbate has the lowest nos. of household toilets - 32% - Access to safe water - 29% (were third from the bottom vis-a-vis - Phil. Situation in WATSAN)	▪ Attitude of the people ▪ Ignorance ▪ Cultural practices of the people (like eating veg. at an early age will cause diarrhea). ▪ Poverty	Practically - throughout the province (especially those living in remote areas which cannot be reached by Health personnel).

What are the Major Health and Nutrition Problems?	How common/how serious is the problem?	Why do they exist?	Where do they exist
	3. Social - Political No resolutions/ ordinances (by the SP, SB) passed with regards to health and nutrition in the past 5 years. - Economic Poverty incidence is 62% in 1992 (Highest in Bicol Region)		