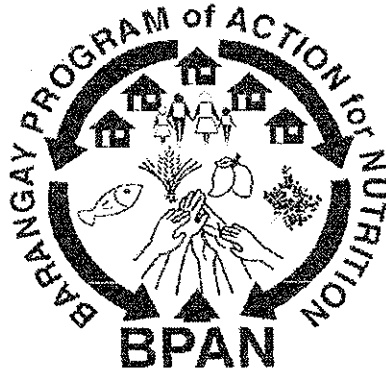


PD-ABT-706



**Final Report**  
**on**  
**Barangay Program of**  
**Action for Nutrition**



By the Nutrition Center of the Philippines, March 2001



With support from the United States Agency for International Development (USAID)

Contract No. 492-G-00-99-00011-00

A

**Final Report**

**Barangay Program of Action for Nutrition**

**by**

Florentino S. Solon  
Mercedes A. Solon  
Maria Ofelia P. Reyes  
Mylene F. Isleta  
Eleanore A. Lafuente  
Agnes P. Sucgang  
Fe M. Suelan  
Aileen L. Borlaza  
Alma M. Liyag  
Leah Bee R. Moises  
Shiela Joy V. Valdez  
Ethyl Z. Poidos  
Carleneth P. Fernandez  
Romielin B. Hilot  
Johanna Rodora D. Targoda  
Consolacion D. Cruz

## Executive Summary

The *Barangay Program of Action for Nutrition (BPAN)* translates the Philippine Plan of Action for Nutrition (PPAN) into a dynamic action program at ground level. It aims to improve the nutritional status of women and children through the delivery of *doable, minimum nutrition services* to the village namely Nutrition Information and Education, Home Food Security including Fortified Foods, Micronutrient Supplementation and Growth Monitoring. The program's main strategy is the systematic integration of nutrition services to reach the most vulnerable groups in the village. The health, education, agriculture and social welfare sectors deliver such nutrition services through the barangay nutrition and health workers.

BPAN was implemented as a pilot project in *43 villages in 17 municipalities* in the provinces of *Batangas, Bulacan, Marinduque, Cebu, Bukidnon* and *Negros Occidental* from March 1999 to December 2000.

At baseline, most Barangay Nutrition Committees (BNC) were non-functional and only half had formulated a Barangay Nutrition Action Plan (BNAP).

After the implementation of BPAN, results showed an improvement in the organization and management of the nutrition committees in the 43 barangays. Most BNCs were reactivated with functional and active members. The BNAPs which serve as the key document and basis for the integration of nutrition programs and projects into the local development plans were formulated by the BNCs. In the pilot barangays, 70% of the Barangay Captains (BC) have issued an Executive Order (EO) signifying their political will to accept ownership of the program and support BPAN by providing direction to the workers.

BPAN initiated an intensive awareness campaign on the *availability and consumption of nutritious foods, iodized salt and micronutrient fortified (mostly Vitamin A) food products* bearing the *Sangkap Pinoy Seal (SPS)*. A new strategy in food security to mobilize the *sari-sari storeowners* as nutrition program allies in the barangay has been effective in creating demand and has substantially increased consumption of fortified foods and iodized salt at the *household* level. Through BPAN the advantages of household and community gardening

were also realized to contribute to food availability. Innovative gardening techniques such as container gardening were adopted in the barangays.

There was a good coverage for Vitamin A supplementation among preschool children and lactating women while routine iron supplementation to pregnant women has improved. Better targeting, availability of supply and delivery system are vital.

The project's centerpiece, *Bayang Mayaman sa Iron, Iodine at Vitamin A (BIDA)* introduced a number of Information, Education & Communication (IEC) materials. The IEC materials have greatly facilitated the delivery of the services to the community by the caregivers and served as comprehensive household guides for nutrition. The BIDA-IEC materials provided to the barangays include the *Community Guide, School Guide, Nutri Guide, Flipchart and posters*.

The *Pabasa sa Nutrisyon*, a participative, small group informal discussion of nutrition information contained in the *Nutri-Guide*, is an alternative learning experience for the mothers. It reinforces the other components by giving the participants a better understanding of the nutrition problems and solutions through better health and nutrition practices including child care. A total of 10,334 mothers have attended the *Pabasa* and 54% have completed the minimum requirements and were given Certificates of Completion.

The Operation Timbang (OPT) results showed that the number of underweight preschool children have declined while the number of children with normal weight have increased. However, the problem of targeting to ensure adequacy in requisitioning the prescribed scale, growth monitoring charts (GMC) and counseling tools on nutrition and childcare needs to be addressed. Most essential to the improvement of the system is the continuing training of workers in anthropometric targeting, measuring and communication skills development.

It is recommended that the lessons learned on BPAN implementation during the pilot phase be used as reference in the planning and implementation of an expanded barangay nutrition program.

It is also recommended that BPAN be implemented in the 5<sup>th</sup> and 6<sup>th</sup> class municipalities and the disadvantaged barangays in the 3<sup>rd</sup> and 4<sup>th</sup> class municipalities. BPAN should also converge and be integrated in other health services.

For BPAN's sustainability, it is recommended that *capability building* on community-based planning and management of nutrition programs be instituted in the municipal and barangay level among well-selected nutrition workers by their respective nutrition committees. This composite group of nutrition workers will be harnessed to become the *BPAN training and management team (BTMT)*. The BTMT will create a *municipal training and management team (MTMT)* which will then organize the *Barangay Nutrition Action Team (BANAT)*, responsible for delivering community-based nutrition services.

A Program Implementation Review (PIR) at the barangay and municipal level as well as periodic visits of managers to the barangays is highly recommended.

## ACKNOWLEDGEMENT

In behalf of the Nutrition Center of the Philippines we would like to express our sincere appreciation and gratitude to:

The USAID and Procter and Gamble Philippines and Cincinnati for financial assistance to the pilot program;

The National Nutrition Council and allied partners namely the Department of Health (DOH), Department of Education, Culture and Sports (DECS), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Department of Agriculture (DAR) for sharing their valuable time and their experience and knowledge in the planning and management of nutrition programs;

The Local Government Units of Batangas, Bukidnon, Bulacan, Cebu, Marinduque and Negros Occidental for their warm acceptance and support in the implementation of BPAN;

The nutrition action officers, school principals and teachers, volunteers, and residents of pilot barangays for their participation and support in program implementation;

The staff of NCP and subsidiaries for their administrative support;

And most especially all barangay officials together with the Barangay Nutrition Committee (BNC) members in the pilot areas for their cooperation and assistance;

Finally all health and nutrition workers for their sincere concern for the health and nutrition well-being of the community and their commitment in delivering nutrition services to all families.

## TABLE OF CONTENTS

<b>Executive Summary</b> .....	i
<b>Acknowledgement</b> .....	iv
<b>List of Figures</b> .....	vii
<b>List of Annexes</b> .....	viii
<b>List of Acronyms</b> .....	ix
<b>I. Introduction</b> .....	1
A. PPAN Impact Programs .....	1
B. PPAN Enabling Mechanisms .....	1
C. Barangay Program of Action for Nutrition (BPAN) .....	2
D. BPAN Pilot Site .....	3
E. BPAN Goals and Objectives .....	3
<b>II. Method</b> .....	4
A. Organization .....	4
1. National Alliance .....	4
2. Program Implementors .....	4
B. Advocacy .....	5
C. Issuance of Executive Order (Political Will) .....	5
D. Creation of the Barangay Nutrition Committee .....	6
E. Spot Mapping .....	6
F. Planning and Programming of Nutrition Activities .....	6
G. Installation of Nutrition Interventions .....	6
1. Community Nutrition Information, Education and Communication.....	6
2. Home Food Security .....	8
a. Campaign on the Availability and Consumption of Fortified Foods and Iodized Salt .....	8
b. Food Production Campaign .....	9
c. Nutritious Food .....	9
3. Micronutrient Supplementation .....	9
a. Vitamin A Supplementation .....	9
b. Iron Supplementation .....	10
4. Growth Monitoring .....	10
H. BPAN Monitoring .....	10
I. Program Implementation Review .....	11
J. Program Evaluation .....	11
<b>III. Results and Discussion</b> .....	12
A. Issuance of Executive Order .....	12
B. Creation of the Barangay Nutrition Committee .....	13
C. Planning and Programming of Nutrition Activities .....	14
D. Budgeting .....	14
E. Spot Mapping .....	15
F. Installation of Nutrition Interventions .....	15
1. Community Nutrition Information, Education & Communication .....	15
a. Pabasa sa Nutrisyon .....	15
b. School Nutrition Integration .....	17

2. Home Food Security .....	18
a. Campaign on the Availability and Consumption of Fortified Foods and Iodized Salt .....	18
b. Food Production Campaign .....	21
3. Micronutrient Supplementation .....	22
a. Vitamin A Supplementation .....	22
b. Iron Supplementation .....	23
4. Growth Monitoring .....	24
G. Program Implementation Review .....	25
<b>IV. Lessons Learned .....</b>	<b>25</b>
A. Nutrition Organization, Planning and Management .....	25
B. Nutrition Information and Education .....	26
C. Campaign on the Utilization of Nutritious Foods, Iodized Salt and and Fortified Foods (with SPS) at Barangay Level .....	27
D. Food Production .....	27
E. Supplementation Programs .....	28
F. Growth Monitoring .....	28
<b>V. Conclusion .....</b>	<b>29</b>
<b>VI. Recommendations .....</b>	<b>30</b>
<b>VII. References .....</b>	<b>32</b>
<b>Annexes .....</b>	<b>33</b>



## LIST OF FIGURES

No.	Title	Page
1	BPAN organization, plan and budget of the 43 barangays	12
2	Governor Coscoluella, Mayor Fabroz and Ms. Reyes during the ceremonial turnover of IEC materials in Negros Occidental	13
3	Barangay Nutrition Committee oathtaking in Cebu	13
4	Community Guide	15
5	Nutri-Guide	16
6	Mothers are reading the Nutri-Guide while referring to the flipchart in one of the Pabasa sessions	16
7	<i>Pabasa sa Nutrisyon</i> graduation in Bulcacan attended by the National Nutrition Council Director	17
8	School Guide	17
9	Percent of sari-sari stores selling iodized salt and fortified foods in 43 barangays by semester	18
10	Opening of Nutri-Centers in Sto. Tomas, Batangas	19
11	Sangkap Pinoy Store in Cebu City	19
12	Percent of households using iodized salt and consuming fortified foods in the 43 barangays by semester	20
13	<i>Sari-sari stores selling fortified processed foods with SPS</i>	20
14	Percent of households with home garden, 43 barangays by semester	21
15	Container gardening in Negros Occidental	21
16	Percent coverage of Vitamin A supplementation, 43 barangays by semester	22
17	Percent coverage of Vitamin A supplementation to lactating women, 43 barangays by semester	22
18	Percent coverage of Iron supplementation to pregnant women, 43 barangays by semester	23
19	Rural Health Midwife providing monthly iron tablets to a pregnant woman at health station	24
20	Nutritional status of preschool children (0-83 months), 43 barangays	24
21	Operation Timbang using the NCP Nutri scale	25

## LIST OF ANNEXES

Number	Title	Page
1	Nutritional Status of Children in the Philippines, 1993-1998	34
2	Conceptual Framework for the Delivery of Nutrition Services	35
3	List of BPAN Barangays	36
4	Barangay Nutrition Action Plan Format C	38
5	BPAN Monitoring Wall Chart	39
6	BPAN Service Delivery Guidelines	40

## List of Acronyms

<b>APO</b>	Area Program Officer
<b>BANAT</b>	Barangay Nutrition Action Team
<b>BIDA</b>	Bayang Mayaman sa Iron, Iodine at Vitamin A
<b>BIO</b>	BPAN Implementation Officer
<b>BHC</b>	Barangay Health Center
<b>BHW</b>	Barangay Health Worker
<b>BNAP</b>	Barangay Nutrition Action Plan
<b>BNC</b>	Barangay Nutrition Committee
<b>BNS</b>	Barangay Nutrition Scholar
<b>BPAN</b>	Barangay Program of Action for Nutrition
<b>BTMT</b>	BPAN Training and Management Team
<b>CNC</b>	City Nutrition Committee
<b>DOH</b>	Department of Health
<b>DOST</b>	Department of Science and Technology
<b>EO</b>	Executive Order
<b>GMC</b>	Growth Monitoring Chart
<b>GP</b>	Garantisadong Pambata
<b>GO</b>	Government Organization
<b>IDA</b>	Iron Deficiency Anemia
<b>IDD</b>	Iodine Deficiency Disorders
<b>IEC</b>	Information, Education and Communication
<b>FNRI</b>	Food and Nutrition Research Institute
<b>KVFI</b>	Kauswagan of Victorias Foundation Incorporated
<b>MNAP</b>	Municipal Nutrition Action Plan
<b>MNC</b>	Municipal Nutrition Committee
<b>MTMT</b>	Municipal Training and Management Team
<b>NCP</b>	Nutrition Center of the Philippines
<b>NGO</b>	Non-government Organization
<b>NNC</b>	National Nutrition Council
<b>NNS</b>	National Nutrition Survey
<b>OPT</b>	Operation Timbang
<b>PEM</b>	Protein-Energy Malnutrition
<b>P&amp;G</b>	Procter & Gamble
<b>PIR</b>	Program Implementation Review
<b>PL</b>	Pabasa Leader
<b>PNC</b>	Provincial Nutrition Committee
<b>PPAN</b>	Philippine Plan of Action for Nutrition
<b>PS</b>	Preschool
<b>RHU</b>	Rural Health Unit
<b>RNPC</b>	Regional Nutrition Program Coordinator
<b>SB</b>	Sangguniang Bayan
<b>SPS</b>	Sangkap Pinoy Seal
<b>TBA</b>	Traditional Birth Attendants
<b>TCL</b>	Target Client List
<b>TCP</b>	Teacher-Child Parent
<b>ToP</b>	Technology of Participation
<b>USAID</b>	United States Agency for International Development
<b>VAC</b>	Vitamin A Capsule
<b>VAD</b>	Vitamin A Deficiency
<b>VADD</b>	Vitamin A Deficiency Disorders



# Barangay Program of Action for Nutrition

## I. Introduction

The 4<sup>th</sup> National Nutrition Survey (NNS) of the Food and Nutrition Research Institute – Department of Science and Technology (FNRI-DOST) showed that protein-energy and micronutrient malnutrition continued to be a public health problem in the country (FNRI-DOST, 1993). To address the problem, the National Nutrition Council (NNC) formulated the *Philippine Plan of Action for Nutrition (PPAN)*, the major goal of which is to improve the nutritional status of every Filipino. Specifically, PPAN seeks to reduce the prevalence of protein-energy malnutrition (PEM) among pre-school and school children from 8.4% to 6.0%, reduce the prevalence of iron deficiency anemia among infants, pregnant and lactating women, preschoolers and school children, and virtually eliminate vitamin A deficiency (VAD) and iodine deficiency disorders (IDD) (NNC, 1993).

## A. PPAN Impact Programs

The PPAN has identified *five impact programs* of interventions designed for short-term and long-term solution to nutrition problems. These programs include:

1. *Home and Community Food Production* –establishment of gardens and raising of small animals.
2. *Nutrition Education* –integration of nutrition concepts in school curriculum, nutrition counselling, and multi-media campaign.
3. *Micronutrient Supplementation and Food Fortification* – distribution of iron, iodine and vitamin A supplements to infants, young children, pregnant and lactating women in preventive and curative doses. Fortification of selected food items with vitamin A and iron, and salt with iodine.
4. *Food Assistance* -supplementary feeding to malnourished children.

## B. PPAN Enabling Mechanisms

The PPAN has enabling mechanisms that are necessary to support the implementation of the impact programs. Such enabling mechanisms are as follows:

1. *Manpower Development* focuses on training implementors and service providers and managers.



2. *Strong Advocacy* promotes legislation, sectoral policies and program improvements; including formulation of resolutions for enactment of nutrition-friendly laws and ordinances.
3. *Resource Generation* mobilizes national and local government units (LGUs), the business sector, non-governmental organizations (NGO's) and the international community.
4. *Research* provides the bases for decisions on policies and program designs.
5. *Overall Planning, Management, Coordination and Surveillance* identifies specific activities and their targets and budgetary requirements, to be implemented in an integrated manner.

The PPAN is a guide for the municipality and barangay (village) to formulate the *Municipal Nutrition Action Plan (MNAP)* and *Barangay Nutrition Action Plan (BNAP)*. The NNC also mandates that the regions, provinces, municipalities and barangays should create a *Nutrition Committee* at each level, headed by the local chief executive assisted by an action officer. These bodies are to formulate a plan of action at each level.

The latest National Nutrition Survey (FNRI-DOST, 1998) revealed no significant improvement in the nutritional situation in the country compared to the 1993 National Nutrition Survey. In fact, micronutrient malnutrition has worsened and no notable relief is shown in protein energy malnutrition especially among children and women (Annex 1).

### **C. Barangay Program of Action for Nutrition (BPAN)**

The *Nutrition Center of the Philippines (NCP)*, a non-government organization, in alliance with the other members of the National Nutrition Council, developed a community-based action program called the *Barangay Program of Action for Nutrition (BPAN)* to deliver *doable minimum nutrition services* in the villages (Annex 2). Such nutrition services include:

1. *Community Nutrition Information, Education and Communication*
2. *Home Food Security through food production and availability of Vitamin A and micronutrient-rich foods, iodized salt and micronutrient fortified foods (mostly Vitamin A) at the village stores and public markets.*
3. *Vitamin A and Iron Supplementation to women and children.*
4. *Growth Monitoring*

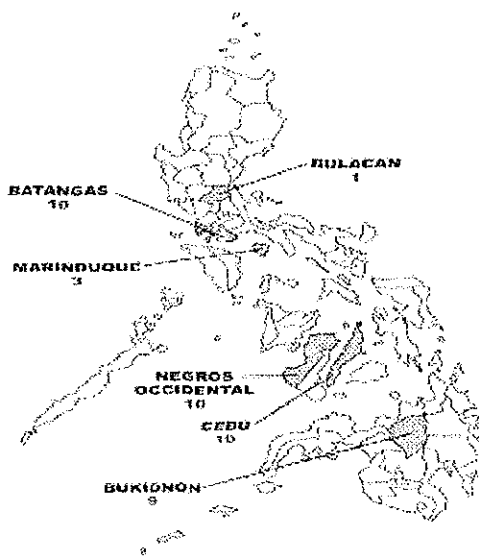


BPAN translates the PPAN into impact action programs at the village level and targets vulnerable members such as children and women, of the households in the villages.

## D. BPAN Pilot Site

The BPAN was implemented as a pilot project in 43 *villages* and 17 *municipalities* in the six (6) provinces of *Batangas, Bulacan, Marinduque, Cebu, Bukidnon* and *Negros Occidental* from January 1999 to December 2000 (Annex 3). The sites were selected in consultation with local government units (LGUs). The purpose of the piloting is to determine the different strategies in the *delivery of doable* minimum nutrition services that can accelerate the implementation of BPAN in an efficient and effective manner.

### BPAN PILOT AREAS



**Total Barangays: 43**

## E. BPAN Goals and Objectives

The *goal* of the BPAN is to improve the nutritional status of women and children through the prevention and control of energy and micronutrient malnutrition.

### 1. Specific Objectives

- (a) To locate preschool children (PS) with PEM and counsel parents;
- (b) To prevent and control Vitamin A Deficiency Disorders (VADD) among PS and lactating women by increasing coverage of VAC supplementation targets to 100%;
- (c) To prevent and control IDA disorders among pregnant women by increasing coverage and compliance of iron supplementation targets to 100%;
- (d) To prevent and control iodine deficiency disorders (IDD) by increasing the households consuming iodized salt to 50%;



- (e) To reach 50% of households with malnourished children, pregnant and lactating women for *Pabasa sa Nutrisyon*; and
- (f) To integrate nutrition messages in the curriculum in all public elementary schools.

## **2. Process Objectives**

- (a) Barangays to create viable and active Barangay Nutrition Committees (BNCs);
- (b) BNCs to formulate and translate BNAP into action programs;
- (c) Barangay captains to issue Executive Orders (EO) implementing BPAN and strengthening BNC;
- (d) Sangguniang Bayan (SB) to pass a resolution providing funds for BPAN implementation;
- (e) Villages to undertake home, community and school food production;
- (f) Sari-sari stores to sell nutritious foods, iodized salt and fortified foods;
- (g) Households to participate in the *Pabasa sa Nutrisyon*; and
- (h) Public elementary school to integrate nutrition messages in the school curriculum.

## **II. Method**

### **A. Organization**

#### **1. National Alliance**

The Nutrition Center of the Philippines (NCP), in cooperation with Government Organizations (GO), Non-government Organizations (NGO) and other entities of the private sector formed an alliance on nutrition at the national level. The alliance is composed of the members of the National Nutrition Council which include the NCP and government departments (Education, Culture and Sports; Health; Interior and Local Government; Agriculture; and Social Welfare and Development); the industry sector (Procter & Gamble); and an international organization (United States Agency for International Development). This public and private partnership initiated in 1998 a concept of service that would give impetus to the delivery of doable, minimum nutrition services to the barangay.

#### **2. Program Implementors**

The provisional position of a *BPAN Implementation Officer (BIO)* was created to mobilize resources and provide technical assistance in the barangay and the municipality. The BIO facilitated the work of community caregivers such as the Rural Health Midwives,



Agricultural Technicians, School Teachers, Day Care Workers, Barangay Nutrition Scholars, Barangay Health Workers and mother volunteers. She also facilitated the food fortification campaign among storeowners. The BIO reports to the Area Program Officer (APO) on the programmatic and administrative concerns affecting program implementation and proposes actions to resolve program issues in the project sites. Also part of her principal responsibility is to monitor the project and identify the lessons learned for use in the post pilot implementation.

## **B. Advocacy**

BPAN advocacy was conducted at the regional, provincial, municipal and barangay levels. Orientation was conducted by the APO and BIO among the Regional Nutrition Program Coordinators (RNPC), Provincial Nutrition Committees (PNC), City/Municipal Nutrition Committees (C/MNC), nutrition program sectoral representatives and local government officials. At the barangay level, the APO and BIO together with the provincial and city/municipal nutrition committees conducted the orientation among the Barangay Nutrition Committee (BNC) members, NGOs and local industries. The BNC together with its local allies conducted a community assembly to inform them of the malnutrition problems and doable nutrition interventions. Ocular visits were done and secondary data were gathered to obtain the barangay profile (i.e. socio-demographic data) as baseline of the pilot project on the existing situation of the barangays.

## **C. Issuance of Executive Order (Political Will)**

The *Executive Order* (EO) issued by a Barangay Captain signifies his firm commitment to, and acceptance of ownership of the nutrition program. The EO format consists of a preamble introducing the problem, the doable solutions available, the creation of a BNC, adoption of the BPAN strategy, and support for its implementation. For their information, copies of the excerpt of the local government code article were circulated to the Barangay Captains.

Legislative resolutions by the Sangguniang Barangay were also issued supporting the implementation of BPAN by indicating the availability of funds.





## **D. Creation of the Barangay Nutrition Committee**

Each barangay was assessed as to whether its BNC was functioning or inactive, so that, if existing, the BNC could be strengthened, or, if not, the process of creating it could be started. Committee members were carefully selected and formal appointments were issued by the Barangay Captain. Those who accepted their positions were administered the oath of office. Quarterly meetings, with well-prepared agenda and records of minutes of meeting, were encouraged. In some areas, the barangay captain, as BNC chairman, appoints the Barangay Nutrition Scholar as the *Barangay Nutrition Action Officer (BNAO)* while in some areas, BNAO is a BNC member.

## **E. Spot mapping**

The BNS with the supervision of the RHM prepared a cluster spot map. Each cluster consists of 20-25 households. To facilitate the delivery of nutrition services a cluster leader is appointed.

## **F. Planning and Programming of Nutrition Activities**

The administration and management of the *Barangay Nutrition Program* is the sole responsibility of the BNC. This includes the mobilization of manpower and financial resources to support the needs of each program component and the conduct of different activities of the planned interventions. The most important administrative task is the formulation of the *Barangay Nutrition Action Plan (BNAP)*. Program activities of the minimum nutrition services are the main components of the plan.

In preparing the program/projects and activities of the BNAP (Annex 4), the BNC prepared the plan using the Technology of Participation (ToP) approach which was later introduced. The BNAP was incorporated in the Barangay Development Plan to ensure fund support, and was also forwarded to the Municipal Nutrition Committee for additional counterpart funding.

## **G. Installation of Nutrition Interventions**

### **1. Community Nutrition Information, Education and Communication**

The BPAN centerpiece is a nutrition information and education undertaking known as *Bayang Mayaman sa Iron, Iodine at Vitamin A (BIDA)*. A number of Information, Education



and Communication (IEC) materials were developed, produced and disseminated by NCP with funding support from Procter and Gamble (P&G). The IEC materials include the *Community Guide or Nutrition Caregivers Service Guide* for all BNC members and community caregivers to know their roles and responsibilities in the planning and management of nutrition program; *School Guide* for integration of nutrition messages in elementary school subjects at all grade levels. The *Nutri-Guide*, which is the main material in the IEC package, contains comprehensive and easy-to-understand nutrition information and colorful illustrations and pictures. The *Flipchart* is a teaching tool for the teachers, and health and nutrition workers in the conduct of nutrition education. *Posters* are also given to reinforce advocacy.

NCP and P&G are the joint copyright owners of the said materials. It was agreed that the proceeds from these materials will be reinvested in the implementation of BPAN.

The local alliance and the NCP Training Division conducted capability-building activities both at the school and community levels. School administrators, supervisors, principals and teachers were trained on how to integrate nutrition messages in the school curriculum using the school guide for lesson planning.

A core of trainers and managers composed of experienced representatives from provincial and city/municipal health, nutrition and education offices was organized and trained on how to conduct the information sessions called *Pabasa sa Nutrisyon* using the *Nutri-Guide*. This group identified and selected the *Pabasa Leaders* (PLs) from the health workers and mother volunteers with recommendation from the BNC. The *Pabasa* leaders were trained on the mechanics of *Pabasa sa Nutrisyon*.

The *Pabasa sa Nutrisyon* is a participative, circular gathering of ten (10) to twelve (12) mothers per cluster informally discussing the health and nutrition information contained in the *Nutri-Guide*. This activity seeks to empower the women in reducing the families' vulnerability to malnutrition. Mothers were required to attend 10 sessions to cover all the topics in the *Nutri-Guide*. The priority targets of the *Pabasa* were the mothers of preschool and school children, pregnant and lactating women and mothers with underweight children. Houses were clustered to facilitate mobility among mothers in going to and from the identified *Pabasa* site.



Mothers were given copies of the Nutri-Guide as a permanent household reference on nutrition. They were encouraged to participate by reading aloud portions of the Nutri-guide and by sharing personal experiences on the topics discussed. The interactive approach, coupled with nutrition fun learning activities such as games, exercises and demonstrations held at the end of the sessions, are intended to increase participation in the sessions and to increase learning retention among mothers.

The Pabasa sessions were held in the school, day care center, chapel, barangay hall, along the streets, or in a mother's house. The prescribed 10 sessions varied from daily to three times a week and the duration was from two hours, half day to whole day. Barangay and school officials helped encourage mothers to participate in the *Pabasa* sessions.

The teachers conduct nutrition education in the school through the integration of nutrition in Science and Health; Edukasyon sa Wastong Pag-uugali; Heograpiya, Kasaysayan at Sibika; Edukasyong Pantahanan at Pangkabuhayan. School activities were conducted to reinforce the lessons discussed and home assignments were given to make the parents and other family members learn and practice nutrition at home.

## **2. Home Food Security**

The BPAN strategy was to advocate availability of nutritious foods, micronutrient (mostly Vitamin A) fortified foods and iodized salt in the sari-sari stores and household consumption. Likewise, production and consumption of micronutrient rich vegetables and fruits were advocated.

### ***a. Campaign on the Availability and Consumption of Fortified Foods and Iodized Salt***

The selling of iodized salt and fortified processed food with Sangkap Pinoy Seal (SPS) was promoted to the sari-sari stores. The BNS and BHW prepared a master list of all sari-sari stores in the barangay and conducted an assembly for advocacy to inform storeowners about fortified foods and iodized salt and the importance of their availability. Posters on fortified foods were put up on the sari-sari stores to help increase community awareness of these products.



#### ***b. Food Production Campaign***

The planting of micronutrient-rich vegetables and/or fruits in home, community and school gardens was promoted. Households were encouraged to plant and maintain at least one nutritious vegetable and/or fruit plant in their backyard. Seeds and seedlings were provided to target households. Alternative planting techniques such as container gardening were also adopted.

#### ***c. Nutritious Food***

A campaign was conducted for sari-sari storeowners to sell nutritious foods such as energy foods, protein-rich foods and micronutrient rich fruits and vegetables.

### **3. Micronutrient Supplementation**

Vitamin A capsules to preschoolers (12-59 month old) and lactating women during *Garantisadong Pambata* and routine supplementation of iron tablets (120-150 tablets for the duration of pregnancy starting at 2<sup>nd</sup> trimester) to pregnant women during pre-natal consultation at the health center were provided.

#### ***a. Vitamin A Supplementation***

Provision of 200,000 IU Vitamin A capsules (VAC) to 12-59-month-old preschoolers (PS) was given emphasis during the *Garantisadong Pambata* (GP) period in April and October. Targeted 12-59 month-old PS were identified by the BHW based on the 1999 DOH guideline such as the percentage of target PS in the total population was estimated to be 11.5%. Barangay and school officials assisted in the information dissemination of VAC supplementation. The health centers, barangay halls, day care centers and weighing posts served as GP service delivery points. House-to-house distribution of VAC was done to mop-up PS who did not go to the delivery points.

Lactating mothers or post partum mothers were given one dose of VAC within one month after delivery. The BNS and BHWs assigned in every cluster made follow-up visits and provided VAC to post partum mothers who failed to visit the Health Center for consultation.



#### **b. Iron Supplementation**

Pregnant women were identified by the BHWs per cluster, otherwise 3.5 % of the total population were considered as estimated targets of pregnant women for iron supplementation. Pregnant women were given 60 mg elemental iron during prenatal consultation beginning from the fourth to the ninth month of pregnancy. Iron supplements were given in packs of 20-30 tablets in small plastic containers/boxes per consultation or 120-150 tablets throughout gestation.

#### **4. Growth Monitoring**

Target preschool children (0-83 month old) were identified through household surveys conducted by the BNSs and BHWs or estimated at about 20% of the total population. The establishment of a weighing post was based on its proximity to household clusters. A house-to-house weighing was also carried out by the BNS/BHWs to cover all targeted PS. The salter scale and bar scale such as the NCP Nutri-scale were the prescribed tools for weight assessment. Instructions on how to calibrate the bathroom scale were explained to ensure the accuracy of weight measurements.

Malnourished PS were prioritized in the distribution of growth charts and monthly weighing was done to monitor their improvement. In some areas, where resources are available, food assistance consisting of food supplements that will supply additional calories and protein in the form of high-energy food packs or indigenous crops were provided. Changes in nutritional status or weights of children were interpreted to mothers. Based on these changes, mothers were counseled on proper childcare.

#### **H. BPAN Monitoring**

Midwives and BNSs who were directly involved in the BPAN implementation quarterly monitored the BPAN accomplishment using a structured monitoring form called *BPAN Monitoring Wall Chart* (Annex 5). The BNCs were informed that the *BPAN Monitoring Wall Chart* shall be utilized as a standard tool in assessing the quarterly accomplishments of the barangay based on the set target per BPAN component. The Midwife and BNS were given instructions on how to accomplish the wall chart and have this posted at the Rural Health Unit (RHU), Barangay hall, and health center to provide information and at the same time to serve as constant reminder to barangay officials and the community of their performance and the program components they still have to improve.



The availability of fortified foods with *Sangkap Pinoy Seal* (SPS) and iodized salt from July 1999 to December 2000 was monitored on a quarterly basis using the BPAN monitoring wall chart. Semestral reports on the distribution of sari-sari stores selling fortified foods are based on the survey per area. The same procedure was done to monitor the consumption of these food items in the selected households.

VAC and iron distribution is monitored and recorded through the Target Client List (TCL) and Essential Drug Distribution List which is constantly updated by the RHM.

The data gathered from the BPAN monitoring wall chart should be interpreted with caution since these are gathered by several community-based program implementors.

## **I. Program Implementation Review**

The *Program Implementation Review* (PIR) was held every semester. The MNAOs with technical assistance from NCP prepared and presented the barangay accomplishments. After the presentation, a workshop to present the strengths and weaknesses and lessons learned from the program implementation was conducted. Each province prepared and presented their plans to sustain and expand the program. The key BPAN implementors renewed their commitment to the program. To showcase the provincial accomplishment, posters were exhibited.

## **J. Program Evaluation**

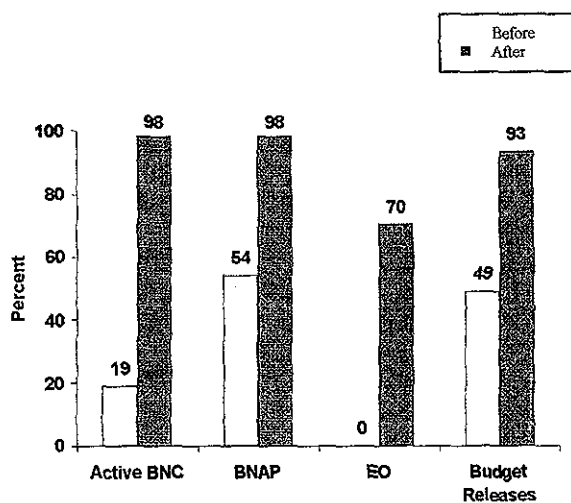
For scientific evaluation purposes, an experimental barangay was randomly chosen from among the 43 pilot barangays and control barangays were selected in the provinces of Rizal, Negros Oriental, Bohol and Misamis Oriental. Evaluation of the effect of the BPAN in the health and nutrition related knowledge, attitudes and practices of school children and their mothers, teachers, community health and nutrition caregivers and sari-sari storeowners was undertaken by a group from academe, composed of professors from the National Teachers Training Center for the Health Profession and the College of Public Health-University of the Philippines assisted by the NCP Social Science Research Division.



### III. Results and Discussion

#### A. Issuance of Executive Order

Initially, barangay captains were not issuing the Executive Order supporting the implementation of nutrition program. After advocacy except in Batangas, most of the barangays (70%) issued EOs signifying their political will to support BPAN (Figure 1).



**FIGURE 1. BPAN organization, plan and budget of the 43 barangays.** (Source: NCP, APO & BIO Validation, 1999-2000)

Aside from the BNAP, there was no written evidence, not even a memorandum, that the barangay administration was implementing a nutrition program. Many barangay captains were not aware of their prerogative to issue an EO to formalize the acceptance and ownership of a program. EO is embodied in the Local Government Code (Sibal, 1992). Unlike a memorandum, the EO exercises the power of an elected local executive to order the execution of a program or project in his area of jurisdiction.

If a mayor issues an EO to implement the BPAN in the barangay it may be followed up by a memorandum from the barangay captain to his personnel requesting compliance with the mayor's EO. The Barangay Captain however may initiate an EO on his own BPAN provided it is submitted within 3 days to the mayor for approval. Copies of the approved EO are furnished each of the BNC members and Nutrition workers for their information and compliance.

Earlier most barangays supported the nutrition program through issuance of a Sangguniang Barangay (SB) Resolution. This is the case in Batangas. The EO should be followed by such SB resolution to allow the executive to use legitimate fund source and releases.



In Negros Occidental the governor issued an EO supporting BPAN (one barangay per municipality and allocated substantial funds for mobilization and materials) approved by the *Sangguniang Panlalawigan*. The governor of Negros Occidental and Batangas and City Mayor of Lapu-lapu City and most municipal mayors endorsed the BPAN to the respective barangay captain with the ceremonial turn-over of the IEC materials.



FIGURE 2. Governor Coscoluella, Mayor Fabroz and Ms. Reyes during the ceremonial turnover of IEC materials in Negros Occidental.

## B. Creation of the Barangay Nutrition Committee



FIGURE 3. Barangay Nutrition Committee oath-taking in Cebu.

Figure 1 shows that the BNC existed in only eight (8) or 19% of the barangays. Afterwards almost all barangays (98%) have active and functional BNCs. The BNC is tasked to formulate plan, program and projects through the local alliance with government and non-government organizations, and industry and civic groups.

At the start of the program, members of the BNCs were not actively performing their tasks and responsibility of administering and managing Barangay Nutrition Programs. It was observed that they were not aware of the existing nutrition problems that resulted in lack of appreciation for the development of plan, programs and projects. To strengthen the BNC it was suggested that the Barangay Captain should recruit interested individuals as members and formally appoint them in writing as members of the committee. The oath of office should be signed by both the administering officer and the member involved. The NGOs included in the BNC were also found to be assets in the program in providing logistical support.





### **C. Planning and Programming of Nutrition Activities**

Barangays developing BNAPs improved from 54% to 98%. The BNAP serves as the key document and basis for the integration of nutrition programs and projects into the local development plans. It is a working document and guide for field implementors as well as a reference for monitoring and evaluation.

Prior to BPAN, nutrition activities in the Barangay plan were focused on supplementary feeding and the Nutrition Month celebration. Other program components of the Philippine Plan for Action for Nutrition (PPAN) such as education, food production, supplementation and fortification were not usually included in the planning. Likewise, the Barangay Nutrition Scholar (BNS) took it upon herself to prepare the annual nutrition plan and program without proper consultation with the BNC. There was also lack of understanding on how to accomplish the BNAP forms properly. Some accomplished the BNAP forms merely to comply with the report to the National Nutrition Council. During the course of BPAN implementation, a BPAN service delivery guideline (Annex 6) was developed to be a guide in BNAP preparation. The BNC were instructed to include the minimum nutrition services in the program activities. In addition, they were made to understand that BNAP is a proper process for securing a nutrition budget. Furthermore, the nutrition plan has to be incorporated in the barangay development plan as a requirement for budgetary consideration.

### **D. Budgetting**

Previously only 70% of barangays allocated and released funds for nutrition. Afterwards, almost all (93%) barangays have indicated budgetary allocations and fund releases for nutrition programs and projects (Figure 1).

Before, it was observed that funds were not allocated for the nutrition program because of the absence or improper formulation of the BNAP. There was no budget planning done hence no budget proposal to be submitted. Many did not observe the schedule in preparing the budget proposal and the deadline for submission resulting in the absence of fund for nutrition.



During the implementation of BPAN there were more funds allocated and released for nutrition. Moreover, the kind of items funded improved with the inclusion of iron pills, planting materials, weighing scales and IEC materials.

In Batangas, the governor used the provincial fund to provide a revolving fund of P20,000.00 per Nutri-Center set-up in each pilot municipality for the purchase of iodized salt and fortified foods. In Negros Occidental the provincial government provided funds for the expansion of BPAN to other municipalities. Some mayors and most barangay captains used Internal Revenue Allotment (IRA) funds and other sources to support BPAN.

## E. Spot Mapping

All the barangays have updated and posted their spot maps. The spot map guides them in locating malnourished children and facilitates the clustering of households for the *Pabasa sa Nutrisyon*, weight monitoring and delivery of supplements to targeted recipients. The Community Guide serves as the common reference for all nutrition care providers in the barangay.

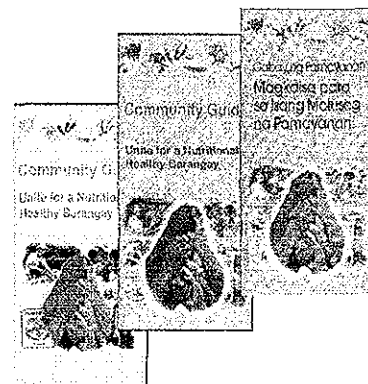


FIGURE 4. Community Guide

## F. Installation of Nutrition Interventions

### 1. Community Nutrition Information, Education & Communication

#### a. Pabasa sa Nutrisyon

Prior to BPAN, mothers received nutrition information during one-on-one consultation, traditional mothers classes and OPT counseling. Other sources of information were neighbors, relatives, magazines, radio or television. A new strategy in nutrition information and education called the *Pabasa sa Nutrisyon*, an informal reading-discussion on nutrition using the Nutri-Guide, was introduced.

Of the 10,334 mothers enrolled in the *Pabasa sa Nutrisyon* 54% have completed the minimum requirements and were given Certificates of Completion. Negros Occidental had the highest number of mothers who enrolled and completed the course followed by Batangas, Cebu, Bukidnon, Bulacan and Marinduque. Mothers learned the types, causes



and consequences of macronutrient and micronutrient malnutrition, concept of dietary diversification, home food production and meal planning, purchasing, storage and preparation.

The implementation of nutrition fun learning games such as nutri-domino, market game, nutri-puzzle, "bring me" and padamihan made the sessions more interesting and enjoyable. The simple demonstrations on the detection of common signs and symptoms of malnutrition helped the mothers to be aware of their family's nutritional status. Hands-on demonstrations on vegetable planting encouraged the mothers to establish their own home garden while sessions on micronutrient supplementation and growth monitoring encouraged the mothers to participate in Garantisadong Pambata in April and October and Operation Timbang (OPT). The rapid test for the presence of iodine in salt encouraged the usage of iodized salt. Cooking demonstrations using the recipes in the Nutri-Guide provided an opportunity to practice how to plan and prepare a balanced diet.

The Nutri-Guide facilitated the learning process since it is highly illustrative and written in the local dialect. Likewise, the informal setting makes it easier for the mothers to freely share their experiences and at the same time validate their nutrition practices. Mothers who have difficulty in reading participated by listening, sharing their experiences and actively joining in nutrition fun learning activities. The proximity of the venue and Pabasa leader's credibility and expertise were some of the factors that encouraged mothers to attend.



FIGURE 6. Mothers are reading the Nutri-Guide while referring to the Flipchart in one of the Pabasa sessions.

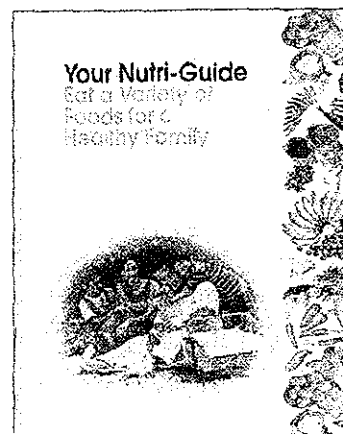


FIGURE 5. Nutri-Guide

The major constraints identified in the attendance of mothers were their lack of time to participate because of a busy work schedule at home or at the workplace, distance of the venue, and poor attitude hence lack of cooperation. Because of these constraints, only half of the mothers (54%) were able to attend at least 7 out of 10 sessions.

To resolve this problem, *Pabasa sa Bahay* scheme was conceptualized and implemented in Cebu and Bukidnon. In this scheme, mothers



who have no time to attend the sessions were allowed to read the Nutri-Guide at home. A post-test was administered; those who correctly answered 75% of the items were included in the graduation activity (NCP, Cebu & Bukidnon, 2000).

During the graduation, mothers were given a Certificate of Completion while the PLs were given Certificates of Appreciation. Some mothers gave testimonies on the lessons they learned and on how the *Pabasa* sessions helped them change their wrong practices and negative perceptions regarding health and nutrition issues. *Pabasa sa Nutrisyon* is an ongoing activity in most of the barangays to accommodate targeted mothers.



FIGURE 7. *Pabasa sa Nutrisyon* graduation in Bulacan attended by the National Nutrition Council Director.

#### b. School Nutrition Integration

All school teachers (507) from the 44 pilot public elementary schools integrated the nutrition messages in the school curriculum. The school guide made it easier for the teachers to integrate nutrition since it follows the format of the lesson plan (i.e. objectives, messages, school and home activities and test for monitoring and evaluation). In addition, the modules are consistent with the DECS Minimum Learning Competence for Public Elementary School. A total of 20,489 grades 1-6 pupils were given lessons on nutrition.

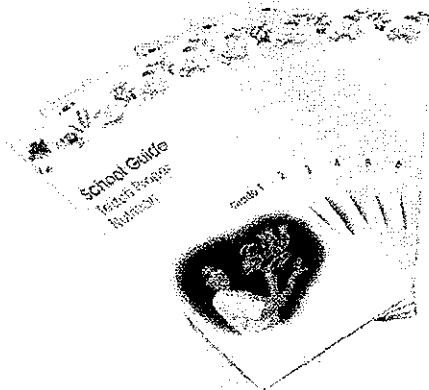


FIGURE 8. School Guide

Special events such as putting up of nutrition corner, cooking demonstration, jingle making contest, poster making, nutri-quiz and agri-fair were held in most schools to encourage the student to actively participate in school nutrition activities.



## 2. Home Food Security

### a. Campaign on the Availability and Consumption of Fortified Foods and Iodized Salt

Based on the consolidated accomplishment monitoring wall chart, the percentage of sari-sari stores selling iodized salt increased from 22% in the second semester (July-December) 1999 to 57% in the 1st semester (January-June) of 2000. A slight decrease was noted from 1st semester (July-December) of 2000 wherein only 45% were selling iodized salt while there was a continuous increase in the percentage of sari-sari stores selling at least 2-3 types of fortified foods with Sangkap Pinoy Seal (SPS) (Figure 9).

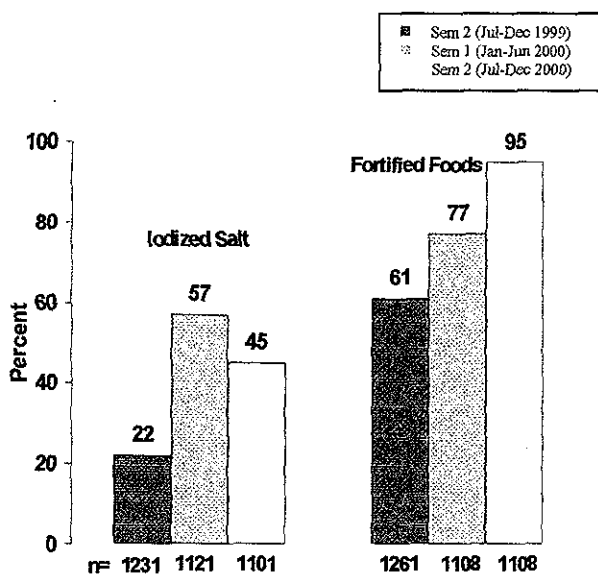


FIGURE 9. Percent of sari-sari stores selling iodized salt and fortified foods in 43 barangays, by semester (Source: BPNAN Monitoring Wall Chart, 1999-2000)

Food security is a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious foods that meet their dietary needs and food preferences for an active and healthy life (FAO-UN, 2000). BPNAN initiated an intensive awareness campaign to make iodized salt and fortified foods constantly available in the public market and sari-sari stores where mothers have ready access. Tapping the sari-sari stores as nutrition program allies had never been done before in the barangay. Alliance with store owners and local salt manufacturers has proven to be effective because it encourages the selling of fortified foods and other selected nutritious foods.

The combined government and private sector effort to create a demand for these foods may increase their selling and consumption. Higher cost did not encourage storeowners to sell iodized salt. In Cebu City a tie-up with both storeowners and local manufacturers brought about the continuous supply and availability of cheaper iodized salt (NCP, Cebu, 2000). However in Negros Occidental there was low supply of iodized salt due to the closure of the UNICEF assisted Kauswagan of Victorias Foundation Incorporated (KVFI) iodized salt plant. This is a reason why there is low availability of iodized salt in the barangays (NCP, Negros Occidental, 2000).



In Batangas, the Provincial Nutrition Committee (PNC) initiated the establishment of *Nutri-Centers* in the pilot municipalities as distribution posts of fortified foods and iodized salt. The seed money was provided by the provincial government. The MNAO supervised the management of the center while the BNS was designated as the marketing arm. The successful operation resulted in the expansion of Nutricenters in all municipalities (NCP, Batangas, 2000).

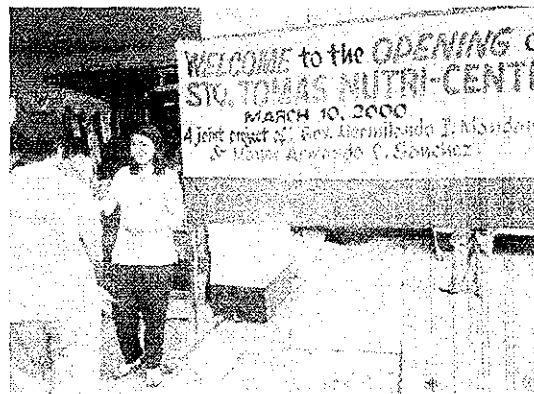


FIGURE 10. Opening of Nutri-Centers in Sto. Tomas, Batangas



FIGURE 11. Sangkap Pinoy Store in Cebu City

The setting up of a *Sangkap Pinoy* store was conceptualized by NCP Cebu and adopted by the BNC and mobilized by the BNS and BHWs. It is a name given to sari-sari stores that are selling iodized salt and fortified foods. The involvement and commitment of the storeowners were formalized through the signing of an enrollment form. This concept increased the availability of fortified products in the sari-sari stores and accessibility to the families in the barangay (NCP, Cebu, 2000).

Figure 12 shows an increase in the percentage of households using iodized salt and consuming fortified foods. The daily usage of iodized salt progressively increased from 32% in 2<sup>nd</sup> semester 1999 to 63% at the end of 2<sup>nd</sup> semester of 2000 due to the awareness campaign conducted by the community caregivers. The Social Weather Station survey in 1998 found that the national average consumption of iodized salt was only 25%. It is encouraging to note that in the 43 BPAN barangays, usage of iodized salt is higher than the national data.



In 2<sup>nd</sup> semester of 2000, almost all households interviewed (93%) had a weekly consumption of 3 or more types of fortified foods. The awareness campaign done by the BNSs, BSWs and *Pabasa* Leaders may have contributed to the improvement in the availability of supply and consumption of fortified foods.

At the start of the program it was observed that some of the households were not aware of the benefits of iodized salt and fortified foods. The hindering factors in iodized salt usage at the barangay level were lack of awareness campaign, limited supply and high cost compared with ordinary salt.

Results of the Fifth National Nutrition Survey (1998) reveal that awareness of fortified foods was only 11.6% while awareness of SPS nationwide was low (16.7%) (FNRI-DOST, 2000).

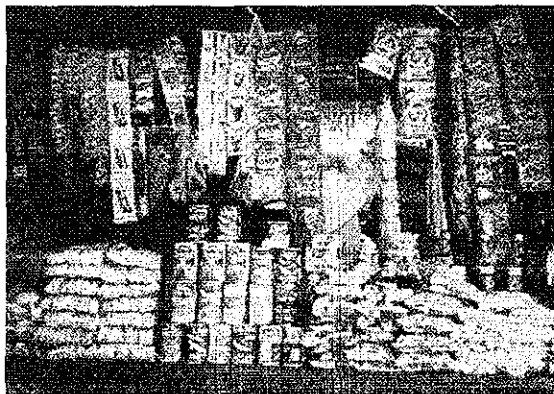


FIGURE 13. Sari-sari store selling fortified processed foods with SPS.

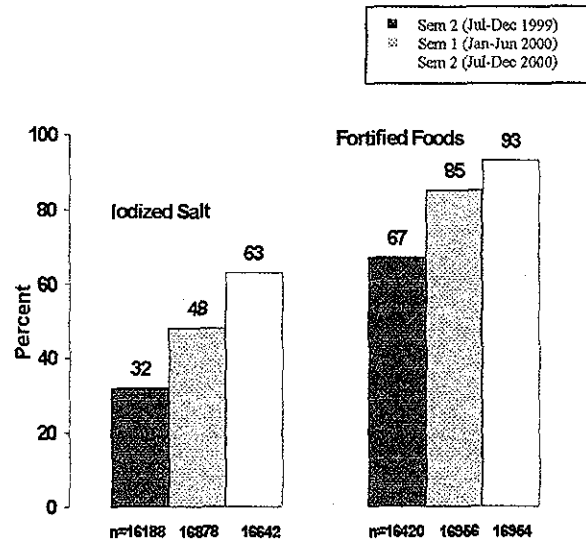


FIGURE 12. Percent of households using iodized salt and consuming fortified foods in the 43 barangays by semester (Source: BPAN Monitoring Wall Chart, 1999-2000)

The awareness campaign and the *Pabasa* sessions indeed played an important part in making the households, particularly the mothers (caregivers) realize the benefits of fortified foods and iodized salt. Based on the report of the BNSs and BHWs, the commonly consumed fortified products were margarine, 3 brands of instant noodles, one brand of sardines and one orange-flavored beverage. There is a need for strategy to bring other fortified products to the barangay stores and public markets.



### b. Food Production Campaign

Households with community garden steadily increased from 58% in 1999 to 83% in 2000 (Figure 14). This home garden can contribute to the improvement of the diet of the family. In Cebu, planting of at least one MACK-P plant (*Malunggay leaves, Alugbati, Camote tops, Kangkong and Pechay*) was encouraged in the household (NCP, Cebu, 2000).

An added advantage is a community nursery as a source of seeds and seedlings for home gardens. In some barangays, however, community gardens were not properly maintained because of lack of organized effort. Mothers took the initiative to obtain their own seeds by drying mature fruits.

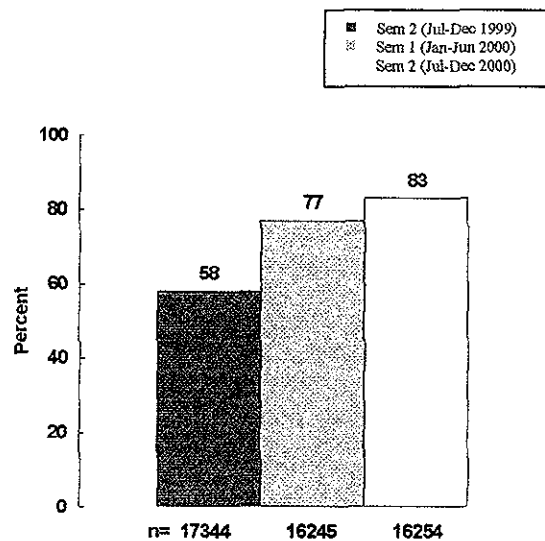


FIGURE 14. Percent of household with home garden, 43 barangays by semester (Source: BPAN Monitorina Wall Chart, 1999-2000)



FIGURE 15. Container gardening in Negros Occidental

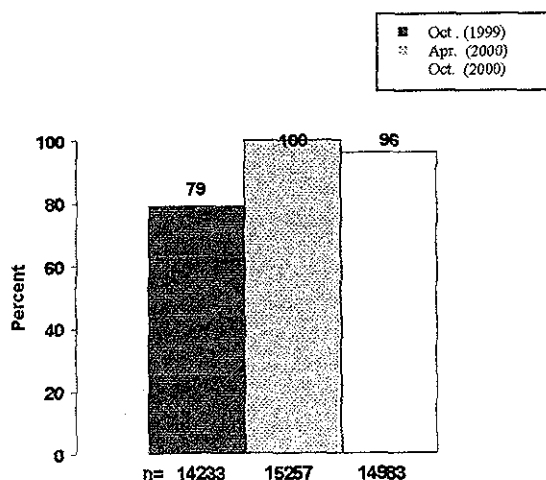
Close coordination between the municipal agriculture officer and the BNC was maintained to ensure availability of seeds and seedlings to the households. For barangays located along the coastal areas, especially in Negros Occidental, container gardening was adopted (NCP, Negros Occidental, 2000). With technical assistance from the Municipal Agriculture Officer, the BNC provided seeds/seedlings and plastic bags to families interested in this gardening technique. The use of indigenous and recycled materials such as coconut shells, bamboo, plastic containers, and tin cans as plant containers was also suggested and implemented.





### 3. Micronutrient Supplementation

#### a. Vitamin A Supplementation

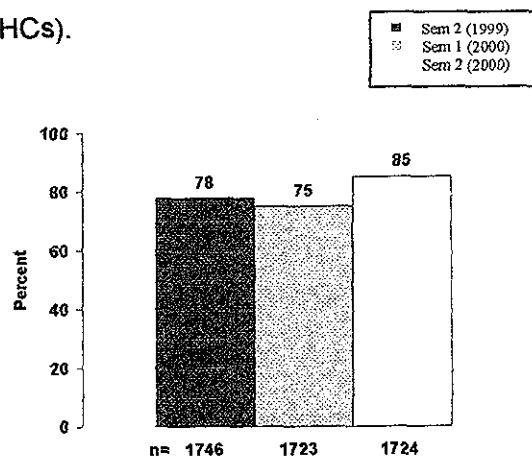


**FIGURE 16. Percent coverage of Vitamin A supplementation, 43 barangays by semester**  
(Source: BPAN Monitoring Wall Chart, 1999-2000)

The installation of BPAN has improved the Vitamin A supplementation coverage. The GP in October 1999 reached 11,183 or 79% of the 14,233 targeted 12-59 month old preschoolers. Although the national ASAP performance decreased from 90% in 1998 to 74% in 1999, the GP in BPAN areas for April and October 2000 had a good coverage of targeted preschoolers, reaching 100% and 96% respectively (Figure 16).

The increase in coverage is attributed to the intensive house-to-house campaign and “mopping up” conducted by the RHMs, BNSs and BHWs and the timely arrival of the VAC supply. In most barangays, the *purok* leaders and school personnel were tapped for information dissemination. Also of much help was the existence of the Barangay Bantay Banay (Barangay Community Watch) in Bukidnon. The Barangay Bantay Banay station is situated close to the cluster houses which also serve as satellite areas for supplementation (NCP, Bukidnon, 2000). Through the initiative of DOH field personnel VAC distribution was started as early as the first week of GP month when supplies were available at the rural health units (RHUs) and barangay health centers (BHCs).

Figure 17 shows good vitamin A coverage of post-partum mothers. The improved VAC supplementation coverage for lactating women is attributable to the efforts of the RHMs in improving targeting and completing the master list as well as allocating enough supply for lactating mothers per cluster. Home visits were made and single oral doses (200,000 IU) of vitamin A capsules were given to women. Vitamin A



**FIGURE 17. Percent coverage of Vitamin A supplementation to lactating women, 43 barangays by semester**  
(Source: BPAN Monitoring Wall Chart, 1999-2000)



supplementation policy prescribes that lactating women be given dosages of 200,000 IU to improve the vitamin A content of their breast milk. In the 1999 national vitamin A supplementation period, however, there were no supply of VAC for lactating women and no targeting was done at both the national and barangay levels. This stresses the need for including lactating women in the requisition of VAC supply from the DOH.

Since many births are attended by traditional birth attendants (TBA) or "hilot" a system including training should be developed by the RHUs to include the "hilots" as practitioners in the delivery of VAC to lactating women.

### b. Iron Supplementation

Figure 18 shows the percentage coverage of iron supplementation to pregnant women in the 43 barangays. Seventy-two percent (72%), 66% and 82% of the pregnant women were reached in July-December 1999, January-June 2000 and July - December 2000, respectively.

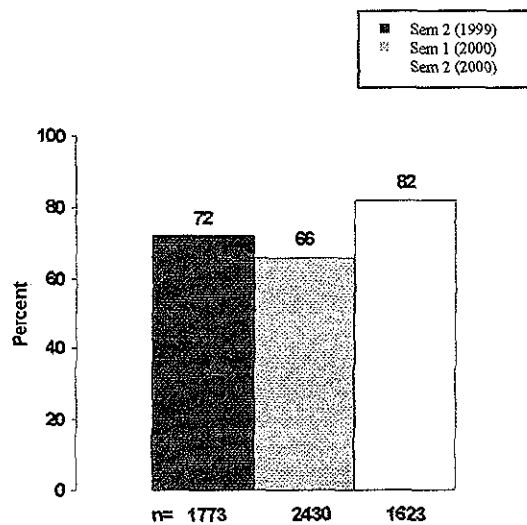


FIGURE 18. Percent coverage of iron supplementation to pregnant women, 43 barangays by semester (Source: BPNP Monitoring Wall Chart, 1999-2000)

The difficulty of achieving quality, adequate and reliable supply of iron tablets has been a frequent constraint to program effectiveness and poses a continuing challenge to implementors. The problem in iron supplementation is basically due to lack or irregularity of iron supply from DOH so that in some areas, not all intended targets were reached. Thus the provincial and municipal government and BNC provided a counterpart budget to augment the supply coming from the national government. However, even with budget releases, there is lack of necessary information on the manufacturers of iron tablets. Suppliers are selected from the lowest bidders who can comply with the barangay's administrative requirements



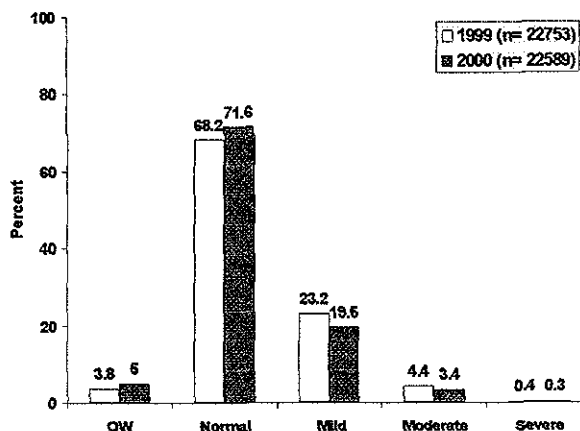
**FIGURE 19.** Rural Health Midwife providing monthly iron tablets to a pregnant woman at the health station.

following the general rules in the Local Government Code (Sibal, 1992).

Another constraint is the common complaint of pregnant mothers that iron tablets available in the RHU smell and taste like “rust”. This tends to reduce compliance. There should be counseling on the possible side effects of iron supplements, and their remedial measures to ensure daily compliance.

#### 4. Growth Monitoring

As shown in Figure 20, there was an improvement in the nutritional status of 0-83-month old preschool children (PS) from 1999 to 2000 OPT. The prevalence of malnutrition in the 43 barangays generally decreased by 5.0% for combined mild, moderate and severe underweight PS. The corresponding increase in the number of normal children from 68.2% in 1999 to 71.6% in 2000 can be attributed to increased knowledge and improved outlook and practices of mothers on nutrition.



**FIGURE 20.** Nutritional status of preschool children (0-83 months), 43 barangays (Source: RHM OPT Results, 1999-2000)

The inclusion of a growth monitoring chart plotting in one of the *Pabasa* modules is a good strategy in helping the mothers understand the importance of weight monitoring. In some barangays, lack of master listing of 0-83 month-old infants and preschool children is a primary hindrance in fully carrying out weighing during the first quarter of the year. Municipal and barangay government allocated funds to purchase growth charts and weighing scales.



**FIGURE 21.** Operation Timbang using the NCP Nutri scale

Another limitation in completing the rehabilitation of malnourished children is the lack of handouts to guide mothers after counseling what foods to select and buy, what amounts to give and what foods to prepare with minimum loss of nutrients. Through the *Pabasa sa Nutrisyon*, they are referred to the Nutri-Guide with illustrations of prescription slips which can guide them in food selection and preparation.

## **G. Program Implementation Review**

A Yearly Program Implementation Review at the national level participated by the national alliance and local cooperators and implementors were conducted. The strengths and weaknesses of the program were discussed and recommendations per program component were given. It has been observed that the barangay and municipal officials who attended the PIR were enlightened about the BPAN issues and problems needed to be addressed. For instance in Negros Occidental the Mayor and Sangguniang Bayan of Calatrava attended the PIR, which resulted in the provision of adequate funds for the expansion of the program to other barangays.

## **IV. LESSONS LEARNED**

The following were the lessons learned from the BPAN implementation in the 43 barangays:

### **A. Nutrition Organization, Planning and Management**

- Conduct BPAN advocacies from the region to the barangay to gain support for the nutrition programs.



- Revitalize the Barangay Nutrition Committee (BNC) and include NGOs, industry, civic/social organizations, cooperatives and private organizations as active members to facilitate formulation of nutrition plans and programs and their implementation.
- Formulate Barangay Nutrition Action Plan (BNAP), with budgetary allocation for nutrition services, incorporate BNAP into the Barangay Development Plan and submit program of work to Sangguniang Barangay (SB) to ensure funding for nutrition programs.
- Provide technical assistance to local government units (LGUs), nutrition committees and health workers, e.g. preparation of Executive Orders and resolutions, BNAP formulation and project proposals and nutrition case studies is necessary.
- Coordinate with the school authorities and involve school children in the delivery of nutrition services in the barangays, e.g. micronutrient supplements, Pabasa sa Nutrisyon, school nurseries and monitoring the consumption of nutritious foods, iodized salt and fortified foods at home.
- Post BPAN accomplishments on a wall chart and recognize best practices for the information and encouragement of the people.
- Conduct a program implementation review (PIR) in the barangay to determine the need for further improvement in the program.
- Provide service delivery guidelines, simple step-by-step procedures on how to implement the various nutrition interventions, to ensure smooth implementation of the program.
- Develop a Nutrition Action Plan through the Technology of Participation (TOP) to ensure successful implementation of various nutrition interventions such as nutrition information and education, home food security, micronutrient supplementation and growth monitoring.

## **B. Nutrition Information and Education**

- Use a well-illustrated and comprehensive nutrition manual (Nutri-Guide) as mothers' guide in Nutrition Information and Education and conduct a participative session called the Pabasa sa Nutrisyon.



- Carefully select intelligent and interested Pabasa leaders with thorough orientation on the use of the Nutri-Guide to elicit participation from the mothers-participants.
- Encourage schools to familiarize their students about Nutri-Guide and suggest child-to-child Pabasa sa Nutrisyon in subjects like Home Economics or Science and Health.
- Provide Nutri-Guide to every barangay health and nutrition caregivers to adequately meet the demand of nutrition knowledge and skills from their clients.

### **C. Campaign on the Utilization of Nutritious Foods, Iodized Salt and Fortified Foods (with SPS) at Barangay Level**

- Advocate to sarisari store and public market owners about the health benefits of consuming nutritious foods, iodized salt and fortified foods.
- Create an alliance with storeowners and assess availability of fortified foods and iodized salt.
- Conduct rapid test on salt samples to be brought to the school by the children to create awareness of both the child and parents on the importance of iodized salt and determine extent of iodized salt consumption in the community.
- Give incentives such as IEC materials and certificates of participation to storeowners selling nutritious foods, fortified foods and iodized salt to sustain involvement.
- Encourage consumption of nutritious foods, iodized salt and fortified foods during visits at the health center and in Pabasa sa Nutrisyon session.

### **D. Food Production**

- Advocate home gardening in *Pabasa* session, holding contests in the school and barangay periodically to help in sustaining interest in backyard gardening.
- In rural or remote barangays, still maintain home gardens in the household as an additional food source.
- During the campaign, provide of seeds/seedlings by the BNC to increase the number of families who are able to put up a home garden.
- Adopt container gardening as a strategy especially in coastal and urbanized areas.



- Put up home and school gardens to improve of the diet of the household members.
- Maintain school nursery through the children as part of the nutrition practicum and take home seedling to augment home food production.
- Campaign on specific highly preferred green leafy and yellow vegetables such as MACK-P (*Malunggay, Alugbati, Carrot, Kangkong at Pechay*) or MACK-P plus e.g. planting of saluyot, gabi leaves, carrot, squash and yellow camote, is doable and can be sustained.

## **E. Supplementation Programs**

- Inform and educate barangay officials about vitamin A and iron supplementation. Encourage them to participate in the event to gain support.
- Submit program of work to Sangguniang Barangay on iron supplementation to pregnant women to ensure funding; carefully estimate the amount and deliver supply on time in a decent container or wrapping.
- Provide health and nutrition care providers with action steps (the what, when, why and how of supplementation) and monitor performance.
- Integrate iron and vitamin A supplementation with information dissemination on giving micronutrient-rich foods to young children and pregnant and lactating women.

## **F. Growth Monitoring**

- Provide of standard weighing scales, with regular maintenance and proper assessment of its quality, as vital to an accurate weight measurement.
- Make available Growth Monitoring Charts (GMC) through various ways and means for accomplishing growth monitoring.
- Provide other health and nutrition services during OPT.
- Orient/Train BNS or BHW, with midwife's supervision, on proper plotting of weights and relevant health information and interpretation of the growth curve.



## V. Conclusions

The partnership of NCP, P&G and USAID and government organizations in the implementation of BPAN is an example of a successful public/private cooperation.

The translation of the PPAN impact programs into a Barangay Action Program (BPAN) showed significant improvement in the organizational process and the planning and programming of the minimum nutrition services. Likewise, it has been shown that the delivery of vital nutrition services in the barangay is doable and can be done satisfactorily. Furthermore, the pilot BPAN project demonstrated that well-informed and highly motivated barangay nutrition and health workers with minimum logistic support but regularly monitored can sustain program implementation.

The community-based nutrition information approach through the participative *Pabasa sa Nutrisyon* sessions where the Nutri-Guide manual is the main reference material is a potential way of communicating with the targeted mothers and their families about practical nutrition knowledge and practices as well as the availability and benefits of the various nutrition services offered. Likewise, the Nutri-Guide and the companion Community Guide have filled the need of caregivers for a nutrition practice and service guide.

The barangay nutrition workers' lack of knowledge and skill in planning and managing a barangay-based nutrition program is the principal cause of inefficient, ineffective and unsustainable program implementation. In addition the inadequate delivery of nutrition services is due to the lack of supply of essential IEC materials, iron pills, planting materials, weighing scales and growth monitoring charts. The absence of budget allocation at the barangay level and lack of reliable suppliers of these nutrition supplies are the reasons for the supply problem. These problems persist because of lack of appreciation of the importance of program items by local government officials.

The new approach of involving sari-sari and public market store owners in the barangay nutrition program as the key resource of nutritious food, iodized salt and micronutrient fortified food is a vital factor in facilitating home food security.





## **VI. Recommendations**

Based on the results and experiences from about 2 years of pilot implementation of BPAN in the 43 barangays the following are the major recommendations:

That BPAN be implemented in the poor barangays and families of the 5<sup>th</sup> and 6<sup>th</sup> class municipalities, urban poor communities including those in the disadvantaged barangays in the 3<sup>rd</sup> and 4<sup>th</sup> class municipalities. Furthermore, it is recommended that BPAN converge and be integrated in other health services. BPAN may be implemented in *Matching Grant Program (MGP)* cities and municipalities of the Management Sciences for Health (MSH), a USAID cooperating agency.

That public and private partnership is necessary for BPAN sustainability and expansion.

That capability building on community-based planning and management of a nutrition program for the Municipal and Barangay Nutrition Workers be pursued for efficient and effective program implementation. A BPAN composite group of workers experienced in the delivery of health and nutrition services shall be harnessed to become the BPAN training and management team (BTMT) and conduct *short course training* in each province. The BTMT shall create a municipal training and management team (MTMT) selected by a revitalized Municipal Nutrition Committee. The MTMT shall undergo short course training and be responsible for planning, implementing and managing the BPAN in their respective municipalities. This MTMT shall organize and develop the Barangay Nutrition Action Team (BANAT) which will implement and manage the service delivery of BPAN (NCP, Progress Report, 2000). This is highly recommended to ensure that action programs take place and are sustained and that results are monitored and measured quarterly and at year-end.

That in order to secure the home from protein-energy and micronutrient deficiencies the public market and sari-sari storeowners be involved at all times in the nutrition programs so that the availability and accessibility of nutritious foods, iodized salt and micronutrient fortified foods will be assured. Demand from the household for these food items must be created to encourage the storeowners to ensure availability of supply and persuade food manufacturers to penetrate the public market and sari-sari stores.



That the Program Implementation Review (PIR) be conducted by the management team at the barangay and municipal level. The barangay and municipal executive and legislative officials should be encouraged to participate to be able to understand and help address the issues and problems encountered in the implementation.

## VII. References

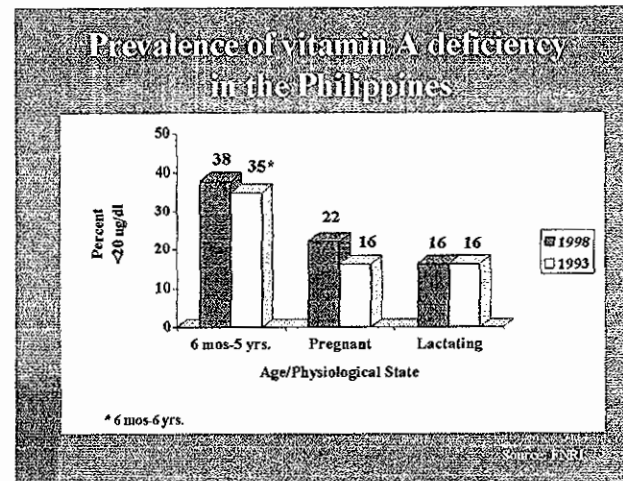
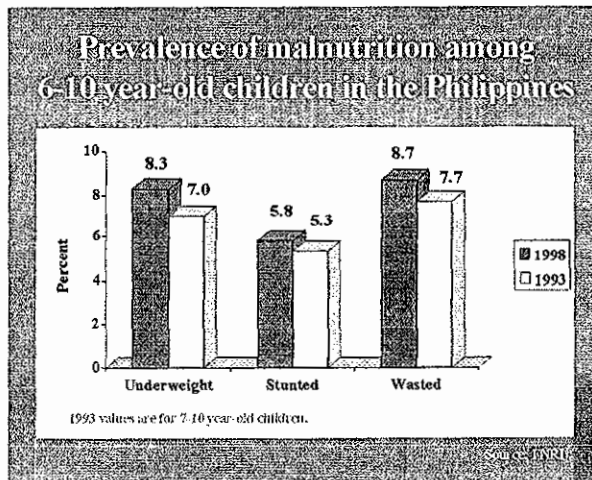
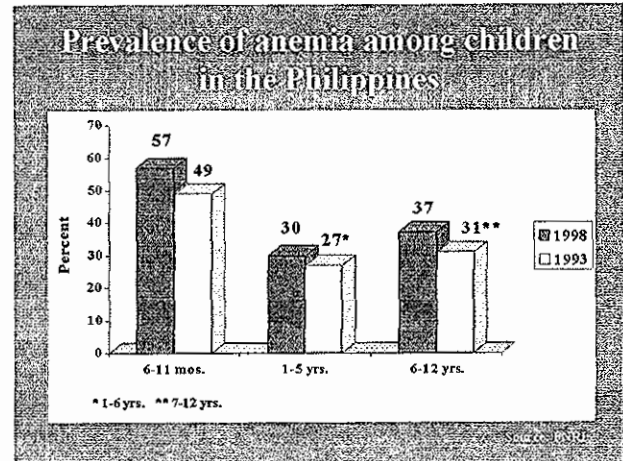
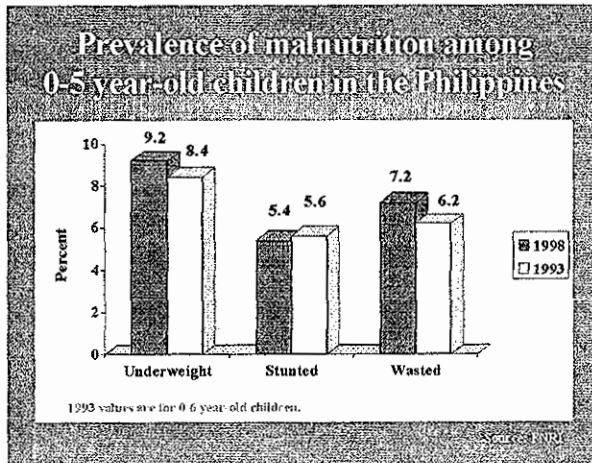
- Department of Health. Garantisadong Pambata 2000: Field Guide. Manila: DOH, 2000.
- Food and Agriculture Organization-United Nations. Food Insecurity: when people live with hunger and fear starvation. Italy: FAO-UN, 2000.
- Food and Nutrition Research Institute. Fourth National Nutrition Survey: Philippines 1993. Manila: FNRI-DOST, 1994.
- Food and Nutrition Research Institute. Fifth National Nutrition Survey: Philippines 1998. Manila: FNRI-DOST, 2000.
- Helen Keller International-Philippines. A Briefer on the Philippine Vitamin A Supplementation Program: Accomplishments and Challenges. Manila: HKI, 2000.
- Nutrition Center of the Philippines. Batangas, Bulacan and Marinduque: Barangay Program of Action for Nutrition Report, Manila: NCP, 2000. (*Unpublished*)
- Nutrition Center of the Philippines. Cebu City: Barangay Program of Action for Nutrition Report. Cebu City: NCP, 2000. (*Unpublished*)
- Nutrition Center of the Philippines. Negros Occidental: Barangay Program of Action for Nutrition Report. Negros Occidental: NCP, 2000. (*Unpublished*)
- Nutrition Center of the Philippines, Progress Report on the Short Course Training on Vitamin A and Nutrition, Manila: NCP, 2000.
- National Nutrition Council. Barangay Food and Nutrition Action Plan-Guidelines for the Formulation of the Barangay Food and Nutrition Action Plan. Manila: NNC, 1980.
- National Nutrition Council. Philippine Plan of Action for Nutrition: 1993-1998. Manila: NNC, 1994.
- National Nutrition Council. Governing Board Annual Meeting: Resolution No. 4 Series 1998 "Adoption of the Barangay Program of Action for Nutrition as a Community-Based Convergent Strategy of the Philippine Plan of Action for Nutrition", Manila: NNC, 1998
- Sibal, J. A. Local Government Code with Constitutional Provisions and Explanatory Notes on Local Government, Local Government Provisions in Administrative Code of 1987 and Supreme Court Rulings from 1942 to 1991, First Edition. Quezon City: Central Lawbook Publishings Co., Inc., 1992.
- Solon, F.S. BPAN Operations Manual. Manila: NCP, 1999.
- Solon, F.S. Barangay Program of Action for Nutrition-Project Proposal to USAID. Manila: NCP, 1999.
- Solon, F.S., et. al. Proceedings of the Working Group Meeting on Accelerating Progress in Preventing and Controlling Micronutrient Malnutrition in Kuala Lumpur, Malaysia on "Strategies for Improving Manageability and Sustainability of Community-based Nutrition Program". Manila: NCP, 1999.

## **ANNEXES**



## Annex 1

### Nutritional Status of Children in the Philippines, 1993-1998

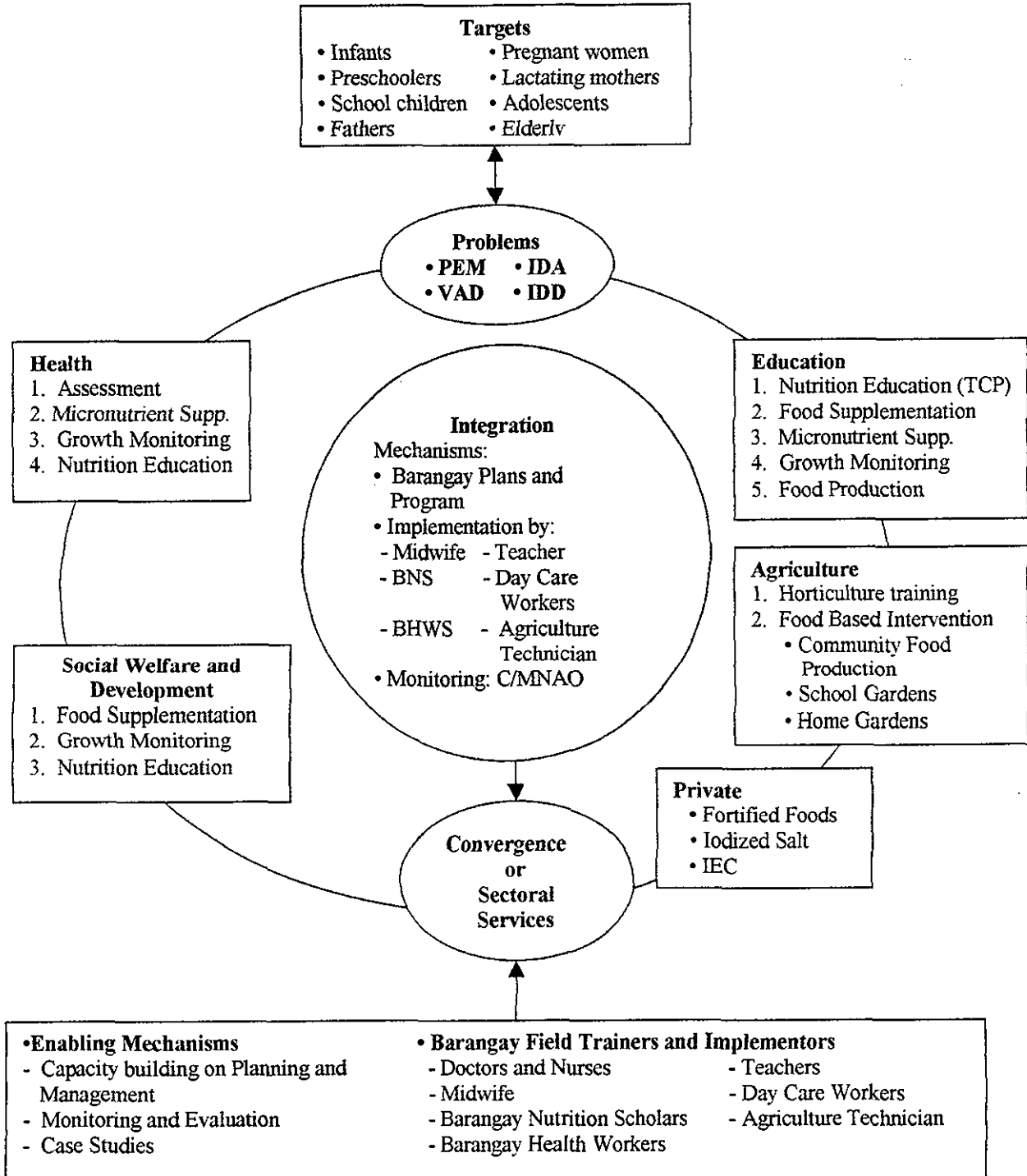


Source: FNRI, National Nutrition Survey, 1993 & 1998

## Annex 2

### Conceptual Framework for the Delivery of Nutrition Services

The framework shows the target population groups and the various sectors, i.e. health, education, social welfare and agriculture, which respond directly to the four major nutritional problems: protein energy malnutrition (PEM), vitamin A deficiency (VAD), iron deficiency anemia (IDA) and iodine deficiency disorders (IDD). It also shows the delivery structures and comprehensive and integrated nutrition programs for a typical barangay for each member of the household. The complementation and convergence of services is a strategy for the prevention and control of the protein-energy and micronutrient malnutrition.





### Annex 3

#### List of BPAN Barangays

Province	City/Municipality	Barangays	
1. Batangas	1. Lemery	1. Wawa Ibaba	
	2. Sto. Tomas	2. San Joaquin	
		3. San Luis	
		4. San Francisco	
	3. Nasugbu	5. Banilad	
		6. Dayap	
	4. San Nicolas	7. Balete	
		8. Bancoro	
	5. Maivlar	9. Pioquinto	
		10. Bagong Pook	
	2. Bulacan	6. Sta. Maria	11. Bulac
	3. Marinduque	7. Gasan	12. Barangay I
			13. Barangay II
	4. Cebu		14. Barangay III
8. Cebu City		15. Agsungot	
		16. Bacayan	
		17. Binaliw	
		18. Pulangbato	
9. Cordova		19. Gabi	
		20. Day-as	
10. Lapulapu City		21. Kalawisan	
5. Bukidnon		22. Canjulao	
	11. Mandaue City	23. Subabasbas	
		24. Upao	
	12. Lantapan	25. Bantuanon	
		26. Balila	
		27. Bugcaon	
	13. Sumilao	28. Kisolon	
		29. San Vicente	
	14. Valencia	30. Colonia	
		31. Lombo	
		32. Sugod	
		33. Mailag	



<b>Province</b>	<b>City/Municipality</b>	<b>Barangays</b>
<b>6. Negros Occidental</b>	15. Calatrava	34. Buenavista
		35. San Isidro
		36. Castellano
		37. Tigbao
	16. Escalante	38. Alimango
		39. Buenavista
		40. Washington
		41. Rizal
	17. Toboso	42. Magticol
	43. Tabun-ac	



**Annex 4**  
**BARANGAY NUTRITION ACTION PLAN FORM C**

Programs/ Projects/ Activities	Location (Purok)	Primary Responsible Agency/ Person and Designation	Annual Targets		Supplies and Materials				Manpower				Total Cash Needed (Col. 9 & 13)	Frequency/ Duration	TIMETABLE FOR IMPLEMENTATION (16)											
			Imple- mentation Indica- tors	Number Total	Type/ Kind & Quan- tity	Source	Check if		Day/ Year or Others	Agency	Check If				J	F	M	A	M	J	J	A	S	O	N	D
							Free	To be bought How much cash needed			Free	To be hired How much cash needed														
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)												
<b>TOTAL</b>																										



## Annex 5

### BPAN Monitoring Wall Chart

Activity	Targets	Accomplishments							
		Jan-March		April-June		July-Sept		Oct-Dec	
		No.	%	No.	%	No.	%	No.	%
I. Food Production									
1. Community Nursery									
2. Household food production of fruits and vegetables									
II. Micronutrient Supplementation									
1. Vitamin A									
a) Infants (6-11 mos)									
b) Preschoolers (12-83 mos)									
c) Infants & preschoolers with diarrhea, measles & pneumonia									
d) Lactating mothers									
2. Iron tablets to pregnant women									
3. Iodine supplementation to women of child-bearing age (15-40 yrs)									
III. Food Fortification									
1. Stores									
a) selling iodized salt									
b) selling fortified foods									
2. Households									
a) using iodized salt									
b) using fortified foods									
IV. Nutrition Education									
1. Infants 0-24 months of age weighed									
2. Preschoolers 25-59 months of age weighed quarterly and recorded in Growth Charts									
3. Households with Nutri-Guide									
4. Mothers of underweight preschoolers counseled on proper child care									
5. Pregnant women counseled on breastfeeding									
6. Lactating mothers counseled on complementary feeding									
7. Women of child-bearing-age participating in nutrition education classes									



# SERVICE DELIVERY GUIDELINES

Prepared by



Nutrition Center of the Philippines

## COMMUNITY ORGANIZATION

Community organization is the sequence of steps where community members come together whether in their own or others' initiative to participate in nutrition-promoting activities.

### OBJECTIVE

To organize and mobilize the community in the implementation of nutrition promoting activities.

### ACTION STEPS

- 1** Orient the barangay officials and leaders about the malnutrition problem and their responsibility to implement nutrition activities to solve the problem
- 2** Create or reactivate the Barangay Nutrition Committee (BNC) and appoint a Barangay Action Officer
- 3** Issue an Executive Order and Barangay Resolution implementing the Barangay Program of Action for Nutrition
- 4** Prepare or update the barangay spotmap. Cluster the barangay into 20-25 households and designate a cluster leader
- 5** Convene community assembly to present the malnutrition problem and activities to be implemented to solve this problem
- 6** Create and train Barangay Nutrition Action Team (BANAT) and conduct community based planning
- 7** Implement, monitor, evaluate, document and expand the program

## NUTRITION INFORMATION AND EDUCATION

Nutrition information and education applies to any communications system that conveys knowledge and persuades people to change their food habits in the belief that this will improve their chances of living a full life to the extent of their capacities.

### OBJECTIVE

To contribute in the improvement of the nutritional status of family members by improving the knowledge, attitudes and practices of mothers and other household members.

### ACTION STEPS

- 1 Identify target households. Prioritized those with malnourished children and under privilege.
- 2 Group 10-12 participants per class. Appoint a Pabasa Leader per class to facilitate the session.
- 3 Meet with the participants to explain the importance and methodology of the "Pabasa sa Nutrisyon". Prepare the action plan (venue and schedule of the sessions) and let mothers accomplish the evaluation guide and achievement test
- 4 Prepare the materials needed for the session:
  - Nutri-Guide
  - BIDA Flipchart
  - Game tools
  - Materials for demonstration
- 5 Conduct the "Pabasa sa Nutrisyon" sessions:
  - Accomplish attendance sheet.
  - Divide the class into three groups.
  - Arrange the participant into circle.
  - Explain the topics and the expected output/outcome for the session.
  - Ask participant to take turns in reading the content of the Nutri-Guide.
  - Encourage interaction by asking them to share her/his views/opinion and experiences regarding the topic. Avoid letting any one participant to monopolize the conversation.
  - Conduct nutrition fun learning activities and record the points earned per group.
  - Wrap-up the session by summarizing the topics discussed.
  - Give assignment for the next session.
- 6 Before graduation, administer again the evaluation guide and achievement test to determine the impact of Pabasa sa Nutrisyon in the knowledge, attitude and skills of participants
- 7 Graduation. Certificate of completion will be awarded to participants who attended 7 out of 10 sessions.

## HOME FOOD SECURITY

Home food security is the access by all household members at all time to food required to have and maintain a healthy life.

### OBJECTIVE

To promote food security at home and in school

### ACTION STEPS

#### A. *Availability of nutritious foods, iodized salt & fortified food in the sari-sari stores*

- 1 Survey sari-sari stores (*name of owner or proprietor, location of the store in the spot map, size of the store - small, medium or large*). Identify stores selling nutritious foods, fortified foods and iodized salt. Present the results to BNC.
- 2 Conduct awareness campaign:
  - BNC members shall campaign for stores and school canteen to sell and families to buy nutritious foods, iodized salt and fortified foods.
  - Make posters on what food to buy for better health and nutrition.
- 3 Monitor, record and present the progress of the campaign. File records carefully for easy access

#### B. *Food Production (home & school gardening)*

- 1 Identify families with low socio-economic status. Estimate and request from the Agriculture Office the seeds and seedlings needed.
- 2 If no seeds are given free, purchase seeds of green leafy vegetables, yellow fruits & yellow vegetables from your nearest local agricultural supply store for a start.
- 3 Facilitate the lecture of the agricultural technician participated by the identified targets and BNC members.
- 4 Pack and distribute seeds to targets.
- 5 Establish home and school garden and nursery.
- 6 Monitoring implementation on a quarterly basis: (*presence of fruit and/or vegetable garden, varieties of fruits and vegetables, number of crops planted, problems encountered, & suggested recommendations*). Submit report to the BNC.

## IRON SUPPLEMENTATION TO PREGNANT WOMEN

Iron supplementation is a strategy to treat and prevent iron deficiency and anemia.

### OBJECTIVE

To prevent and control Iron Deficiency and Anemia among pregnant women.

### ACTION STEPS

- 1 Prepare master list of pregnant women. Estimate and request the number of supplements needed from RHU.  
*If insufficient, inquire from RHU the source and price of supplements. Submit program of work to Sangguniang Barangay (SB) through the Barangay Chairman for budget consideration, supplemental budget or financial assistance from the Mayor.*
- 2 Pack in clean dark colored containers. Label each pack. Avoid touching the tablet with bare fingers to prevent molds. Store in a cool and dry place.
- 3 Locate several distribution centers within the barangay for accessibility. Train volunteers and inform the pregnant women regarding the schedule of supplementation.
- 4 Distribute the iron tablets and encourage to consume all the tablets. Explain the possible side effects.  
*Precaution: If there is stomach discomfort or irritation, advice to take it after meal or at bedtime. Remind to keep the iron tablets out of children reach and not to shared with other members of the household.*
- 5 Monitor and record the coverage and compliance in a notebook. Submit monthly accomplishment report to midwife. File records carefully for easy access.

## VITAMIN A SUPPLEMENTATION TO PRESCHOOL CHILDREN

Vitamin A supplementation is a strategy to treat and prevent Vitamin A Deficiency by giving Vitamin A Capsule (VAC).

### OBJECTIVE

To prevent and control Vitamin A Deficiency (VAD) among 12-59 months old children.

### ACTION STEPS

- 1 Prepare master list of 12-59 months old preschool children. Estimate and request the number of supplements needed from RHU.
- 2 Locate several "patak centers" within the barangay for accessibility. Announcement for the **date and month** of VAC supplementation.
- 3 Mobilize and train barangay volunteers to give VAC supplements.
- 4 Advise mothers to bring children for supplementation during the *Garantisadong Pambata (GP)* at the "patak centers" and barangay health centers.
- 5 Monitor and record the coverage in a notebook. Submit the accomplishment report to midwife. Leave a record in the barangay.
- 6 Mapping of the clusters for unsupplemented children.  
*Precaution: VAC should be kept away from direct heat and sunlight.*



## CHILD GROWTH MONITORING

Child growth monitoring is a process of measuring the physical growth and development of a child.

### OBJECTIVE

To monitor the growth of preschool children through weighing.

### ACTION STEPS

- 1 Review memorandum, plan of action, policy and other references on child growth monitoring.
- 2 Prepare plan for child growth monitoring. Prioritize targets among families with low socio-economic status. Present plan to BNC.
- 3 Establish weighing posts. Assign and train volunteers. Weighing posts should be within walking distance.
- 4 Inform the community regarding the schedule of weighing.
- 5 Weigh the children properly. Plot the weight in the growth chart. Provide nutrition counseling using diet prescription slips.

Try OPT Plus if you do mass weighing:

- EPI for immunized and not fully immunized preschoolers.
  - Iron supplementation for pregnant women.
  - Vitamin A supplementation for those who were not reached during Garantisadong Pambata (GP).
  - Campaign for the selling of iodized salt and fortified food in sari-sari stores.
  - Consultation and treatment.
- 6 Record the monthly or quarterly weights of the child in a notebook. Submit accomplishment report and file records carefully for easy access.