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ON

Nutrition Policy and Planning Conference

February 23 - March 7, 1975

The Philippines

Catholic Relief Services - U.S.C.C.

1011 First Avenue

New York City, New York 10022

Nutrition Policy and Planning Conference - Catholic Relief Services-U.S.C.C.

SPONSOR

**AGENCY FOR INTERNATIONAL DEVELOPMENT, WASHINGTON, D.C.
(GRANT #TA-G-1118)**

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Organizers

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Evaluator

Darline Ramage, Regional Nutritionist, CRS/Rome, Italy

CONFERENCE OBJECTIVES

The objectives of the Conference were:

1. To present the systems approach for the development of project plans.
2. To present the AID format for operational project grants.
3. To provide experience in using modern planning methods in the development of projects that conform to the AID format.
4. To become acquainted with the efforts in East Asia to solve the nutritional problems that are a deterrant to development.

TABLE OF CONTENTS

CONFERENCE PROGRAM.....	1 - 3
CONFERENCE SPEAKERS.....	4
CONFERENCE PARTICIPANTS.....	5 - 6
PREPARATION DIRECTIONS FOR THE CONFERENCE.....	7 - 10
FAMILY LIFE EDUCATION.....	11 - 16
THE PLANNING PROCESS.....	17 - 105
UPGRADING FOOD SERVICE DEPARTMENTS IN ORPHANAGES....	106 - 111
REHABILITATION OF MALNOURISHED REFUGEE CHILDREN....	112 - 122
FEEDING OPERATION IN REFUGEE CAMPS.....	123 - 129
NUTRITION INTERVENTIONS CONSIDERED FOR INDONESIA....	130
THE IMPORTANCE OF NUTRITION IN NATIONAL DEVELOPMENT.	131 - 133
FORECASTS FOR TITLE II COMMODITIES.....	134 - 141
THE USE OF MASS MEDIA IN NUTRITION EDUCATION.....	142 - 146
COMIC BOOKS AS VISUAL AIDS IN NUTRITION EDUCATION...	147 - 148
THE MINDANAO REFUGEE PROGRAM.....	149 - 153
PANEL: THE TARGETED MATERNAL/CHILD HEALTH PROGRAM IN THE PHILIPPINES.....	154 - 168
AGRICULTURAL DEVELOPMENT.....	169 - 174
A PROPOSED FOOD PRODUCTION AND NUTRITION SCHEME....	175 - 176
CULTURAL CONSIDERATIONS AFFECTING NUTRITION.....	177 - 183
PREVENTION OF VITAMIN A DEFICIENCY BY MASSIVE DOSES.	184 - 193

APPENDICES

GROUP PROBLEM ASSIGNMENT.....	195
REQUIRED READING ASSIGNMENTS.....	196
HOMEWORK ASSIGNMENTS.....	197
REPORT ON THE WORKSHOP SESSIONS.....	198 - 201
EVALUATION OF THE CONFERENCE.....	202 - 206

Nutrition Policy and Planning Conference

The Philippines

February 23 - March 7, 1975

	<u>Program</u>	
Sunday, Feb. 23, 1975	Mass Reception	Rev. Robert Charlebois, Director East Asia and the Pacific Region/ CRS/New York
Monday, Feb. 24, 1975 Morning Session:	General Orientation and Objectives of the Conference	Rev. Robert Charlebois, Regional Director/CRS New York
	Family Life Education	Dr. Estefania Aldaba Lim, The Philippines, Director of Social Welfare
Afternoon Session:	The Planning Process	Mr. James Pines Trans-Century Corporation Washington, D.C.
Tuesday, Feb. 25, 1975 Morning Session	The Planning Process (cont'd)	Mr. James Pines
Afternoon Sessions:	The Planning Process (cont'd)	Mr. James Pines
Wednesday, Feb. 26, 1975 Morning Session	The Planning Process (cont'd)	Mr. James Pines
Afternoon:	Transfer of the Conference to Cebu	
Thursday, Feb. 26, 1975 Morning Sessions:	Food Problems in East Asia	Dr. Reuben Engel Nutrition Advisor USAID/Philippines
	Upgrading Food Service Departments in Orphanages	Ms. Ta thi Nhut, Food and Nutrition Specialist CRS, Vietnam
	Critique:	Mr. James Pines
Afternoon Sessions:	Rehabilitation of Mal-nourished Refugee Children	Mrs. Nguyen thi Bich Lien, Chief Nutritionist, CRS Vietnam
	Feeding Operations in Refugee Camps Critique:	Miss Victoria Pellobello Nutritionist, CRS Cambodia Mr. James Pines
Friday, Feb. 28, 1975 Morning Sessions:	The Importance of Nutrition in National Development	Dr. Florentino Solon Executive Director of the National Nutrition Council of the Philippines

	Field Trip: To visit malnutrition rehabilitation wards, MCH Centers and a community medicine Village Aids Site.	Dr. Florentino Solon Executive Director of the National Nutrition Council of the Philippines
Afternoon Sessions:	Nutrition Intervention Considered for Indonesia	Mr. George Wagner, Program Director Indonesia
	Critique	Mr. James Pines
Sat., March 1, 1975	Tour of Cebu	
Morning Session	Free	
Afternoon Session	Movie: The Children of Darkness	
Evening Session:		
Sunday, Mar. 2, 1975	Visit to the beaches of Cebu Picnic at the beach	
Monday, Mar. 3, 1975		
Morning Session:	Forcasts by Title II Commodities.	Mr. Bert Fraleigh Reg. FFP Officer USAID Philippines
	Mindanao Refugee Program	Germelina Villarez Nutritionist CRS, Philippines
	Use of Mass Media in Nutrition Education	Mrs. Nguyen thi Bick Lien Chief Nutritionist CRS - Vietnam
Afternoon Session:	Panel: The Targetted Maternal Child in the Philippines	James DeHarpparte Program Ass't CRS Philippines Sister Lucille Perpinan Administrator - CRS NASSA Germelina Villarez Nutritionist CRS Philippines Sister Delia Mendones Nutritionist NASSA, Bicol Region Ophelia Padres - Regional Nutritionist NASSA, Visayas Region Father Aniban - Social Action Director, NASSA - Visayas Region Carolina Linaboga Nutritionist Mindanao
Tuesday, Mar. 4, 1975		
Morning Session:	Agricultural Development	Dr. Edgardo Quisumbing Dep. Director, National Food and Agricultural Council, Philippines
	A Proposed Food Production and Nutrition Scheme	Mr. Jack Dwyer, Horticulture Specialist, USAID, Philippines
Afternoon Session:	Workshop: The AID Format	Darline Ramage, Regional Nutritionist, CRS/Rome

March 5, 1975
Morning Session: **Cultural Consideration Dra. Lourdes Quisumbing**
 Affecting Nutrition Dean, St. Theresa's College
 Cebu City, Philippines

Workshop: The AID
 Format Continued.

Afternoon Session: **Workshop: The AID Darline Ramage, Regional**
 Format continued. Nutritionist, CRS Rome

March 6, 1975
Morning Session: **Prevention of Vitamin Dra Carmen Intengan, Director,**
 A Deficiency by Massive Food and Nutrition Research
 Dosage Center

National Science and Development
 Board, Philippines

Afternoon Session: **Workshop: The AID**
 Format (cont'd) Present- Darline Ramage
 ation of assigned Group Regional Nutritionist CRS-Rome
 Projects

Friday, Mar. 7, 1975
Morning Session: **Presentation of solution Darline Ramage**
 to assigned group Regional Nutritionist CRS Rome
 problems

Evaluation of the
 Conference

Afternoon Session: **Flight from Cebu to**
 Manila

Evening Session: **General End of Conference Reverend Robert Charlebois**
 Discussion

Individual Conference Reverend Robert Charlebois

Conference Speakers

Dra. Estefania Aldaba -Lim	Director of Social Welfare, Manila, Philippines
Mr. James Pines	Trans-century Corporation, Washington, D.C.
Dr. Reuben Engel	Nutrition Advisor, USAID, Manila, Philippines
Miss TA thi Nhut	Food and Nutrition Specialist CRS/Vietnam
Miss Victoria Pellobello	Nutritionist CRS/Cambodia
Mrs. Nguyen thi Bick Lien	Chief, Nutritionist CRS/Vietnam Executive Director of the National Nutrition Council
Dr. Florentio Solon	Cebu City, Philippines
Mr. George Wagner	Program Director, CRS/Indonesia
Mr. Bert Fraleigh	Regional FFP Officer, USAID Philippines
Miss Germelina Villarez	Nutritionist CRS/Philippines
Mr. James DeHarpporte	Program Assistant, CRS/Philippines
Sister Lucille Perpinan	Administrator, NASSA Manila, Philippines
Sister Delia Mendones	Bicol Region Nutritionist NASSA/Philippines
Father Aniban	Social Action Director/ Visayas Reg./NASSA Manila, Philippines
Miss Ophelia Mendonez	Nutritionist/Visayas Reg./NASSA, Manila, Philippines
Miss Carolina Limabaga	Nutritionist/Mindanao Reg. NASSA, Manila, Philippine
Dr. Edgardo Quisumbing	Dep. Director, National Food and Agriculture Council, Manila, Philippines
Mr. Jack Dwyer	Horticulturist, USAID/Nutrition, Manila, Philippines
Dra. Lourdes Quisumbing	Dean, St. Theresa's College, Cebu City, Philippines
Drs. Carmen Intengan	Director, Food and Nutrition Research Center National Science and Development Board, Manila Philippines

Participants

Catholic Relief Services Personnel

Cambodia	Miss Victoria Pellobello	CRS/Nutritionist
Cambodia	Dr. Gay Alexander	CRS/Medical Co-ordinator
Cambodia	Mrs. Pen Volay	CRS Assistant to Nutritionist
Indonesia	Mr. George Wagner	CRS/Program Director
Indonesia	Mr. Sunawang	CRS/Nutritionist
Korea	Mr. Frank Carlin	CRS/Program Director
Laos	Mr. James Delaney	CRS/Program Director
Philippines	Mr. James De Harpporte	CRS Program Assistant
Philippines	Mr. Joseph Stolin	CRS Program Assistant
Philippines	Miss Germalina Villarez	CRS Nutritionist
Philippines	Miss Gloria Villareal	CRS Reg. Nutritionist, East Asia & the Pacific Region
Solomon Islands	Rev. John Roughan	CRS Program Director
Vietnam	Mrs. Nguyen thi Bich Lien	CRS Nutritionist
Vietnam	Miss To thi Nhut	CRS Food and Nutrition Specialist

Counterpart Agencies and Other Agencies Personnel

Hong Kong	Miss Rose S.M. Ho	Caritas/Coordinator of Child Care Service
Macau	Rev. Lancelot Rodrigues	Caritas Director
Sarawak	Mrs. Madge Chan	Catholic Welfare Services
Thailand	Mr. Joachim Pranom Sion	CCTD - Asst. Executive Director
Vietnam	Mr. Y - Du Eban	Save the Children Fund Field Coordinator - Central Highlands
Philippines	Miss Ophelia Paderes	NASSA Reg. Nutritionist
Philippines	Miss Nenita Tejada	NASSA Reg. Nutritionist

Participants

Philippines	Mrs. Carolina Limbaga	NASSA Reg. Nutritionist
Philippines	Mrs. Ester Tongco	NASSA Reg. Nutritionist
Philippines	Zita S. J. Sagun	NASSA Reg. Nutritionist
Philippines	Felicidad P Leano	NASSA Reg. Nutritionist
Philippines	Sister Delia Mendones	NASSA Reg. Nutritionist

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Assistants to the Executive Director

TO:

DATE: June 10, 1974

FROM: Father Charlebois *Jacob Charlebois*

SUBJ: AID-Supported CRS Regional Nutrition Seminar - Manila, Philippines

Further to discussions held earlier this year with AID re plans for formulation of a Nutrition Training Course (Seminar for the purpose of carrying to program personnel in the field the results of the MIT course held from April 22 to May 17 on National Nutrition Planning, as well as to upgrade their knowledge and experience in the important field of nutrition program planning and implementation), it is now possible that the Seminar will be scheduled for either October or November 1974 and will last for approximately two weeks. You will be notified shortly as to exact dates.

The following are points on which your cooperation is requested in the preparation of pertinent material for presentation at the Seminar:

- 1) Preparation of brief presentation of CRS Nutrition in your area. If, however, you do not have a Nutrition Program, it might be wise for you to explore and report on the possibility of CRS inaugurating such a program.

It is hoped the presentation will include:

- (a) The role of the local government in the CRS program as well as the coordination of the local Church and/or Caritas.
- (b) The funding of the program as well as the utilization of PL-480 foods.
- (c) The educational factors involved and the evaluation systems employed to determine the scope and effectiveness of the program.

- (d) The nutritional goals (short term and long range) as well as the mechanics built into the program that will make them self-supporting financially.
 - (e) The directly related socio-economic projects related to the CRS nutrition program, the growth, storage, experimentation, and use of foods. The coordination of the programs with on-going or proposed national or local development plans.
- 2) May we have your comments soonest on expectation of benefits to be attained from the Seminar by way of:
- (a) General and specific areas of professional nutrition education/information.
 - (b) The program planning process.
 - (c) Relationships vis-avis agricultural production, public health, etc., etc.
 - (d) Administration, finances, local personnel, etc.

We enclose for your information a copy of the preliminary content of the Regional Meeting. We would appreciate any comments or suggestions you may consider pertinent for inclusion within your area.

For East Asia and the Pacific

1. Introduction
2. Reasons for concern about nutrition,
Justification for investments in nutrition: individual health, community health, learning ability, productivity, human happiness, national stability
3. Review of the general situation in the region as it effects nutrition: climate, water-resources, agriculture, industrialization, marketing, population, economy, employment, healthcare, etc.
4. Magnitude and nature of the nutrition problem: defining problems and causes. (calories or protein deficiencies, Vit. A. or other deficiencies, etc.) determining solutions.

Establishing priorities and target groups, special consideration to expectant and nursing mothers.

5. Family Life education, nutrition, parental responsibility, legislation.
6. Solutions to existing problems, relevant cost factors.

Training adjusted to the needs of the area.

Ex. of programs in operation, cost, effect, handicaps, benefits:

TMCH program - Philippines

Mother-craft centers - Philippines, Indonesia

School feeding - Philippines

Other types of feeding programs - Philippines

Emergency feeding - Cambodia, Philippines

Vitamin A distribution - Philippines, Indonesia

Fortification of food - Korea

Weaning food production - Korea, Indonesia, Hong Kong, Philippines

Home food production - Backyard gardening. green revolution - Philippines, elsewhere.

Agricultural development, improved seed varieties - Philippines

Use of intermediate technology and improved methods.

Village development and training programs - Indonesia

Information - dissemination - Vietnam

Radio programs, textbooks - Korea

Visual aids - Indonesia

Comic books - Philippines

TV - listening groups - Vietnam

- Community involvement and organization, institution building, leadership training.
7. Formulation of national nutrition policies,
Role of nutrition in national planning
Budgeting for nutrition programs,
Coordination, integration of nutrition programs with agriculture,
health, socio-economic programs
 8. Formulation of objectives
Evaluation techniques
 9. Program planning presentation, organization, supervision and reporting
 10. Vested interests: Governments, Business, Local Industries, Overseas
Agencies, Consumers.
 11. Visits to on-going programs.
 12. Evenings with invited guests. Panel discussion.
 13. Conclusions.

Subject: Family Life Education

Speaker: DSW Secretary - Estefania Aldaba - Lim
Manila, Philippines

Family Life Education as a social development tool gains greater significance specially when viewed against the stark backdrop of millions of Asians living in absolute poverty... surviving on incomes estimated at 30 cents a day amidst conditions of malnutrition, illiteracy and squalor. The picture turns more grim when one realizes that into this squalid world of poverty more children are born everyday, who from the early days of their lives are already condemned to a life of deprivation and helplessness... children who because of circumstances beyond their control, cannot be provided adequate nutrition, family love, understanding and security: the ingredients and experiences which produce early stimulation, plus preventive care.

Of course these growth components already exist in more privileged Asian homes but it is not so in the case of the sub-marginal families - the unemployed and the unemployable. These are things the children of the poor will never get. For to the wretched millions of Asia - bare subsistence - is the most to be hoped for. And these teeming millions of humanity is the reason for our being here today, why we have such distinguished lecturer like Mr. James Pines and a dedicated humanitarian like Father Charlebois - the reason for being, in fact, of Catholic Relief Services.

Economists and social scientists have stated time and again that the basic problem of growth and poverty in the developing world can be summed up thus: the growth is not reaching the poor and the poor, on the other hand, are not significantly contributing to growth. Thus, despite a decade of unprecedented increase in GNP, the poorest segments of their population have barely been touched by the benefits from their countries' massive development efforts.

A close study of income distribution reveals two shocking things: the extent of the inequality of income distribution and the low absolute level of per capita income of the poorest 20 per cent of the population. In 21 out of 40 developing countries for which data are available, the average per capita income of the poorest 20 per cent of the population is less than 28 per cent of the average.

In the Philippines, the situation is just as bleak. The per capita income of the poorest 30 per cent of the population, 1,250.00 per annum is much less than the national average income 3,736.00 per annum.

Philippine Policies Under the New Society

For the past three years, President Marcos has pursued a strategy which recognizes that a GNP approach alone will not mitigate poverty and human misery. "Increased GNP," he said, "Does not necessarily mean increased dignity for the individual. On the contrary, it may further aggravate the inequities that already exist in the Society."

A study of the government's priority programs show the particular stress given towards the redistribution of income and wealth through the provision of equal opportunities to every citizen. For instance: the New Society's land reform program which carries with it adequate provision for technical assistance, fertilizer and seed loans, irrigation facilities, infrastructure back-up in terms of roads to market, rural electrification, an overhaul of the Philippine educational system, provision of wide ranging health services, Medicare, social security, public works programs as strategies to insure a better life for hopefully, every Filipino.

However, in all these programs, a big slice of the urban slum dwellers and rural unemployed have as yet remained untouched by these development strategies. Realizing this, the government's welfare arm, the Department of Social Welfare has drastically restructured its programs and focussed as priority targets the poorest 30 per cent of the population for which it administers productivity-oriented social development programs.

LEGISLATION TO SAFEGUARD MATERNAL AND CHILD CARE

A historic happening almost as revolutionary and far-reaching as the land reform decree issued by President Marcos was the promulgation of the Child Welfare Code on December 10, 1974 to coincide with the Universal Celebration of Human Rights Day. The code provides a full mantle of protection for the child while preparing him for the responsibilities of adulthood and good citizenship, and specifies the rights, duties and liabilities of children. Article 10 specifically provides that the child shall enjoy special protection and shall be afforded adequate opportunities to ensure and enable his fullest development in a healthy and normal manner and in conditions of freedom and dignity appropriate to the corresponding developmental stage.

The protection of the health of the mother and the child is provided in Article 11 which states: the promotion of the child's health shall begin with adequate pre-natal and post-natal care both for him and his mother. All appropriate measures shall be taken to insure his normal total development. It shall be the responsibility of the health, welfare and educational entities to assist the parents in looking after the health of the child.

It will interest this group to know that the DSW is pioneering in a movement that will revolutionize the history of Child Welfare in the Philippines. This is the launching in the near future of the project, "Share a Home for a Lifetime" which is based on the concept that no child should grow up an orphan. Thus, "Share a Home for a Lifetime" will be the means through which we will look for permanent homes for orphans living in

institutions and children abandoned in hospitals.

Legislation for Better Nutrition

The Philippines, being in the path of typhoons, frequently suffers from a food deficit, often depending on imports of such staple food as wheat, dairy products, red meat, feed grains, and in extremely lean years, rice, to make up the difference between supply and demand. When food crisis occurs, the effort is most disastrous for the poor.

Since breastfeeding is still more common than bottle feeding in rural areas, it is assumed that the newly born infant is reasonably well nourished. However, from 6 months of age onward, the mother's poor nutritional state leads to inadequate breast milk which leads to early weaning and deterioration of her infant. This situation has aggravated the protein starvation among the poor. Today, it is estimated that 3.5 million pre-school children are malnourished, 2.5 million of whom come from families with little or no income at all. Another 3.5 million of the 9 million elementary school children are also categorized as malnourished.

In response to this alarming condition, President Marcos issued Presidential Decree No. 491 on July 2, declaring nutrition as one of the national priorities and an integral part of the development program. The Department of Social Welfare is a participating and coordinating agency in the Philippine Nutrition Program and a member of the National Nutrition Council.

The National Nutrition Council brings together the various public and private agencies involved in nutritional programs and is aimed at effecting better coordinated and more economical and effective delivery of services by strengthening the existing government structures. I shall not dwell on this at length as I understand you will hear Dr. Solon, Executive Director of the Council during your Cebu visit.

The National Nutrition program while providing curative and rehabilitative services is largely preventive in nature. Thus, its integrated program includes food assistance, health protection, nutrition information and education, food production, malnutrition wards and family planning. A necessary and supportive program is the provision of opportunities for the unemployed to earn a living through DSW's SEAP scheme.

Nutrition and Social Welfare

Social Welfare recognizes the close relationship between poverty and malnutrition hence the integration of nutrition within social welfare programs. As has been established, extreme poverty leads poor families to the tragic vicious circle that blocks their children's development. This would be emphasizing the obvious. It would be emphasizing the obvious. It was the great American jurist Oliver Wendell Holmes who once said we need education in the obvious more than investigation of the obscure. And I think that this common sense observation has never been more apt than it is today.

Nutritionists, psychologists and doctors have confirmed that a child's intelligence in the first six years of life remained at a very low level and

even atrophied if it did not have proper nutrition and the chance of sharing enriching creative and social experiences. At the early stages of their lives these children suffer from psychological and mental blocking - and when their formal schooling starts, it is often too late to correct the handicap, for by then irreversible damage has already been done to the brain.

DSW's Day Care Service Program

The major thrust of the Department of Social Welfare along nutrition is its day care service program which to date has an out-reach of more than 200,000 pre-school children all over the Philippines through some 3,000 day care centers. The day care service program is an arrangement whereby mal-nourished children, aged 3 to 6, are provided with supplemental feeding, substitute parental care and creative group experiences. With the aid of Catholic Relief Services which provides the supplemental food commodities, the supplemental feeding component of the DCS has been considerably strengthened and improved.

The priority given to this thrust program is evidenced by the fact that the DSW's Day Care Program has one of the largest DSW funding. For fiscal year 1974-75 it has an appropriation of 4.8 M.

But what makes the program unique and outstanding is that it is one program where the leadership and funding emanates from the localities benefitting from the program. For out of a per capita cost of 600.00 per annum, the DSW's counterpart is only 36.00, the rest being contributions of the local governments, socio-civic organizations and C.R.S.

The Day Care Program also makes an ideal point of entry for other programs like Population Planning and Nutritional Education for the parents, self-employment assistance for the unemployed, food for work schemes for the out-of-school youths and others.

Family Life Education for Sub-Marginal Families

Cognizant of the fact that CRS, DSW and the other participating entities cannot go on forever providing for the nutritional needs of the nation's malnourished pre-schoolers, other services such as nutrition, I.E.C. (Information, Education and Communication), food production, and family planning have become necessary supportive services.

One such program which is not as well known and popular, but equally as important however is family life education which aims to develop a more mature parenthood by helping parents as they bring up their child through its difficult stages of development, to gain better understanding of their needs and a keener perception of the importance of the role played by values, attitudes and emotions in educating for change. There are many reasons for the Filipino parents growing interest in parent education program of many kinds today. During the last two decades there have been marked changes in the structure of the family. In place of the large extended families so common a few decades ago, migration to urban centers have isolated young families from the traditional influences usually common in the barrios and small towns.

Industrialization, technological changes and ease of transportation have led to greater mobility and movement to cities specially of young couples. Urban living often means discarding traditional values and exposure to newer values, with its accompanying tensions and stresses. But perhaps more basic than all these is the mounting awareness through radio, television, magazines, books and newspapers that there is a vast and growing body of information on child development and family relations stemming from studies both local and abroad on psychology, psychiatry, education, medicine and sociology.

How much of this need is actually felt and met in the submarginal families? Unable to cope with the pressures of modern life and the resulting problems, family solidarity is endangered and eventually the family breaks up. Father abandons the family; mother abandons child or parents surrender all their rights over their children, etc.

In fact admissions at the DSW's Reception and Study Center a village for abandoned children are most often malnourished infants and pre-schoolers who are either abandoned, or surrendered to the state because their parents are not able to even feed them.

In the DSW Family Life Education, all the parents of our client groups are enabled to discuss and examine family relationships, responsible parenthood, family planning, needs, problems, proper nutrition and social adjustment processes. The very act of participating in the cooking and serving of inexpensive but nutritious food for the center's feeding program is in itself a valuable learning experience.

These group experiences and discussions may result in a better understanding of the roles, responsibilities and rights of each member of the family, a reflection of how well or how poorly they may be performing such and changes in attitudes and behavior as a result of the new insights and knowledge. In our Day Care Centers for example, children aside from being given supplemental feeding are taught among others, better food and eating habits, personal hygiene and cleanliness, basic social skills like waiting for one's turn, sharing, controlling one's temper and the ability to get along with one another.

Family Life education will insure that whatever is taught in the center is not nullified at home. This will then lessen chances of the child being caught between and getting confused with two different value systems - the center's on the one hand and the home's on the other.

A review of the nature of families who are victims of malnutrition will reveal that most of them, if not all, are victims of dire poverty; many are semi-literate and have not had the benefits of higher education and adhere to superstitions and myths. Because they are poor, their gut-level needs cannot even be attended to. Their nagging question is "where will our next meal come from?"

How then can we talk of family relationships, parental responsibility, parent-child relationships, personality development and the like to parents whose children beg them for something to eat? Should we not first help by initially providing for the basic needs of the family?

The very nature of poverty makes it then imperative for us to help them first meet their basic needs for food, clothing, and shelter. People simply cannot identify with community and national goals and aspirations (in this case a healthier citizenry and more responsible parenthood) if they continue to live below the subsistence level and most of all if they are constantly plagued with the problem of where their family's next meal is coming from.

Temporary financial assistance must be given to families belonging to the lowest income bracket whose source of income is lost because of death, illness or even abandonment. The family must be enabled to meet their basic physical needs, maintain family unity and return to self-support.

Families likewise have to be provided with opportunities to develop productive skills as well as opportunities for self-help, income producing projects or self-employment.

And finally, families have to be helped to understand, accept and practice on a sustained basis, family planning as a way of life.

With increase in economic productivity and the subsequent improvement of their living conditions, people are better prepared to participate and be more receptive to programs such as family life education. They can be assisted more effectively to deal and adequately cope with specific individual and familial problems. This sets the stage for community responsibility and involvement.

Conclusion

The challenge presented by the problem of mass poverty existing in Asia today seems almost insurmountable specially when one considers the major economic crises facing even the developed countries today. But we are ever hopeful that for as long as people travel from far distance to meet in conferences like this, to discuss further ways of serving the poor and of lifting them from a life of appalling deprivation to a level of decency befitting the dignity of the human person, there is hope for a better life for all. This is the challenge facing all of us today. This is the meaning of our integrated development program. This is the reason for our being together. Thank you.

Nutrition Policy and Planning Conference

Catholic Relief Services - U.S.C.C.

Subject: The Planning Process

Speaker: James Pines - Trans-Century Corporation,
Washington, D.C.

Introduction:

I am more concerned with improving objectives in the field than with improving planning in New York and I do not view this workshop as a kind of academic planning exercise. I view it as a way of helping people who work in the field and who do not often have the opportunity to step back and try and ask some of the harder questions about program activity because they are busy putting out fires and taking care of day to day work.

Workshops of this type furnish an opportunity for those people to learn about different tools for use in planning so that when they go back to their work perhaps they can do things better and get better results. You will see in your folders a set of papers stapled together of a national nutrition planning suggested approach. The best thing for you is to read it to get an overall idea of the approach that we will be talking about during our time together. This system was written by me with several other people when we were under contract to AID. Since that time, I have been able to take that approach into a lot of workshops like this as a result of which many of the things that are in there, I would do or say differently today. They are not wrong but perhaps incomplete and elementary.

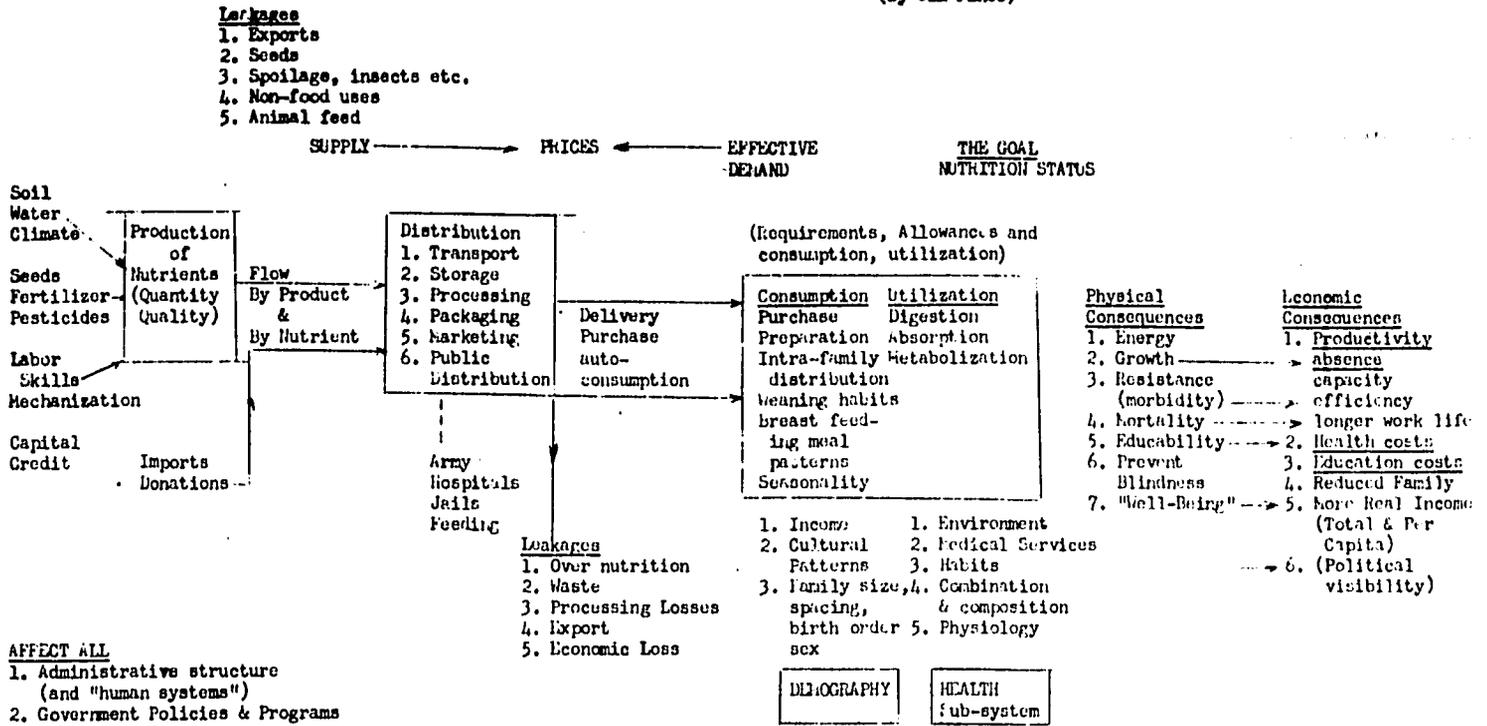
Another thing that I would like to call to your attention is that together we are going to concentrate on a way of thinking, a thought process, not on the way you fill out the forms. Our hypothesis is that if we can learn

together how to think about nutrition planning, filling out the forms will be a lot easier. I know a number of people spend a great deal of time with their minds on project presentations that you have to make and put on paper such as the "logical framework". The logical framework is a form that you are supposed to use when you prepare projects and what I want to urge you to do is to forget about the forms and documents for the moment and concentrate on understanding the ideas that we are going to talk about because these can be presented in thousands of different ways. You can present them in ten steps or in a hundred steps but they will still be the same in ideas. You will find among your papers something called "Nutrition System." We are going to spend a fair amount of time on the nutrition system. (Schematic shown in Figure 1). I would like you to think of this diagram as a kind of flexible and open-ended tool that you can use in your work. It is nothing more than an attempt to list the factors that have influence on nutrition status. Those factors can be different depending on where you are working. They can be different depending on whether you are talking about the national nutrition status, or the municipal status, or the village status, or the household status. The most important thing about this diagram is to get the idea of all these different factors fixed in your mind and always be asking the question: do I identify any other factors that probably ought to be in that diagram?

Political and Economic Factors

We are going to start off with the political and economic aspects of nutrition planning. I want to first suggest that planning for nutrition or for nutrition impact or for nutrition goals doesn't really begin until someone is prepared to take nutrition seriously. Planning for nutrition impact or for nutrition goals can't really begin until somebody thinks

Figure 1: **NUTRITION SYSTEM** (By Jim Pires)



*This is not a complete schematic. It is intended to be illustrative of the system and shows some of the factors involved.

nutrition is important. I have a contract with AID right now under which I am supposed to go to countries with nutrition planning. The first couple of countries that we went to, we discovered we couldn't assist anybody in nutrition planning because nobody was interested with nutrition goals and we came back to AID and we said to them that before they worry about nutrition planning, they should worry about the question of how to get people to take nutrition seriously. I think that all of you are confronted with the same problem - whether this be on the country level, the municipal level, the regional level or the family level - you can't get anybody to plan for improving nutrition until you have first persuaded them in some way that nutrition is worth taking seriously. The problem at the national level and other governmental levels is getting the people to take nutrition seriously as a political problem. What we are saying is that nutrition problems and getting people to think seriously about nutrition as a political problem is important because it is a development goal. And if you want a government, let's say the government of Brazil to spend money on nutrition, you first have to persuade the people who make the decisions that nutrition is a more important development goal than it was before. Until they first improve the priority of nutrition as a developmental goal, they are not going to spend any money on it and there won't be anything to plan for. So the problem of persuasion is essentially a political problem. It is an attempt to influence who is going to get how much and that is what politics is about. If you are successful in persuading governments that nutrition is more important, many pre-school children are going to get more - in this case, food - than they would otherwise have received. This is the reason why I said that you cannot divorce the relationship of nutrition goals and the political process and you cannot take that same relationship and apply it to the family level in the same process of persuasion. Unless the

decision makers in the families are prepared to take nutrition more seriously and, in fact, in most cases to spend more money on it, you are not going to have much luck in improving family nutrition either. Does anybody have questions, disagreements or agreements with that general statement of the relationship of nutrition to the political process? Do you think that kind of persuasion has some relationship to the business you are in?

G. Wagner: I think it has very much a relationship to what we are doing in Indonesia.

J. Pines: Is there anybody who has had experience trying to influence decisions on the national level?

Fr. J. Roughan: In the British Solomon Islands, we had great difficulty accepting the food program because they thought that the pre-school children had enough to eat.

J. Pines: That is going to lead us to the next question which is how do we as nutrition advocates get other people to take nutrition more seriously? All of you are likely and will continue to become nutrition advocates.

Fr. L. Rodrigues: Does not the role or business of persuading governments or individuals to be concerned with nutrition conflict with basic community development? Don't you first ask people what their needs are, telling them to assist you with what you feel are their needs?

J. Pines: Nice point. I was about to get to the question of what does it mean to be a nutrition advocate. How do you do it? Very correct, a question has been raised. How can you seek to persuade other people to take nutrition more seriously when at the same time you do not wish to impose your values upon them? Before I give an answer to that, does anybody have a response?

G. Wagner: By showing them what is going on in the place, i.e., children are undernourished...

J. Pines: The idea is this: there is a great difference between working with someone to help the person have more information and saying to someone that you should do such and such. There is a great distinction between doing as we have done in Thailand, with the NESDB.

In Thailand, people said, "we are really not so interested in nutrition because we have many other development goals." We did not go in and say, "you should pay more attention to nutrition." Rather, we went in and said, "are you sure that you are looking at nutrition with as much of the information before you as you have about other things." I went out and got together the staff of the different nutrition agencies that had been ignored in Thailand. We simply put them before the people who were involved that drew the conclusions. My feeling was, that it was a permissible approach. It did not mean that we or the U.S. government was telling the Thai people what this priority should be. The other thing is that - more systematically - to be involved in nutrition advocacy and to be involved in any political process in which you seek to influence who gets what. What is the first thing you do? You look for those who may influence certain decisions. We have decided that we think that the decisions that either the families or the municipalities are making about nutrition could be improved.

Sunawang, Indonesia: In our country, we need 20 years to persuade the government.

J. Pines: What was the first step?

Sunawang, Indonesia: Well, we have the National Planning Board.

J. Pines: The first step is to find out who makes the decisions. Ask yourself these questions. Who makes the decisions? It has just been said, when you look at the national level that the NESDB is very important. In the Philippines, there is a marked example of a decision maker who was very much involved in nutrition, it was the First Lady. When you look at nutrition advocacy and

you look at the process of decision, it became apparent that the First Lady had considerable influence on the kinds of decisions that were made. The wives of the chiefs of states are frequently important decision makers in the nutrition area because somehow or other the chiefs of state seem to turn that over to the wives.

Mrs. Lien: In countries where there is frequent political change with a (S. Vietnam) coup now and then, one finds an adverse influence on the advocates of nutrition.

J. Pines: That is quite true. You don't even need a coup. In any number of countries the health minister changes frequently and it is very difficult to get the nutrition planning into the system because the health ministers start to think seriously and then you get a change in the ministry who says, "I want my program". That is the kind of instability which makes the process more difficult. I'll give you another example of selecting a decision maker the household level. Nutrition education is an attempt at the family level to influence decisions about nutrition. I have no idea how many examples I have seen in which, by failing to ask who makes the decisions, the attempt to influence the decisions has failed. There are just any number of cases of nutrition education being addressed to mothers. Then you go to these mothers six months later and ask her - what are you feeding the child? Are you boiling the water? She says, "Well, that was a great nutrition education we had, I really enjoyed it, I learned a lot but my mother-in-law would not let me do it and she is really the one who decides what to feed the baby"

In this particular situation, it is just another way of saying that the mother-in-law is the decision maker. If you really want to influence the

decision, you better find out who really makes it. So, therefore, in nutrition advocacy the first step is to find out who are the decision makers? And this would lead us to another step and that would be the question - who influences the decision makers? With these, we are going to end up with three very important steps: 1) Who influences them? 2) What kinds of information and analysis are likely to influence them? 3) Who influences planning? ministries?

Sunawang, Indonesia: Actually it is the National Planning Board.

J. Pines: Who do they listen to?

Sunawang, Indonesia: The Minister.

J. Pines: The Ministries?

Sunawang, Indonesia: They also listen to the International Agencies.

J. Pines: Anybody else?

G. Wagner, Indonesia: They listen to the President.

J. Pines: Very good, they listen to the President and they listen to the Finance Minister, the person with the money.

Sunawang, Indonesia: No, in our country it is the National Planning Board that decides.

J. Pines: They do both the allocation and the money? In some countries those two things are separate. The Finance Ministry is all excited about the money to be spent. Who else are decision makers likely to listen to at the national level or the regional level?

G. Wagner: The Health Ministry.

J. Pines: The Health Ministry. I think that is a good one. What you find frequently is that when you come to nutrition, people look at the health department as the authority because it has been traditionally the one government department associated with nutrition and with all due respect to them -

one of the difficulties with the health department has been to look at nutrition primarily as a cure for malnutrition rather than preventing malnutrition. But you are right when we ask the question - who is likely to influence the decision makers? The Health Minister would be one. Any other?

F. Carlin, Korea: Congressmen, assemblymen, members of committees.

J. Pines: Legislators, right. If you want somebody to take nutrition more seriously, you want the government to take nutrition more seriously, the legislators are really the decision makers although this may vary. Sometimes they may be influencing others, the legislature may influence others in planning.

Mrs. Lien, South Vietnam: The press and public opinion.

J. Pines: Right. The press and public opinion. I was waiting for someone to say that. The press and public opinion, people, regardless of the form of government, regardless of what the people want, have some influence on the decisions that are taken. No matter what the form of government is, what the people want has some influence and when you look at nutrition planning, you see it right away. What you see in the nutrition area is that the nutrition concerns of the most vocal people receive attention. In many of the countries where I have worked, one of the burning issues, and it is presented as a nutritional issue, was meat prices. Then you ask the question - who is worried about meat prices? Preferably, it is the people who eat meat. Then you ask - who eats meat in this country? People who eat meat are in most cases, over nourished rather than malnourished or under nourished. Then you say, why is this country taking that nutrition issue seriously? But the people who eat meat have a louder political voice than the people who don't eat meat. I use meat as an example but you can do the same for milk or other expensive nutrients. The people who have malnutrition in many countries have not yet succeeded in influencing the decision makers to take nutrition more seriously.

So then, if you are interested in causing the government or anybody else to take nutrition more seriously, help the people who have malnutrition assert their felt needs and wants more effectively. Now, how do you get people to take nutrition more seriously? What do you say?

Sunawang, Indonesia: In our country, the government processes loans from the World Bank.

J. Pines: That is a good point. Mr. McNamara is the President of the World Bank and this institution has a lot of influence in many countries because it lends money. If people don't do what you want them to do, then you don't give them money. Mr. McNamara made a statement to which he said that nutrition was an important aspect of development. If you are talking to economists, one point that is made is that "nutrition is an important aspect of development", and that is easy to say, but more difficult to establish as we will find out later. What other information or analysis would be useful in trying to make people take nutrition more seriously?

Dr. Alexander, Cambodia: Inform them that there is malnutrition and set out to do something about it.

J. Pines: Yes, in many situations, people don't really know that there is a malnutrition program.

Dr. Alexander: They don't know what nutrition is.

J. Pines: That is also true. An important first step is simply to help people identify the problems. That is true in many countries because malnutrition problems are not found on the streets. Frequently you don't see malnutrition problems when you walk around the street. You don't because frequently the people who have malnutrition are in their homes they are sick or they live in the rural areas and not in the streets of the capital. But frequently you have people with the very best of intentions, go to a place and make a survey, only they make it from the windows of a speeding car or

they walk down the street and find healthy children, strong children, simply because the sick ones are either at home or in the hospital. If you go through a rural area, the places that have the best highways, will probably have the best nutrition as well, and the rural children who have the malnutrition are off somewhere where you are not likely to go in to make a survey. All you have to do is let the people know what the problems are. What are some other kinds of information that are used?

G. Wagner, Indonesia: You might draw up a comparison between the situation of a better country with other countries in the region.

J. Pines: Yes, that is more of a persuasion technique. That is one way of describing the problem, and is a form of political persuasion. What do you say to a family when you want them to take up nutrition more seriously?

J. Roughan: Tell them to save money by not having sickness.

J. Pines: Yes, let us follow that further. How can they save money?

J. Roughan, Soloman Islands: By not having to go to the hospital.

J. Pines: One part of information or analysis is helping people to recognize the relationship of nutrition and illness which is sometimes a question of having people identify what nutrition is about in the first place. They don't see the connection between how they grow and what they eat. But another important reason that can be used when you are trying to make people think about nutrition seriously is that bad nutrition means your child will get sick more often and be weak longer. Another one that is made frequently is the relationship of nutrition and mental development. That is a part of the national development argument as well. If we do not reduce malnutrition, if we do not eliminate malnutrition, our malnourished children will suffer in their mental development and if they suffer in their mental development, they will not be as productive workers and our country will not develop as rapidly.

When you are talking about nutrition seriously and when you are talking about getting people to do nutrition programming and when you are involved in what is called the process of political advocacy, you use information in a different way, than when you are pursuing scientific truth. Example: when you are urging people to take nutrition more seriously, you use information in a different way than you do when you are in pursuit of the scientific truth. I was invited to meet with the nutrition committee of Laos which was a private committee made up of people from Laos agencies and also people from the international agencies and that committee had to get the government of Laos to take nutrition more seriously. They had identified the Planning Ministry as a critical agency to influence. They did a beautiful job, which was chaired by Mr. McNamara, of accumulating information about malnutrition in Laos but unfortunately many of the nutrition surveys that had been done, the sampling was done in such a way they could not scientifically say that is the truth for the whole of Laos. Somebody did a survey in a village which they just chose without thinking about requirements for statistical extrapolation so that even though the village showed signs of malnutrition, you could not scientifically say that is true for the whole of Laos. I had to sit down with the people from the planning group and asked, "what do you think about that report from the Food and Nutrition Committee." And the response was - "you know we get a lot of reports from a lot of different agencies which is trying to influence us to take various goals more seriously. The nutrition one was the least elastic of all because all of the others showed very critical problems and the nutrition one was written in such a way we don't think the problem was very critical." What happened? The people who prepared the nutrition report prepared it as scientists rather than as political advocates. Allan Berg in his "The Nutrition Factor" has been one of the leading nutrition advocates in the world actually and almost single-handedly has caused nutrition to be taken more seriously in a lot of places. He works

with Mr. McNamara at the World Bank. Many people say Allan Berg carries the data a lot further than it really should go. He exaggerates, he described as a conclusion something that is not yet scientifically proven. Allan says: "I am involved in an attempt to persuade people. I will not knowingly distort information and I certainly don't lie." When you are attempting to influence practical decisions you are always operating with incomplete information and you must make the best of the information you have. When I present the relationship between nutrition and mental development I agree that in terms of scientific accuracy, there are still many serious questions about that relationship. But I am satisfied that there is enough evidence of some relationship so that I think it is important for governments to know about. There is something that all of you have to be very careful of in your nutrition work. You should be able to recognize the differences between using information to make better decisions and using information to state scientific conclusions. You must not hesitate to use the best information you have even if it is not scientifically valid information. We generally start off by providing some information to people who already take nutrition seriously. You start it off simply by working with them. For example, on this AID contract that I mentioned, we went to Ghana to work on nutrition planning. We went to Ghana and said, "Okay, let us do some nutrition planning" and not everybody was interested in it. The only people who were interested were the people in the Department of Medicine in the medical school. They had a number of people who were interested in nutrition. What they said to us essentially was, we are interested in having our government take nutrition more seriously. Can you help us? How should we go about it? We sat down with them and asked the same question. Who are the decision makers? They answered that the Ministry and the planning Commission are the ones who can decide. We

said, "what kind of information do you think would influence them?" They told us and then we designed a workshop. The purpose of that workshop was nothing more than to permit the medical school people to be more effective in influencing the decision makers in their country. Our goal as outsiders did not involve any cultural imperialism. It was simply a matter of selecting people within the country who were interested in what you wanted to talk about and helping them to influence more effectively other people within the country.

I want to run through quickly a couple of points that can be made in these kinds of situations. The information that you use and the argument that you make depends upon what you think will be effective with the people you talk with. One very important point that you should all be aware of can be called the cost effectiveness point. Even though nutrition is not your number one goal, if you improve nutrition you may achieve a different goal at lower cost. I will give you an example of that. The nutrition rehabilitation center has received wide acceptance because among other things, it is a less costly way, cheaper than hospitalization, of achieving health goals. Let us see if we can think of another example in which by improving nutrition we achieve some other goal at lower cost.

G. Wagner, Indonesia: We say that nutrition affects a school child. It is, therefore, true that by improving nutrition we should get more value for the money.

J. Pines: That is a very tricky point and is very hard to design. One of the problems with the whole school lunch program is that they have not designed programs to demonstrate that. The point is this, if in fact you showed before this relationship between school performance and nutrition and you have an educational system and its goal is to get as many children through the school system and educate them, it may well be that you can get more

learning by taking the children who are in school and feeding them a little better than you do, by adding millions for the malnourished students. Your objective should not be getting these children to the school. The goal is that they learn in school. If you want children to learn effectively then you can spend your money to hire more teachers or to feed the children. It may be that you get more of that educational objective if you shift some of your money and feed the children better than if you spend your money on equipment. I am just raising the possibility that sometimes, by improving nutrition you can achieve an educational goal more effectively at lower cost. The point is, many times, when you are encouraging people to think about nutrition. You have identified some other goals. You have education goals and you have health goals. Let us take a look at whether improving nutrition may not be a lower cost way of reaching your health goals and your education goals.

In the area of low agricultural or industrial productivity, in some cases, you can demonstrate that it is far cheaper to feed the workers you already have, than to hire additional workers. When you are talking to businessmen about industrial feeding, for example, one of the points that you make is to explain to them that nutrition is important because there is a relationship between nutrition and productivity. If you feed your workers more effectively you will make more profits than you are making now. In other words, even though nutrition is not your goal and your goal is making profits you can get more of that goal if you are going to improve nutrition. Now, as you think about it, you may think about other goals and as we go through the nutrition system you may think of other goals that can be reached effectively through the improvement of nutrition. That is called the cost effectiveness justification. Does anybody know what human capital is?

Fr. Lancelot Rodrigues: Human capital is investment in human beings.

Mr. James Pines: Yes, capital goods are goods that are used to make other goods. This is on the economic side. The reason why we have capital goods is they permit us to produce more. So that when a fisherman constructs a capital good, namely, a fishing boat, he catches more fish because he is using a capital good. The idea is that you invest in capital so that you will get more output in the long. Now you can apply that to people and talk about human capital. One of the justifications that is made for taking nutrition seriously is that a country or a family should build up its human capital so that its people will be productive in the long run. Feed your child today so that he will grow up healthy and be productive when he is a big boy or girl.

At the country level, feed your citizens when they are little children so that when they grow up they will be more productive and the argument always is, make the investment because in the long run the returns from the investment will be more than the cost. Invest in capital because when you use the capital you get back more than you invest. That is human capital. The justification that is used in nutrition is that because there is a relationship between nutrition and productivity, if we invest in our children's nutrition, they will learn more and be able to produce more when they become adults. From the economic development point of view, many people say that it is a good thing to do and as you read Berg's Nutrition Factor, watch very carefully for that justification, that relationship between development and nutrition is based on the idea that investing in nutrition builds human capital.

Mr. G. Wagner, Indonesia: I agree with the supposition but I find it very hard to prove. You can measure direct investment, the capital, and you can justify that for planning agencies. But then you are going to talk about an investment which is going to take 20 years to prove.

Whether or not it is going to do anything, that is another question.

J. Pines: The investment in human capital is much harder to demonstrate when you are dealing with small children because you have to wait so long for the return. It gets complicated from the economic point of view. It is easier to show the investment point when you are talking about feeding people who are already working. There are some studies that will show that by spending a very small amount of money on iron supplements, there is a demonstrable improvement in production. The best human capital investment that I ever heard about was that in Brazil where they were going to build a dam that included a lot of heavy work. They brought workers from Northeast Brazil which is the most malnourished part and these workers literally were not strong enough to do the work. They just could not do the work and somebody said, maybe if we invest something in nutrition, we can improve their productive capacity so that they can do their work. They decided on a feeding program and for several months, they fed the workers very heavily and after making that investment, the workers were then able physically to do the work on the dam. In remote rural areas for example, you may be able to discover a very clear relationship between the malnutrition of the agricultural laborer and the men who harvest. You have a vicious cycle going in which if the workers are malnourished, the harvest is small and because the harvest is small the workers don't have enough to eat and so they stay malnourished and their next harvest is again small too. In some cases, you find situations in which by feeding the workers even temporarily you improve the harvest so that the next time around they are not as malnourished as they were before and they are going to break the cycle. Depending on your situation, that is a nutrition intervention that may very well be worthwhile exploring.

Fr. Imperial, Philippines:

Isn't the argument that we should invest in nutrition so that men can produce more a little undignified? Man then becomes just another factor for production?

Mr. J. Pines: Yes. Many people have said that and I have somewhat the same reaction. This is one among many different justifications. You would not offer that as an exclusive one. That leads to the basic justification. What happened was that the people who started talking about nutrition as an investment, as an economic investment, many of them came to the conclusion that it was very difficult to tackle it. Then they came to the next point. What is development all about if it is not about improving people? What do we mean when we talk about development if development does not mean improving people's nutrition? If that is not a felt need or not something that a country ought to be concentrating on, what is it? That is the basic tenet of human welfare justification. The two go together. I quite agree with you that to talk only about the economic investment justification really is undignified but certainly, it does treat man as an instrumentality and as a means, rather than an end. At the same time, another justification is simply the general purpose of development to improve human welfare and the satisfaction of human wants and needs. What is a more important one than nutrition status? That is essentially the approach that is receiving more emphasis now. Even the World Bank which is an economic oriented organization, has come around to some extent where they have recognized that people are taking nutrition seriously as part of development, and they will probably agree that improved nutrition comes ahead of having a car or that it comes ahead of having cosmetics. Ultimately, if you want to think of any other justification, nutrition is an important part of development because it responds to a very important human need.

A lot of people don't even know they have that need. If mothers really knew that a lot of their babies are dying because of malnutrition, many of them would agree that improved nutrition was a very important development goal.

Fr. Imperial, Philippines:

My problem is that in the planning of nutrition programs, there is a political angle. We should determine who are the decision makers. This assumes first, that the decision makers make decisions for the others and that his decision is accepted by others. In this case, the President can make the decisions. Now, the second is the influence on the decision makers. This assumes again that the people who are **affected most** by the program, is the common people, the malnourished and they have a way of voicing their needs. Now, ideally, the program should be programmed for the people. But if we are going to do this kind of thing, this is a long process actually. Short-range wise, it would be easier to work through the decision makers.

Mr. Pines: I think that is a fair comment. The kind of things that we are talking about are principles that you will find in different ways depending on the particular situation and depending upon whether you are concerned about the medium term or long term set of goals. You are quite right. Most of the time you will be concerned in part with immediate goals. If you are going to a new situation or in a new country and you want to do something about nutrition, what is the quickest way so that we get something started? Where do the decisions come from? Who allocates the money? Who allocates the resources? You may also at the same time recognize the importance of building a longer term constituency.

Because you know that your long term goal is what we might call an institutional goal. In other words, you want something to happen that will survive even after you leave or you want the family to become independent

and self-sufficient so that your relation to them becomes much less as time goes on. In the beginning, initially, you may concentrate on certain things. But remember, we are just drawing out some ideas and in any particular situation, we are going to ask questions. What am I trying to do? What do I want to happen when people take nutrition more seriously? When I ask that question in some countries, people say, what I want to happen is that I want the government to declare that nutrition is a top priority program.

At the family level, the analogy would be, I don't just want the mother to say that nutrition is important, I want to see some behavioral change

Observer, Philippines:

Supposing that the problem of malnutrition exists. In actual reality, it takes years for the decision makers to declare a policy on malnutrition. In the meantime, how do you approach the problem of malnutrition?

Mr. J. Pines: When we talk about what we would like to see happen, we recognize that we are not going to have a national nutrition program because this does not happen overnight. It is very important to identify what our priorities are. Sometimes decision makers will say, "I believe you, nutrition is a very serious problem and it has a lot to do with the development and our country will be a lot better if we improve nutrition." "What is it that you want me to do?" "You say you want me to take nutrition more seriously." It is at this point that you have to identify the priority that you think are the most important for immediate steps.

When we look at malnutrition more broadly, you discover that the best nutrition programs may be found in many different areas such as agricultural highway construction, marketing, and so forth. The best nutrition programs do not necessarily involve feeding and nutrition education. And the reason national policy can be helpful is that if our government begins to take

nutrition more seriously, it is time that it begins to look at nutrition implications on many different activities. When we talk about nutrition programming, we are frequently talking about modifying or influencing activities that do not have nutrition as a primary goal.

Agricultural production does not have nutrition as a primary goal. In most countries, agricultural production policy and plans are based on the goal of maximizing value and profits, not on nutrition; or on maintaining food price stability, but not on nutrition. When a government takes nutrition seriously it asks the question, how can we modify agricultural production in nutritionally favorable ways? Essentially, what all of you can be doing as you go back to your program work, is to ask the question, how can I modify what I am doing in a nutritionally favorable way?

Has anyone of you heard about Food-for-Work? Food-for-Work programs are a classic example of an activity that has substantial nutrition implications and very substantial possibilities for improving nutrition that are not taken advantage of.

India is a place where I think, the full nutrition value of Food-for-Work has not been realized. If you have landless laborers, these are the people who, if they can not work on other people's farm will not have anything at all. Food-for-Work was seen primarily as a way of stimulating rural public works. People did not pay very much attention to the nutrition consequences. One of the things that happened was that the projects that were done were often projects on large estates which produced cash crops. You may ask the question, suppose, instead of doing the projects on big farms for people who produce cash crops, we do projects on small farms which produce food crops? What would that do to nutrition impact? Suppose here, tons and tons of food are coming in and you are the nutrition programmer and somebody says to you, here is a lot of food and it is supposed to

go as Food-for-Work. Your problem is, how can you use that food in Food-for-Work to improve nutrition. The first thing that we know is that we will get more nutrition improvement if we give the Food-for-Work to workers who are malnourished. If we use the food to feed workers who are malnourished, we will get more nutrition improvement rather than when we use this food to feed workers who are already well nourished.

Secondly, we know that we have improved nutrition impact if we feed workers with children who are malnourished rather than hire workers who do not have children.

What are some of the other things that we can look at? We can look at the kind of project. If our workers are employed on projects on big farms that produce cash crops, that will probably improve nutrition less than if they were employed on projects on small farms that produce food crops. If we build storage facilities on the land of big farmers who produce cash crops, that is not going to help everybody's nutrition very much, because we have not done anything to increase the supply of food. Once we finish the Food-for-Work program, our landless laborers go back home and start as they were before. So, if we can find Food-for-Work projects that improve food production, that is probably better. An even better one is that if we can find projects that permit landless laborers to get land. That is even better. That would be a way of getting more nutrition impact.

Mr. G. Wagner, Indonesia: It has been my hope that the problem is not that there isn't nutritious food available. It is that the people don't have the money to buy it. Therefore, it would seem that cash crops are not altogether a bad idea.

J. Pines: The question we are asking is, how can I improve the nutrition impact of what I am doing whether nutrition is my primary goal or not? That means that in your daily work, when you are talking to doctors, and when you are talking to

anybody around you who is also involved in some kind of nutrition development work, one of the most useful things that you can do and maybe more useful than your actual major duties is to try to influence the work that is being done and to influence it in a nutritionally favorable way. If you are working in nutrition education, it is not enough to be educating a family about nutrition. If the family has a small farm, probably it does not produce enough food for the family. One of the most useful things you can do is to try and get the agricultural extension agent to come and help that small farmer improve his productivity. The family will be able to do what you are teaching the mother to do through nutrition education.

Another approach is to encourage people who are producing cash crops to also produce food crops, and try to get a fair emphasis on the food production aspect. One of the things that you will find is that as people shift from food crop production to cash crop production, you will frequently find that their nutrition level goes down even though their money income is going up. People who shift from food production to producing cash crops are going to have income. Be sure to take a look at what is happening because what you may find is that even though the person now has money income when he did not have enough money before, his nutrition level and his family's nutrition level is perhaps going down because he now has to buy food on the market and because he is spending his money in a different way and not spending ~~as~~ much on food. Whereas when he was just a subsistence farmer, he did not have enough money income but he had what we call real income. There are examples all over the world of situations in which agricultural changes were done for economic reasons. Some countries say that if we can just produce cotton, we can sell it in the world market and we will have more economic development. You look at what happens to small farmers that used to be subsistence farmers, who are now producing cotton and you may find that their nutritional situation is worse now than it was before. You

may have to ask the question, what can we do to see that the nutrition status doesn't get any worse when they get their share?

One other point that is worth mentioning is the political visibility of nutrition. Short term nutrition programs have a high political visibility at very low cost. This is a justification that frequently appeals to people. If you have a program in which you give everybody a glass of milk, everybody sees that you are doing it and it doesn't cost very much. It costs a lot more to do the kind of thing that provides permanent nutritional self-sufficiency. But many times people start something that is related to nutrition because it has a very high political visibility at low cost. Then your problem will be how to take advantage of that motivation to get more permanent nutritional improvement.

Goals and Purposes

We have identified the importance of having nutrition considered as one among the several development goals and we talked about some of the reasons that nutrition could be considered as a development goal and now, I would like to make a distinction between designing what goals will be, and designing how to reach them. The question of what goals will be is what we could call "should" question. The question of reaching goals is more of a "how" question. If I come to somebody else's country, or if I come to somebody else's family and I say, you should take nutrition more seriously, you should have nutrition goals, I am attempting to influence the values of the other person. You should give more value to nutrition goals. If I come to somebody and I say, tell me, what your nutrition goals are and maybe I can help you reach them more effectively, I am not substituting my values. It is the important distinction that is frequently overlooked. You hear people say very frequently that nutritional priority should be pre-school children, lactating women, etc. The role of the program planner or operator is to provide information about the problems so that people can make better

choices about their goals. The role of the program planner or the outsider is to provide information so that people can make more informed choices about their goals. The question of what goals should be, cannot be answered solely by technical information. The question of what goals are, depends upon the entire range of values that a family or a country has so that I can't go to another country and say, "these should be your nutrition goals". I can go to another country and say, "here is some information which may be useful to you in deciding whether or not you want to have nutrition goals at all." But the minute I say, your nutrition goal should be pre-school children, I am moving to a different level. Now, I can say it and we can discuss it, but there is no reason to listen to my advice on that because we have more to discuss about the level of values.

Take the case of a country that has very serious pre-school malnutrition. And at the same time the country is threatened by an invasion from another country that is right on the border. What should the nutrition priority be? Think about that. A decision maker in that situation might reasonably say, given my values and given all of the goals that I have, the principal one of which is that the country should survive, my nutrition priority will be to feed the army to be sure that my soldiers are strong enough to fight.

I used that simply to demonstrate the difference between "should" question and the level of discussion that deals with values and the level of discussion that deals with how they do it. In deciding what the priority goal will be, let us ask the question, what are the problems of pre-school malnutrition and what consequences do they have? Then we will have to decide which we think is most important and this depends upon a whole set of political and social and normal values. And we can avoid an awful lot of unproductive discussion by asking the question of "should" and "how" question. I want to move now to the "how" question, because I want to assume that we are in a situation in which the importance of nutrition as a goal has been accepted. Now, we haven't yet

decided what the priorities within that nutrition goal will be. We are starting with the situation now in which the government or the community or the family agree that nutrition is worth thinking about. And we are now going to ask the question, how do we decide what to do? How do we plan our nutrition goals? We are going to talk about the planning process and I am going to give you a planning process that consists of eight steps. The important thing will be to understand the thought process, you will recognize various other presentations when you see it. The thought process is nothing more than a series of steps for responding to that "how" question. We are all, in one way or another, in the change business. The kind of change that we are going to talk about this week is nutritional change. The question we are asking is how do we plan to bring about nutritional change more effectively? The same principles can be applied to any other kind of change. In other words the thought process applies equally well when we talk about nutrition or health or economics or your own personal situation. Simply ask the question "how does one go about selecting goals and deciding about how to reach them?" The question I have now is how an agency that has a school feeding delivery system can utilize it as a resource when the new priority is feeding pre-school children? How is this same school delivery system considered a constraint? As we do our planning, we look within the school feeding business. We can see that we have a delivery system, we've a staff that knows how to do school feeding, we know how to move food to schools, we know how to prepare it and that is an important resource if we try to do something for pre-schoolers. How is it a constraint? How does it limit what we can do for pre-school children?

G. Wagner, Indonesia:

There are two things that immediately come to mind. One is, normally, the agency will have commitments to the school and their parents would continue to expect that their children would be better fed in the school. The second thing is that

within the agency itself, there is a bias to continue that kind of program and it is difficult to get out somehow.

J. Pines: Very good. Your present activities are constraints because it is easier to keep up with what you are doing than to try to do something else. You always want to ask yourself a question, am I continuing with what I am doing simply because it is easier or am I still sure that it is the most effective way to do it? What is actually taking place is that when decision makers at the top shift priorities, the fact that you have a pre-school feeding program, limits your ability to make the shift because as it has been pointed out, you can't say, we are going to forget about school feeding and concentrate on pre-schoolers. You can't do that, you have political constraints. You have created expectations among people and they will not cooperate in pre-school programs if you abruptly discontinue the school feeding program. That will be true on almost anything that you do. It is a constraint in terms of the expectations that people have. So if you decide you want to change something, you have to think of how fast you can change it without upsetting the people. In a sense, almost all resources have some constraining aspect. When you look at your assets or resources, you will note that you have 100 trucks and that is a very useful thing to serve your purposes. But it is also a constraint because there are some things that trucks are good for and there are also things that they are not good for. Let us talk more about constraints. Constraints or limitations have a time dimension. If I say to you, I want a program that will improve the nutrition status of this group 6 months from now and you say to me, I can't do the project you have in mind because I have a constraint which is the lack of trained manpower. But if you give me as a goal for nutrition improvement 3 years from now, the constraint of trained manpower will no longer limit it because I will build in my activities, the training of people, so that it is no longer a limitation. When we design the project we must include in it training of manpower in order to get rid of that limitation or constraint. We are not just talking about headquarters when we

are talking about planning, constraints and resources. We are talking about headquarters, we are talking about national programs, we are talking about each of you individually, in whatever center or organization or institution you are working. All of the things that we are talking about have applications. If you are working in a nutrition rehabilitation center, a part of your job is to identify and to understand the goals of that nutrition rehabilitation center and in planning to reach them, you must identify for yourself the same kind of priorities, goals, purposes, resources and constraints that Catholic Relief Services in New York identifies at a much broader level in relation to a much broader set of goals. Remember I talked about narrowing the focus and we said that those purposes, outputs, and inputs all have a relationship to each other. One of the consequences of that is that the people who are actually doing the field work, may think the goal is one thing and headquarters think it is something else and you are not going to reach the headquarters goals. Let us run through that again - - input, output, purpose, goal and consistent logical relationship each to the other. If the people who are working in the field are part of the input, if they are concentrated on a different goal than headquarters had in mind, then the headquarters' goal is not going to be reached. That has two consequences. One is that it is very important that everybody at every level of operation understand what the program is about and what the goals really are. Secondly, this is very important, you can ask yourself whether CRS does enough of it and if you don't think they do enough of it, you do what you can to improve it. Since the goals of the field people and the goals of the headquarters should be the same, it is very important that headquarters should be the same. It is very important that headquarters understand the resources and the constraints that the field is subject to. Headquarters should not sit in skyscrapers in New York and make up plans and decide on goals without taking into consideration information that is fed up from the field about resources, constraints, priorities and the possibilities of different goals and purposes than those of the

field. In this discussion of the planning process, we haven't put much emphasis on who gets the information, where the information comes from and who does the planning. But the way it should work in order to make a program plan that can reasonably achieve feasible goals is that at all different levels, operational, field, regional, country, national level, everybody is involved in the process and information should be going back forth from various levels. Headquarters is telling the field, we have a very important constraint operating on us. We only have this much money. Headquarters is telling the field, we have another important constraint operating on us. For political reasons, the priority has been changed from this to this. The field is telling headquarters, we have some constraints operating on us. We can't do what we were doing before because of the typhoon that just hit. The information should go back and forth. The people at the national level are saying to headquarters, headquarters if you define goals, you better keep in mind the national development plan of the Philippines or the national development plan of India or what ever country it might be. Because what we want to come out with is a set of goals and related activities and projects that everybody understands at all of the different levels, that is based on the information that describes accurately the problems and the determinants that we are talking about. That is the whole process that we are looking at. Of course, it is not a process for headquarters alone. It is a process that each of you apply at his own or her level of operation.

The single biggest problem in the nutrition planning field is the failure to be specific about nutrition status goals. Of course, the reason people aren't specific about nutrition status is because it is a lot harder to be specific than it is to say, I am going to do this project because I think it will help improve nutrition. That is very easy to say and it is very hard to evaluate when somebody says, I am going to do this project because I think this will improve nutrition. When somebody says, here is a program plan which is designed to reduce infant mortality in this barrio of Manila, by 15% in 3 years, we are

beginning to get specific nutrition goals and at the end of 3 years, you can go and take a look and see whether the program that we did was what you thought it would be. Your nutrition status goal must identify who is going to change, where and which aspects of nutrition status - vitamin deficiency, mineral deficiency, calorie or protein deficiency? What kind of malnutrition are we going to improve? How much? How many of 50,000 children are going to move from third degree protein calorie malnutrition to second degree protein calorie malnutrition. How many, how much, what kind are 100,000 children who are at risk of Vitamin A deficiency going to be brought to nutritional adequacy with respect to Vitamin A? And now, the key question is, when? That is the most difficult one of all. This is one that people usually forget, but it is related. When you say "when", you are putting it on the line. That is when you show you mean business and that is when you become accountable. In program planning, if you are going to achieve goals, you are accountable not necessarily in a personal way but at least in a program way. You have a program idea that you think will achieve certain goals. And the minute you say that, somebody will come later and take a look and say, you know, I haven't heard that idea. You can't achieve the goals. So you become accountable. In a workshop of this sort, for example, one would say, all right, we are going to organize a workshop of this kind. We want to be accountable. We want to know what change is going to take place. It won't be nutrition status change. But what kind of changes are going to take place by the end of the week that you are here. And the burden will be on me to say, at the end of one week, the participants will have changed in the following way: They are going to do this, this and this. I think 70% of them will be able to do this, this and this. But before I would make a statement like that and be accountable for it, I would like to examine in great detail who the participants are, what they know, when they came to the seminar, how much time I am going to have and what kind of educational materials I have if I am to bring about change.

Has anyone a question?

F. Carlin, Korea:

This is about potential resources. It would seem to me that this should be defined and we ought to have a ceiling on it. We ought to know how much is going to be available. Because if we take our general situation, we are all doing everything possible right now. We can assume everything to improve nutrition status. We want to do more, we want to plan, but we have inadequate resources. Actually, the resources that we need are beyond our control. They don't come from donors. We could easily develop an \$8 million plan, but I could just imagine that if we come back from the donor his comments usually will be that this is over ambitious, that we don't have those kinds of funds, that demands throughout the world are such that we just can't give you \$8 million. But if they will just tell us that before hand and give us the ceiling and say that \$200,000 is the maximum amount they can give, I think this is a good starting point.

J. Pines

The way they can be handled is by way of funding guidance. Normally, in the course of the planning cycle, there is communicated at every level some idea of the reasonable level of funding that you can depend on. They may say to you specially when you have a national program allocating money to each province program or you have a world program allocating to each country, you plan your program on the basis of some guidance as to potential resources. Even if world headquarters does not tell you, a good rule to depend on is that there are very few national programs that are likely to double in one year. Have you ever seen a program that has gone up to 50% in one year?

F. Carlin, Korea:

Maybe, ~~Gambodia~~.

J. Pines: There might be special countries but you know pretty well what is going on in those countries. And so as you program and as you look at the resources, you say, what can I count on? If I am lucky, what is the luckiest

that I am likely to get? You build on that basis. Then there comes a time when you have to lock it in. We are talking about tentative goals because until it is locked up and you know what you are actually going to get, it is very hard to be exact. But you all have a good idea. If you in an area and you are counting on resources to be raised from the community, we are going to have a great big community nutrition project in which we are going to take advantage of local production and combine it with nutritional education so that community nutrition status improves. These are the questions. How much local production can we expect to get? How much do you think is wishful thinking? But be sure you don't recognize what it is. You want to do planning, you define your goals in terms of the resources and constraints that are involved. Don't forget the political constraints. You want a nutrition project, but you have a reason to think that the present minister is going to be out of the cabinet within 6 months and a new minister is likely to come in who doesn't want the kind of project you want to do. You have only two alternatives, either you forget it or you design the kind of project that you are going to do in 6 months. You never know, maybe the minister stays for one year. You make the best judgment that you can. But I have seen millions of dollars of money wasted because people didn't ask the question, will that minister stay in that office? All they had to do was ask the question and take a look at what is happening to other ministries and they would know in a minute that to commit millions of dollars before that minister liked the program was throwing money out of the window. In planning generally, unless you take a multi-year view, you will never get down to serious business. You keep limiting yourself each year to what you think you can do in a year. And so when you define your goals, you have a long-term goal, short-term and intermediate term goals. Unless you are thinking in multi-year terms, you will always be doing short terms which tends to be relief rather than development because development takes a little bit longer.

Mrs. Lien, South Vietnam:

I completely agree with you that we have to plan and in the planning process we make assumptions. But sometimes, our assumptions can be wrong and it gives you the feeling that it is like an academic exercise. I will take an example of Vietnam. Last year, our budget was 18 million and all of a sudden we were told to plan for a project that is given a budget of about 18 times that amount. And you can expect that given a political situation, that can disappear as suddenly as it comes.

J. Pines:

I am not going to pretend that Cambodia and Vietnam these days are the easiest places to do nutrition planning. On the other hand, I would like to contend strongly that despite the uncertainties of the situation, one can still go through this process and ask the same questions. What will I do if I get 10 times the money? Then you will have the beginnings of a contingency plan. What will I do if I only get 1/3 of the money? Then if you think that there is a chance that you are only going to get 1/3 of the money, you plan in a different way. If you really think that you may only get 1/3 of the money, you don't plan an extensive program that creates commitments in a lot of different places. Because you know that when your money gets cut off, many people will be hurt. It is better to have a more intensive program rather than a wide extensive one because you don't want to spend a lot of money. All this would have to be explained to the people and all you've done would just go to waste because you can't support it any more. We might as well confront it right away. Planning has in it a built-in frustration because you and others, whether it is you in relation to CRS in-country or CRS Headquarters in relation to AID or AID in relation to the U. S. Congress, there is always a competition for resources. Everybody is preparing plans. Everybody is trying to get the decision makers to give

resources. And inevitably, you are not going to get all that you want. And it does give you a feeling of futility. It gives you a feeling that it is an academic exercise. Frequently, what you get will not depend on how good your planning is. It will depend on just how good your planning is. It will depend on a lot of other factors. Sometimes, what you get does depend on how good your planning is. I have seen projects that were so good and so detailed and made so much sense that the person or the agency that planned it got more because it had a good plan. Secondly, it is not an academic exercise because when you are implementing the program, whatever you get when you do the program, you will do it better if you know very clearly what the goals were and you have designed a project in a program to achieve the goals. So that it may seem academic and that a certain amount of wasted effort has resulted, but in the long run the impact on nutrition status will be better because you planned it better.

The Flow of Nutrients and the Determinants of Nutritional Status

Would all take a look at the consumer sub-system in this diagram? There are some things that I see that we haven't talked about and it may be just words that you don't understand. If you have no questions we are going to move on to the production sub-system. We ask the question, where do the nutrients that people consume come from? We ask the question, what are the factors that influence the production of nutrients? Because we know that the total amount of the production of nutrients has some influence on nutrition status. We know that there is a relationship between production of nutrients and nutrition status. We have already discovered that there are many other factors that intervene between production and nutrition status. And you hear people say, if only we could improve food production we could solve our nutrition problems. We know already that that is a simplification and as we go further, we will see why. We can say that there is a relationship between production of nutrients and nutrition status, but it is not a direct relationship. We cannot say that if we increase production, we will auto-

matically improve nutrition status. We can say this, if we don't improve or we don't have enough production, that may limit our opportunities to improve nutrition status. That is something different. Increasing production does not automatically improve nutrition status. On the other hand, a certain amount of production is a necessary but not a sufficient condition for improving nutrition status. Now, that is as true in your local community as it is in your country; it is as true to your family as it is for the province. What I may be talking about in country terms, applies equally well in any community where you have a program. A certain volume of nutrients is a necessity but also not a sufficient condition for adequate nutrition status. And the fact that we increase the volume of the nutrients, whether it is in the country or in the city or in the family, does not automatically improve nutrition status. Some of the factors that influence production is land tenure. People always identify very clearly that the land holding relationships of the country is the factor that influences the volume of nutrients produced. Water, climate, soil, fertilizers, pesticides, labor, capital, credit, etc., all of these things are determinants of production and we can think of a total quantity of food or we can convert it into a total quantity of nutrients. And when we ask the question, what determines nutrition status? We can say that nutrition status is determined by a whole process whereby a certain volume of nutrients passes in various ways to consumers. It is taken in by them, digested, absorbed, and utilized and that affects nutrition status. So that the process of nutrition programming in nutrition planning is a process of trying to influence the volume and the flow of nutrients. Everything you do can be described as having some relationship to increasing the volume or directing the flow of nutrients.

Now, let us take a look at some of the things that happened to the flow of

nutrients right from the start. The first thing that happened which is not shown on this diagram is that a substantial part of the nutrients that are produced in many countries never go to improving the nutrition status in that country because they are exporting them. That is the first loss of nutrients. Brazil is the second largest producer of soybeans in the world, but if you notice, Brazil has protein malnutrition. Why? In part, because the soybeans are exported. And when they are exported, they will not help nutrition of the people in Northeast Brazil very much. If you go to Ghana and look at the production of nutrients, you will discover that the major portion of the nutrients is exported. Another consequence of that is that the people tend to produce for export instead of for consumption. So you see immediately why nutrition planning is serious business. Because if the government takes it seriously, it has to face up to the question that many times one of the major factors that influences malnutrition is that even though we produce lots of nutrients, we export them to other countries and that is the reason why I say that a national nutrition policy or a national nutrition commitment gets you into very serious economic questions because it comes down to saying to the government, which is more important to you, to feed your people or to export the nutrients and get foreign exchange for that? At the present time, most governments will answer, it is more important for us to get the foreign exchange than it is to feed our people.

F. Carlin, Korea:

I think that is an over simplification. I think people or countries are exporting because they need more money, the farmers need more money. The people who are malnourished are identified with the farming population. So they must go where the money is.

J. Pines:

I was suggesting that it may well be that the best nutrition program for a country is to export certain nutrients in which they have comparative advantage

and import cheap nutrients. That is not what happens. It is an over-simplification, but in terms of nutrition status and in terms simply of insisting on asking the question, where do all the nutrients go to, exporting represents a major leakage. And when you are thinking about the question of what is going to happen to the farmers who produce cash crops if we shift to cash crops for export, it is important to ask the question, what will happen to their nutrition status? What you will find frequently is that because you are now increasing the exporting of crops, you reduce the food crops and even though they have more money, their nutrition status will be down. It is a question that must come out in any kind of assumption of the determinants of nutrition status. We have identified the factors in the consumer sub-system. We are recognizing, among other things, that there is some level of production of nutrients, whether by import or by domestic production, that must be available or you are not going to have adequate nutrition status. Because no matter how much income they have, they must have adequate nutrients. When you ask the question of how do we improve the production of nutrients, you get into a number of alternatives that involve making income opportunities more attractive for growing certain kinds of crops. I want to be sure that you understand that we have not solved the problems of malnutrition when we say that income is a major determinant. And very frequently, when we are concerned with improving nutrition, improving income is not the most efficient way to do it. Sometimes, yes, sometimes, no. Because you are going to ask the question how hard is it to improve income, and what you will find is that there has been very few effective attempts to increase the income of families that have malnutrition. And it is not at all clear that the World Bank or anybody else knows how to do it.

In Ecuador which is the country where I worked, they produce a lot of shrimp.

Shrimp is high in protein, but it is a costly source, because the price in the world market is high. Somebody said in Equador, how are you going to solve nutrition problems? And somebody says, we produce a lot of shrimp. Should Equador save its shrimp for domestic consumption or sell the shrimp at a high price and out of the proceeds, use the money to buy something that contains more nutrients than the shrimp? Now, there are good political reasons why a country might do that. A country might say we still want to be nutritionally self-sufficient. We don't want to put ourselves at the mercy of the world market, or of our food suppliers. But what really happens is that the shrimp is produced and exported and everyone forgets about importation of cheap nutrients. The two decisions are made separately. And what usually happens is that the nutrients are exported and nobody is concerned about whether corresponding nutrients are imported.

G. Wagner, Indonesia: In addition to the determinants that you listed, I think the price that the farmer receives for his crop is also a determinant of production.

Mr. Pines: Yes, that is shown in the diagram under supply and prices.

Mrs. Lien, South Vietnam: Can we make this diagram a cycle? For example, consumption and nutrition status of the people would have an influence in productivity and consequently, production.

Mr. Pines: You are right. You can think of this whole thing as an energy cycle. It gets pretty well complicated but your point is well taken. You are one of the few people who have seen this fact, that this is a cycle. We have identified some of the determinants of production and must look at some of the losses or leakages that occur as the production of nutrients flow to the consumers. We can think of that flow, we can think of that number of separate systems, if we want, we can think of the flow of protein, we can think of the flow of calories, we can think of the flow of wheat, we can think of the flow of rice, or any food or nutrient that we want to, depending on what questions we want to ask.

And the first thing that happens is that you have a number of leakages, exports, certain amount is held for seeds, certain amount is held for non-food users, a lot of soybeans go to the manufacture of plastics, for example, and this does not improve nutrition. Animal feed is a tricky one. In the case of the animal feed, the nutrients leave the system, are fed to the animals and then return to the system more expensively in the form of meat and dairy products. The trouble is that when it comes back as meat or dairy products, the cost is much higher. Spoilage and insects cause leakages. Estimates of the amount of loss due to spoilage and insects vary anywhere from 20 to 40% at certain situations. What I mean is that when you improve the supply of nutrients, in some situations it is more effective to improve the storage than it is to improve the volume of production, but you won't know until you get information on both of them. Now, the nutrients pass into what we call the distribution sub-system, transport, storage, processing, packaging, marketing, and public distribution are all a part of the distribution sub-system. This is the delivery system that tries to direct the flow of nutrients to particular malnourished groups. A hospital or rehabilitation center is a delivery system which directs nutrients to certain malnourished groups. Supplementary feeding programs of any kind are an attempt to direct nutrients to particular groups that otherwise would not receive them. How do most people get their nutrients? They buy them. So that the major determinant of nutrition status is what happens in the marketing system. Most nutrients are either consumed by people who produce them when you are in a subsistence economy, or they are purchased on a market. We see that the production sub-system which influences the supply of nutrients and the consumer sub-system which influences income and food habits, determines a certain level of effective demand. Those are the major determinants of the market price. You have a certain supply of nutrients which is influenced by the leakages and by incentives to the farmers. At the same time we have consumers who have certain

levels of income, certain food preference and food habits and that translates into market demand. People go into the market with money and they are willing to pay a certain price for various foods and the nutrients that they can get. That meeting of supply and demand constitutes a major part of the determinants of the nutrition status. And you will hear a country or people say, our food requirements are so many tons of this and so many tons of that. Frequently, when you see the term requirements used in that sense, what they are talking about are market requirements. Be careful when you hear the expression requirements. Ask yourself a question, are they talking about market requirements or are they talking about the requirements necessary to fulfill nutritional needs? When people talk about market requirements they are usually talking about how much production we need to keep food prices from going up. Every year we know there will be some growth in income and increase in the demand for food. This tells us that if we want to keep food prices stable, we have to increase food production at a certain rate. Market requirements and nutrient needs are not the same thing. And your nutrition programming problem comes about because the market alone does not fulfill nutrition needs. The size and distribution of income and the cost of producing nutrients are such that in most countries, the marketing system does not by itself produce nutritional adequacy and the programming problem is a problem of trying to fill the difference between the nutrients obtained through the market system and the nutrients people really need. The market system, given the size and distribution of income and the supply conditions for the production of nutrients, does not by itself, fill everybody's nutritional needs. Next, we will talk about some more tools that relate to the production system and in a way that should be helpful. When you know what food balance sheets are, you will know that they can apply even at a community level. You have to do a better job in nutrition programming in order

to avoid some mistakes and this would help you interpret what other people think. Who among you would like to say a few words on what food balancing is? Food balancing is an assessment of the total supply of nutrients and the total national needs.

It is an aggregate relationship which can then be expressed on what they call the per capita basis. You can get it by getting the total supply of nutrients and dividing it by the number of people. That will give you an estimate of each individual's nutrients supply. Food balancing is a useful thing for assessing the total supply of nutrients and the total national nutritional needs, but it does not guarantee that you will improve nutrition status. But the reverse is useful to keep in mind, that is, if you don't have a favorable food balance sheet, no matter what you do, you are going to have some malnutrition. It is the same thing about production. There is no guarantee that a certain level of production will take care of everybody's nutrition. But it is also true that a certain level of production is a necessary but insufficient condition for adequate nutrition status. Any comments or questions? Another tool that is useful to study is income distribution and least cost diets. In any given country at any given time, in any community at any given time, there are a certain number of families that do not have sufficient income to purchase nutrition adequacy. And the way you figure that out is to ask the question, what does nutrition inadequacy cause? What are the kinds of diets that have least cost? You go out to the market and buy at least cost that combination of food which will meet those requirements and you will come up with the figure. You know that those families that cannot afford even the least cost diet if nutrition status is to be improved in those families, you are probably going to have to provide some kind of subsistence for a certain period. Also, you will be able to identify a group that has enough income to provide for its adequate nutrition status. We should distinguish between those families that can afford adequate nutrition status and those that cannot.

This will tell us that for those who cannot, we are going to have some kind of subsistence; for those who can afford but do not yet have it. It tells us that the major determinant in their difficulty maybe the need for nutrition education.

Another tool is the notion of ecological zones for nutrition profiles. That simply means that as you look at the countries, you make a map of agricultural production. You will discover certain patterns in which particular kinds of products are associated with particular levels of malnutrition. One other thing that I would like to emphasize is the least cost diet. I want to add to that, that in many cases where you are dealing with people who are producing their own food, the question that you should ask is whether they can afford and whether they have enough land to produce a decent nutrient supply. The landless laborer and his family becomes a group that has a lot of malnutrition that requires a different kind of nutrition programming than a group that has enough land.

Those are tools that will help you design the kinds of program that you are now working in.

Another notion that I would like to introduce is the notion of marketing change and that simply means asking the question, what happens to the food produced from the time it leaves the farm until the time it reaches the consumer? Where does it go and what happens to its cost? What you will discover is that some products are very very cheap at the farm gate but by the time it reaches the consumer, they become very expensive. Now, the questions of what kind of product you encourage, what you feed the people, how you try to influence the market or what kinds of project you choose for Food-for-Work and a generality of other questions depend upon understanding the marketing change of your various alternative crops. In most countries,

people will always try out some nutrients sources, some food that they say is terribly neglected that has lots of nutrients and is very cheap. If we concentrate on producing that, we will solve our problem. You will be confronted with this problem in various ways. The only way to handle this is to ask the question, how much does it cost to produce the nutrients and get them to the consumer, absorbed and utilized by the consumers? Then you ask the question, what else should happen to help improve nutrition status. We have to consider these things because failure to do so might lead us to wrong decisions. There are problems after problems that have to be taken into consideration before the improvement of production can actually lead to the improvement of nutrition, and you will not know that unless you look at the whole system. Unless you trace the flow of the nutrients, you can never be sure of what is going to happen. I'd like to talk about a constraint brought to my attention just before lunch and it is also a constraint that should be involved in the selection of priorities and target groups and that is: the feelings and the attitudes of the population and communities that we are working with. We've talked about feedback to headquarters on information that would be useful in selecting priorities in planning programs. One area of information that field people are in the best position to furnish is information about the attitudes and values of the community that has the problem. Very frequently decision makers might think it is an important priority and a serious problem may not be presented that way at the community level and unless you take that into account, you are likely to design a project that will not achieve the goals that you think are going to be achieved. And you may, as a part of your project design, want to work with a community to make available to them information that may influence their attitudes and values and judgements about what "felt needs" really are. Unless you first ask the question - how does the community

feel today - and take that into account in the identification of priorities and in the design of projects, you are doomed to failure from the start. You have seen some international programs that were designed without considering community preferences and attitudes and when they got out into the field nothing happened. What went wrong, the biggest experts in the world are in this project, what happened? They forgot to take into account that they treated people as objects rather than collaborators. In a sense, the constraint and the resource are the community and the people with whom you are working. We have described nutrition problems and conditions and these exist among people, and those people have values and attitudes, and strengths and weaknesses, related to constraint. Take your systems, diagrams and look down at the bottom left hand corner. Under administrative structure and human systems, government is listed. One of the most neglected areas in programming is what we might call "human systems" and the greatest plans may come to nothing if you don't consider the management and organizational capability of the agencies that are going to be carrying these programs out. This is a little different from the skills and limitations that we are talking about. I am talking about something more general and more pervasive. It is a problem that is mixed with many ingredients. In any problem that you come up with, you have to take into account the management, the organizational capability and one useful idea to keep in mind is the notion of absorptive capacity. The capacity to absorb resources. I am sure you are all familiar with agencies and organizations and health centers that can handle only a certain amount of food because if you send too much food, the distribution system is paralyzed and you wind up with food piling up. This is because sometimes people try to push in more food than the system of the organization can absorb.

Earlier you heard about a situation in Vietnam, a project that I think you

said could increase by 20 times. You know in advance that if a project increased 20 times, very quickly the limiting factor on program effectiveness is the capability of the human systems to manage the resources. You can't do it quickly, you need time to build the organization capability of the system can be a serious constraint. The longer you are planning ahead, the less of a constraint it will be because you can plan to improve the capability. Another kind of constraint is the political constraint it will be because you can plan to improve the capability. Another kind of constraint is the political constraint that limits the kinds of activities you can do. Another thing that has not come up at this workshop but I run into it a lot, is that people tell me - never mind all this nutrition planning, never mind the critical determinants - we know what the major determinant of malnutrition is and we know how to solve the problem. I say - very good, how do you do that. They say - all you have to do is look around you and the land tenure system, the way the land is distributed, is a critical factor that affects nutrition status and everything else in this country. I have not heard this in the Philippines, but I have heard that in many other countries. What they are saying is - forget everything else that you are saying, the main determinant is land tenure and unless we have land reform there is not going to be nutrition improvement. Another statement heard frequently is, "this is all fine, we all know that income is the principal determinant and if you want to improve nutrition, change the income distribution." But one constraint comes in immediately and you say to them, particularly Latin America, "how long do you think it will be before they get the agrarian reform that you are talking about?" The answer usually is "a generation". Because when I went to Latin America 15 years ago, for the first time, they were talking about agrarian reform and I have been to many places and 15 years later no progress has been made. This is because of what you have to call a "political constraint." The second thing which

is related to it is to say - when you have the agrarian reform and you change the pattern of land ownership you are going to have a lot of land owners and your trouble is just going to begin. Nutrition programming problems are going to be tougher than ever after the agrarian reform because if you want the agrarian reform to fulfill its promise, there are many other things that you have to do. You have to provide technical assistance, you have to increase agricultural inputs, marketing system and the intra-family distribution system. The first constraint is a political constraint when you run into that you have to make a choice. Some people do make a choice, they choose to be a revolutionary. The per capita health expenditure by governments in the developing world is practically in every case below \$5.00 per person per year and the major part of that \$5.00 per person per year goes for curative services in big city hospitals. When you are working on projects with a health service input it is best not to forget how much money it will cost and keep in mind that in your country the average per capita expenditure is under \$5.00. I have seen any number of integrated child health programs. In one country the average cost per child was \$45.00! Are there any questions?

G. Wagner: Will you distinguish between goals and purposes?

J. Pines: I have been thinking to myself that we haven't talked much about that let's do it now. Under the AID system the concept of goals refers to the broad range of changes that you are interested in. Remember, we said this morning, you define nutrition goals, you identify a particular group whose nutrition problems you are going to do something about, you identify where they are and which problems you are going to do something about, how much change and how many people, how long the change is going to last, and how long you are going to do it. In the AID system, the goal refers to the general category which, in the case of nutrition planning, will be changes in nutrition status. Some people prefer to call that objective. Try not

to worry about terminology, concentrate more on understanding the thought process. Now, related to that is a program strategy that consists of many different projects, policies, and activities. Each of these involves some change in nutrition status of a portion of the group that is referred to in the goal. So that you may have a goal that says - our goal is to improve the nutrition status of pre-school children in Luzon. This particular project is a rehabilitation center project in Luzon for pre-school children who have third degree malnutrition and at the end of the project 2,000 children have already moved from third degree malnutrition to nothing worse than first degree malnutrition. That is the purpose. Alright, in the same place, Luzon, we have a nutrition education project among families who have enough income to purchase adequate nutrition status but don't for lack of either knowledge or food availability or for some other reason. We have another project which is designed to improve the nutrition status in those families. That is a different purpose but the same goal, a broad concept of a change that we are interested in.

Fr. Rodriguez:

Would we think first of the goal?

J. Pines: Think first of the goal? First decide what you are going to do.

Fr. Rodriguez: Supposing we give you 20-25,000 dollars

J. Pines: I did that on the assumption that I was going to get that amount.

Any other?

Lafayette: Speaking about the sequencing, should not input come first before outputs? Goal, purpose, output, inputs?

J. Pines: I think of the goal first, right, because how can you decide what the input and output is going to be if you don't know what you are trying to do.

Lafayette: Exactly. Should we not start out with goals, purpose and then inputs first before outputs?

J. Pines: No, because the direct relationship is between the output and the purpose. In other words, if I were to spend a certain amount of money in a certain way, I'll try to get a certain output which I think will contribute in a certain way to a certain purpose related to the goal. In other words, the logical relationship is, I am going to spend a certain amount of money in order to get a certain number of mothers who as a consequence will feed their children in a different way and improve the nutrition status of their children.

Lafayette: Could you define the output once more?

J. Pines: Output is the immediate outcome of the input. I'll give you some classic examples so you'll see what I mean. In a project on education the number of classes is a part of output. It is not a part of purpose. You are not in business to give classes, you are in business to think what classes can do - to educate people, to help people to motivate people. In feeding programs, the amount of food distributed is a part of the output not of purpose because you are not in business to push food, you are in business to improve nutrition by having food consumed in a supplementary way. The number of people attending classes is an output, not a purpose. What you are trying to do is improve nutrition status, you are not trying to get people to attend classes. Another way of thinking about it is to make a distinction between intermediate steps and steps that are closer to being your final goal and in everything that you do, you want to ask yourself the question - what is my ultimate goal and what are the intermediate steps along the way? Questions?

G. Vilareal, Philippines: I am quite lost. It seems to me food, supplementary feeding programs should be input and the result is the output that would be attained, i.e., good nutritional status.

J. Pines: What you are doing is simply putting in different terminology. The only reason I encouraged you to use this terminology is that you are likely to be called upon to present projects using this terminology.

Frank Carlin, Korea: I go through the four steps here: 1) identify the priorities; 2) consider the resources; 3) consider the constraints; 4) goals and purposes. When I am setting my goals and purposes I ask the five questions: who, what, where, how, why. So, when I ask these questions for the goals and questions for the purposes, I will get the same answers.

J. Pines: One is more specific and precise than the other. When we set the goal in this sense, it is not going to be more than a general statement of the kinds of changes that you are going to bring about. Purpose is where the day of reckoning comes in, when you say how much change of what kind, etc.

Frank Carlin, Korea: We don't say that for the goals then?

J. Pines: You don't have to. Under the AID terminology goal is a general statement of the kinds of changes you are bringing about.

Sunawang, Indonesia: We have to bear in mind the measure of evaluation. We cannot measure progress.

J. Pines: No, no, no, wait. You have very properly stated that anytime you state a purpose in your project design you should indicate how you are going to know when you get there. How are you going to measure progress? You build into the project some ways to measure progress. When we get to evaluation, as I hope we will, we assume that evaluation need not represent such a big additional cost that you have to worry about the financial indicator but you do have the problem of defining your purposes.

Fr. Roughan, Solomon Islands:

Have you ever heard of qualitative indicators?

J. Pines: Yes.

Fr. Roughan, Solomon Islands:

Does everything have to be qualitative in order to be an accepted measure of the purpose?

J. Pines: No, actually evaluation is made up of quantitative measurement plus qualitative information. But on qualitative indicators, it is fairly simple to devise some way of approximating changes in qualitative work.

Observer: Supposing the projects of other regions are presented in a different terminology?

J. Pines: If you want to look for trouble, present it in a different terminology. What you do is this: first, in your own mind, what it is you are proposing is to use any language you want. But understand clearly, in your mind, what you can expect to happen. If you know in your own mind what you expect to happen, putting it clearly in any language in a logical framework, is a simple matter. If you can't do it, finding someone to help you is also a simple matter. If I were to work on something like this, I would also go to somebody for help because you can never be sure that even if you present the project in this language, somebody is not going to change it.

Interventions or Alternatives

What do I mean by intervention? It is simply any kind of project, activity or policy. Anything that we do to try to bring about change, the general term we use is intervention. In Step 1 and Step 2, we described certain projects, then we explored the determinants and the way we explored the determinants is to look at something called the nutrition system and we said that as we look at these determinants and we collect information about them, we should be able to identify certain things that seem to be more important than others in relation to particular groups.

We said there might be a group that had enough money to provide nutrition adequacy but they weren't doing it because the intra-family distribution was poor. Even if you gave them more food the pre-school child would still suffer because the food is such that she wouldn't get much more. That would be a promising intervention point. Let's explore alternatives in that intervention point or look at determinants and think about our priority group that we are trying to help. Another intervention point is to try to improve products. In other words, we look at our system and try to identify certain determinants that seem to be specifically important but they also have to be subject to intervention. We think we could do something about them. If you have decided that intra-family distribution is a promising intervention point, you ask - what am I going to do about it? What are my alternatives? Whether you are the planner or the one in charge of a small rural health area - ask yourself- what alternatives do I have for influencing this particular point? What can I do?

Fr. Imperial, Philippines: Would it not be good also to identify the non-promising intervention points?

J. Pines: The idea of intervention point is not specific. You did not get to the point of what you are talking about now. Your next step for any particular point or determinants is - what are my alternatives and if you look at the alternatives, you may find that you have to do things at various points in the system.

Fr. Imperial, Philippines:

The term is promising intervention points. They are not activities.

J. Pines: No, they are not activities. They are just blanks in the system.

Fr. Imperial: Would it not also be good to look for points in the system?

J. Pines: Yes, but you won't do that when you are looking at other terms. You have a terminology problem. It is simple enough. You do it all the

time, Look at the situation, you know the purpose, how do I do it? The reason that I explored causes was that I wanted to find the determinants. Now, the terminology that I am using is simply to take the first step and what looks like being the most promising types of intervention meaning those places where if I do something, I get the most back. Those places which seem to be the major obstacles to improve the nutrition system. Somebody says - why don't you work on milk marketing, if you really want to help babies. Improve milk marketing, if you can get the price down, then there will be lots of milk consumed and it will help a lot of babies. You have to try and decide which of all these things are the best. You must give thought to the nutritional status. Ask - what do I know about determinants? As I look at my nutrition system and I collect information about it, I find that these people are good farmers. They have a fairly decent income, but unfortunately, their food habits are such that mothers don't feed babies solid foods of the right kind and when they do, they are not starting the solid food at the right age. A very promising intervention point for this group is to try and do something about their food habits. You can identify more than one but at least you begin to separate the things that will have more impact than some of the others. Look at the system to see where the most important bottlenecks are. Sometimes, you may find OPAQUE 2 corn in the system. We found problems in getting the farmers to produce it, problems in getting people to eat it, problems of absorption and utilization. Looking at the intervention points in the bottleneck which will affect the production of protein. A promising alternative for doing something, is to encourage the production of OPAQUE 2 corn. Then you ask the question - what do I have to do throughout the system to improve the production and absorption of OPAQUE 2 corn so that there will be more protein so that the pre-school children will be better nourished. Two steps: first one is to look for a promising intervention points that are amenable to intervention.

Secondly, identify alternatives for eliminating the bottleneck or for improving the situation. Start to look for different solutions. Different things that we can do and once again narrowing the focus and getting more specific information about a narrower and more narrow area. Now, we have identified poor intra-family distribution as a critical obstacle. What are our alternatives for influencing intra-family distribution. In order to develop alternatives, we now have to ask the question - what are the causal factors that influence the obstacle or the bottleneck or intervention point? We have to narrow our focus of information and get information about the reasons, the causal factors, and the determinants that influence the particular point where I want to do something. Perfectly simple common sense things. We are just making it explicit so you don't forget about it.

Eliodoro, Philippines: Are you now trying to pinpoint major activities?

J. Pines: Yes, when you look at the alternatives, you are going to decide on a set that looks like the best and that can be the basis for your activities.

Eliodoro, Philippines: Would this help somehow to give you an idea of the schedule of activities?

J. Pines: That will come later. You can't put in a schedule of activities until you decide what you are going to do. From all the things that we have discussed in the last two days, if I have to repeat one part, which should it be? There must be something that you have come across that is clearer than some of the other ones.

Sister, Philippines: I have a question about constraints. Could a rule of a certain funding institution be a constraint?

J. Pines: Yes.

Sister, Philippines: For example, in our nutrition program, we are already in the process of integrating family planning and the nutrition program. We have discovered at the regional level that certain methods do not affect the

decisions of the recipients. For example, the IUD or the pills, they are no longer acceptable. Suppose we could not reach that goal because we would not like to submit to the rules of the funding institution?

J. Pines: Ask yourself, is there any possibility of changing the rule and how is that likely to change? Then you have to ask the question, is there some other way that I can reach the goal in spite of that rule? And you may also ask this question, is there some way that I can respond to the letter of the rule and still do what I want to do?

By the way, are you talking about certain funding agency's prohibition?

Sister____: Yes.

J. Pines: If the funding agency has a prohibition, that is a little different. Sometimes, a funding agency has certain requirements. When you program, you say, how can I meet those requirements and still do what I want to do? If you cannot achieve your goals with your prohibition, you will have to modify your goal. But is there some other way to do it? Sometimes though, what looks like an unreasonable prohibition is really a challenge to look for new alternatives. And very frequently, you will find that if you really look for alternatives, that prohibition may not be as serious a constraint as you thought. We have to discuss the specific situations and look for alternatives, but frequently, when you look closely for alternatives, you find some other ways to do it, or may be, you find some other agency that you can cooperate with that will do what you can't do and you work with them. That is one way.

Sister: Suppose the agency is not competent in that matter and could not do something?

J. Pines: Sometimes you are going to have goals that you would like to set that you can't achieve. If you can't, you change your goals and then you keep looking for ways. But there are lots of things that you would like to do, but because of funding agency prohibitions, because of resource limitations,

because of lack of knowledge, you can't do it. But you always search for alternatives. You say, I have a prohibition by the funding agency and I'll think of a way to achieve my goal and to do what I want to do in spite of that prohibition. The first alternative that occurs to me is to say, is there some other agency that I can work with that would do what I can't do? You run into this frequently. I saw a lot of that in population-family planning. There are agencies saying, we would like to do family planning but our funding source would not permit us. So we look around for somebody else who is doing family planning and work closely with them. And very frequently, we get the same result. If there are no more questions, we will continue with the planning process. A set of activities addressed to the same purpose, not goal, is a project. Purpose is a quantitative statement of a nutritional result.

Hypothesis: The tool that I find useful in talking about projects is a very simple diagram that we call the project hypothesis. Whatever you are doing, whether as a family or a person or as a group or community or country, if you are undertaking certain activities in order to bring about change, you have a project hypothesis. If I take a certain group with certain characteristics and conditions and I arrange for the performance of certain activities at a certain level, our hypothesis is that a certain result will occur. A set of activities at a certain level will produce a certain result, a quantified result. Let me give you an example. We have a group of pre-school children; they have third degree protein calorie malnutrition, they are rural children who come from families who haven't enough income to maintain nutritional adequacy, all of them have illiterate parents, all of them come from families with at least five children, all of them are suffering from parasites. You look at all the characteristics and conditions that may affect the result because you want to have a hypothesis about what the result will be. You want to have something

that will have a reasonable likelihood of producing. You are trying to develop a realistic statement of what the project result will be. All right, we have that group with one characteristic and condition and we say the set of activities is supplementary feeding for three (3) months, nutrition education of mothers, 30 mothers with 13 hours for each mother. The hypothesis is that if we take that group we are talking about, and when we describe it as supplementary feeding, we will also say, how much food and under what kind of delivery system? Our hypothesis is, if we do this particular thing with these mothers, we will produce a particular result of 25 children moving from third degree malnutrition to normal or standard weight-height relationship and maintaining it for six months. That is a very rough statement. It will take a lot longer to develop at least a project hypothesis. You now have a statement about a proposed set of activities, and you are making a prediction or judgment about what will happen. The advantage of the project hypothesis, even the logical framework, is that the hypothesis now says, between these activities and this result, there are a succession of intermediate steps. Another way to describe that set of intermediate steps is that there is a causal change between the activities and the results. Remember that description. Remember that project also because now what I want to do is to explore the causal change.

AID Observer: You have indicated under results the period of time that you would like to maintain the standard weight of the child and that is six months. Is that a material thing that you should take into account in attaining a good result?

J. Pines: There is a great difference between restoring children to standard nutrition adequacy and restoring and then maintaining them for six months. If your goal is just to restore them and feed them for 3 months and you send them home, you'd better forget it.

If your goal is to maintain standard nutritional adequacy for a period of six months or 1 year or 2 years, then you have to define it. You will have to do a lot of things.

Aid Observer: Then if you do want to maintain the children, you will be involved in many activities. When will it ever end?

Mr. James Pines:

That is right. That depends upon how you define your goal. Tell me what you want to do and then we will figure out when you will end it.

Now, let us go to the chain of causation, intermediate steps. Ask the question, what are all the things that have to happen for the activity to produce the desired result? You can ask this on everything you do. The first thing that has to happen is that the input or the output occur as planned. In this case, remember the input and output with a certain amount of supplementary feeding which meant that 30 children will consume a certain amount of food over a 3-month period or would receive a certain amount of food, and then there were the parasites and 13 hours of nutrition education for the mothers, this is very simplified. An actual project may have more details. What has to happen in order for us to get a result? The first thing that has to happen is that the children have to consume the food in a supplementary way. Correct me if you disagree. You don't have that problem in the national rehabilitation centers because it is a controlled field. Here, you will give them their entire requirements right in front of your eyes so that you will know whether the food is being consumed in a supplementary way. But many times, this is true in many countries, you would not be sure if the children were actually receiving and consuming it in a way that makes the food supplementary. So that first thing that has to occur, and unless this does not occur, everything doesn't matter much, is that the food has to be consumed in a supplementary way. Now, we have that nutrition education. What is supposed to happen as a result of that?

F. Carlin, Korea: I think attitudes have to change.

J. Pines: Attitudes have to change, do you think that is enough?

G. Wagner, Indonesia: Behavior has to change also.

J. Pines: Behavior has to change, anything else? Typically, when you have nutrition education, you have three intermediate steps after the input and the output. The input is if we spend a certain amount of time, teaching, and a certain amount of money; the output is that we have a certain number of mothers who attended 13 hours of classes or discussions. In order for that to contribute to the result, the mothers have to have improved knowledge, they have to change their attitudes and they have to apply what they learned by changing their behavior. And when you think about it, you discover that there are two steps. They have to try the new behavior and they have to maintain it. Try and maintain. What about that parasite business, what has to happen there? Now, of what value or utility or practical consequence is this notion of project hypothesis? Why bother with it? Anything that you are doing in the nutrition field is an experiment, a trial. It is an attempt to predict a certain result just as a research worker does in his laboratory. People working in the field, in nutrition projects are experimenting by preparing and implementing a certain project hypothesis. How do you verify the project hypothesis? How do you see whether you are right? What do you do in Hong Kong if you have a project hypothesis?

R. Ho, Hong Kong: We do it by evaluation.

J. Pines: Evaluation, yes, Evaluation is a process of verifying, to see whether or not the project hypothesis is true. There is a lot of fancy language for a certain kind of business. It simply means that if you have a national rehabilitation center, you have at the back of your mind a project hypothesis. Some prediction of what you think is going to happen including all of the steps between what you do and the ultimate result.

There are two things I would like to emphasize about project hypothesis, that is, group activities result. One of the things that come out right away is that the result depends both upon the activities and upon the conditions and characteristics of the group. A project that produces the same result among families where both are literate will probably not produce the same result where most of the families are illiterate. A project that produces a certain result with families that have income that permits them to purchase adequate nutrition will have a different result if you do it with families that don't have much income. Think a minute about all the demonstration projects that you have seen, where and when people have finished with their demonstration project which had a good result. Their hypothesis was verified. Just try to do it at the national level. When they take the project idea, they take the activities and they forget the fact that the results of the demonstration project depended on the characteristics and conditions of the group. They take the very same set of activities and they go off in the rural areas somewhere where they are going to have a supplementary food project and they say we are going to do this project out there because we are going to get the same result. Has anybody seen that happen?

Another mistake that happens is that we do a demonstration project and because this is a demonstration project, we put our best people on it and we do it in a place where good medical facilities are available. And every Monday and Thursday, we are there and we are showing off the project and everybody who works in the project is very excited, their morale is terrific and then we got the results. Now, somebody says, let us do it on the national level and they take the same concept and they go out in the rural area with a group of untrained auxiliaries who are unhappy about being there in the first place. They try to do the same thing, but they are not putting their best people on it any more. What happens? Morale is terrible, results are terrible and

everybody says, what went wrong? What did we do wrong? What went wrong was that they forgot about the fact that project activities depend in part on the management and organization and performance capability of the people who are going to do this. And a hypothesis that may work with a certain group and with a staff, may fall completely apart when you try to do the same set of activities in a different area with a different staff. I have seen hundreds of project proposals where you could tell the moment you look at it that you would not have a chance in the world of producing anything like the results that were stated, and in fact, you did not have any chance of producing any results. And the way you find it out as you just look at it, you look at the characteristics and conditions of the group, you look at the activities that are proposed and the level of activities that you proposed, you look at the result and you ask the question, either of yourself or somebody else who is working with you, and you say, what makes us think that these activities will produce this result? And then you look at all of the steps, all of the intermediate steps that have to take place to produce the result, and you discover immediately that it absolutely can't happen. It is very useful to take a good hard look at the project hypothesis before hand so that you don't have to wait for the evaluation after you have made your mistakes. If you review the project hypothesis very carefully, you may pick up a lot of things that you would otherwise not pick up until evaluation. A project hypothesis is an attempt to verify a theory. When a scientist wants to verify a theory, he experiments on it and if he doesn't get the desired result, he will say his hypothesis is wrong. We should be very careful about the use of success and failure, because when you think about it, if you want to assure success, the easiest way to do it is to scale down your goals. If you want to guarantee failure, all you have to do is to set goals that are much higher than you

could probably realize. I do not want to see you wedded to the idea of bad goals. We must be very careful in saying that our work has been a failure. It may be a failure because you made assumptions of the people who were going to do it. But we want to think in terms of project ideas rather than people. Because if you think in terms of people, and the people in the field think that the poor result is going to be their fault, you will never learn anything.

Implementation and Evaluation

All the planning in the world will not have any effect unless you have implementation. I have divided implementation into two parts, one of which is mobilization and the second is operations. We will be talking some more about implementation and about evaluation and feedback later. Being against evaluation is like being against motherhood. Everybody is in favor of evaluation but nobody does very much about it. Once again I would like to emphasize that we have put the planning process in a step by step order for convenience of presentation. When you are involved in the planning, as you are every day in your working life, you will be looking at all of the steps. Some times, you will be thinking of one and looking at another. You are doing evaluation and feedback on a continuing basis. You are constantly getting new information and improving your description. You learn something new about the causes and determinants and you begin to change your analogy at that level; then may be you begin to think of it in your alternatives, a new alternative, and you compare the costs and benefits about alternatives in everything else that you do. Then, within the very project that you have on the way, you may look for different alternatives to make a part of it. Twenty people are coming, you are going to have 12 hours of class each; then you say to yourself - maybe I would be better to have 10 people and do it more intensively. Maybe I would get a better final result that way.

You begin to compare and evaluate and you are going through the same planning process about your whole project and about the separate elements of it.

These steps are what you call "iterative". That simply means you go back and forth and perhaps the opposite would be sort of mechanical 1, 2, 3, 4 - sort of step by step is the opposite of iterative. What I thought we would do next is talk about strategy and then what I would like is to sum up the whole business, if I can, by taking the document you were given yesterday on social welfare development program of the Ministry of Social Welfare and see if we can reconstruct what the planning process might have been.

Strategy

Now, strategy is a term associated primarily with war, and we have taken the term that started out as a military term; that gives you some reflection on our society. A strategy is very difficult to define but let's try it. Strategy refers to your theory or approach for reaching a particular goal and purpose. Your theory or approach, when you take that and apply it to war, strategy comes out something like this: what we will do is try to surround them and starve them out, then throw in some air support, bring some troops in, etc. That is our theory or approach on how to win the war. When you take it with respect to a development goal or set of development goals, strategy becomes a set of interrelated interventions. A set of related interventions, policies, activities, projects, subsidies, training (with respect to a particular kind of project), research, all of those things are elements or components of the strategy and all of those elements will have a relationship to each other. They will reinforce each other and contribute to reaching the goal just as air support reinforces and helps to make effective the ground troops that we were talking about in military strategy. A word that we can use in the developing sense particularly in the military strategy is "tactics". Strategy is tactics. Strategy is the overall theory or approach; tactics are

particular steps or actions related to strategy. The use of food as an incentive can be described as a tactic and used as part of a population program strategy in order to get people to come to programs so that other things can be done. Strategy can be long term, medium term, short term. Sometimes it can be stated very generally and sometimes specifically. Now lets take President Marcos' initial statement which was a policy statement about taking Social welfare seriously. There is a statement which Pres. Marcos said: "Let us help the disadvantaged person rise out of his helpless condition to a state of self-sufficiency. For men will possess the full enjoyment of dignity and independence only if delivered from poverty." In terms of our discussions on planning and planning processes that is a statement of commitment and policy and you might think of it as an invitation to plan. You turn the page and there is the picture of the First Lady and Mrs. Lim, and even if it didn't happen, we can picture, we can imagine the President saying- I have decided or I have consulted with my advisers, people who influence my decisions and we have decided that we want to give more importance to helping people get out of poverty. Then he brings in Mrs. Lim and says - we need a program. I want to do something. You are the expert. Go out and come back with a strategy (I am not saying that the President put it in these words; we are imagining what might have taken place somewhere else in a similar situation). It might take place in CRS with a beautiful statement by the New York Directors saying - that the nutritional program for pre-school children is more important in these troubled times and we are going to do something about it. And then you come in, or whoever is in charge of preparing programs and they say - alright, here is a statement of policy direction, come back with a strategy, an invitation to plan. I'd like you to go out and plan to help me implement, to give substance to my statement

of policy and intent. Now, the process, and I suspect Mrs. Lim did go through the process on a pretty much larger scale. Alright, now the President's statement represented a kind of a general statement, of an overall goal, self-sufficiency and dignity. The first question that Mrs. Lim had to ask were the same questions that we asked - what is the problem? What is he talking about? What problems is he really worried about? And you take a look and she interpreted it, if her words to us indicated as well, as meaning, "this year we are reaching 10% of the 30% poorest families with a combined income of \$100 a month and other priority targets with social welfare assistance." She interpreted that to mean that the problem that the President was concerned about, was the problem of the poverty conditions of the lowest 30% in income terms of the population. But because she is a Specialist in the field, she immediately recognized that she needed a much more detailed description of the problem because the people in that 30% have many different characteristics. The causes, the determinants of the poverty of one group, may not be the same causes for the poverty of the others. But of course, before she would look at the causes and determinants, she would ask herself - what really are the problems we are concerned about? Alright, they are the lowest of the 30% of the people in income terms but is that the problem? Then she'd go on and she discovered, she identified as the people do who work in this field, a whole collection of problems that people have when they are poor. One of them is that they don't have money, but you don't solve the problem by just giving money. One of the problems we might think would be associated with self-sufficiency and dignity, one of the poverty problems, would be poor health. Another might be low income or lack of employment. Another interesting thing about the developing world as regards low income - low income is frequently not a matter of lack of employment but inadequate employment. In the U.S. low income is very

frequently a function of not having a job. Among many other countries people can't afford not to have a job, they have to do something or else they'll starve to death and so they do something that doesn't earn them very much money, which doesn't use their skill fully, or it is only part time and they are under-employed. So that when you think about income, it is not a problem of unemployment but underemployment due to a lack of education, illiteracy, lack of skills, lack of shelter, lack of housing, poor nutrition status and so forth. One could go all out and describe the problem in terms of what it really means to be in that bottom 30% the Secretary was talking about. The health conditions are like this: you describe the problems. You do it on a disaggregated basis for the whole country. If you spend all your time describing the problems, you'll never have the time to do it all over again. So, at the same time you begin operating even with the small information that you have, and you start thinking about the next steps in your planning process. What is the next thing to do?

Rose Ho, Hong Kong:

How do you combat these problems?

J. Pines: What is the first thing you do? What is the first thing you have to know if you want to combat the problems?

G. Wagner: Why they occur?

J. Pines: Of course, determinants. Why do we need determinants? These problems exist because the people are poor. Give them money and they won't be poor anymore. Does that answer the question and tell you how to plan? No, because as we discover income even in relation to nutrition status, it is certainly in relation to all of the other factors. Income is one of the many other factors that may influence. No matter how wealthy the people in the Philippines might be, if availability of food is not sufficient, you still

have malnutrition and you'll still have people with poor health. No matter how much money everybody in the Philippines has, if you don't have trained doctors and you don't have enough vaccine, you'll still have poor health. The more you explore the various causal factors involved, you are more likely to come up with something that will provide self-sufficiency and dignity to people. Another thing is to look at resources and constraints. You remember how the Secretary explained that the budget had been doubled, etc., and when you read this document you'll find that she included in her statement of resources, the possibility of collaboration with the private sector and voluntary agencies. In terms of the view of the DSW in relation to these sets of problems the resources included, not just the department's budget, but a part of the budgets of other departments, and potential resources that could be obtained from foreign donors, from voluntary agencies and private businesses, You see as the strategy develops, private businesses and voluntary agencies playing an important role. What happens next? Select priority problems, tentative goals and targets. When President Marcos made the statement, and when the Secretary was called upon to do something to respond to that policy statement, they both knew that it was going to be impossible to bring everybody in that 30% up to self-sufficiency in the immediate future. Right? And they also knew, the Secretary made that very clear yesterday, that there is a group, a portion of that 30% that you just are not going to be able to bring up to self-sufficiency and independence no matter what you do. People whose handicaps are so great, whose problems are so serious, that no matter what you do, you will not be able to help them. And so you can begin to see how this very general policy statement begins to narrow down as you think about what you really can do and what the causes are, because when you look at children at the orphanages (we are talking about self-sufficiency with respect to them), they can't possibly be old enough to work; so that you are going to do something different

with them than you would do when you are concentrating on 20-yr. old youths who are out on the street because they are out of work.

Suppose you were called upon to advise the Minister of Social Welfare as to what the priorities might be. What do we do? Who do we concentrate on and what alternative goals might we come up with? You have been given three days to come up with a plan: that's the way it works even if it only takes six months. What are some promising groups that we might be able to bring to self-sufficiency. Anybody have any ideas?

J. Roughan: There maybe only one group that needs self-sufficiency. Say, housing, we know they have a good job and can afford housing.

J. Pines: Good, nice point you have there. As you look at problems, whether it be in nutrition, housing or anything else and you ask the question, what will be the priority? You are going to find that you will have a choice between spending a lot of money on the toughest cases or spending a little money on the toughest cases or spending a little money on the cases that are closest to your goal, the situations that are closest to your goal. And then the decision makers would say consider those groups that are close to self-sufficiency, they have income. There are many people living in the barrios of Manila who have very decent incomes and the housing situation is so bad, that there is just no place for them to go. And with respect to those people, you might say - we can bring them in to self-sufficiency very easily by concentrating on housing. Then somebody else comes around and says - wait a minute that is not what the President means. What the President means is that he wants to bring to self-sufficiency those people who are really down at the bottom. They don't have any jobs, they don't have any income, they don't have any education and their health is deteriorating everyday. Let's do something about them. What are we going to do? It is going to cost a fortune. Another says, let's go further north, let's look to them, let's take the easy

ones first because that will give us credibility. Then somebody might go to the President and say - look, Mr. President, if you are really interested about the bottom group, it is going to cost more than the national project. Or - Mr. President, if you really want to have political feasibility, the first thing we do is to take people lacking in one factor and let's have a good housing program, where thousands of people in the barrios are now self-sufficient and with dignity. There is no right answer. Your job in planning is to provide the information and develop alternatives so that people can make intelligent alternatives, sound judgments. Because somebody is also likely to come up with - look, Mr. President, you are making promises that are awfully costly to fulfill and if you don't fulfill them you will look bad. Then another person comes up and says - Mr. President, we have to develop an alternative that we think will do a great deal towards reaching the goal and we think it is such a good alternative that we put in a lot of resources in it. I can remember a case in one country where they have this nutrition planning and one of the participants of the workshop wants to leave and I ask: what's the matter? He said - my nutrition program just went out the window because the President took the money and bought a battleship. There may be some situations like the battleship, planning goes out the window and you get the battleship. One important element in that process is what we call "identifying alternatives and collecting information about alternatives and comparing them with the results." Now, what may have happened in the Philippines, the Secretary of the DSW took a look at data on problems, on causal factors and says - there seems to be a group of able bodied people who have the capacity or could have the capacity with very little training to do some kind of individual business on their own. Then the Secretary turns to her Planning Staff and says, I am very interested in the possibility of an alternative that involves putting people into small businesses. She probably didn't say it this way but she could have; go out and develop a couple of project

hypotheses for me, tell me what it costs, tell me what we have to do and what the results will be. Then somebody says: Madam Secretary, we put them in business and they make a little money that will take care of income, but what about health, nutrition, housing and education? She says develop some project hypotheses related to those goals. Let us have some tentative goals and purposes that you think we can reach; tell me what it will cost and what the results will be. What we have in mind is that we want to improve people's income by making them small businessmen. What are the different elements or activities that have to contribute to bring that about? The way you decide that is to look at your target group and ask the question - why is it that he is not a small businessman already? It is because he does not have enough money to get started for one thing. Interest-free loans is one possibility, but does that take care of it? That would not take care of it if he does not know what business to go into. How do you take care of that? What we might do is to look at his skill and training requirements. But let us forget the skill and training programs and concentrate on people who already have some skill, that for lack of knowledge about what business to go into or lack of money to get started, they have not done it. Then you are always relating the characteristics of your target group to your review of what you need for your projects. You then make the statement, I have already limited my target groups to people who already have the skills, because there are enough of those among the poor. I think it will improve their income more easily than if I take somebody who does not have any skills at all. Since I have only got enough money to do part of the job, I have got to narrow my focus in the selection of my priorities. Now to get down to an area in which you could all make some contribution. Let us assume that the Secretary of Social Welfare had just come in and she says: "The President has asked me to come up with a strategy for bringing about self-sufficiency

and dignity; I have identified improved income with one aspect of that; I've got a self-asistance program which looks pretty good; my project hypothesis suggests that if I take this particular group of poor people among the characteristics of which are: 1) heads of families; 2) they are literate; 3) they live in places where there are oppourtunities for small business; 4) they live in urban rather than rural areas where there are oppourtunities for small businesses - I am going to have a different project for the rural areas. Other characteristics: their health is good enough so they can go to work, etc. What is my hypothesis? My hypothesis is, if I take that group and provide interest-free loans and access to technical assistance, two years from now 40% of that group are going to have an income sufficient to purchase a decent standard of living. I am very happy with that aspect of the strategy that I am going to give to the President. But as I look at the problem situation and as I bring to it all that I know about the culture of poverty, I am really very concerned because in terms of what the President has asked me to do, self-sufficiency and dignity, I am not satisfied that increases income alone is going to reach that goal that we are talking about. It is not going to guarantee that the people whose incomes increase, with adequate housing, with adequate health, and everything else, is going to work. Of course, as far as education is concerned I've got a family life education project that I think will relate to both; it is going to contribute to that income goal because it will help people in a way that will contribute to their self-employment and dignity through its effect on family life - but I am having a terrible time with nutrition. In other words, when I increase income of these people there is no assurance that increasing the income is going to improve the nutrition of the families. I would like, if I could, to come up with some alternatives to help me achieve improved nutrition status

in these families. The reason I don't think it will improve their nutrition status is that I have looked up at the consumption data, a relationship of intake and income and what we found out is that even though family income increases, people now buy different things so that their nutrition status does not get any better. If we don't do anything the nutrition status will probably get worse because these are urban people; as soon as they get a little money they will be tempted to buy all kinds of things and all kinds of processed foods with little nutrient content and I am really concerned. So I would like you to assume among the characteristics of the target group that there are 20,000 heads of families who are going to be involved in the self-assistance program in the urban areas and you may assume that at the end of two years they will have moved to a level of income, (and you can define it in a certain number of pesos) to buy adequate nutrition status for the family. What I want from you is a program strategy that will reinforce self-employment assistance to achieve nutrition goals. Related strategy involves related purposes that will achieve the goal. Does everybody get the idea what the problem is? What is the first question that you would want to ask the Secretary right away?

Rose Ho, Hong Kong: I would think of a positive supplementary program, i.e., how to spend money on food.

J. Pines: You are on to something. I think you are trying to identify a determinant, one of the reasons why there is a problem. I am not sure that your alternative for solving the problem is the best one. In other words, what is being said is - I would want to know what the diagnosis is. I would like to know what the causal factors are here as I suspect one of the causal factors for the nutrition problems will be, the mark-up when those people buy the food is 200% as they buy in very small quantities on credit. The food they buy is of the very poor quality. You can tell them how to spend their

income but you'll never get them to buy because there are too many attractive things for them to buy that don't relate to nutrition. Another alternative that you can do is to have a program to improve food marketing.

G. Wagner, Indonesia: Go down to the community and find out what the people think about the problems their causes, determinants, etc. Knowing what they think will help.

J. Pines: Yes, but it does not mean that it is foolish for us to look at some other determinants.

G. Wagner: No, but I think we should find out first what they think the problems are, then proceed from that.

J. Pines: Good point. When you are looking for causes it makes good sense to explore among the people involved and see what their perceptions are. The first thing we have to do - because you might want to go back to the Secretary and say - look, Madame Secretary, the first thing that we have to do down there is to get the people to recognize that there is such a thing as nutrition. They really don't know whether they are coming or going. They think children are dying because of the sins of their ancestors. Exploring in the community will give you some ideas what the determinants may be which you know may be important and what you can do about them. If you spend a day walking around a typical barrio, you'll find out a lot of things - whether they have fuel available, whether they breast feed the children, whether they import weaning foods and what they have in the stores. Now, you may find that the general information misled you, in other words, the alternatives that you see may not work out as you thought and you may have to go back a little step. All the things you mentioned will be important. Alright, urban malnutrition in a group that is going to have an income in two years, they don't have enough income now but will have in two years. They all have children, most of them are pre-schoolers and they have a lot of malnutrition.

Frank Carlin, Korea: Just by improving the income level does not mean enabling them to buy food and absorbing that food. We might have to have a health component in there.

J. Pines: So we will go and look at the health situation. See what kind of health services are now available and ask the question - is there anything we can do in relation to the health services that might improve a nutritional situation? You can go to the health people and say - look, you are doing a lot of health services out there and from what we know about nutrition status from the data here, there are really a lot of diseases that are wrecking the place and if we could spend some of that health money to get rid of those diseases, we will improve nutrition status a good deal besides helping you achieve your health goal. You might explore that.

J. Pines: One important part of the problem of nutritional status is to bring these children to nutritional adequacy, rehabilitate them so that when the family does become economically self-sufficient it wouldn't be too difficult to continue the nutrition status. Then you might look at nutrition status rehabilitation centers, straight supplementary feeding, combined feeding with MCH services possibilities. You look at the possibility of simply redistributing all nutrients within the family regardless of what happens to income. What you find is that you have to look at your data to be sure, what you find frequently is that a family that has slightly less income than that needed to adequately feed everybody. In that situation, the pre-school children and the pregnant and lactating women have the deficiency. That is what I mean by "bear the brunt of the deficiency". We've got enough food, we've got a family of seven people, the family is poor but they have enough money to buy enough food to keep both body and soul together. But what happens is that they don't have enough money to buy or keep everybody nutritionally adequate within the

family; the father and the mother are in good shape while the pre-school children are malnourished. One approach is simply to look for ways to encourage redistribution of nutrients to the pre-school children, meaning to say to the mother and father, if you have a little less, it's going to make a tremendous difference if you give it to your children. They don't need much more, just a little bit more and they will be much better nutritionally. We know that will make you a little hungry, we don't want to embarrass you, but that is the best we can come up with. That is one approach. It's sane in fact. We recognize that this family income is not going to increase but we think that by simplifying redistribution within the family, we can improve the nutrition status of the children without damaging the other family members too much. One aspect of that is assisting the family to spend its food money more effectively. The problem is how they will distribute nutrients within the family, because even if they don't get increased income it will still improve nutrition. All that we will do is put in rehabilitation centers with feeding and education. There you are, alright, that is a very promising alternative.

J. Pines: How are you going to carry out the educational program?

Mrs. Lien, South Vietnam: I think I would teach nutrition for pre-school children because that includes most of the ways to improve intake.

J. Pines: In other words, you would want the mother to understand the relationship of food and nutrition; food and growth; also specific relationship between what she gives her children to grow. You might also want to include in education the health practices, etc., the relationship of general health to nutrition status. You might also want to include breast feeding and its importance. Another one that you have not mentioned is the economic part. You might want to include using the limited income you might have on the nutrition point of view because that will make it easier to encourage redistribution.

If you can show somebody how to save money you can say that the money can be used to feed the baby better and you are likely to get a better result than if you haven't tried saving. The first is, in planning your project design, you try to anticipate implementation problems. In other words, if you look at the situation, if you think that the particular agency who is going to do the work doesn't have the capability, then you have got to do either of two things; you've got to build into the project something to improve the capability or you have to adopt the project to what the capability really is. The second thing is that as your planning process begins to focus on specific projects, you get into many more details about money, equipment and personnel and the timing of all the activities. Most of you are more familiar with that. Most of you, I am sure, are very good at this task. When somebody says, what we want to do is to have a nutrition rehabilitation center with auxiliaries and with educational programs and so forth, most of you are pretty good at laying down the details of how you are going to implement the project. You should bear in mind that those details have the same relation to the project idea that the project has to the project purposes. In other words, everything is consistent. If as you narrowed your focus, you came up with a particular project hypothesis, you now design the details of the project in direct relationship to the project hypothesis. If you said you are going to deliver 13 hours of education to 400 mothers, you now have to list in detail all of those things that you need to do and all of the steps that you are going to take. Does anyone know what a PERT Chart is?

Observer: It is a flow chart showing the details of the project to be undertaken.

J. Pines: It is a flow chart. The idea is that if we have a project and we know we have a lot of things to do, it is very useful to sit down and make

a chart of what we are going to do, how much of it are we going to do and when we are going to do it. That is a more detailed project plan. The trouble is a lot of people confuse that kind of project planning with the kind of planning that we have been talking about which is the whole question of deciding what you are going to do. After you have decided what you are going to do, you can make a flow chart about the details of how you are going to do it. The two things are consistent but until you decide what the hypothesis is, there is not much use of the flow chart if you don't know what is going to flow. Any question on considering the implementation problem as you proceed or as you do your planning?

Another important aspect of the implementation problem is to make very sure that everybody understands what the purposes are. And it doesn't do much good for the Ministry to have a plan that says, we are going to have nutrition rehabilitation centers and we are going to use those nutrition rehabilitation centers to rehabilitate children and prepare the families for nutritional self-sufficiency. Unless the people who work in the center understand the goals and purposes, the same way that headquarters does, the implementation is not going to correspond to the plan.

I would like to tell you about a program that I evaluated once and it was a placement program. Headquarters did not define in its mind what the goal really was. They told the people in the field that this is a job placement program. We have trained some people and now we've got a placement project and all of you people in the field must find jobs for these people we have trained. And the field people said, "If I am going to get a higher salary, if I am going to get a promotion, I've got to place people!" And they got on the phone and they called up everybody that had any kind of a job available and they just threw these fellows in those jobs. At the end of the first month, they did some initial evaluation and they found out that 90% of the trainees had been placed. When they came back 3 weeks later, 80% of the

trainees had quit their jobs. This is because of the failure to communicate the goal and failure even to understand the goal in the first place. Because then, they said that the goal is not really placement. The goal is that these trainees shall have jobs with a pay equal to minimum wage, with possibilities for advancement, and they are to use their skills for which they were trained and a job such that the trainee will be comfortable in the new environment. In other words, what was happening was taking rural people and placing them in urban jobs and you discover that there are lots of jobs, good jobs in fact, but the fellows were so unhappy being in the big city that they couldn't stay with their jobs. And so the whole program goal had to be defined and the placement people were told, "Look, don't just place them at any kind of job. This will take a longer time and you won't place as many. But you get them good jobs, with possibilities for advancement and with the use of their skills for which they were trained and that is what this is all about. Unless the field people understand your goals, you will not achieve what you think you want to do.

Evaluation is the verification of the project hypothesis, that is, seeing whether it worked in every stage of the project hypothesis. Because unless we evaluate at every stage, we will never know what went wrong. Here is a project with the pre-nutrition status of pre-school children. The project hypothesis was, if we do this and this, 300,000 will move from second degree malnutrition to standard rate of growth, adequate nutrition status. At the end of the year, we go and take a look and only 2,000 children improved. We know that the project hypothesis did not work out as we anticipated. But we don't know why. We know that something went wrong, but we don't know why. And the only way we could find out why is to evaluate at every stage.

I want to make a distinction between special evaluation studies and built-in routine evaluation. Special evaluation studies are very very expensive and

not very satisfactory. Built-in routine evaluation is not very expensive and can frequently be very useful. The kind of evaluation we do depends on the purposes for which we are going to use the evaluation. For example, if we have a brand new pilot project and if it works out really well, we hope to make it a national project. We are going to do an expensive evaluation because we will be spending millions of dollars on the basis of what we find out. On the other hand, if we have a fairly established program, we have pretty good idea that the general program concept works pretty well, the hypothesis has been tested many times and we have learned a lot about it, but still we want some routine evaluation of each individual project. The evaluation does not have to be as elaborate. If we are going to use our evaluation results to influence donors, we may need special studies by outsiders because our own routine evaluation will not be believed. Even though it is perfectly honest and fair, the fact that it is done by the people who implement the program may not be believed.

I used to make my living by making evaluations for AID and my reputation depended upon people accepting my reports as objective, as not being biased. And I use to say to them sometimes, why don't you take the built-in evaluation of the program itself? And they would say sometimes correctly, we are reluctant to accept the evaluation of activities of the agency that is doing the program. Secondly, the evaluation was not built in in the first place so that we can't do that even if we wanted. It depends upon the purpose, the primary purpose of headquarters. The primary purpose of evaluation is to help you do a more effective job in whatever you are doing, to help you make more progress for keeping your goals and purposes for achieving the goal and purposes of whatever it is you are doing. And if you start thinking of evaluation as a bunch of papers that you fill out for New York, you are going to lose most of the value of it. Because routine evaluation can be built into projects, the evaluation plan is a part of the project

description. And in that evaluation plan, you have to identify:

- (1) what indicators will we measure? (2) how will we measure them?
- (3) who will measure them? The evaluation plan has to be consistent with the time and capability of the people who are going to do the measuring.

And everytime I get too excited about evaluation, I remember an assignment I had in the African country where I was supposed to help design a routine evaluation system for an MCH feeding program. I sat in the office and had dreamed up a beautiful system. And for some reason, I had forgotten these questions I have just been talking about. By chance I visited a CRS project nearby although I wasn't making the evaluation for CRS. As we drove up to the center, the feeding program was going on. And there was a 15-year old girl who was barely literate. She was an auxillary and she was sitting at the table with a scale, a record book and with a bunch of flies. She was swatting the flies and there was a line of 40 mothers, each of whom had a pre-school child and the children were screaming. She was weighing the child recording the weight, handling the food ticket and telling the mother something. It was indeed obvious to me that the time available for evaluation was very limited. The capability of the person who would have to collect the primary data was also very limited. Therefore, the kind of things we would measure and the way we would measure them would be quite difficult. I realized that I had to look for the simplest kinds of measures and the simplest kinds of techniques for doing the measurement. They knew what they were doing and that all they needed was an evaluation to help them identify serious problems. That is why the weight chart has been so popular because it is a simple evaluation tool. They are very useful for most purposes in most programs and it is within the time and capability of the people who have to collect the data. And furthermore, it makes a useful contribution to program effectiveness. Always ask the question, how can I use my evaluation not

just to verify the project hypothesis, but how can I use it to re-inforce the project activities? For example, one stage of many education projects is you want people to learn something. One of the ways to evaluate if you are working with illiterate students is to give a test. There are a lot of ways of giving a test but the best way is to give it in such a way that it contributes to the learning process. Another step in education evaluation to be sure is that the education project has a behavioral change goal. You are encouraging somebody to do something in a different way. And the way that you evaluate is that at some point you take a look and you see whether they are doing it. Any questions?

Fr. Roughan: This is just an observation. We do many things when we are in charge of a plan that can be labelled as evaluation. You just mentioned going out and seeing the project being carried out in the field and writing of reports, not so much for the office but just for yourself and just to make us aware of the opportunities, we have to evaluate it at every level.

J. Pines: You are perfectly right. The reason that an evaluation plan need not cost additionally, as Father Roughan is saying, is that you are already doing a lot of things that could be useful in evaluation if you just built in to them some kind of systematic evaluation program. I want to add one more step, the fourth one, what you are going to do with the information after you get it? If you don't know what you are going to do with it, do not collect it. When the headquarters tells you to collect something, ask them what they are going to do with it. I have not been to one, but dozens of different agencies and organizations where you go in and you see a great big pile of reports. I ask them what are those reports for? They answer, those are evaluations. I ask what are you going to do with them? They say, we have not been able to afford analysis yet and we don't have time to do analysis. I said, when do you think you can do the analysis? Probably

next year. I said, do you think the analysis would do you any good a year from now when it was evaluation of things that happened last week? And they answer, in most cases, it would not do so much good. And then you say, wouldn't it be better to collect less data and analyse it rather than collecting a whole bunch of data and not using it? Do you see the difference? If you don't know what you are going to do with it, don't collect it. We should use evaluation report to improve project design. Remember that we said that the project hypothesis has a group with certain characteristics and conditions. Those characteristics and conditions become the base line data for evaluation. And it all fits together. We started off by identifying problems and we come down at the point where we have some projects and these projects are based on the problems that we identified and each of the problems we are working with certain groups that have certain characteristics and one of which is that they have the problems we are talking about and we said that the purpose of the project is to improve nutrition status. How do you measure change? You look at where you started, you do the activities and then you compare with the situation when you began. So that when you are making your project hypothesis, the characteristics and conditions of the group become the base line data, the starting point for which you give your evaluation. Now, think about the project in which you work, think about the purposes, the quantified goals of the project. What it is that you are really trying to do? Now, identify if you will, any evaluation problem or question that you have in relation to your work. It may be a problem of what to measure, it may be a problem of how to measure, it may be a problem of what to do with the information after you collect it. Remember that the project hypothesis has a time dimension. Remember that we said that the goal will tell you when the result is supposed to occur. The evaluation must relate to that. Therefore, the evaluation has to ask the question when shall we measure? In other words, if you are doing a feeding

program , if you want to measure whether the children get the food, you measure that at one time. If you want to measure whether the children have increased energy, you measure that at another time. If you want to measure whether the children have increased energy, you measure that at another time. If you want to measure whether the children are growing better, you measure that still another time. If you want to measure whether infant mortality has been reduced, you measure that still later.

Observer: Evaluating multi-year projects is difficult. If you would like to evaluate year to year, results will not likely occur until after one or two years.

Mr. James Pines: That is a question that always goes with community development. When you look at a community development project and you ask when do you think these results are going to occur? Suppose they have defined as a goal self-sufficient community with human dignity. The first problem is to translate that into indicators. What do you mean by that and how do we know it when we see it? Then you say, what is going to happen? And they say, community development is a very difficult and a time consuming process. And we are dealing with fundamental human attitudes and it is going to take at least a generation to bring about changes and we really can't evaluate. And that is a great answer. When that answer is given, it is beautiful. It is very difficult to be nasty and say, "Look, if those changes are going to happen a generation from now, something is going to happen next year, and something is going to happen two years from now, and something else is going to happen 5 years from now?"

Now, let us all sit down and figure out what we can measure next year. And let us go over that project hypothesis and see what we really think will happen. And you get such things as to take an inventory of the community if that is in the community development project. Another thing that you do is to try

to help the community to identify its self-needs. Many community development people feel that that is something that should not be done too quickly. And it is perfectly reasonable if somebody will say, at the end of the first year, in these many communities, we will have completed a community survey and we will have assessed the community to have identified felt needs through its own group process, something like that. And then you begin to understand what is supposed to happen. We say, what is going to happen next? So after we identified the felt needs, we try and work with the community and motivate and assist the community to organize and to respond to the needs. What do you think after that? When the community is organized they will undertake activities to respond to some of the felt needs. What you do then is to identify a series of milestones as you might say, or stages in the project hypothesis that are intermediate to the ultimate result. Now, the danger particularly in the community development one is the pressure to produce tangible results. This is so great that the evaluation system distorts the whole community development process. The real goal of the project is that the community through its own motivation and the mobilization of its resources organizes and does something to improve its situation. Sometimes what the community does has a physical result, to build a school through self-help, to build a health center through self-help. Other times, the community response is not physical tangible. They get together and organize a sports club because that is an easy thing to do and that recreation is a felt need in many rural communities. There is a danger in evaluation. In evaluation, you want to measure the things that are easiest to measure. And the easiest thing to measure, much easier than to count buildings, is to measure change in community attitudes. And so very often, community development people are careful. They get evaluated in terms of bricks and water, instead of on the basis of human changes that are the real purpose of the program. So that your question is

a real one and people are confronted with it everyday. The major defense, the best thing that the community development can do and that any of you can do is to have a project hypothesis that is sufficiently well-form and where the steps are sufficiently clear so that you can say this, "Look, at the end of the year, I am not going to be able to show you nutrition status change." This is a 3 year project. After the end of the year, the best I can hope to show you is that the community will have organized to cultivate some land. Because this is a project of the community; cultivation will improve nutritional status. Here is what is supposed to happen, at the end of the year, I will come in and tell you, what I will measure will be the number of communities that have organized to cultivate land, the amount of acreage that is now under cultivation, the number of work hours that have gone into cultivation, everything like that and I am going to give you nutrition status 3 years from now. But I urge you to accept the project because even though it takes longer, if we can improve nutrition status 3 years from now by community cultivation, this community will continue to sustain itself by its own efforts. In other words, when you define a self-sufficiency goal, it takes longer. Your numbers are smaller but in many respects, there is a much more desirable goal. You can have higher numbers when you have a rehabilitation center goal that says, what we are going to do is to restore children into adequate nutrition status. You can just bring them in and feed them. You will be doing that for the rest of your life and for generations. But if you have a project which says, this is a nutrition rehabilitation center, and the purpose is to restore the children into adequate nutrition status, to keep them restored by the independent efforts of the family, that is much harder to do, but once you have it done, that is one roof that will take care of itself. That is the difference between welfare and development. Development takes longer, the numbers are smaller, but once you get it done, you don't have to do it again for the same people.

Mrs. Lien, Vietnam:

I want to come back to the recommendation that we should shift the focus of activities to results. It seems that it is very often we find both things in a report. Can we explore both rather than concentrate on the results and exclude the activities? We would then have to look for another set of documents that will help us to evaluate the activities.

Mr. J. Pines: Very good. I was not suggesting that you forget about evaluating activities. When I said shift the focus, I purposely used that because what I meant was, do a little more on results and less on activities.

Mrs. Lien, Vietnam: Would you separate them?

Mr. J. Pines: There is no need to separate. The same information collected tells you whether the activities which took place can also, if you design it properly, tell you whether the intermediate result took place. I have seen education projects, mostly labor education projects. For an evaluation system, you have people who go around and do extension work and they will tell you how many people were trained, where the classes were held, and then you say to them, "Look, we would like to get some result information". They can tell you how many of the graduates of the classes have become trade officers. But what they usually tell you, unless you design a system very specifically to pick it up, is whether those people continue as trade union officers and whether they do a better job because of education. You try to set up your evaluation system in such a way that it routinely produces the information you are going to need for quarterly or monthly reports. In other words, you try to organize your system in terms of what you collect and when you collect it, but also in terms of how you present it. Try to organize it in such a way that it ultimately or routinely is what you need for your quarterly reports. If AID requires that every quarter you report on the number of classes

that were given, and where they were given, and how many participants attended, then your in-house evaluation system should be a form that looks exactly like the form that you are going to submit at the end of the quarter. And, every time you give a class, you fill out on the form, and at the end of the quarter, you hand it over to whoever is going to do the typing and say, here, you know what the quarterly report looks like? Take this, add up the numbers, fill out the quarterly report and send it. In other words, you are getting the information routinely and automatically, and you are presenting it in such a way that when the quarterly report is ready, you can just hand it to somebody and he can pick it up right away. The same labor thing that I was talking about. One of the problems was they were always being called upon to follow up on people. AID would send out a cable and say, we want to know how many trade unionists are still officers and have participated in collective bargaining negotiations. They then dropped everything they were doing and ran out to the field and tried to find all those farmers and see what they were doing. So, why don't we make a card for each graduate and everytime we go into the field, we try to pick up the graduate and see what he is doing and when we come back, we write it on the card and then the next time AID asks for information, somebody can sit down and type the data out from the cards. We are, in fact, anticipating the requirements and by presenting or designing your own system to respond, we will save a lot of time.

The evaluation results, and this feedback that we are talking about, means nothing more than thinking about what the evaluation results show and going back to your project hypothesis to see what you can learn from the evaluation results and what you can do to improve the project. As for example, nutrition education. One of the behavioral changes is: we want people to boil water at home. Our evaluation of whether they boil water on a continuing basis is done 4 months after the education component ends. We

take a selected sample and we go and see whether they are boiling water. We find out that most people were not boiling the water. We have to figure out why. We discovered that the reason they are not boiling water is that the first time they did it, it steamed over on the babies and the babies got burned and the mothers don't want to do it any more. Now, we feed that back and we say, how can we do this project to avoid that problem? We say we have got to be very careful how we include this lesson in our program and we have got to show them what happens when we boil water too much. We have got to figure out some way to protect children from getting burned. And you feed this back and hopefully, the next time around, more mothers boiled water because the problem had been discovered and responded to. Now, the question being raised is, doesn't evaluation influence the decision on whether you continue to do a certain kind of program? These people say, certainly, everybody must be very happy with the evaluation of supplementary feeding because they keep doing it over and over again. That is probably your question. One of the answers to that is, that in most of the supplementary feeding business, the project hypothesis in the beginning was simple - we will shift the food, the food will be delivered, and so much food will be delivered to a number of school children. We will evaluate only the initial stages. And so you used to get evaluation results saying X thousand tons were delivered, 492,000 children were reached and 15,000 people are working in the school feeding program and so forth. One of the justifications that you can give is that in the early days, supplementary feeding was so difficult that all we could try to do was to at least make sure that the food got delivered. And in the early programs, damage, spoilage, waste, infestation, poor preparation, all of those things occurred in substantial volume and many times. The project hypothesis did not work out even at the activity stage. And then there came a time when CRS, CARE,

WFP and everybody in that business came to be much better at food delivery and then people began to say, well, it is time to shift from activities to another result. Let us evaluate to see whether the food is actually improving nutrition status. The first thing we discovered was, in most of the projects there weren't any nutrition status goals. People had not even thought of the nutrition implications. They were feeding every school child in sight just because this was a good thing to do. They have started all over again developing some kind of a project hypothesis related to these specific goals. And that has happened. One of the consequences of that has been that after doing a lot of evaluation of nutrition results of school feeding programs, those agencies have come to the conclusion that from the nutritional point of view, school feeding projects do not have much impact so that a lot of the emphasis on shifting to MCH has been a consequence of the evaluation. It has also been a consequence of new information on the description of problems and the increased recognition of the consequences of malnutrition for pre-school children. But the evaluation thing has also played a part in it. One of the difficulties of the school feeding is that there are people who never said what was supposed to happen. Everybody will say this school feeding has some relationship to attendance, it has some relationship to learning, it is a good nutrition program, but in very few cases did any one every describe what was going to happen. We are just in the stage now where the people who are in the feeding business are beginning to plan projects in a way that makes evaluation of results worthwhile. Let me conclude. There is one more thing I would like to touch on. We are not trying to turn everybody into perfect evaluators. In this whole planning business, evaluation keeps going on all the time and you learn new things, and you change the way you do it and your goals, you keep defining more specifically and

more precisely. The important thing is to begin thinking about what you are trying to do and how do you know when it is going the way you expect it to go? Gradually and hopefully, you keep improving.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Nutrition in Southeast Asia

SPEAKER: Dr. Reuban Engel, Nutrition Advisor, USAID, Philippines

The countries of Southeast Asia can be broadly classified as having a subtropical or tropical climate. Most of them rely upon a single food staple, rice, as the major food source. Many of them are island countries with seafood fairly readily available in the coastal areas.

Most of these countries have predominantly a rural population and subsistence farming is very common. Thus the nutrition of most of the people of the region is very heavily dependent upon home or locally produced products. Along with subsistence farming is of course the common situation of marginal or sub-marginal incomes, often so low as to make it extremely difficult to afford complete diets. A very important factor, related to pressures on the food supply within the region, is the generally high rate of population growth, ranging from 2.2% in Burma and Cambodia, to over 3% in Malaysia, Philippines, Thailand & North Vietnam. The following countries comprise Southeast Asia: Burma, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand, North and South Vietnam. Another demographic feature of the region is the very high dependency population. From 38% (North Vietnam) to 47% (Philippines) of the populations in these countries is below 15 years of age. Such high dependency numbers represent a severe pressure on family food supplies in an atmosphere of low income and subsistence agriculture. (Population Information in Mass Media, Second Journalists Workshop, 1970, Manila, Philippines) The regions population of 276 million equals that of the entire Latin American countries.

Another characteristic of the population is an extremely variable infant mortality rate, ranging from lows of 26 and 31 deaths per 1000 live births

in Singapore and Thailand to reported highs of 127 and 125 in Cambodia and Indonesia.

Almost universally in the countries of the region, child growth and development is characterized by rates comparable to those of developed countries but with drastic growth arrest generally evident after 6 months. This growth arrest is evidently widely associated with poor weaning practices, substitution of bottle feeding for breast feeding and a generally sub-standard environment in terms of personal and environmental sanitation. (The Health Aspects of Food and Nutrition, WHO Regional Office, Manila, Philippines, 1966). Poor weaning habits and inadequate food distribution in the family account for the relatively high prevalence of moderate and severe protein-calorie malnutrition in young children ranging from a high of 60% in Laos to 8 or 9% in Singapore and Thailand. (PAG Bulletin Vol. IV No. 1, 1974, Protein Advisory Group of the United Nations System)

In recent years, attempts have been made to obtain more precise data on the distribution of food within families. Such studies have been reported from the Philippines, Thailand, and Indonesia. The Philippines results indicate only 64% of recommended calorie intake in 1-3 year old children (Phil. J. Nutr XXV Jan. 1972). Similar low calorie consumption of young children was noted in Thailand (Nutr. and some related diseases of Public Health Importance in the lower Mekong Basin, a review, Richard A. Grossman, Chamlong Hirinasuta and Barbara A. Underwood, SEADAG PAPERS, The Asia Society, 505 Park Avenue, N.Y.

The Indonesian study found similar results - only about two-thirds of the recommended calorie intake in 1-3 year old toddlers. (Indonesian SEAMEO participants, SEADAG PAPERS, on Problems of Development in Southwest Asia, The Asia Society, 505 Park Avenue, N.Y., N.Y.)

Although some countries of the region have traditionally been exporter of their food staple, the region as a whole is a food deficit region based on data summarized by the UN agencies and the U.S. Department of Agriculture.

Generally, calories available for consumption have been 5-10 per cent below recommended intakes for most of the countries in the region. (FAO Food Balance sheets and The World Food Budget 1970, Foreign Agr. Econ. Report No. 19, U.S. Department of Agriculture, Washington, D.C.)

The island countries of the region are characterized by heavy reliance upon moisture from seasonal monsoon rains. These can be excessive or meager and the unusual atmospheric pattern of 1972 resulted in the most severe flooding of the past half century in a major rice-producing area of the Philippines. These, among other factors, forced the Philippines again into a severe food deficit situation from which it has not yet completely recovered.

The hope for 4% per year increase in food production in Southeast Asia in the most recent decade has fallen far short - one to two percent per year has been achieved, which actually lags considerably behind population growth. Food output per capita has thus actually been declining.

Several other factors, maldistribution of income, urbanization, rising food prices, parasitism infection, and national disasters also adversely affect food consumption and nutritional health.

A number of the countries of the region have developed their own recommended dietary allowances. Among these are the Philippines, Thailand, and Indonesia.

The lower Mekong Basin countries of the region (Thailand, Laos, Khmer Republic, and South Vietnam) generally report little or no evidence of Vitamin A deficiency in the population. However in Thailand a malady is noted in association with FASCIOLOPSIS BUSKI infection. Further, when 2-8 year old children were given one dose of 200,000 I.U. of Vitamin A, growth was apparently stimulated (SEADAG PAPER cited above)

In both Indonesia and the Philippines there is evidence of widespread Vitamin A deficiency and common complaints of night blindness throughout the population.

Research now underway in the Philippines at the Cebu Institute of Medicine established that perhaps as many as 40 percent of the population has clinical evidence of Vitamin A deficiency supported concurrently by biochemical evidence (low serum Vitamin A levels). Surveys conducted in all regions of the Philippine also support the view that there is widespread Vitamin A deficiency. (Food and Nutrition Research Center, Manila, Reports of Nutrition Surveys 1957-68)

Simple Goiter is endemic in selected areas of most of the countries in the region. Research studies are underway in Thailand, Indonesia and the Philippines to determine appropriate interventions for assuring an adequate iodine intake.

There is evidently a growing concern within the region for combatting malnutrition. Many countries have developed or are in the process of developing national plans or are reviewing existing development projects with the objective of including nutrition components. A clear example of a sub-regional move in this direction is the lower Mekong River Development Authority workshop held in June 1973 to seek ways of including nutrition components in this major development effort.

There is clearly need for more effective communication among the countries of Southeast Asia. Nutrition Interventions or innovations now underway throughout the region need to be catalogued, reproduced, and made available for all countries in the region. Hopefully the Nutrition Center of the Philippines, when it becomes fully functional, will be very much interested in developing a data bank for its own use in serving as the national prime mover for nutrition planning, research and development support and documentation activities.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Vietnam-Upgrading Food Service, Department in Orphanages

SPEAKER: Ta thi Nhut, Food and Nutrition Specialist CRS Vietnam

After having listened to Mr. Pines' lecture and Dr. Engel's as well, I feel insecure especially with the orphanages in Vietnam. But, as we say in Vietnamese "To have a favor from God, you have to dance all day". I am supposed to present the operations of the Food Service Department in the Orphanage Improvement Program. Actually, I will present the nutrition situation in the orphanages and its problems, what has been done for the orphanages, and I will ask your suggestions and maybe we can make improvements in the next year's project. According to the CRS nutritional assessment of 26 of the 131 registered orphanages at the beginning of 1973, the average nutritional value of the diet in orphanages was recorded as very low compared with the recommended daily allowances established by Western Pacific countries. Calories and all the nutrients were deficient, especially protein, Vitamin A, riboflavin and iron. In 1974 an Orphanage Improvement Program grant was given to CRS to determine whether the daily diet of the orphanages met the minimum nutritional needs of the children, and if the food was produced under sanitary conditions. We completed the survey which indicated that there was an urgent need for improvement in the quality of the diet and in sanitation. Aides were trained and sent to different orphanages to spend a period of time in the institutions and to attempt to persuade the staff of these institutions to improve conditions. Training of orphanage personnel was also involved as a part of the field work. Since these aides could spend only a limited amount of time in each orphanage, there was little permanent change in the situation. As soon as the aides would move on, the institution would revert to the old ways. The war situation and difficulties with travel made it

difficult to employ sufficient people to really make an impact on the orphanages in the provinces.

Mr. F. Carlin: I don't have a clear picture of the input going into these orphanages from the voluntary agencies, private agencies, government agencies, etc., and this is certainly parallel to my experience in Korea where orphanages are just like any other small business. I think that is a very important consideration, and really a very important one, because no matter how much nutritional food you get there, if the orphanage director is not using it properly, what have you been doing? I would like to know what steps you are taking to practically coordinate and get a clear picture of all the inputs you have put into that.

Ta thi Nhut: Well, that is considered the responsibility of Social Welfare.

Mr. F. Carlin: Is there a possibility of influencing these voluntary agencies to provide supplementary, say \$10.00 per child per month to support that child rather than give the cash to the orphanage director? Is there a possibility of influencing them say by providing a certain amount of commodities to assist them in the development of the child?

Miss A. O'Casey: I can say this of Vietnam. When I was there I received a lot of money, a lump sum from the head office for contribution to an orphanage and I don't think that \$10.00 would suffice. It went into buying things the children would need. I kept the receipts from the various organizations to show where the money was spent.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Vietnam: Rehabilitation of Malnourished Refugee Children

SPEAKER: Nguyen thi Bich Lien Chief Nutritionist CRS Vietnam

BACKGROUND

As the result of the major war offensive in April 1972, close to a million people in South Vietnam were displaced from their homes and a large number became refugees living in camps with practically nothing to their name and depending almost entirely on relief provided by the government and voluntary groups to survive.

Food relief from the government consisted mainly of rice distributed at the rate of 500 gm/person/day. In only a very limited number of camps and for a limited period of time, infants from 0 to 2 years of age received some sweet condensed milk. Canned fish or fish sauce was distributed on rare occasions in a small number of camps. For the majority of camp refugees the diet consisted mainly of rice and little else. In certain provinces even the rice distributions were irregular due to administrative and logistic difficulties. Many voluntary groups also donated foodstuff to refugees but these efforts, though extremely valuable, were often sporadic, uncoordinated and usually were one-time donations rather than a regular source of food.

With the lack of an adequate diet, the poor conditions of the camps which were usually overcrowded and lacking of sanitation and health facilities precipitated the state of malnutrition because of the prevalence of diarrhea and uncontrollable epidemics of infectious diseases. The most vulnerable groups were children and pregnant or nursing mothers, who constituted an important part of the refugee population. Both the survey made by the Public Health team from the Center of Disease Control of Atlanta (1) in August 1973 and the survey made in April 1974 by Miss Coenegracht, WHO Nutrition consultant (2), pointed out the extent of malnutrition among Vietnamese and Montagnard

refugee children.

Catholic Relief Services - U.S.C.C. has cooperated with the government and other voluntary agencies in the various efforts to rehabilitate severely malnourished refugee children and implement a mass supplementary feeding program for children in refugee camps and resettlement sites.

REHABILITATION OF SEVERELY MALNOURISHED CHILDREN

The first experience that the CRS nutrition team had with an in-camp nutrition rehabilitation center was at the An Loi refugee camp, Long Thanh District, Bien Hoa Province (3). In July 1972 it was noted that the death rate among children from one to four years of age at this camp was exceptionally high and malnutrition was suspected to be one of the leading factors. A team consisting of a nutritionist from the Ministry of Health, CRS nutrition specialists, and social workers from CARITAS visited over a thousand Montagnard refugee families in the neediest section of the camp to make a quick survey by anthropometric measurements and visual assessment of malnutrition symptoms, and found that, among 575 children under six, 227 children or 39.4% showed advanced symptoms of malnutrition. The team developed a special feeding program to reach these severely malnourished children and obtained material assistance from different sources. The Vietnamese Red Cross provided a building for kitchen and dining space; CARE provided equipment and some military surplus food; the Ministry of Social Welfare provided PL 480 commodities and money for laborers and fresh fruit and vegetables (this money was advanced by the Red Cross and was to be reimbursed later by the Ministry); CRS supplied weight charts, vitamin pills, and funds for protein food and milk. The center was operated by the CARITAS Sisters with some technical assistance from the CRS team and periodic visits from Dr. Dinh of the Ministry of Health.

As the Sisters and workers had to commute to the nutrition center everyday, feeding time was limited from 9:00 AM to 4:30 P.M. Two full

meals were served at 10:30 a.m. and 3:30 p.m. and a snack was distributed after the afternoon meal to carry home for the evening. Infants who were either orphans or had mothers who could not lactate were fed cow's milk. A soft diet consisting of a mixed puree and canned fruit or milk was given to babies over six months old or toddlers whose digestive system could not tolerate a solid diet. A majority of children were given an adequate solid diet. A number of lactating mothers were also fed at the center to help promote milk production for continued breastfeeding (4). They also received limited informal instructions on basic notions of sanitation and health. A multivitamin candy was given to each child at lunch time. The center did not provide medical treatment but care was given to simple cases of diarrhea, cold or cough by a Caritas nurse. Children who needed hospitalization were referred to the camp hospital where some food was catered from the nutrition center since the hospital did not have meal service.

While over two hundred children were registered as in or near the marasmus condition during the initial survey, less than a hundred children were brought to the station the first week. Repeated visits to the tents were made to talk the lethargic refugee parents into bringing their children who themselves had to be coaxed into eating at the center. Confidence and interest were gradually built up and attendance of the participants steadily increased to a daily average of over 180 children fed at each meal. Children who had shown improvement in health and nutrition status were terminated from the program to allow room for more recently arrived refugee children.

Over five hundred children were eventually reached by the center before the camp was closed down in June 1973 and the refugees were resettled in Lan Dong Province.

The impact of this nutrition rehabilitation program was indicated by the analysis of the weight records, the increasing interest and attendance

of participants, and especially apparent signs of improvement of health status among the children who showed a livelier face expression, became more interested in their surrounding, and were more active in and out of the Center.

After one month of feeding, the analysis of the weight records of 184 children showed the following results:

Decreases in weight	3 children or 1.63%
No difference in weight	19 children or 10.32%
Gain 0.5kg in weight	45 children or 24.45%
Gain 1kg in weight	47 children or 25.54%
Gain 1.5kg in weight	26 children or 14.13%
Gain 2kg in weight	27 children or 14.67%
Gain 2.5 3kg in weight	17 children or 9.24%

The drawbacks encountered by the program were the limited working time at the station, thus limited number of meals served; the dependence on a number of voluntary workers whose help was not regular; and especially the lack of medical facilities and staff to control the widespread incidence of certain infectious and parasitic diseases among the recipients when the interrelationships between these diseases and nutrition status have long been recognized.

Such a nutrition rehabilitation program as implemented at An Loi was made possible by the cooperation of many different agencies and was a costly program. It was not implemented in other camps which were further away from the capital, and which undoubtedly also had severely malnourished children. The reasons for this were logistical difficulties, lack of funds, and lack of trained field personnel to implement and supervise the program.

Another effort to rehabilitate severely malnourished refugee children was done by a Sister Florence in Kontum province. Sister Florence used to work at the An Loi nutrition center where she was herself a refugee from

Kontum. When she moved back to her home province, she was assisted by CRS to set up a feeding station at the Kongu resettlement site. This station, initially conceived as a nutrition rehabilitation center, was turned into a mass supplementary feeding station where around one thousand children came to receive some cooked supplementary food once a day and only a small number of children identified as severely malnourished children were given a special ration with a little bit more protein food than the rest of the crowd. The need to change the program from intensive to extensive feeding stemmed from the large number of children to be fed when there were limited funds and personnel.

MASS SUPPLEMENTARY FEEDING PROGRAMS

From mid 1972 to June 1973 the CRS nutrition team cooperated with a number of voluntary and government agencies to implement mass supplementary feeding programs in Regions I, II, and III. Feeding stations were set up and workers were trained (5) to prepare and distribute a sweetened corn-soya milk gruel. Corn-soya-milk (CSM), a commodity made available through the Food for Peace program, was chosen because it was a nutritious food that was available in large quantity. This food was later supplemented or substituted by bulgur wheat cooked with some onion and oil. It was decided to distribute these foods in cooked form because:

1. The refugees lacked fuel and cooking facilities to cook food other than rice, their basic food.
2. The food was unfamiliar to many Vietnamese who did not know how to properly prepare it for human consumption. A number of people had associated these commodities with chicken feed or hog feed.
3. There would be a greater temptation to sell it at a cheap price if it were distributed in bags of raw commodity.

In the implementation of these feeding programs CRS has gone through three different phases, each of which was characterized by a special funding system and working relationships with other agencies with varying degrees of

success or failure.

Phase I: Volags Executive Committee

From May 1972 to October 1974 Catholic Relief Services was member of the Executive Committee of the CSM Feeding Program. This committee included representatives from Volags such as CRS, International Rescue Committee (IRC), Christian Youth Social Services (CYSS) which were providing training and supervision of workers that operated feeding stations in about ten different camps in the Danang area. The committee set up criteria to be used by Volags involved in the program, coordinated their activities, and provided them with financial and material support. Funds were released by the Ministry of Social Welfare and channelled to the Committee through the Vietnamese Red Cross. Equipment was provided to the Committee by CARE, and food commodities were issued by the Service of Social Welfare.

The feeding stations were reasonably well controlled and the food served seemed to be well accepted by the refugee children. However only camps in the Danang area where the involved Volags had offices and field personnel were reached by the feeding program. Efforts to set up feeding stations in Pleiku in Region II had less success because of a lack of a steady source of funds and lack of field personnel to follow up the program.

Phase II: Work with the Ministry of Social Welfare:

When the funds released to the Executive Committee of the CRS Feeding Program ran out in October 1972, the USAID/Food for Peace Office and the Ministry of Social Welfare decided to implement a mass Bulgur wheat feeding program in all refugee camps across the country. The Ministry was to be the sponsor and monitor of the program and the CRS nutrition team was requested to assist by providing food demonstrations and technical advice on how to operate feeding stations wherever the needs were indicated.

The program encountered many difficulties and was eventually suspended.

1. The food provided was not the most appropriate commodity. The refugees already received 500 gm rice/person/day and what they needed was something else. Bulgur was another cereal that could be used to stretch the rice rather than supplement it. Funds were lacking to prepare other commodities such as CSM into an acceptable product like the nutribun or the sweetened gruel mentioned previously.
2. There were differences of opinion between the policy deciding officials at the provincial and camp levels who lacked the motivation to properly implement the program. Quite often the provincial and camp officials felt there was political pressure from the top rather than a real need for the program.
3. Because of the widespread corruption problems in the country, there were difficulties in controlling the program. Equipment for the feeding stations and transportation of food commodities to the camps were provided by contractors through a bidding system. This resulted in delays and the contractors were often hard to control. Camp chiefs and other administrative officials were often replaced on account of corruption charges and every time there was a change of authorities, the feeding programs would be temporarily suspended. Many honest officials were reluctant to take charge of the feeding programs because it meant added work without compensation and a source of conflict with co-workers who might not be so honest. The CRS nutrition team who went to the camps to follow up the program after offering food demonstrations were more than once threatened, and one member was even beat up at a camp because they "wanted to know too much".
4. The feeding programs were periodically interrupted because of administrative and logistic problems. Food commodities were often issued only for two weeks at a time and in many camps the feeding was suspended from a few

days to several weeks after each two-week period of operation. In certain camps the program never got off the ground because of the lack of motivation at the supervisory level.

5. Since the Ministry of Social Welfare decided to implement this feeding program on a trial basis, equipment, operational funds, and food commodities were at first issued only for about 1500 recipients at each camp. Even later when additional feeding stations were set up, the amount of food distributed per capita was often insignificant, especially in large camps with a refugee population of over ten thousand people. In the effort to reach everybody, in some camps distributions were rotated to reach a different section of the camp each day with the result that each recipient received food only periodically. In certain camps the limited amount of cooked food produced at the feeding stations was stretched thin to reach every tent and the refugees received a symbolic amount of about one or two tablespoons per person, although on the records the number of recipients reached by the program seemed adequate. As of June 1973 the total number of people that were reported by camp officials to be fed at about seventy feeding stations across the country was 325,163 as compared to 541,825 people living in refugee camps where the feeding program were implemented.

Phase III: Work with local voluntary groups

By June 1973 the mass PL 480 feeding program implemented by the Ministry of Social Welfare has been suspended and many refugees were being resettled at new sites where they had to live a pioneering life in areas that were sometimes quite insecure. With funds provided by the Cooperation for Reconstruction in Vietnam (COREV) and other funding sources, Catholic Relief Services assisted two voluntary groups in Kontum and Darlac provinces to set up feeding stations and provide cooked supplementary food to about 5000 predominantly Montagnard children at five resettlement sites (7).

These sites are Kongu, Plei Broch, and De So Mai in Kontum, and Buon Hang Hai and Buon Chu K Pam in Darlac province.

The mass supplementary feeding stations in Kontum and Darlac provinces, which also made use of PL 480 food commodities but provided some additional local foods such as dried fish and a limited amount of vegetables, were reasonably well organized and appreciated by the people. The problem encountered in this type of program were:

1. It was costly to provide large numbers of children with prepared food and similar feeding stations could not be set up in every refugee camp or resettlement site because of a lack of funds.
2. It was initially planned to feed the children at these resettlement sites only for four to six months until the first crop was harvested. However because the move to new sites did not coincide with the season for sowing or planting, and because of problems such as delay in allotting land to the people, delay in providing them with seeds, etc., the first harvest was postponed to the following year and the need to feed the children existed longer than anticipated. This again led to problems of searching for a continuous source of funds in order to avoid interruptions in the operation of the feeding stations.
3. As a sponsoring agency, CRS had to depend on the availability of local groups who could operate and supervise the feeding stations on site. Because of a lack of field personnel, the agency could monitor only a limited number or such local voluntary groups. A large scale program involving feeding stations at every refugee camp or resettlement site would be impossible to administer without an adequate staff of field supervisors.

FUTURE POSSIBILITIES

Because of the high cost to set up large numbers of feeding stations where cooked supplementary food is provided, Catholic Relief Services is

implementing a feeding program for Montagnard resettlement sites in which raw food commodities are distributed but food demonstrations and simple instructions on basic nutrition, sanitation, and health are also provided by mobile teams of home economics teachers and cadre. This program is still operating on an experimental basis.

As the result of Miss Coenegracht's survey (2) of the nutrition status of Montagnard children in a number of resettlement sites in Region II, the need for nutrition rehabilitation centers for severely malnourished children at resettlement sites was pointed out. With experiences gained from the past feeding programs, the Ministry of Development of Ethnic Minorities, UNICEF, Catholic Relief Services, and the WHO nutrition consultant are discussing the possibility of setting up small centers for about ten to fifteen severely malnourished children at each Montagnard resettlement site that would be operated by local voluntary groups such as the religious Sisters operating the mass supplementary feeding stations in Darlac and Kontum provinces. Equipment and necessary operational funds would be provided by UNICEF, technical advice would be provided by the CRS nutrition team and Miss Coenegracht from WHO.

In this type of controlled feeding program, as well as in any mass refugee feeding program, there is a need to develop an integrated program (8) in which treatment of parasites, control of infectious diseases by mass vaccination, treatment of scabies and other skin infections during the time of children wait in line for food distribution, multi-vitamin capsules or iron supplementation for the correction of iron deficiency anemia, mass prophylaxis with chloroquine as malaria is identified as a significant problem, and encouragement for continued breastfeeding should be built in because all these problems have a close relationship with the nutrition status of the children.

This often requires a lot of coordinated effort and work at different levels to make effective use of various sources of help. There is also a need to build in the program an evaluation system so that the impact of the program can be objectively measured and this requires additional personnel and effort, which are not usually provided, in emergency situations without some leading people paying a special interest in this matter for future planning purposes.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Cambodia - Feeding Operation in Refugee Camps

SPEAKER: Victoria Pellobello - Nutritionist CRS Cambodia

CRITICQUE: Mr. James Pines, Trans-Century Corporation

Cambodia is a war country and I did not know how to plan or start the Nutrition Program when I went there a year ago. Before I left the Philippines, I had been the Nutrition Supervisor of the TMCH Program in Cebu and when I arrived in Cambodia, it was an entirely different situation.

There were on-going emergency programs in refugee camps run by women. Cook pots were available in the camps and each cook pot could only feed about 100 refugees but were actually being used to serve around 4,000 refugees. After two weeks of observation, I asked myself what kind of program I could implement. I decided to conduct a feeding program, a targeted program and a mothercraft program. My main reason for establishing these programs was to keep the people alive.

There was plenty of CSM (PL 480 food called "Corn, Soy and Milk" Blend) and it was the only available food in quantities at that time. Since I knew how to prepare it, I decided to use this food as my main resource. The next problem was to look for the people who would help me in the program. There is a communication gap as the Cambodians speak Khmère and French. We had decided to hire interpreters. Because of the communication problem, I was not sure whether the instructions I was giving were being interpreted in the right way. Resource persons were located by Miss Elsa Haglund, CRS/New York. They were mostly high school graduates and some were in the the High School. Of these persons, seven were hired but only two of them could speak English.

In 1972, the infant mortality rate of 0 to - year olds was 62.92% per thousand. The common nutritional deficiencies were calorie protein malnutrition and iron deficiency. The infectious diseases were dysentery,

tuberculosis and parasitic infestations.

My purpose in going to Cambodia was to change the food habits of the people. After training the 7 girls as nutrition-aides, we used CSM and prepared it together with the locally available vegetables. Our program includes preparation, cooking and feeding.

To date, there were 67 nutrition-aides trained in the Program and they are now assigned in 28 different camps. There is daily feeding in these camps and 24,000 children are being served. In one camp, 4,000 are being fed approximately 500-600 calories per child per day. Since we do not have a limited budget on food, we can feed CSM with any kind of food like meat, fish and so forth.

Once a month we teach mothers how to utilize CSM. Since it is a mass feeding program, anybody can attend class and receive a ration of 5 kilograms of CSM per month. Other items are distributed by CRS, such as 22.5 kilograms of rice, dried fish, soybeans, fish sauce, sarongs (native dress), sleeping mats and other basic household needs. Housing is also being provided.

Soup is prepared in each camp. We have a kitchen building, a warehouse where we keep our food, utensils and equipment. The food is delivered once a week and the vegetables are delivered by contractors. Like Vietnam, we have problems on delivery of vegetables. So, all nutrition-aides make it a point to weigh the delivered vegetables before accepting them.

World Vision is responsible for the severely malnourished children. It is similar to a hospital and is called a "creche" with doctors, nurses and attendants. A card is used in the distribution of food or in feeding. The name of the child is written on it. As soon as a child gets his soup during that day, it is marked on the card.

This year CRS Cambodia plans to have programs for the elderly, mothers clubs and Daily Child Feeding.

In each camp from 7:00 A.M. to 4:00 P.M. nutrition-aides assign mothers to cook the food. There is also a chief/refugee in each camp, a refugee himself, who is responsible to make a survey of the children. He is in complete charge of the survey of about 10 houses.

There is no problem in transportation as far as CRS/Cambodia is concerned. Other agencies in the area serving the refugees are: World Vision who takes care of the severely malnourished children; CARE who has similar programs to those of CRS but covering different areas; and the International Red Cross.

Critique:

Mr. Pines asked the group, "What do you do in a situation of non-developmental feeding"?

The purpose of the discussion is to see what we can learn from each other on planning what kind of alternatives there may be, what kinds of questions are relevant when you are doing what may be called "non-developmental" nutrition feeding. Nutritional self-sufficiency is not a realistic goal. Let us first identify how many different kinds of situations we can think of:

1. refugees
2. disaster which may be divided into two a) natural and b) man-made.

Characteristics of the situation that may affect the goal you choose for the programs that you select:

1. Will they return?
2. Security?
3. How many?
4. Duration?
5. Political
6. Food availability
7. Triage

Triage means sorting out or screening. The use of the word "triage" in relation to Health and Nutrition Services became very popular during the

Vietnam Campaign of the French when they had a limited amount of Health Services and a lot of wounded men and they knew that they could not restore all of the men to adequate health conditions and they have top decisions to make, the decision on who was going to live and who to die. Even in that situation they engaged in rational planning. We might as well program our services to minimize number of deaths. How do you plan the rationale? You have a big problem and you have so few resources, how do you plan your resources and use these to minimize deaths?

One key decision is that there are some people who no matter how badly we may feel about it, whom we know there is a high probability cannot survive. When you take as your goal "minimize deaths", that poor group becomes the lowest priority. You can then identify another group that is in bad shape but whom you think can make it, that they would survive in any case. Top priority are those people for whom your intervention is critical. Even in so-called "panic" or emergency conditions, you still have program decisions to make. We discovered that in Cambodia and Vietnam, you do a different kind of planning, you take a different approach to evaluation, and you work with less information, but you still have the same process. Because if you don't, you do a less effective job. More children are going to die. Triage is going to be a great bone of contention these days. Anybody working in food problems and in nutrition ought to be familiar with the word and should have an idea of what it is all about.

Another characteristic is that "will they return?" The goal is minimum amount of deaths. As you analyze your situation, your problems and your resources in relation to that situation, you need to see that the best way to minimize deaths is to intervene among those people for whom your intervention is most critical. I know that unless I intervene with that person, he will die. You can identify those for whom the minimum or the smallest

intervention will be critical.

The goal is not changed. What may change are the conditions or the characteristics or the resources. As your resources expand, you are able to reach lower priorities.

Another characteristic that may affect the goal for a program in non-developmental nutrition program is duration. How long is it going to last? Duration is the key question as you do disaster relief. Example is that when you have an earthquake and your seismographers are reasonably certain that there isn't anymore earthquakes expected, you know that there is a mop-up situation if the disaster is over and now what you have to do is limit the consequences. If it is a famine situation, and it is three months before harvest time, you can sweat it out till harvest time. Cambodia and Vietnam is a little different; once you get in a feeding business, you can be sure that you are going to be in a feeding business for quite some time.

Security makes a real difference. After the earthquake, you know that people are going to return and you know that you don't have a security problem, so you can think about getting the next crop in.

Another characteristic is political. You always want to know the ratio of cultural characteristics of the population and their relationship to the power structural because that may be a problem.

Alternative goals - what should our goals be? I don't want your opinion on what the goals should be; I want information that will help me determine what the goal should be:

1. Keeping people alive
2. Preventing deterioration
3. Maintaining level of local community.

Preventing deterioration means that I have a situation in which I looked at the problems. I have a lot of first degree malnourished children, 2nd degree malnutrition and a few people who are healthy and I know that I have

resources to save lives. To keep everybody alive, it means to use the food as much as possible to keep everybody alive and if I have a little extra I think I can do even more. The next step is to say, "I am going to try and hold the situation stable and try to keep things from getting worse and that is a perfectly reasonable nutrition goal. I have been involved in many numbers of nutrition programs where we have said:"The goal of this program is to maintain the present situation because if you don't do anything, it will get worse."

Aspects of program that might affect a program:

1. form of activity
2. kind of activity
3. duration of program
4. size
5. location
6. kind of people and training
7. target
8. ration
9. level of nutrition goal

Possible Intervention of what kind of program do you do besides feeding:

1. feeding
2. immunization
3. environmental sanitation
4. dispersion of quarters
5. shelter and protection

How the Cambodia situation could be improved:

Constraints

1. CSB is the only major food available.
2. Acceptability of CSB among the people.
3. Personnel bottleneck - only 3 nutritionist-aides are available.

What are the things the nutritionist has to do that a layman cannot? Planning
Regarding acceptability, the following should be considered:

1. cultural factors
2. form of preparation
3. taste
4. political
5. monotony
6. organoleptic

What do you do so that CSB could be accepted?

1. combine with local foods
2. disguise
3. prepare differently
4. educate (by demonstration)

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Indonesia: Nutrition Interventions Considered for Indonesia

SPEAKER: George Wagner, Program Director for CRS Indonesia

CRITIC: James Pines, Trans-Century Cooperation

REPORTER: Darline Ramage, Regional Nutritionist for CRS/Rome

Mr. Wagner summarized the situation in Indonesia on his arrival there and had hopes to initiate a nutrition project similar to that in operation in the Philippines. He realized rather early in his tour that this would not be possible. The need for a nutrition intervention existed but a different approach needed to be used. The area of the greatest need was in East Java among the families of the rice farmers. These farmers are considered the "world's best rice farmers", but they have an over-population problem and absolutely no available land individually held for extra production.

CRITIQUE:

After considerable interrogation of Mr. Wagner and Mr. Sunawang, CRS Nutritionist, Indonesia, it was brought out that each village chief had a community plot that was his for the duration of his tenure in office to use for community benefit and this land could be used as the basis for a nutrition education program tied to community gardens.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: The Importance of Nutrition in National Development

SPEAKER: Dr. Florentino Solon, Executive Director of the National Nutrition Council of the Philippines, founded by the First Lady, Mrs. Imelda R. Marcos.

Organizational Level

Philippine Nutrition Program

National Nutrition CouncilNutrition Center of the Philippines
Regional Nutrition Council
Provincial Nutrition Council
Municipal Nutrition Council implementing level
Barangay Nutrition Council
Barangay Network

Provincial Staff

Provincial Program Staff

Chairman - Governor

Provincial Admin. Officer

Organizational Structure

Chairman - Mayor

Municipal Action Officer

Gov't Agencies

Private Sector

Barangay Nutrition Center

Barangay Network

Barangay Network

Teacher Coordinator

Purok Leader

Unit Leader

20 Houses

Unit Leader

20 Houses

The Philippines is divided into 11 regions. Within the region there are provinces, within the provinces there are municipalities, within municipalities there are villages, so it is logical that we should have organizations within that level. Somehow, we have to go down directly to the provincial level.

In the past, Mayors were politicians - once they win the election they have to work for another election. Their issues are bridges, roads, etc., but now they have malnutrition as an issue. So now it will be their concern that they will account for every child that will die every month in the municipality. Now the Mayors will see to it that there will be no child that would die unnecessarily in the municipality without help.

We organized the provincial staff. The provincial officer under the governor may be a doctor, may be a social worker, may be anybody who has the leadership and any health program coordinator within that staff. Already 80% of the governors were oriented. They are now motivated. It is just a matter of telling them what it is all about, what the problem is, how to solve the problem and how to organize.

Health Strategies:

1. To deworm
2. To immunize
3. To motivate family planning

Interventions:

1. Fortification
2. Complete health service
3. Capsules of Vitamin A

It is nice to go into national planning, it is nice to go into macro

planning, but if we will make it simple, even the barrio leaders can understand what we are talking about. If you start talking about constraints and all the other stuff, these poor villagers will not understand. We identify our target and we try to find out who are malnourished or not and then these are the target of our interventions. After knowing our target - under 6 years old is our priority, we go into an operation by weighing in order to really see, not by sampling alone, who are undernourished and where they are, because in any village for that matter, it is a very automatic thing that out of 100 houses there might be only around 15-20 houses that are critical, and that is subject for development.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Forecasts for Title II Commodities

SPEAKER: Bert Fraleigh Reg. FFP Officer USAID Philippines

In your agenda or schedule, I am supposed to tell you about the outlook for Food-for-Peace.

The U.S. Food-for-Peace Program was initiated a number of years ago and at that time, it was largely for several purposes:

1. To help the United States dispose of a lot of excess food in an intelligent manner.
2. To respond to humanitarian needs as they may have existed abroad.
3. To help develop markets for American foodstuffs.

Sometimes it has been used for political purposes, too. Sometimes as in the case of Cambodia and Vietnam, it has been used for military purposes (proceeds of sale) which, in turn, is really political.

Now the situation however has changed very drastically in the world because when we started the Food for Peace Program about 25 years ago, at that time, there was not such a serious world food problem. At that time, world food production was actually increasing year by year. Food production was keeping ahead until 1972 - it fell down drastically and it has not yet regained its level. This big change happened about 1972 and at that time, although the calorie per capita were not increasing very much, the situation did not seem to be quite as critical. At that time world food production, largely because of bad weather, suddenly turned down and when that happened, we suddenly had a terrible food problem. And the world realized that food was the most critical problem facing mankind. I believe that food is more of a critical problem probably than oil. What I want to do here is to equate food and oil. Oil, fossil, and fuel are both similar to food because they both yield energy and the energy that they yield is also measured in terms of calories. We can really equate the two. It is interesting to know that

the amount of food produced in the world is now about 1.5 billion tons per year. In 1974, the fossil/fuel produced in the world was about 3 billion. We suddenly realized that the fossil fuel available for mankind is probably limited and cannot be presumably decreased in the years ahead. Another interesting comparison is that on the calorie basis, your fossils/fuel yields about three times as much energy per ton as food. That is just a basic cost and thinking in terms of food, one kilogram of food as a rule of thumb, yields 3,500 calories

Another interesting statistic in the United States is that every year we consume an average of 800 kilos per person. The reason is that in the United States, the high consumption is due to the high consumption of meat, milk and eggs. The conversion ratio is usually about eight pounds of grain to produce one kilogram of eggs, milk or meat. It is estimated that by the year 200, to keep humanity where we are now, because of population increase, we would have to produce 3 billion metric tons of food a year if in fact all the family planning programs are a success. But what I am trying to show here is that the food problem is every bit as important and perhaps more important than the oil problem or the energy problem. And the more I analyze it, we in the West, we have the food, so I think the food basically is going to be more important as years go ahead than the need for oil. But there is one thing important about food: we have been willing to share this food with other people and Food-for-Peace has been one method of sharing, but in the years to come, there's going to be a lot more sharing than we have done so far. The world is now putting emphasis on food because the energy required to produce this food comes largely from the oil and the coal. The very fact that we are here today in this seminar is because there is concern in the world for this food problem and I think that the whole idea of the science of nutrition, I would say, is to make better use of the food supplies that are available.

And on refinement, we in the West must stop consuming as much butter, as much milk, as much ice-cream, as much meat and as many eggs. To cut down consumption, all of us are here together to exchange ideas and our thoughts on how to better utilize the food that is now available, to encourage people to produce more food than is now available to encourage people to eat less animal products.

The interesting fact is that up until about before World War II, the biggest exporter of grain and foodstuffs in the world was Latin America. North America was the second. Australia was third and China exported 90% of soybeans. Last year, China was an importer of soybeans. Only two countries in the world exported soybeans last year; North America and Brazil. Latin America is now an importer of food. These people have now turned to being importers and the only two places in the world today that are exporting food are North America which exports about 95% of the total world food, and Australia, 5%. Out of this number, about three-quarters of it comes from the United States. Every other place in the world today is an importer of food. The United States remains and is in fact, the bread basket or the world food reserves. In 1960, there was on hand a basic food reserve of about 91 days. In other words, if every country in the world stopped growing food tomorrow, there was enough food in the world for 91 days. In 1972 to 1974, this dropped to 27 days and this world food supply is largely in North America.

In the World Food Conference that was held in Rome on November 5, 1974, Secretary of State Henry Kissinger was there and in his speech he said: "Today, we must proclaim a bold objective - that within a decade no child will go to bed hungry, that no family will fear for its next day's bread, and that no human being's future and capacities will be stunted by malnutrition."¹ This is his keynote and I must say, that it is a very ambitious keynote. It is a very, very good keynote, perhaps if at all possible because in my mind,

¹War on hunger, December 1974, Page 1.

by using the little amount of food reserve available and the food available for mankind today and shopping in a nutritional manner, we may be able to achieve this objective because there isn't enough food available to feed the whole world but maybe by using 5% to 6% of the food available for a proper diet and/or 10% of the food calories available and target them to the undernourished, this nutrition deficit of the children can be achieved.

Kissinger continued:

"We meet to address man's most fundamental need. The threat of famine, the fact of hunger have haunted men and nations throughout history. Our presence here is recognition that this eternal problem has now taken on an unprecedented scale and urgency and that it can only be dealt with by concerted world-wide action."²

Now these are all very important words. In the present year, 1975 the population is 3.9 billion. And of these, nearly 3 billion live in about 100 less developed countries (LDC). Of the 3 billion, 800-million are moderately or severely malnourished. In the more developed countries, per capita income is over \$4,000; in LDCs, per capita income is \$275. He went on and said:

"The challenge before this conference is to translate needs into programs and programs into results. We have no time to lose.

I have set forth a five point platform for joint action:

- To concert the efforts of the major surplus countries to help meet the global demand;
- To expand the capacity of chronic food deficit developing nations for growth and greater self-sufficiency;
- To transfer resources and food to meet the gaps which remain;
- To improve the quality of food to ensure adequate nutrition;
- To safeguard men and nations from sudden emergencies and the vagaries of weather!"³

Then he went on and finally recommended that they form several committees first, to go right ahead with the planning to follow up with the conference. And they have organized The Exporters Planning Group, The Food Production and Investment Coordinating Group and The Reserves Coordinating Group. We have received messages from Washington to the effect that this activity is going on.

The World Food Conference itself represented an awareness of the critical food problem. Beyond that, a lot of other things began to come out of the conference and we've got to see the effect. The United States proposes to this Conference a comprehensive program of urgent, cooperative world-wide action on five fronts:

"Increasing the production of food exporters".⁴ This means that the U.S. which formerly had the food reserve and the excess production of food was also held in soil bank. We have not been using all our lands. We now decide to take our land out of the soil bank and begin to produce as much food as we can. This is really a major change and this has been a commitment of the United States at the World Food Conference.

"Accelerating the production in developing countries".⁴ Now that is a lot more easy to say than to do. And I can cite the Philippines as an example here. The Philippines in 1900 had a population of 5 million people and the first study was made by the United States in 1902. And I read that study; they came to study "Nutrition of the Philippines". They did the best they could with the data available on "Agricultural Production". They found that the Filipinos at that time were producing per capita just about the same amount of calories and protein that they do today. So that means that in 1902 until now, with billions spent for agricultural production and hundred of experts and what not, we have not been really able to lift agricultural production in the Philippines on a per capita basis.

4.
War on Hunger, December 1974, Page 3.

So this idea of improving agriculture in the Philippines or in less developed countries, we know is easy to say rather than it is to achieve. I hope that through programs such as Father Aniban's which is a NASSA Program, working with the grass roots, will take hold and will give us more food locally produced.

"Enhancing Food quality and Ensuring security against food emergencies."⁴ Then he talks about setting up an international reserve system for food. Now this is rather interesting because this is not an American idea. This idea was developed independently two years ago by FAO (Food and Agricultural Organization) of the United Nations. And they sold this idea to provoke two problems. At first the U.S. was very interested in this but I think decided to buy it because politics could buy it and then after they had considered it more thoroughly, I think they decided it was a very good idea.

The International Reserve System should include the following elements:

1. Exchange of information at all levels of the food reserve.
2. Agreement on the size of the food reserve required to protect against famine and price fluctuations.
3. Sharing responsibilities for holding reserves.
4. Guidelines on the management of national reserves defined in the condition for adding reserves and releasing from them.

I am glad to report to you that on Food for Peace itself because of pressures developed in the World Food Conference, the United States has agreed to expand its Food-for-Peace Program very considerably. In 1974, we made available for Food-for-Peace 3.3 million tons of food with a value of U.S. \$981 million. Of this amount, approximately one third was under Title II or the donation program. Under the TITLE II Program, 55% of the food is through voluntary agencies; 33% is through government-to-government programs; and 12% through World Food Program. So, the voluntary agencies are the most important single factor in the U.S. Food-for-Peace Program. In 1975 and largely because of the World Food Program, we have increased our budget from U.S. \$981 million

to U.S. \$1,603,000,000 or a total of 5.5 million tons of food. This under Title I which is concessional sales and Title II which is for the voluntary agencies. The voluntary agencies now could probably increase from about 180 million up about to 400 million. It should remain stable. A study was made by the United States Congress just recently and also by the Department of State and it showed that of all forms of American aid, the most popular was the Food Program of the voluntary agencies.

I don't want you to think about Food-for-Peace as a "give away" program or a "dole". The guidelines have told us for a number of years that this had to be a nutritionally-oriented program or if it is Food for Work, it has to be program which would increase agricultural production.

My outlook conviction is that the Food-for-Peace Program in which all of us are interested in, will be strongly supported by the American people and will be a major factor in U.S. foreign assistance in the years ahead, provided it is nutritionally-oriented. Now I just want to say one last word about food. You have heard many things about nutrition and other nutrition interventions about growing food locally through education and food fortification. But I would subscribe that nothing is important as food itself. If you don't have the food, you are not going to get anywhere. We also support, as I have indicated to planting more food where it is possible. The people in this conference come from different places - from Macao, Hong Kong, Singapore and the Solomon Islands. These places just don't have the capacity to grow food.

When I was in Taiwan, in 1952, they did not grow enough food to feed themselves. Their nutritional battle is about the same as it is in the Philippines today. Today, average consumption is about 750 calories per capita which is a deficit consumption. In the Philippines, it is 2,000 calories today, but we are actually producing about only 1,700. So we have

a deficit of 15% on the national balance book. The Philippines is a major exporter of rice and it also exports sugar and coconut oil. If we kept our sugar and coconut oil and converted the land and feed the produce to the people, we would be able to meet our deficit. But we are exporting these crops and it is a major source of foreign exchange. National planning is the answer and this is what we did in Taiwan. The Taiwan Government said that we have to feed everyone of our people 2,200 calories per day. We have to import or cut down our sugar exports and do something to be sure that we have on our National Food Balance Sheet enough food and a means of distribution to get to our people 2,200 calories.

Nutrition Policy and Planning Seminar Catholic Relief Services -U.S.C.C.

SUBJECT: Use of Mass Media in Nutrition Education

SPEAKER: Nguyen thi Bich Lien, Chief Nutritionist CRS Vietnam

TOPIC: Use of Mass Media in Nutrition Education

On the use of television for disseminating nutrition education in Vietnam, my involvement is more of an assistance. In 1959 there was a nutrition survey done by the International Inter-developmental Committee on Nutrition and that nutrition survey pointed out the incidence of nutrition regardless of social economic status and gave the indication of the need of nutrition education. At that time the war was not as serious as it is now and the country was actually exporting some food and everybody agreed that the country has a potential to adequately feed its people. And yet malnutrition problems were found. One of the recommendations was to have more effort in the field of nutrition education. Since 1959 to 1975 there has been no more effort in nutrition education than you can expect in a country at war. A lot of Vietnam's budget went for national priorities and for security, so development programs have received little support and nutrition education even less. Not only nutrition education was not given priority in spite of the fact that more problems have occurred as a result of reduction in productivity and problems in marketing and distribution. The reason for choosing this as an intervention was this: First, there are some resources that are appropriate for this type of intervention. In Vietnam the estimated number are about 4½ million television sets throughout Vietnam and there are 4 broadcasting stations in different regions and it is estimated that this gives a potential coverage of 75% of the population. There is also an estimation that with two more stations the potential number of people that could be reached could go up to 90%. With the four broadcasting stations they could cover potentially 75% of the population, but there is only one production studio. Production is inadequate

because there is only one studio. Broadcasting time is only about 4 to 6 hours a day. At that time, most of it was propaganda. Educational programs consist of only about 2% of the broadcasting time.

Another resource was the presence of the CRS nutrition team. At that time we were involved in nutrition education activities and we had developed training courses for the target groups and one of the groups were mothers of low income families. We had developed a set of lesson plans and they were taught to the mothers with limited education. These materials together with the nutrition team from CRS would serve as resource personnel for a project of nutrition education with the use of TV. The CRS team was asked to assist in the writing, at this point, to adapt the lesson plans for the mothers into scripts that could be used for TV. In TV, of course, the format is different from that used for teaching. You have to present it in different forms and the form used was explained with the use of visual aids, demonstrations, dialogues, simple animation, interviews and short plays. The writing of the script involved actually two elements, not only the contents has to be nutrition, the message has to be accurate but also in a form that is set for TV. The CRS nutritionist made sure that the message was correct, and the person from the nutrition education center made sure that it was good enough for TV. It also has to be entertaining. The people do not like to learn after a long day of hard work. There is only one channel in Vietnam. Whether they like it or not they have to watch it. After the series of scripts were developed, the studio could use tapes and the testing time has arrived. The studio gathered people who were interested and involved in nutrition activities. The tapes were used with housewives and then reactions were recorded from these housewives. The tapes are sent to the Ministry of Health for censorship and comments. The people who worked in the studio gathered information from friends and relatives. There was no formal evaluation as to the impact of the series on the target

audience. With these different ways of informal evaluation of the program the result was different. There were many criticisms about the defects of the program, and this is to be expected because once they started the program, the studio had to train the people from scratch. About 20 Vietnamese people were trained to become TV producers, directors and script writers within a short period of time. Actors also had to be trained. One observation that we got from the feedback was that there was a lack of communication between the script writer and the target audience. The script writers are usually those people who have a certain degree of formal education. This series of scripts was aimed at the low income group. The script writers were the ones who were better educated than the target group. It is very difficult for a person to put herself in the place of a poor mother. There was a conscious effort but results showed some details that did not fit into the situation. Some programs seemed unrealistic for the target audience. Because of the lack of talent and facilities, there was a big limitation to the forms that the message could take. One of our nutrition specialists was assigned to assist the center. She had a lot of imagination so she came up with a very neat education gadget; she used animation. She used this technique to present the message. The different forms that the nutrition message could take were limited. Most of the programs were very heavy on the dialogue side. It is very easy to have a short play or to have two persons of a group of people talking with each other or having interviews. This is the easiest form. Usually more people are oriented toward action so there is again a discrepancy here between production and the target audience. The observation from all the feedback was that a lot of time the message was too sketchy. In order to reach people with a very low level of education, we had to make the message simple and also to fit all the different situations, you have to generalize the message but when you simplify too much, the information might become

meaningless.

Experiences in many countries have shown that in order to become effective, an educational program for the mass media has to be supplemented by discussion because the mass media could only be used to create a general awareness of the problem and the message has to be pretty general. It has to fit to all situations so there is a need to supplement this program with something that includes personal contacts with the audience and this is where the concept of tele-clubs came in. It was a group of low income people - a group of about 8-10 - who got together and watched the TV program and afterwards discussed the program. The aim is to supplement the message on the TV program. This personal contact is needed because in a TV program the message has to be accurate and also entertaining. In entertainment, you do not require a conscious effort. There is a contradiction between learning and being entertained. In a tele-club situation there is this conscious effort that is required. The reason for the tele-group is to reinforce the message with personal reactions. Everybody knows that you can listen to an expert talk about some behavior that is desirable but you are very unlikely to do that unless you see your neighbor do likewise. Learning is reinforced by attitudes around you. The members could adopt or reject the message provided in the TV program, but even when they reject this message, there is this conscious effort and later on the knowledge is there. Later on, they could be free to adopt it. Another reason for the tele-club is to make the message more meaningful. Through TV the message has to fit all situations. In a tele-club setting the members belong to one community and they have concrete needs that could be discussed based on this general message on TV.

Why have tele-groups:

- 1) To supplement the message from TV for more effectiveness;
to add the conscious effort to the viewers besides the
entertainment.

- 2) To reinforce the learning process.
- 3) To explain and interpret the general message on TV into more concrete ideas that would be helpful to a particular community.

The target audience at first was with women only and they found later that perhaps men should be included and then children. In the coice of tele-group leaders, they have done this on a trial and error basis. Tele-group leaders were responsible to convene this group meeting and to help lead the discussion after watching the TV program. At first they chose a script leader who is already in the business of nutrition education. These are nurses, midwives, para-medical personnel. All of the leaders have to be carefully trained in the skills.

It seems that the number of tele-groups that either survived or faded out was an indication of the success or failure of the program. The conclusion was that the experience was very unrewarding. Many tele-groups have faded out of existence. However, there are people who still think that it is a worthwhile effort. It is unrewarding but the challenge is still there. There are many problems that explained the results that are unrewarding, and these are mainly irregular broadcasting time because of the insecurity in the country. Another difficulty is that the lower income group, with the greatest need, do not have the leisure time to attend this type of meeting and they are not interested. Also, there is a lack of television sets among this group, a lack of motivation to attend these types of program and a lack of training for leadership.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Use of Comic Books as a Visual Aid in Nutrition Education

SPEAKER: Sister Lucilla Perpnan, Administrator, NASSA

Several years ago we were looking for alternative means other than person-to-person contact with nutritionists and we discussed the problem with the Social Communications Center in Manila. They have a trained staff in radio, TV, comic books and other mass media and we discussed the costs of other alternatives. By putting comic books in the village they would be in a dramatic format and pass from house-to-house in the village. We decided to take a chance on it. We sent them out on a monthly basis.

In the first issues distributed, the only feedback from the field is that they appreciate the comic book but there are some mothers who cannot read. We developed quite a number of comic books and the problem was we did not have enough supply to saturate an area so the effect would be maximum. There was no formal evaluation done on the first five sets that we developed but with the last set, we selected the flood affected areas of Central Luzon and saturated the area with the comic book and picked out pilot areas. We did an evaluation on the effectiveness of the comic book as a tool in education. The result of the survey said that in a way of retention, recipients were able to get the message that was being transmitted in the comic book. In this particular comic book the focus was on sanitation and the effects of the flood on the sanitary conditions of the area. Insofar as the message was concerned, they were able to get the message. They were able to see the relation between sanitation and health but they were not able to see the relation between sanitation and nutrition. Comic books are very expensive. It does help in transmitting the message but then one of the problems presented is the illiteracy of some of the mothers but somehow they are able to get the message through the pictures and sometimes what happens is a group of women would be reading a comic book and

they would be discussing it with those who were illiterate. When we use it in a classroom as a tool, it is embarrassing to illiterates, so the teacher of nutrition should be very careful in a situation like this.

SUBJECT: The Mindanao Refugee Program (Philippines)

SPEAKER: Germalina Villarez, Nutritionist CRS/Philippines

This area, for the past two years, has been experiencing constant trouble or conflict which resulted in the displacement of many people, population which is composed of Moslem and Christian families. These hostilities and uprooting of families has therefore caused serious consequences which greatly affect children especially of pre-school age. Because of this, CRS felt the need to help the people and save the children suffering from malnutrition. So with the idea in mind to have a program for the refugees, and funds taken from different sources, CRS made a proposal to the Bishops of the troubled areas for a nutrition program just designed for the refugees. The program which is a mothercraft operation was started in 3 areas of Mindanao, namely, Zamboanga, Jolo and Pagadian. The aim of the present project is to reach first severely malnourished pre-school children among both Moslems and Christian communities in Mindanao with a feeding program using locally available foods.

This project is implemented under the diocesan structure which is under the administration of the Bishop and the Social Action Director. This structure has provisions for a diocesan nutrition program that hires the services of a diocesan nutritionist who has the responsibility to supervise the program handled by the nutrition aides.

The feeding program puts its emphasis on the integrated educational component such as nutrition, health, sanitation, family life, child care and production with the hope the result will be total human development. It also requires the active participation of the mothers of the enrolled children in attending classes, participation in marketing, cooking, backyard gardening and hopefully, income generating projects.

The counterpart assistance at the local level involves providing the location, necessary physical facilities and other manpower assistance that may be required. This training program for the mothers and the close association with the families hopes to promote total human development and give emphasis to the importance of the family unit and the well being of all its members. As the program had already started in 3 areas in Mindanao, we have already reached 228 children in both the Moslem and Christian centers.

Nutrition Policy and Planning Conference Catholic Relief Services - U.S.C.C.

SUBJECT: Philippines: The Targeted Maternal Child Health Program

PANEL SPEAKERS: Mr. James Di Harpporte, Program Assistant CRS/Philippines

Sister Lucilla Perpnan, NASSA Administrator

Germelina Villarez, CRS Nutritionist

Sister Delia Mendones, Regional Nutritionist/Bicol

Aphelia Paderes, Regional Nutritionist/Visayas

Father Aniban, Social Action Director/Visayas

Carolina Limabaga, Regional Nutritionist/Mindanao

First of all I think it is helpful that you understand a little bit of the CRS Philippines and what we are doing here because so much of our nutrition program is related to the other programs that CRS operates in the Philippines. Basically CRS has three types of food programs in the Philippines. We have the Targeted Maternal and Child Health Program; the School Feeding Program which is also a "targeted" program. By "targeted" we mean we identify children who are malnourished; and the Food-for-Work program.

In implementing our programs, CRS works through our counterparts. Our counterparts are the NASSA (National Secretariat of Social Action). NASSA is the official social action arm of the Philippine Bishops Conference. It is that office of the Philippine Bishops which are concerned with social action. Secondly, we operate with the Department of Social Welfare. Here in the Philippines the Philippine Government pays all the inland handling and transportation through the Department of Social Welfare. Thirdly, the Department of Education and Culture through which we operate the School Feeding Program. And then there are other counterparts such as the Philippine National Red Cross. Most of our programs are channelled through our counterparts.

The Nutrition Program started here around four years ago or so. CRS used to receive food commodities which we would send from our office in Manila down to individual parish priests, concerned laymen, CWL groups, hospitals, clinics

and any group that reaches people who are in need of food assistance, and which would clearly identify our programs, and so people began to see that it should be a nutrition program. They decided that they would identify those children that are malnourished and they would try to get the food directly to those who are concerned. And so they started targeting. They did this by weighing. They developed the weight survey and started weighing children. These individual people who would receive bags of food were told that they had to weigh their recipients, find out if they were malnourished and give only to those who are malnourished, the food supplement. At the same time, they were told that we had to have an educational program to get away from the old mentality of dole out. Every recipient was asked to pay 30 centavos a month (about \$.04-1/2) and CRS would ask them to pay P1.00 a year. With the money CRS will start to hire nutritionists, will start to develop materials and will start to form feeding programs. We also requested associated charges from our School Feeding Program which went into the pre-school nutrition program and another big boost that helped us to start the nutrition program was a result of floods which occurred in 1972. After the floods in 1972, the U. S. Government wanted to do something for the Philippines. A large amount of rice was imported to the Philippines. However, this rice was no use as most of the people could not cook, could not prepare the rice. This rice was sold on the open market and the money was put into a fund of the Philippine Government and USAID for relief and rehabilitation and a large portion of this went to Food-for-Work projects for relief and rehabilitation and another part of that went for nutrition programs. This money was used to hire nutritionists, to cover their expenses and materials. In October of 1973, CRS signed an agreement with her counterpart, NASSA, which said in effect that CRS would continue to handle the logistics of the program. We would take care of all the shipping from Manila to the various centers of the country, and this is a big task in itself since

the Philippines is composed of 7,000 islands. CRS would also continue to collect the associated charges and unassociated charges and sale of empty containers to provide funding support as much as possible. However, the implementation of the program would be decentralized to the various social action divisions and to the national office of NASSA. So, therefore, the actual implementation was handled by NASSA.

TOPIC: Philippines: The Targeted Maternal Child Health Program

INTRODUCTION BY: Sister Lucilla Perpinan, CRS/NASSA Nutrition Administrator

DATE: March 3, 1975

In order to understand the set up in which we implement the program I feel that I have to explain to you how we operate, or what NASSA is and how we go down to the parish level.

NASSA is composed of the three regions and we have 3 regional social action offices, the Luzon (LUZZA), Visayas (VISSA) and Mindanao (MISSA) and we have the national office and the four compose the whole NASSA. The executive committee of NASSA is composed of the national director, the executive secretary and the assistant executive secretary of the national office and the executives of the three regional secretariat and we have the national board of the NASSA which is composed of the national director, 2 bishops of the Commission and the executive secretaries and another elected representative of the region. In the national office we have 4 departments: we have the Justice and Peace Department which is the educational arm of our office and which takes care of Justice and Peace which is the educational arm of our office and which takes care of justice and peace problems. Then we have the Lenten Action Department which is the department which is in charge of a campaign that we are launching now which is an evangelization campaign together with a sharing activity. We have the Projects and Planning Program Department, headed by Father Imperial who takes charge of all projects and helps in planning and programming to service the different regions. We have the Programs and Services Departments which is headed by Father Aniban and different programs in the Philippines and services fall under this department and that is where the Nutrition Program comes in.

In the Programs and Services Department we have a department head and assisting him is the technical assistant and assisting also the different

programs such as the Relief and Rehabilitation Program which includes also the Food-for-Work program which is done as a rehabilitation work; then we have the liaison officer for Health and Family Life Services. She helps the different dioceses on the Health and Family Life Program and works hand-in-hand with the Nutrition Program for the integration of family and health in the Nutrition Program.

Then we have the Nutrition Program which is a NASSA/CRS joint program and we have another service which is the procurement office and it takes care of the excess property and they see to it that it is properly consigned to priority service applicants.

With the Nutrition Program the administrator of the program is actually a NASSA personnel and she administers the Nutrition program with the CRS funded personnel. In the Manila office I am assisted by the assistant for Nutrition Education - she takes care of the development of nutrition educational materials like the charts, comics, syllabus and she also is in charge of the "nutrinews", a quarterly paper on the use of the nutrition program. It also serves as a tool for the continuous education of our people in the field. Then we have an assistant who takes charge of the training. As of now we are in the process of developing or organizing our training program, and we are trying to train the nutritionists and nutrition aides on a regional level. Earlier, we had on-the-job training instead of in-service training. Now we are trying to regionalize our training for the nutritionist or other interested parish personnel who would want to join in the training program. In the training program we usually give them communication skills as we feel that we have to equip them with skills that would enable them to be effective community workers and to maximize the participation of the people they would be working with and for. The training would include skills on community organization and orientation into the whole set up of NASSA and its regional office, its

goals and its aims. Then, also, it would include skills that would enable them to be more effective nutritionists and enable them to integrate the other programs into the nutrition program that they will be handling. Then we have an assistant for CRS affairs who represents CRS in meetings. She also takes charge of government agency applications of all matters that concern government agencies in relation to the nutrition program. The CRS Assistant is directly under the CRS office. As of now the regional coordinators are directly under the national office. Under the regional coordinators we have the diocesan nutritionists. Since the diocesan nutritionists are personnel of the diocese and their efforts are coordinated by the regional supervisors, only strictly in terms of the basic requirement of the guidelines, they are given for the use of the commodities. In the diocesan level, the social action director heads the social action program in the diocese. Some of the programs that they have are Justice and Peace, the Projects and Programming Office, Relief and Rehabilitation, Agriculture, Nutrition, Health and Family Life components and Community Organization. Not any two of the diocesan offices have the same service but most of them have the nutrition program as a program of the diocese. The diocesan nutritionist is directly under the social action director and working with her would be parish nutrition aides. Helping the parish nutrition aides would be the volunteer workers.

In the regional level, ideally, the nutrition regional coordinators should be under the regional office, but as of now, because the regional office is not yet that well organized we have not been coordinated. The regional coordinators are still under the Manila office.

This is the structure in which we operate.

PROGRAM OPERATION - TARGETED MATERNAL CHILD HEALTH PROGRAM - CRS/NASSA

By Germelina Villarez, CRS Staff Nutritionist

By far the largest program Catholic Relief Services/NASSA, in conjunction with the local Bishops, has conducted is the Targeted Maternal and Child Health Program. This is a nutrition program directed towards reaching pre-school age children and their pregnant and nursing mothers. By "targeted" is meant that the program is limited to those children who are suffering from severe and moderate cases or state of malnutrition. The objective of the program is to provide supplementary feeding to these malnourished children and nutrition education to mothers on the value of nutrition. Here, U.S. furnished foods has been the tool used for rehabilitating the malnourished children and an encouragement to mothers to join regularly in classes on nutrition, health, sanitation, child care and in some cases, responsible parenthood or family life education and agricultural production.

The TMCHP operation is handled by the diocesan nutritionist who is an employee of the diocese and working under the Social Action Department.

The steps of operation is as follows:-

- I. Screening of participants through a weight survey of pre-school children from 6 months to 5 years or to be exact - 60 months. This, we feel, is the most vulnerable group.
- II. Evaluation of survey data and selection of eligible mothers and children. Here, the nutritionist computes the age in months of the child using the standard weight for age thereby determining the nutritional level of the child.
- III. Grouping of mothers to attend lectures on basic nutrition and cooking demonstrations using U.S. furnished foods and locally available ones. During lecture, mothers are encouraged to participate. The lecture, including the food demonstration

class, may last for one or more hours.

- IV. Monthly weighing of children and plotting of weights on individual child health records. Weighing is the measure used to gauge any progress in the health status of the child and any illnesses the child had during the time that he or she is in the program is recorded on the child's health record.
- V. Monthly or bi-weekly distribution of dry rations of the PL 480 foods to mothers and children. Each qualified recipient has an allocation of 8 lbs. of available food commodity. Mothers then prepare or cook this at home with the instructions to feed first the malnourished child.
- VI. Home visits or follow-up by nutritionists, consignees or nutrition aides. This is part of the preventive plan. During home visits, the nutritionist can give follow-up teaching and this is also a way to gauge how successful the education program has been so that if disappointing results are found, the general approach to the mothers, and the teaching given, can be reconsidered and replanned.

Who are the eligible participants of the Program?

1. As a preventive measure, all infants from 6-11 months are enrolled except those who are above the normal growth line, in other words, those who are overweight.
2. Children age 12-60 months are enrolled for 18 months if body weight is between 60-75% of normal upon enrollment. Enrollment extends to 24 months for those initially below 60% of normal.
3. Pregnant and lactating mothers are enrolled for the duration of pregnancy and lactation.

At the present time, the total number of recipients we have in the TMCHP is

more than 424,000 recipients. The program is carried over to 56 dioceses and with around 120 field nutritionists (plus other locally hired) by the diocese, parish, or municipal councils.

Prior to the TMCHP operation, CRS had first started a nutrition program which is quite expensive though effective in terms of weight gained by the children. This was the mothercraft program. The operation is the same as the TMCHP except that feeding is done in the center twice a day for 3 months after which they are absorbed in the TMCHP for continuous rehabilitation. An evaluation of the two approaches of the program was made in the first year of operation. The results were satisfactory. A recent evaluation made by ASI reported that the nutrition education program conducted by Phase I and Phase II has been fairly effective in achieving its objective. The Nutrition Program of the Philippines has divided the Philippines into 9 regions: Northern Luzon, Central Luzon, Southern Tagalog, Bicol region, Visayas, Greater Manila area, Palawan, Northeastern Mindanao and Southwestern Mindanao.

Targeted Maternal and Child Health Program - Bicol Region

By Sister Delia Mendones, Nutrition Supervisor for the Bicol Region

The Bicol region is composed of 6 provinces: Albay, Sorsogon, Camarines Sur, Camarines Note, Masbate, Catanduanes)

The Bicol Region, located on the Southern most tip of Luzon constitutes 6% of the country's total land mass and ranks ninth in the territorial size among the 11 Philippine Regions. Relative to the rest of the country, the Bicol Region is economically depressed, but generally suitable for physical development because it is dominated by valleys and plains lying from 0-100 meters above sea level.

In 1967, a study by the United Nations and National Economic Council categorized the Bicol Region as a "Downward Transitional Area" based on part by economic performance, as borne out by the following facts;

(a) The annual rate of population growth for the region at 2.3% is less than the National Average of 3.1% indicating a loss of population through out-migration, a sign of basic economic weakness.

(b) The Regional per family income of P1,500 per annum is among the lowest of the nation's 11 regions.

(c) Employment in the secondary and tertiary sectors is the second lowest of the nation's 11 regions.

(d) Due to the inadequate infra-structure, the region is visually isolated from the rest of Luzon and Metropolitan Manila.

The degree of urbanization in the region is quite low at 21% compared to the National Average of 22% about 35% of the urban population can be found in Camarines Sur province alone and an equal proportion in the provinces of Sorsogon and Albay. Most of the population is concentrated in a settlement strung along Manila South Road and the railway in linear fashion.

Legaspi, Naga and Iriga are the leading urban centers in the Region.

The Diocesan Social Action Department of each province serves as a Planning Board, an implementing Arm, a coordinating and supervising body of all Social Action Projects being undertaken in the Diocese. Likewise, it maintains liaison with the local and Provincial Government for purpose of mutual assistance and coordination with the government efforts along the same lines of endeavor.

The activities of each Diocese are jointly financed by the Diocese itself and several funding institutions. At the moment the Social Action Department is engaged in three main activities calculated to meet the three most felt needs: Enrichment of Human Life through Adult Education, Family Planning, Nutrition, Leadership Training, Vocational Arts, Promotion of Civic Mindedness and the Bayanihan Spirit through the organization and support of work groups for self-help and community development projects, the organization of cooperatives, and their federation.

The Nutrition Program we have at this moment is supported by the Catholic Relief Services for the Supplemental Feeding, Nutrition Education, Income Generating Projects and the Food Production. We have revitalized and expanded this program and tied it up with the Integrated Program of development by each Provincial and National Government wherein unfortunately supplemental feeding and mothers education have not been adequately taken care of thus our program now is integrated with other programs under PDAP. Project Objectives: Establishment and maintenance of optimum nutritional level of pre-school children, nursing and pregnant mothers as a vital ingredients for full human development; Awareness of the significance of and need for good nutrition using available family and community resources. Specific: Appreciation for malnutrition and subsequent problems and consequences such as improper growth and development and thus share the knowledge gained in the implementation of the program with their neighbor and friends; Encourage the parents to engage in backyard gardening, planting root crops,

vegetables, fruit trees to make them self-sufficient in the protein and caloric requirement of their children and also engage in vocational courses such as men's tailoring, dressmaking, cottage industry to increase their family income.

- Means:
- a) Orientation of mothers and prospective participants on the TMCHP.
 - b) Establishment of Local Nutrition Councils to assist in planning and implementing the nutrition education and supplementary feeding.
 - c) Technical assistance of diocesan nutritionists who provide nutrition education and cooking demonstrations to participants.
 - d) Orientation of mothers to principles of Christianity as a basis for good community organization.
 - e) Homemakers class.

Areas of Activity: The immediate beneficiaries of the TMCHP are the children in the rural areas categorized as second and third degree malnutrition and also the mothers of those children who are pregnant or nursing.

The parents assured of the health and normal growth of their children, can apply themselves without distraction to their occupation and means of living. The mother freed from continually caring for her sickly children can engage herself, within the confines of the home in an income generating activity such as poultry and swine raising, cottage industry or home gardening, dressmaking and men's tailoring.

Areas of Influence: We have mentioned earlier that the mothers are made to realize the role they play in the over-all program of development envisioned for the region... That in some way the success they realize in their home and immediate surroundings, that the success in other areas of development will be partially negated if they are not reflected in the health and normal development of our children. It is worthwhile to add that the high mortality rate among infants and children that causes extreme demoralization among the

normal development of the physical and mental faculties of our children would save the department of Health and the Department of Social Welfare a huge amount of money which otherwise will be needed to fight children diseases to which malnutrition exposes them. It would likewise save the Department of Education and Culture the huge outlay allocated for the mentally retarded and physically defective among the students. It would speed up learning process of the children and they can accomplish more school work within a shorter period of time. As those children join the labor force we can count on able-bodied and mentally alert workers who can hasten economic growth and development of the region.

Over and above all these, we hope we are laying down the foundation of a healthy and progressive citizenry in the healthy and normal children we will be raising for the future.

Status of the TMCHP: The Bicol Region Nutrition Program as a whole is geared towards building a community of physically, economically and spiritually healthy families. Thus we employ all means to achieve this end. Nutrition Training, Nutrition Education, Food Production, Supplementary Feeding, Rehabilitation in a Nutriward and Family Life are all TMCHP components in the region except Income Generation, Research and Evaluation which Camarines Sur has added to its own program. All these sectoral projects are being implemented by the SAD of each diocese with the same objectives and means.

The Social Action Directors are actively participating in all fields of endeavor of the Government. The nutritionists are members of the organizations wherein nutrition is a priority project. We have no reasons why CRS/NASSA's partnership for total human development could not be achieved in the Diocesan level.

TMCH Program - VISAYAS REGION

BY: Ophelia Paderes, Regional Nutrition Supervisor for Visayas

The Visayas is subdivided into sub-regions: The Central Visayas, Eastern Visayas and Western Visayas. In the whole region of the Visayas we have 22 nutritionists most of which are funded by CRS and two are funded by the diocese and the others are on 50-50 basis - 50% from CRS and 50% from the diocese.

As of January 1975, we have a total of 223 centers with a total number of 77,811 recipients. The Nutrition Program is a diocesan program so our approach is to develop the program in the larger context of the mission of the Church. This we have to work out for the people rather than for them. A very good example of which is the diocese of Samar. The organizational set up of this could be explained by Fr. Aniban since he was the one who developed this kind of approach when he served as the Social Action Director of the diocese.

FR. ANIBAN: (Explaining the organizational set-up)

A diocese would be a very big area for one Social Action Director and a nutritionist to produce an impact. Samar which has 3 provinces, 3 dioceses divided the diocese into 3 centers. In each center we have more or less a priest coordinator for social action whose priority is the development of social action in his region. These are service centers. Instead of the parishes here to be looking up to one center in the diocese they would have there a local priest who would help develop the program and to promote social action as an integral part of the program mission of the church. At this stage, the main service of the program is the training of personnel, especially in the education component worked out in the different programs being implemented in the different parishes.

The approach which we are trying to develop in the region is the integrated approach. No program geared towards development is implemented in isolation from the development program. Take for instance the Nutrition Program, for it to have an impact in the community, you will want to go into:

Education of people

Income

Self-Sufficiency in terms of local food

Distribution

The education component is worked out by family life education program. We have some nutritionists and nutrition aides. The team of family life looks into the education component of nutrition.

The income component is worked out by economic opportunity programs. The same mothers could enroll in the on-going economic opportunity program such as cottage industries and cooperatives so that while undergoing education, while they undergo relief and rehabilitation, they are also prepared for economic self-sufficiency.

What we are trying to work out as a priority is how this would develop a strong food production component in the nutrition program. As we have the need to bring in a nutritionist, we would be bringing in an agriculturist.

Our idea in trying to bring a food production component into our TMCHP is that while at the moment the mothers are the ones who are most involved in the program we would allow the fathers to come in, in terms of food production. Our main target for food production would be the fathers. So the whole family would be involved in the program.

TMCHP PROGRAM

Southwestern Mindanao Region - By Carolina Limbaga
Regional Nutrition Supervisor for Mindanao

My scope of supervision is the southwestern part of Mindanao. It covers the Archdiocese of Zamboanga which geographically includes two provinces, the Vicariate of Jolo which covers 457 islands and the Dioceses of Cotabato, Basilan and Pagadian. The TMCH program has reached a total of 3,330 for the Vicariate of Jolo, 3,885 for the Archdiocese of Zamboanga, 1,598 for the Diocese of Basilan, 961 for Pagadian and 963 for Cotabato.

The region has 12 nutritionists, 21 nutrition aides and various voluntary workers. As with all the rest of the CRS/NASSA TMCH program, it falls under the Social Action structure. The Social Action Center is the Community Extension Center. Through this service the center aims to make its resources available to the community. It sensitizes the people first to their needs then motivates them to help themselves through the use of the external and internal resources. The center attempts an integrated approach to the needs of individuals and communities. It is divided into four dimensions.

Physical Dimension - Health Program

Nutrition

Environmental Community Project

Economic Dimension: Economic Development Program

Opportunity workshops

Cottage Industries

Vocational Training

Cooperative Development

Food Production

Social Dimension: Family Life Center

1. Family Counselling

2. Family Education

3. Basic & Continuing Education for Children & Youth.

Cultural Dimension: Creative Arts

The nutrition program operates following the TMCHP guidelines. At least twice or once a month, class sessions are conducted. Cooking demonstration is done when necessary.

Among all the regions in the Philippines, Southwestern Mindanao experiences up to the present, constant and frequent hostility. And because of this many families are forced to evacuate from their hometowns.

All areas that compose the region have refugee camps too.

Zamboanga has five refugee camps.

Basilan has three and Jolo has four.

In all the refugee camps the nutrition program is being implemented. However, some modifications were made regarding the target groups of the TMCHP evacuees. Priority is for all infants and pre-schooler, pregnant and lactating mothers. All the vulnerable group are qualified in the program irregardless of nutritional status.

Duration in the program has to be considered. So a policy was formulated that at 10 months of continuous participation screening becomes a requirement for enrollment to the regular TMCHP.

As of date Zamboanga has 26,000 evacuees. Of the 5,000 families 934 are undernourished children.

Jolo as 600 undernourished children and Basilan has 559. Cotabato City of the present is experiencing some hostile operations so there is no established refugee camps there.

Basilan (3)

1 = 229

2 = 226

3 = 104

Jolo (4)

1 = 197

2 = 177

3 = 126

4 = 100

Zamboango (5)

1 = 221

2 = 168

3 = 211

4 = 134

5 = 100

Nutrition Policy and Planning Conference Catholic Relief Services - U.S.C.C.

SUBJECT: Agricultural Development

SPEAKER: Dr. Edgardo Quisumbin, Department Director, National Food and
Agriculture Council, Philippine

Food production is the foundation of any good nutrition program. Of the food programs that we have, the biggest is the rice production program which is the "MASAGANA 99". "Masagana" means bountiful, and "99" is the target we set as our goals. The slogan Masagana 99 in Filipino quantifies the goal of the program to increase rice production up to 99 sacks or 4.4 tons of paddy per hectare.

This program started in 1966 when the first high-yielding varieties of rice emerged from the International Rice Research Institute, the University of the Philippines' College of Agriculture, and the government's Bureau of Plant Industry. These rice varieties are high-yielding, typhoon resistant, etc. In 1970, over 50% of our farmers were using the high-yielding varieties. In the past, we had really never taught our farmers the advanced technology to grow this rice. We have not extended to him information to utilize fertilizers, pesticides, controlling pests and diseases. As a result, against a yield-potential of at least 5½ tons of paddy per hectare, our average farmers in 1970 produced less than one half of the potential, or only about 2.5 tons.

In 1970 and 1971 we got hit by 28 typhoons in only 6 months. That practically wiped out our rice crop. Rice production dropped to 3.3 million metric tons. In 1972, we got hit by a very bad virus, the "Tungro" which is transmitted by green leafhopper. Rice production dropped to 3.1 million metric tons.

In 1972 and 1973 we got hit by the killer flood, the worst in our history. In 3½ weeks of constant rain, as much rain fell as in the whole of the previous year.

After this flood came severe drought. This drought hit not only Asia but the rest of the world. This was when rice became scarce all over. All

told us that we had to produce our own rice. We decided to revitalize the old system of rice production and call it Masagana 99.

From July 1973 to June 1974 we raised our production from 2.7 million metric tons to 3.4 million in 12 months. That put us very near to closing the gap between how much we grow and how much we eat.

Elements that resulted in the success of this program:

1. We had to have a credit program. We instituted liberalized financing scheme. We hit upon the new idea - loans without collateral. The banks considered the farmers a poor credit risk, but we finally got the President to extend them loans without collateral. There were 420 rural banks owned by the private sector, 102 Philippine National Banks and 25 offices of the government's Agricultural Credit Administration. To help persuade these bankers, we guaranteed 85% of the loans in case of "force majeure." We revised the rediscounting system of the banks so it will be faster and convenient to the rural banker. We assigned one technician to the bank to help supervise loan applications.

We required the farmer to form what we call a "selda", a completely informal group of 5 to 15 farmers who agree to be jointly and severally responsible for each other's crop loans. This is a joint liability group. But for the farmer it is not only that, it is a moral obligation to the people closest to him.

The next item that we instituted to make the credit liberal is to organize mobile banks. We told the Philippine National Bank to buy initially 100 jeeps, which in turn was manned by the staff. These people will go to the barrios to process loans on the spot. The response was overwhelming. By the end of the first year, a total of 634,000 farmers received loans amounting to 587 million. Another 299,000 farmers who did not need credit, joined the program and received technical supervision. All in all, almost a million farmers joined "masagana." Each farmer was

allowed up to ₱700 in loans per hectare. At interest of 1% per month, this low interest rate freed him from the usury of money-lenders who often charged 10% per month. Part of this ₱700 balance, for pesticides and fertilizer, was given in purchase orders which he could exchange for actual products at the local store. The storekeeper then redeemed the purchase orders for cash at the bank.

There were critics who said at the time that these loans, especially those from the government banks, would never be repaid, that the absence of collaterals was extremely dangerous, and that the farmer was a poor credit risk.

The farmer, has since then, proven his critics wrong.

2. The second element was the Transfer of Technology.

Though credit played a crucial role, an equally important task was to make the farmer's mind accept the new rice technology. In short, we had to transfer knowledge, gained through research, to the farmers. We did this in three ways:

- 1) through the field technologists;
- 2) through mass media; and
- 3) through government organization at all levels.

Regarding the field technologists, we trained 3,200 of them. These are all agricultural graduates. We send them out to visit the farmers regularly, to teach them the cultural steps of the new technology. They demonstrated the correct use of fertilizer, diagnosed insect pests and plant diseases, and they showed the farmers how these can be controlled. We gave them motorcycles to enable them to cover more areas. We publicized the steps required to grow rice and told the farmers to follow these steps to the letter. Further, they taught the farmers what a "selda" is, how to form a "selda", and how to get a bank loan. They advised them on the harvesting, threshing, storing, and

marketing of their crops. They also reminded them to repay their bank loans. In short, the technologists acted as the personal link in the chain.

For the first time, we turned to the private sector and mounted the Mass Media campaign, not through television and newspapers because our farmers in the villages do not own television sets, and the daily newspapers hardly reach them, but through radio. Three out of every four farmers have their own transistor radios, and they regard the local station as a source of authority and of information. The new technology then was translated into a series of down-to-earth talk to the farmers. In addition, we set up 58 local half-hour radio programs all over the country.

We supported the massive use of radio and printed booklets mostly in comic form which were easily understood. These were supplemented by signboards, billboards and other information materials.

Government Participation: The third system used in order to transfer knowledge to the farmers, and to make sure they used it, was to organize ourselves at every government level.

In the Philippines, the smallest political unit is the village or barrio. We have 34,000 barrios, each one of these 34,000 barrios responsible for forming their own seldas, for encouraging their own farmers to join Masagana and for loan collections.

The next higher political organization is the municipality, and there are 1,400 of them in the country- we set up an action team headed by the mayor himself and by our field technologists plus the bank managers and the leaders of the municipality.

Going one more step up is the provincial rice program officer with representatives from the banks, rice millers, traders, pesticides and fertilizer dealers, our local radio broadcasters, and all the agencies concerned with agriculture, local government and land reform. This is the committee that oversees the production of rice at their level.

We set up the management committee comprised of leaders from the government and private sector which I handled and we set the policies and supervised the program at our level. We tried to minimize the danger of red tape and bureaucratic procedures by delegating the responsibility and full authority to make decisions; by assigning some of our top men from the Department of Agriculture to spend all their time travelling around the country, identifying bottlenecks and solving them on the spot whenever possible, and by telling them that if something went wrong, to tell us immediately so we can dispatch the necessary support needed to solve their problems. Because of this delegation of responsibility the program has not been buried in its own red tape.

Credit plus the skillful use of farm technologists and mass media, and a well-organized government structure - these were the main elements of Masagana 99.

There were, of course, other elements. There was a price support program set up to guarantee the farmer ₱50 per sack if prices fell at harvest time; and there was the timely supply of chemical inputs, disease and pest control and others, but the main elements were still credit and the transfer of knowledge.

What were the results of the Program?

There was a production increase of fully 27% in only one year - from 2.7 million tons to 3.4 million tons. This was the highest increment we had ever achieved in our history and we understand from the FAO - the Food and Agricultural Organization, one of the highest in the world. As a result, we became almost self-sufficient in 1974. We needed 3.9 million tons. With our harvest of 3.41 million tons, our carry-over stocks from the previous year, plus a small importation that had been already contracted for, we more than met this demand at the end of the crop year in June and

in fact accumulated over 600,000 metric tons of rice from local production alone. Thus, we built up a substantial stock inventory which tided us over the succeeding three months, the traditionally lean period of the year. There are grounds to believe therefore that our production and/or consumption figures were defective, and that we may have been self-sufficient in 1974.

What has the Masagana 99 proven?

We have seen prosperity in the countryside. The income of the family had increased ₱1,680 to ₱4,130 for a crop of rice. This money was used by them to pay for the land leaving them enough for pocket money. As a result the appliance stores were reporting heavy sales. Our surveys indicated that the first one that families buy is a transistor radio, then a refrigerator and the third is a stove. Sales boomed and you could see the prosperity in the countryside. For the first time in his life, the farmer realized that he was no longer a tenant in bondage to the landlord, but a proud and independent man able to transact loans with his bank just like any other businessman.

Equally important was the impact on the banker. The banker shed his hostility, having discovered that the small farmer with the new technology could be a good credit risk, even if there was no collateral. In turn, the farmer realized that government-sponsored loans were not political pork-barrel handouts, and must be repaid.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: A Proposed Food Production/Nutrition Scheme

SPEAKER: Jack Dwyer, Horticulturist Specialist USAID/Philippine

In order to develop viable food production programs within the Philippines, any realistic attempt should fall within the general national development goals set by the Government. Currently, the Government of the Philippines has targeted increased food production and nutrition as national priorities. Secondly, the goals of improving farmer family nutrition and increased income levels have likewise been targeted by the GOP.

The purpose of the proposed pilot food production nutrition scheme developed by NASSA/USAID is to increase food production of highly nutritious crops in 3-4 pilot rural areas of the Philippines. The targeted food crop production cycles would produce locally-acceptable nutritious foods to substitute and hopefully replace donated U.S. PL-480 food commodities currently in use by NASSA/CRS in its Targeted Maternal Child Health Program. The Social Action Groups in the pilot areas would administer the food production program concurrently with the TMCH Nutrition Program.

The project would aim at the following results within the pilot areas:

- 1) to produce, process, and blend targeted nutritious food crops such as: white corn, cowpeas, sweet potatoes, and rice successfully by late 1976;
- 2) to substitute locally-produced goods for PL-480 donated foods within the TMCH program by late 1976 at a rate of 20% substitution/replacement;
- 3) to re-target the donated PL-480 foods within the first year of the pilot program to only third degree malnourished children;
- 4) to re-target the locally-produced foods to 2nd degree malnourished children who would be reconsidered in the preventive stages;
- 5) to effect 100% substitution/replacement of the donated PL-480 foods within the TMCHP program in the pilot areas by late 1983;
- 6) to raise

the average farmer family participants per capita income per year from ₱400 to ₱590; 7) to improve the nutritional levels of the targeted participants through the use of locally-produced foods.

The point of entry into the community would be the ongoing TMCH Program participant/recipients. The TMCH Program would be slightly refocused to include the TMCH fathers or "farmers" into the program. The Social Action Staff within the 3-4 pilot areas would expand to include two additional food production/extension workers who will work jointly with the diocesan nutritionists to target the whole family into the TMCH/Food Production Project. The new TMCH fathers/farmers would be organized into groups ("seldas" or "Damayans") of 5-15 each in order to become eligible for supervised production credit from the local rural banks. The supervised credit/TMCH farmers would in turn produce: rice (under Masagana "99" program), white corn, legumes, and sweet potatoes under a contract-grower agreement with the rural bank and the Social Action group. The targeted contract crops would be purchased by the Social Action group from their TMCH farmers and blended for sale and use within the ongoing Targeted Maternal Child Health Program of the diocese.

In order to meet the funding requirements to guarantee purchase of the contract produce and to allow the Social Action Staff to hire additional food production extension personnel, CRS/NASSA Manila will be submitting the "Proposed Pilot Food Production/Nutrition Scheme" to USAID/Washington for an operational program grant to cover the expenses of the proposal by the end of March, 1975.

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

SUBJECT: Cultural Considerations Affecting Nutrition

SPEAKER: Dr. Lourdes Quisumbing, Dean, St. Theresa's College, Manila

The success or failure of any development program depends to a large degree on the understanding, the respect and tolerance of the behavior patterns of the people for whom the program is divided. After all, if the development is for the people and the questions that should be raised in our minds is what does the development mean to them or what is a pattern of happiness you would like to draw in themselves. Because there is always the tendency of development planners to unconsciously spell what happiness means to the people. This is also true for nutrition, because we think we are sophisticated and too educated for the people for whom we devise plans. It is not so much the lack of funding that is responsible for the lack of success in programs of development such as nutrition, family planning, it is the lack of understanding of the motivation behind peoples behavior and knowing the techniques or strategies on how to use the mechanisms that we work out. Therefore, if we want to be successful and more effective in our development program, it should be well to look into the change to be blended in the culture rather than working against the culture. Blending with the culture or working within the culture means working with the culture and therefore pre-supposes a lack of understanding of the culture of the people. If we can blend the desired change into their cultural patterns we stand more chances in having these changes accepted by the people and there is the chance that this change will also have lasting effects.

First, we must recognize the major development values which the people hold and we have to respect this; secondly, it would be good also to recognize the secondary values which may support the change we want to introduce and then we can utilize this to introduce our change or we can recognize the cultural obstacles - there are built-in obstacles in every culture so recognizing them we can de-emphasize the built-in barriers, and thirdly, look out for the cultural mechanisms and use this for strategies so we can utilize what the

people are used to and can bring about change in a manner acceptable to them. I will try to speak to try to help ourselves recognize major themes, secondary themes and cultural mechanisms especially the Filipino context. My examples would have to be Filipino - that is my culture - and maybe you can also apply that in your own country. Culture is the total life style of the people. It is their way of life. It is an integrated pattern of all their behavior. If we understand this pattern of behavior or the regularity of the occurrence on the way they feel, the way they think, the way they believe, the way they speak and the way they act then it is a kind of map. If we understand their culture and life style it is like knowing a map. We can predict to a certain degree, understand and even control or change people's behavior if we know how they act. Culture is many times defined as patterns of behavior. Patterns of behavior could be useful if we could distinguish between patterns of behavior - how people generally behave. In layman's language we call this customs. There is a certain regularity on how people act and therefore we can predict how they are going to act. We can also distinguish patterns for behavior. Therefore, there is a slight difference between how people act and what people think how people think should act. Here we would refer to action systems. Culture is a system of systems therefore, theory would refer to the action systems of the people how they do and here we would refer to the normative systems and sanctions, because every culture lays down norms and supplies sanctions to ensure that every member conforms to its norms. Added to that normative is what is supposed to be done - guides for behavior. They are internalized by the people. They are imbibed unconsciously. From the very exposure the individual has to conform to his culture and this exposure begins even before he is born and lasts until he dies. So each man is a carrier of his culture. So each of us here represents a life style that somehow we have

imbibed from the life styles of people who share. Culture operates in us in an almost unconscious manner. When a baby is in its mother's womb, it is subject to the cultural beliefs, attitudes and practices for pregnant mothers. So an expectant mother is affected by the act of the culture towards pregnancy. This runs through in every event and every situation of life. The choices of an individual are circumscribed by the opportunities that his culture provides for him and the life styles are set for him from very infancy and that goes on to other patterns so when we talk of action systems, how we can recognize culture affecting this people, we usually think of what can be observed. When we speak of customs, practices, we refer to the pattern of behavior as observable. First of all, what is really observable before actions are ethnic differences, are biological differences and we know that when we meet somebody the first thing that strikes us are the genetic differences - color. But that is not important because what is more significant and challenging and difficult is the difference in sheer expectations in goals, values, attitudes and norms. The acquired differences are more important, and challenging than the biological differences, because while biology makes us inherit genes, culture is not inherited but is acquired and because it is acquired from the people, culture is group life - it is what is shared with the people - it is what gives the people that identity, something common in themselves. That group identity is culture - what we share - the way of life we share in common with one another. We are like adolescences growing up into maturity trying to develop ourselves in behalf of others but beginning with a certain sense of national identity. There is now all over Asia a certain awareness for the recognition of searching into themselves and looking forward to their own culture. If we want to grow in our culture we must first know our culture.

The success of a development program depends on a certain degree on the understanding of the behavior of people. Culture must be in our favor rather than against us, because culture can always count so much in its dissonance.

When we introduce dissonance, where there was harmony before, we introduce discontent. A culture can stand only so much dissatisfaction or so much dissonance. If we can harmonize and introduce change into their habits and culture, then change comes gradually and surely so that observable behavior is what we noticed first and this is the thing that we can use first. There are patterns of speech. In each country, let's take the Philippines for example, there are 8 major languages, therefore 8 systems of thought and about a hundred monologues in this country of 140,000 sq. miles. The first observable behavior that we can detect is communication patterns of people. How do people communicate? How do they understand the things that you try to communicate to them? This is a basic skill. How does the Filipinos communicate himself on different levels? If we want to understand what he means we will have to listen with these levels. It is not just verbal.

Language is one of the most important tools of introducing himself. Possessing the language is a tool and is a great help because cultural concepts resists translation. There are certain concepts, values and attitudes which cannot find their equivalence in any other language. Therefore, we miss the nuances of the culture for which we could work. Language is important because it gives us the way people think. The Filipino language is oblique. As is true with many Asian language - the patterns are not direct. When we speak English we speak directly. We need language but a non-Asian coming to Asia knowing all the language cannot yet communicate because we do not say what we do. Words do not mean much unless you are sensitive to the cues, to the nuances in the language and every language in the world has nuances.

If you read anthropology books from America nowadays they speak about the silent language which is more eloquent than spoken words. Western cultures are trying to develop non-verbal communications. Eastern cultures have it by their own. Let me refer to words and nuances. I will give to you a Cebuano context. Like for example the word "dauy" - it has no meaning and no

translation in itself but it is a cue that something is wrong. So when I come to you and say "dauy" that means something is wrong - and where do you find that? Not in the word, but in the tone. Some Asian language sound like monotone but Filipino languages have a lot of undertones, overtones and tones. Filipino's questions are not objective. They do not deny objective answers. They are subjective and they expect subjective answers. There are meanings behind the words. When we talk to an Asian we don't just listen - we have to look because what they say they don't mean - you have to look at the face.

There are behavior practices - what the people do. Of course, many of the practices including food practices have always been queer to some people outside the culture. When we speak of food, it has a cultural meaning. It does not just have a technological, biological and educational meaning but cultural. In the Philippines food has a social meaning. Whenever there is a gathering there is food, when somebody dies, there is food for 9 days. We have to understand patterns for behavior, norms and belief systems. We have to speak of beliefs - what they believe in, and we have to speak of values, what we consider important as well as attitudes. So that these non-observable patterns of behavior are even more important because they explain the motivation of what is observable. And when we get an insight into these non-observable patterns of behavior then the patterns of behavior that we see and observe become very easy to understand. For example, why is it that we Filipinos do not say what we mean or do not mean what we say? Something in our values, our value of personalism, our value of smooth, interpersonal relations, the value of pleasantness. There are alternatives in a culture, the desire to please. The desire to please for the Filipino is more important than the desire for accuracy so when we talk of an unseeming untruth, it is not untruth - it is a euphemistic expression. Overt approval is taught by the parents and reinforced. When the parents talk, the child always agrees, at least overtly.

Criticism is very difficult to give and to take publicly. Orientals are very sensitive to criticism. You must know how to criticize. Criticism must always be given nicely.

Food practices will depend on food preferences. Food preferences are culturally prescribed. Your individual taste is due to the culture. What we Filipinos find palatable, desirable, and acceptable will depend on our culture, what we have been used to. To the Filipino, there is nothing that can take the place of rice and no food tastes as well as when you eat it with rice. While biology is true for every man it is culture that channels this biological processes. It is culture that tells us what to eat, how to eat, when to eat, how many times to eat, and how to prepare the food. It becomes a part of our habit systems. Biology is conditioned to our culture to such an extent that the biological responses are to certain specific cultural stimuli. When we try to change food practices it would be naive for us to change this without changing food practices.

The significance of food is something that we have not looked into. We only deal with preferences, systems, nutritional balances, but we do not go into the cultural significance of food. The cultural significance of food varies from place to place. In Asian countries, our food means something personal. Food has a personal and social significance so that food sharing means establishing or maintaining a social bond. It depends on situations and relations. Food for Filipinos is not for anything for that matter. Food is a concept of health, sickness, death, explanation of success, explanation of failure - all these have cultural components. They are all colored by culture. Our attitudes and values are cultural filters in which we see reality. There is no such thing as exact objective reality per se. We interpret reality in a way culture taught us to and actually we are not even aware of our culture. What is important to other people is not important to you and what is important to you is not important to them and here is where development programs really fail. When we do not have awareness of what is important to people when we

do not have knowledge of using the cultural mechanisms, we cannot project what they desire and when we are not sensitive to the problems and opportunities and the possibilities. And of course there is nothing like acceptance, tolerance of differences, respect and appreciation of the culture of the people and it is through this discipline of tolerance that we can penetrate to the culture and can bring about meaningful change.

Nutrition Policy and Planning Conference - Catholic Relief Services- U.S.C.C.

SUBJECT: Prevention of Vitamin A Deficiency through Massive Dosage.

SPEAKER: Dr. Carmen Intengan, Food and Nutrition Research Center, National Science and Development Board - Philippines

It is significant to note that the first nutrient observed to cause a deficiency symptom in man when absent in the diet is caused by what we now know is Vitamin A. As early as 1900 BC Egyptians recognized that diet might be a factor in the development of night blindness and related symptoms. For these, raw liver was recommended as a curative measure. Curiously enough, it took nearly another 1900 years to discover that a fat soluble growth factor present in liver is the required substance for normal vision in man and animals and that a continuously inadequate supply of the same results in blindness. The isolation of this growth factor and the various chemical, animal and human tests undertaken took a quarter of a century before the vitamin was finally chemically synthesized. The world's first full-scale commercial production of Vitamin A began in 1950 and since then this vitamin has been made available in unlimited quantities.

Again it is significant to note that although Vitamin A was the first nutrient to be recognized as essential, its deficiency (in the diet) has up to now remained a scourge to mankind. Dr. Oomen and his associates have indicated the wide geographical distribution of Vitamin A deficiency -- in India, Pakistan and Bangladesh; in Africa like Ghana, Dahomey, and Nigeria; in all Central American countries; in Brazil and Chile of South America; in the Caribbean; and specially in rice-eating countries of South-East Asia particularly in Indonesia, Thailand and the Philippines. The deficiency is particularly associated in areas which suffer from protein-calorie malnutrition and with diarrhea and infectious diseases like measles, whooping cough, tuberculosis and broncho-pneumonia and/or on conjunction with parasitic diseases.

Severe Vitamin A deficiency occurs particularly in children. According to Dr. S. McLaren, of the American University of Beirut, Lebanon "at least 80,000 of the world's child population below the age of four go blind every year and 80 per cent of these die because of a lack of vitamins". The tens of thousands of children, progressively increasing in number and needlessly going blind from xerophthalmia, is causing much concern among doctors, nutritionists and other health workers as a serious public health problem. The prevalence and severity is greater among boys than girls.

The existence of xerophthalmia in any given population suggests that subclinical forms of vitamin A deficiency could be widespread. There is still no simple method of diagnosing the early sign of deficiency; roughness of the skin and arms and legs may not be specific. Night blindness has been considered as an early sign of vitamin A deficiency but most difficult to diagnose especially in young children. Bitot spots are also considered to be suggestive of the deficiency but questions have been raised lately as to its specificity. Xerophthalmia and keratomalacia are specific indicators of vitamin A deficiency; unfortunately they represent a very late and very acute stage of the disease and at this point prompt treatment is essential for the prevention of irreversible damage. In endemic areas it is therefore important for the smallest rural health unit to have a high potency vitamin A preparation for the early treatment of infants and children.

The natural occurrence of vitamin A is confined to mammals, marine life and birds -- none exists in plants. High concentrations of the vitamin are found principally in the liver and the body oils of fishes. Plants do not contain vitamin A but do contain a wide variety of carotenoids, most especially B-carotene or provitamin A. The darker the green or yellow color of the vegetable or fruit the higher is the provitamin A value. The green chlorophyll of leaves masks the orange and yellow carotenoid pigments. The conversion of the carotenes to vitamin A takes place mainly in the intestinal mucosa.

After the absorption, the various tissues are supplied and any excess is stored in the liver. About 90 per cent of the total vitamin A in the body is found in the liver.

In countries in South East Asia, the average per capita daily intake of vitamin A ranges from 1000 to 2500 I.U. The principal source of this is plant foods. This level would be marginal in meeting what is believed to be the minimum vitamin A requirements. In diets where animal foods and fats are limited in amount, the attainment of adequate vitamin A becomes very difficult. Besides the vitamin A value contributed by these foods, protein and fat are needed for absorption and utilization of the vitamin. It will therefore be necessary to take large amounts of green leafy and/or yellow vegetables and fruits to meet recommended levels. The average intake at present is only about 1/3 to 1/2 the recommended amounts of these food items. Clinical evidence of vitamin A deficiency seldom occurs in individuals consuming 3,000 I.U. and above per day but may occur when daily intake is less than this amount.

The extent to which an infant is safeguarded against Vitamin A deficiency would depend very much on how well-nourished his mother was during pregnancy and lactation, and the length of breast feeding. There is a general trend of an early weaning of the infant especially in urban areas in order that the mothers can resume their usual activities or get back to work. For mothers who belong to the medium income level, milk fortified with vitamin A is usually used as the weaning food. But for those in the lower socio-economic group, rice gruel with a scanty amount of fish provide the bulk of the weaning food. Many foods are considered unsuitable for this age as the result of taboos, beliefs and cultural patterns in various countries. Therefore by the time the child is two or three years of age, whatever little stores he had accumulated when he was breast fed could be depleted. Hence, the cultural signs of vitamin A deficiency are most frequent in the toddler group. The

mother is therefore the key person who can avert the occurrence of xerophthalmia in the family. Given proper information and motivation, the mother can effectively initiate early preventive measures.

Vitamin A enrichment of an indigenous food or food product that is universally consumed by the population may contribute to the solution of the problem if the enriched item is acceptable and within the purchasing power of the lowest income group. Among the vitamin A-enriched products we have had for some time now are milk and other dairy products, vegetables oil products and various cereal products. In India, the addition of vitamin A to commercially processed cooking oil has been tried. In Central America and Panama, a process has been developed for the fortification of white table sugar with vitamin A on a large industrial scale. A premix containing 50,000 I.U./gm has been processed. This is mixed in a proportion such that 1 gm of the fortified sugar will contain 50 I.U. of vitamin A. This level is expected to give beneficial effect among those in need. Possibilities for fortifying tea with vitamin A has been reported in countries like Pakistan and South Asia.

While fortification could be an ultimate measure in the prevention of vitamin A deficiency, there is an apparent need for an immediate solution to the increasing number of children vulnerable to xerophthalmia. Like scurvy and beriberi, xerophthalmia can be prevented by the right kind and amount of food. This means a vigorous nutrition education campaign for inclusion in the diet of more yellow and green leafy vegetables, such as Chinese cabbage, swamp cabbage, horseradish tree leaves (malunggay), sweet potato tops and its yellow tubers and the fruit and young leaves of squash. Yellow fruits like papaya, mangoes and melon are also good sources. Liver of all animals is an excellent source but could be frustrating to the majority of mothers who cannot afford to include this even once a week in their diet. Nutrition education is such a long-time process and unless other intervention programs are initiated, xerophthalmia will continue to exist.

In countries where daily food supplies could not provide adequate vitamin A especially in children, another approach to prevent blindness is the intermittent massive dose concept. This is a practical stop-gap measure to attaining adequacy in vitamin A until some other provision is made to supply this essential nutrient in the diet. During the last two decades, several studies have been simultaneously undertaken in various countries where prevalence of vitamin is high to test the effectivity and feasibility of this approach. Two forms of vitamin A have been used: vitamin A oil solution and vitamin A in water-dispersible form. Both preparations of vitamin A were found to increase blood serum vitamin A level and to decrease ocular symptoms. However, the response to massive dosage of water-miscible vitamin A was more dramatic than that of oil solution; the latter gave delayed response in the decrease of ocular symptoms and increase in blood serum vitamin A level occurred only after a time.

Oral massive dosage of 50,000 I.U. vitamin A/Kg divided in 5 consecutive daily doses to undernourished children exhibiting some degrees of ocular involvement was also effective in improving serum vitamin A level and decreasing eye symptoms. However the impracticability of this approach for field work is quite obvious.

Both oral and parenteral administration of vitamin A have been tested. Massive parenteral dosing of vitamin A has been given in oil solution as well as in water-miscible form. Although both forms of administration of vitamin A produced some improvement in ocular lesion, the clinical effect on blood serum values by parenteral means was less marked than by oral administration. Again, the water dispersible preparation was more effective in raising blood serum levels as compared to an oil solution of vitamin A likewise given parenterally.

Based on the above studies, the first field prophylactic trial in the rural areas was made in India on 1785 children between 1 and 5 years old. A massive dose of 300,000 I.U. was given once a year. Although the dosage

was successful in maintaining the children symptom-free, the oral dosage of 200,000 I.U. was recommended to be given every 6 months. In India, field trial of 400,000 children given two oral doses of 200,000 I.U. every 6 months was found to reduce the incidence of xerophthalmia by 75%. Similarly in Indonesia, the 473 pre-school children given 200,000 I.U. decreased the ocular manifestation to 25 per cent of pretreatment prevalence at the end of 6 months.

In 1973, more field studies were undertaken in several countries. In Indonesia the government conducted a pilot project to test on a larger scale the effectiveness of the massive dose capsule in preventing clinical eyes signs in an endemic area. All children (2812) age 1-5 years residing in some selected areas of Java were dosed with either vitamin A (200,000 I.U. vitamin A with 40 I.U. vitamin E in oil) or placebo in identical capsules as the control. The initial baseline examination showed an overall xerophthalmia prevalence of 4.7 per cent. More cases were found in children 4 and 5 years old than younger children. The prevalence rate was significantly higher in boys than in girls. Six months after the massive dose vitamin A, 90 per cent of those who were initially diagnosed as having xerophthalmia were found free from ocular signs. In the experimental group, cases of xerophthalmia was 0.5 per cent whereas in the control group, prevalence was significantly higher at 3.6 per cent. The results of this study suggested that massive dose of vitamin A in oil is quite effective in preventing clinical signs of xerophthalmia.

In Bangladesh, conditions were not quite normal after a series of events since 1971. The civil war which caused devastation and displacement of people, the disastrous cyclone and perennial flooding resulted in the worsening of economic and health conditions in Bangladesh. As a consequence, the control of infection and provision of adequate food were hard to attain. Xerophthalmia which has always existed in this area became a manifold problem. The immediate measure adopted by the government with the advice of WHO and the assistance of UNICEF was the oral administration of high potency doses of vitamin A

to children 0-6 years old every 6 months. The distribution of the vitamin was decided to be through the Malaria Eradication Program since it has relatively the most efficient machinery and widest coverage in the country. The vitamin A capsules were distributed to each child during the spraying operation round. Each worker covers 30-35 houses per day. One supervisor is assigned to 6-8 malaria workers. The first round of the distribution of the vitamin was carried out in 1973; 12,693,490 children received the first dose. The second round was undertaken in 1974; due to certain shortcomings, almost 10 per cent less than the original number of children received the second dosage of vitamin A. A WHO consultant is at present evaluating the program. In another part of the world across the Pacific is Central America where hypovitaminosis A is also in existence. Surveys by INCAP identified El Salvador as having the highest prevalence of vitamin A deficiency. It is the smallest but the most densely populated country in Central America with over 400 people per square mile. The population by now must be nearly 4 million. Society is basically rural with piped water available to only 23 per cent of the families, sewage disposal to less than one per cent and very few have electricity. Gastroenteritis is the leading cause of morbidity and mortality especially among infants and toddlers.

During the last quarter of 1973, a country-wide prevalence survey was conducted to establish a baseline for assessing the effectiveness of massive dose vitamin A. This study was a joint undertaking of the American Foundation for Overseas Blind and the government of El Salvador. Distribution of the vitamin was carried by the government as part of a well publicized vaccination campaign against measles. Of the 9,014 houses visited, a total of 5,672 families have children included in the study. The prevalence of corneal disease was 32 per 100,000; new surviving cases of corneal involvement per year was 43 and new blindness per year was 15.

The reduction in measles cases following mass vaccination had little if any impact on the occurrence of active corneal disease. A retrospective study

was also undertaken which covered a 3-year period, April 1971 - March 1974. Records were reviewed at the children's hospital in San Salvador, the capital. Findings indicated that severe generalized malnutrition was a constant accompaniment of corneal destruction. However, recent history of measles was consistently more common among children with vitamin A deficiency. The majority of hospitalized cases were less than a year old so that half of the cases would have been ineligible for receipt of vitamin A if distribution was limited to 1-5 year.

Many other countries are getting aware of the health hazard caused by vitamin A deficiency. Laos, Vietnam and Cambodia have as yet no accurate estimate of the prevalence of vitamin A deficiency. Its existence however, has been indicated in a Vientiane survey conducted by WHO in a rural area which reported that 11 per cent of the children has xerosis conjunctive. In another survey in six villages from Northern to Southern Laos, 10 per cent of the children were found to have also xerosis conjunctiva. In the Khmer Republic, due to the disruption in family life and living, the only data available is limited to cases brought to Phnom Penh General Hospital. A report by a WHO medical nutritionist suggested PCM, vitamin A deficiency and nutritional anemia are the three most important diseases in Cambodia.

In Thailand, nutrition surveys also indicated the prevalence of xerophthalmia. Most cases were seen especially among children in association with PCM. The per capita intake of vitamin A in Thailand was 1781 I.U., the prevalence of Bitot spot among Thai civilians was 0.2 per cent and mean serum vitamin A was about 23.7 mcg per cent.

In Kenya, East Africa, xerophthalmia was reported to be the most important cause of blindness in Kenyan children and measles was found to play an important role in the syndrome.

In North East Brazil, the high prevalence of xerophthalmia revealed by surveys resulted in a recommendation to immediately start a program of massive dose vitamin A and fortify sugar of wheat with the vitamin. Sugar was suggested as a carrier because the daily per capita intake is 100 g.

Like other rice-eating countries, the Philippines is no exception to the prevalence of vitamin A deficiency. Nationwide nutrition surveys reported a per capita calorie intake of 1671 against the 2000 calorie requirement; a per capita intake of 48 gm protein per day; a daily intake of 1812 I.U. vitamin A which represents only 45 per cent of the recommended allowance and deficient or low blood vitamin A in 25 per cent of the population.

The Vitamin A project here in Cebu must have been already presented to you by Dr. Solon. What might be of interest to you is another study on high dose Vitamin A which will be undertaken this April in several barrios in Bulacan, Central Luzon. Two features in this study which deviate from other studies undertaken before are: 1) the capsules will be distributed to malnourished children only i.e. children below 75% their normal weight and 2) some children with eye conditions will be brought to the Philippines Eye Research Institute in Manila where a group of ophthalmologists will undertake some tests to determine which has clinical vitamin A deficiency.

The CRS will be the agency to distribute the high dose Vitamin A since children; in the 6 months to 5 year age group will be enrolled in their monthly food program. To collaborate with this agency in this project are: DERI, UNICEF, and USAID. Major support to this project will be provided by the AFOB.

Although several programs in massive dose Vitamin A have been tried in several countries, the implementation of this intervention program may differ from each other depending on the conditions that prevail in each region. The distribution system that works in one area may not prove successful in another. There is an apparent need to investigate the extend of the problem and other

related factors before a program can be launched. Is this problem seasonal? Is it related to the occurrence of measles and or diarrhea? Is it related to parasitic diseases? In what age group is it at greatest risk? Could massive Vitamin A reduce the incidence of xerophthalmia? Is dietary protein and or fat conditioning factors in the effectivity of massive Vitamin A again xerophthalmia? These are probably some of the questions which may have to be answered before a nationwide program can be undertaken.

A P P E N D I C E S

	PAGE
GROUP PROBLEM ASSIGNMENTS	
REQUIRED READING ASSIGNMENTS	
HOMEWORK ASSIGNMENTS	
REPORT ON THE WORKSHOPS.....	
EVALUATION OF THE CONFERENCE.....	

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

GROUP PROBLEM ASSIGNMENTS

Objective: To provide practical experience in planning projects according to the AID format.

Group I: Nutrition Interventions for the Highland Provinces of Region II, South Vietnam.

Advisor: Darline Ramage

Planners: Nguyen Thi Bich Lien - South Vietnam
James Delaney - Laos
Ta thi Nhut - South Vietnam
Y Eban - South Vietnam
Rose Ho - Hong Kong
Father Lancelot
Rodrigues - Macao
Vicky Pellobello - Cambodia

Group II: Disaster Relief in South East Asia

Advisor: Darline Ramage

Planners: Father Roughan - Soloman Islands - Leader
George Wagner - Indonesia
Francis Carlin - Korea
Gloria Villareal - Philippines
Mr. Sunowang - Indonesia
James De Harpporte - Philippines
Madge Chan - Malaysia
Joachim Sion - Thailand

Group III: Re-orientation of the Nutrition Project toward Total Human Development.

Advisors: Sister Perpinian
Father Imperial

Planners: James De Harpporte
J. Stolin
Ophelia Paderes
Nenita Tejada
Carolina Limplaga
Ester Tongco
Germalina Villarez
Felicidad P. Leano
Zita Sagun
Sister Delia Mendones

Nutrition Policy and Planning Conference - Catholic Relief Services - U.S.C.C.

Reading Assignments

First Week:

Berg, Alan. The Nutrition Factor: Its Role in National Development

Ch. 1 - The Nutrition Problem

Ch. 2 - Malnutrition and Development

Ch. 3 - Improved Nutrition and the Population Dilemma

Ch. 5 - Nutrition Effects of Agricultural Advances

Ch. 6 - Economic Growth, Income and Nutrition

Appendix D - Nutrition Program Planning

Berg, Alan, et al, National Development and Planning

Ch. 18 - A systematic Approach to Nutrition Intervention

Planning National Nutrition Programs: A suggested approach

Second Week:

Berg, Alan, et al, Ch. 26 - Nutrition Program Planning,

An Approach

Ch. 21 - Importance of Project Preparation
and Evaluation

Jelliffe, Derrick B and E. F. Patrice Jelliffe (Editors)

Nutrition Programmes for Pre-School Children

Pages 261 - 316

Pages 326 - 333

HOMEWORK ASSIGNMENTS

HOMEWORK for March 3, 1975

- 1) From the data you brought with you write a paper on the malnutrition problem in your country and the causes of the problem (Do not write more than two pages.)
- 2) Identify the target group.
- 3) The type of intervention you'd select to solve the problem.

HOMEWORK for March 4, 1975

- 1) What are the objectives of a project you have in mind that will help to solve the malnutrition problem.
- 2) State your hypothesis: (Identify the assumptions and constraints)
- 3) Quantify the purposes.

The Nutrition Policy and Planning Conference - Catholic Relief Services -U.S.C.C.

Report on the Workshop Sessions

Group I completed a project in the AID format which was designed to attack the malnutrition problems in the Highland Provinces of South Vietnam. It is interesting to note that it was based on the assumption that no South Vietnamese would be able to work in the area. The group planned to submit this project to the AID Mission by April 1, 1975.

Group II designed a project plan to meet the problem of natural disaster. The participants from Indonesia, the Philippines, Malaysia and Thailand were involved in preparing the project plan. It followed the AID format and was a complete project that each participant felt would be useful as a model in preparing a disaster plan for his own country. There was no date set for submitting the project to the AID Mission as each participant would need to adjust it to his particular country.

Group III was given a situation problem to solve that would lead to nutritional self-sufficiency for the Philippines. The group was divided into two sub-groups and each member was given the following description of the situation.

Group III Problem Statement

Miss Dimaculangan has been a regional nutrition supervisor for the past two years. She directly monitors 14 diocesan nutritionists, six of whom are relatively new at their job. These nutritionist have since been integrated into the social action set-up in their respective dioceses. The social action director is directly responsible for the implementation of the program.

Because of NASSA's efforts at decentralization, three regional offices (LUSSA, VISSA, MISSSA) have been set up. In Miss Dimaculangan's region, the regional office is starting with four personnel, namely, the executive secretary, the project planning and evaluation man (doubling also as researcher), secretary

typist, and the regional nutrition supervisor. The region has had two organizational meetings (composed of all SADs) to-date to decide the priorities and program for the next six months. A regional conference has been planned for April to evaluate the social action activities in the Visayas from the regional down to the sub-regional and diocesan level. This has been seen as a necessary step in order to provide both the regional secretariat and the diocesan centers a concrete basis for future planning and programming. It has been agreed that each diocese will send only five delegates to the conference. The regional nutrition supervisor has been asked to contribute by helping in the planning of a nutrition program that would be more integrated with the structures, goals and other programs of Social action.

Questions at this point: 1) What are the main intervention points to be considered in such a goal?

2) What concrete steps should be taken to prepare for a pre-planning conference of this kind?

3) How would you evaluate the role of the regional supervisor considering this development?

Miss Dimaculangan's past work has been centered mainly on monitoring the flow of commodities and she has been reporting this regularly to the CRS/NASSA. As such, she has limited knowledge and experience on the scope of social action work even though she has to constantly relate to the social action directors (all priests). Broadly speaking, the goal of social action is human development. In a narrow sense, this means initiating and/or fostering activities which can help develop man economically, socially, potentially and morally. The specific objectives and strategy are determined by the region. For this year, the activity areas are food production (it helps phase out the foreign commodities), health, family life, and community organization.

The majority of social action directors had undergone a management course

and other courses from training institutes on specified topics directly related to priority activity areas set for this year. It should be noted that the majority are also relatively new at their job and therefore are also in the process of establishing a detailed program which mirror the national goals.

The regional nutrition supervisor also coordinates with the government nutrition program and it is in this area that Miss Dimaculangan has noted another problem: the diocese's nutrition program in relation to the government's program. In terms of national policy there is no evident problem but on the local coordination level some conflicts exist specially with the use and flow of commodities.

Both sub-groups prepared a complete project in the AID format, one for the North and the other for the South part of the Philippines. It was interesting that the group expected to submit the projects to the Catholic Bishops of the Philippines for approval. Whether either project will be submitted to the AID Mission had not been decided by the Group Leader.

Discussion:

All the groups were able to prepare practical projects each considered useful to the areas where they worked. These projects followed the AID format which carefully worked out logical framework and budget. In order to complete these assignments, the participants had to spend considerable time beyond that allotted in the program. This was particularly true of the Philippine group. (Group III). There was no time to present these projects for discussion by the conference participants properly.

It was obvious that the participants were very interested in this activity and they expressed a desire for more time to do this type of exercise.

All three groups were equally successful in completing projects. The way the problem was presented did not make a difference. In each instance

- 4 -

the members of each group were familiar directly or indirectly with the problem assigned.

Final Evaluation of the Conference

The emergency situation in Cambodia, the referendum in the Philippines and the necessity of moving the conference from Manila to Cebu had an effect on the conference attendance of participants, observers and staff.

There were six Catholic Relief Services - U.S.C.C. Program Directors, eight Health workers and twelve representatives of other Voluntary Agencies who registered as participants for the Conference. Five representatives from AID/Philippines, Church World Services, and NASSA registered as observers. Two of the participants withdrew from the conference by the end of the third day for reasons connected with the emergency situation in East Asia. All of the participants completed the first written assignment and all but four participants completed the other written assignment. Two of these were CRS-USCC personnel and two were participants from other voluntary agencies.

The group assignments were all completed, four different projects were developed that followed the AID format. The individuals in each group seemed highly motivated and worked with intense interest on the development of the assigned problems. The visual aids exhibited were provided by all but two of the countries represented at the conference. Essentially they were composed of visual aids used in the different countries' programs and the educational materials developed for teaching programs.

The facilities for the conference meetings held in Manila were excellent. The facilities for the meetings held in Cebu were adequate. A similar contrast existed as far as living accommodations were concerned.

Formal Evaluation

The methods of evaluation by the participants utilized were modifications of the evaluation instruments developed by EXTRO for FAO.

The evaluating forms used by the participants were a:

1. registration form

2. pre-course questionnaire

3. final questionnaire

The consultants recorded their impression on the Session Leaders questionnaires.

Result of the Evaluation by the Participants:

I. Pre-Conference Evaluation:

The pre-test evaluation indicated that the majority of the participants had very definite convictions as to the subject matter areas to be covered which would be the most useful in their work. The entire scope of the planning process was of the most interest to them. The particular areas of the planning process they thought would be the most useful were the:

- (a) political factors involved.
- (b) project hypothesis
- (c) evaluation

They indicated that the areas of the planning process they thought the least useful were the:

- (a) economic factors involved.
- (b) causality of nutrition.
- (c) budget.

II. End of Conference Evaluation (Quantified)

Scale 9 = too many, long, frequent or much, 5 = just right, 1 = too few,
short or little

	<u>Average Score</u>
(a) The number of participants was:	5.05
(b) Length of training activity was:	5.20
(c) Professional contacts with staff were:	3.45
(d) Personal contacts with staff were:	3.95
(e) Opportunity to express own opinion was:	4.35
(f) The provided background material was:	4.25

The first week series on the planning process and the second week workshops on the format for preparing projects, applying the knowledge learned in the first week were considered the most useful activities of the conference.

The presentations on the importance of nutrition in national planning and the discussions of the importance of cultural consideration affecting nutrition were considered the most useful of the activities that were not directly concerned with the mechanics of planning.

The report of the Vitamin A research in the Philippines was considered least useful. Actually the number marking any one topic the least useful was small.

Evaluation of the Four Objectives of the Conference.

1. To present the system approach for the development of project plans:

- fully achieved = 3
- largely achieved = 11
- partly achieved = 6

2. To present the AID format for operational project grants:

- fully achieved = 1
- largely achieved = 11
- partly achieved = 6
- not achieved in a satisfactory way = 1
- not achieved at all = 1

3. To provide experience in using modern planning methods in the development of projects that conform to the AID format.

- fully achieved = 5
 - largely achieved = 8
 - partly achieved = 5
 - not achieved in a satisfactory way = 1
4. To become acquainted with the effort in East Asia to solve the nutritional problems that are a deterrent to development.
- fully achieved = 4
 - largely achieved = 10
 - partially achieved = 5

Although twenty participants chose to take part in the evaluation of the conference, only nineteen evaluated objective three and four.

Evaluation by Consultants

Quantified (1-9 scale)

Amount of response = 8.00

Quality of response = 7.75

Subjective Comments

1. Good interest in logical framework.
2. Participants need to have more work on evaluation.
3. Indonesian session related field work to earlier presentation.
4. The two Vietnamese presentations should have been related, but this wasn't true.
5. Cambodia was a poor situation for analysis through no fault of the participants.

Discussion

The conference had to be moved after the first few days for reasons beyond the control of the Conference management staff. This interrupted the conference routine and may have had an effect on the participants performance. The Cambodian emergency definitely altered the number of staff available and two of the three Cambodian participants had to return to Phom Penh .

Philippine Referendum was held near the end of the first week. The Philippine delegation which was the largest at the conference were concerned with this important election. The probability exists that this distracted their attention from the conference. In spite of these unforeseen interruptions, the conference program was completed including first draft projects in the AID format. The evaluation indicates better than average benefits to the participants and that the objectives were largely achieved.

Plans for later evaluations:

At the end of one year, an evaluation which will be based on the projects presented for funding will be made by the CRS Regional Office for the East Asia and the Pacific. Acceptance of projects for funding by public or private sources will be considered as an indication that the Nutrition Policy and Planning Conference was successful.

At the end of three years the operational projects will be evaluated by the CRS-U.S.C.C. Headquarters to determine the degree of success.

Recommendations:

1. That two consultants in nutrition policy and planning be used rather than one if the planning process is to be taught in one week. This arrangement allows for a better balance in the subject matter and reduces the teaching load to a more manageable size.
2. There should be at least a ratio of one resource person to two groups available for the second week.
3. No less than sixteen hours in the second week should be reserved for the workshops and another four hours for the presentation and discussion of projects developed.
4. Comfortable living accommodations are preferred with specific attention to good lights.
5. The conference room should be near or in the same building where the participants are housed.