

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: **Nutrition/Title II**

2. RECIPIENT (agency): **Philippines**

3. COUNTRY:  COUNTRY  REGIONAL  INTERREGIONAL

4. LIFE OF PROJECT: BEGIN FY: **73** END FY: **76**

5. APPENDIX ATTACHED:  YES  NO **53p**

6. PROJECT NO. (H.C. 1955-2): **492-69-560-252**

7. SUBMISSION:  ORIGINAL  REV. NO. DATE: **May, 1972**

8. CONTR./PASS NO.:

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES	F. OTHER COSTS	G. PASS/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US 6.25P (U.S. OWNED)			
		(I) S	(II) MM	(III) S	(IV) MM			(I) S	(II) MM	(I) U.S. GRANT LOAN	(II) COOP COUNTRY	(A) JOINT	(B) BUDGET
1. PRIOR THREE ACTUAL FY													
2. OPRN FY													
3. BUDGET FY 73	265	75	24	5	6	100	-	85	24		46	790	
4. BUDGET 74	185	75	24	5	6	20	-	85	24		46	1,014	
5. BUDGET 75	185	75	24	5	6	20	-	85	24		46	1,048	
6. BUDGET 76	85	75	24	-	-	10	-	-	-		46	805	
7. ALL SUBQ. FY													
8. GRAND TOTAL	720	300	-	15	-	150	-	255	-		184	3,657	

9. OTHER DONOR CONTRIBUTIONS:

(A) NAME OF DONOR: **US Voluntary Agencies (CRS, CWS, CARE, SAWS) and UNICEF**

(B) KIND OF GOODS/SERVICES: **In Kind, financing. Personnel (technical and managerial, and limited local cost.**

(C) AMOUNT: **\$860,000 / P1,500,000**

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER: **Joseph M. Whelton, R. W. Engel, Albert S. Fraleigh (in draft)**

2. CLEARANCE OFFICER: **Frank H. Denton, Christopher H. Russell**

TITLE: **Asst. Director, HPA; Chief, Nutrition Div., HPA; Chief, FFP Div., HPA; Deputy Program Officer; Acting Director**

DATE: **May, 1972; May, 1972; Feb, 1972**

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL:

2. CLEARANCES:

DIR/OFF.	SIGNATURE	DATE	DIR/OFF.	SIGNATURE	DATE

3. APPROVAL AA or OFFICE DIRECTORS: SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

4. APPROVAL A/AID (See H.C. 1955.1 VI C): SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE: \_\_\_\_\_ ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

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### Summary Statement

An increasing interest in the health, well-being and dignity of the individual as an important resource in the development process is a major reason for initiating this project proposal. Other compelling reasons are scarcity of foods including staples, failure of incomes to keep pace with food costs, rapid growth of population and large family size, all of which indicate a difficult situation with regard to the food balance. A food donation program targeted to problems of malnutrition, combined with education can be justified as a reasonable program for alleviating hunger. Such a program can reap dividends in the form of reduced mortality, improved physical development, and possibly also improved mental development, in the children who constitute the nation's future manpower.

Since improved socio-economic condition is a major factor leading parents to want family planning and in turn is a major factor in improving nutritional health, every effort will be made to accommodate the participating families in these child feeding programs in availing themselves of family planning services and to acquaint themselves with the types and methods available, consistent with the guidelines and policies of the cooperating US VolAgs and their Philippine counterpart agencies.

With experience gained through nutrition research projects and Title II programs in the past the stage has been set for launching a broader program. Such a program can make a significant impact not only in stemming further deterioration in child nutritional health but in actually bringing about a significant reduction in malnutrition prevalence in the Philippine child population.

Although in the first instance the program is primarily that of the US VolAgs which assume responsibility for PL 480 Title II food distribution in the Philippines, the full cooperation and coordination of their counterparts in the Philippines, the private and public sector is necessary if the magnitude of planned activities is to be achieved. Again, the experience of the pilot projects of the past three years leads to the conclusion that such cooperation and coordination is feasible, if not everywhere, certainly in those provinces and cities where a significant new awareness exists concerning the problems of child malnutrition.

The program could by 1976 have achieved successful supplemental feeding of 1.1 million poorly nourished pre-school age children and 3.0 million underweight or malnourished elementary school age children and have demonstrated rehabilitation in a significant number of malnourished children.

This will be accomplished through 3,000 maternal child health food distribution and education centers and 6,000 elementary schools.

To accomplish this will require about 55 million dollars of food commodities and approximately 0.720 million dollars of U.S. technical support for program research and management over the four-year period. In-country contributions by the government, the U.S. VolAgs and their local counterparts, and recipients, will be in the order of 20 million dollars for the four-year period.

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## I. Rationale

Philippine Government scientists, based on nutrition survey data collected during the decade 1958-1968, have concluded that the actual food consumption per capita is about 1,700 kilocalories.<sup>1/</sup> However, the recommended daily calorie intake is 2,000 - so consumption falls short of recommended levels by about 15 per cent. Protein intake is estimated to be 47 grams per capita daily whereas 55 is recommended. Thus, the protein deficit is not quite as severe as the caloric deficit.<sup>2/</sup> The food supply situation reported by the government,<sup>3/</sup> and the basis for food balance reported by FAO, have revealed that the Philippines in recent years consistently is among the lowest countries in this region in calories available for consumption by the population.

The infant mortality rate is approximately 70 per 1,000 live births with no evidence of decline during the 1960s. The number of deaths among children aged 1-4 years, as a percentage of all deaths, is about 20 per cent, a level as high as that reported from other countries with severe malnutrition problems in the child population such as India and Pakistan. The death rate among the young children is estimated by Filipino scientists to be 12-14 times higher than that in the U.S., 4-5 times higher than in Taiwan. These losses in large measure occur because of poor nutrition. Although it is difficult to document in precise fashion it is widely recognized that malnutrition augments the morbidity-mortality of such common infectious conditions as TB, gastro enteritis, broncho pneumonia, whooping cough and measles, all of which rate high as causes of the high illness and death rate in young Filipinos. The recent AID-funded BAND report (R 773-AID, July, 1971) substantiates that in Latin American Countries female literacy and nutrition definitely have an impact on mortality in children under five. It can be assumed that these variables probably also are major determinants of the health status of Filipino children.

Data collected on body weights of children in Laguna province have revealed that physical growth is more seriously impaired in families with more than two pre-school age children than in families with one or two. Further in families with children spaced less than 18 months apart the growth process was more severely affected than when spacings were wider. The recent summary of population pressures<sup>4/</sup> shows clearly that food scarcity is common among large families and that in such families third and later children are more likely to be malnourished than earlier born children. As the target of malnourished children is being identified in this program the families with the population pressure problem are the main ones being dealt with. In harmony with the guidelines and policies of the US VolAg and their counterpart Philippine organizations, every effort will be made in this program to introduce the family planning concept, to persuade the participating families to avail themselves of family planning services, and to make known the variety of methods and services available.

There is considerable evidence that pre-school child malnutrition is widespread as revealed by dietary surveys and by data collected in feeding programs in the Philippines during the past three years.

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The feeding programs conducted by the Department of Health and the VolAgS have established that in cities, towns and barrios on the average one out of five children is classified as obviously malnourished. Anthropometric measures recently published by Filipino scientists in the Philippine Journal of Nutrition report that certain indicators (arms circumference, height, weight, skin fold thickness) suggest that normalcy is not attained until the 90th percentile of the child population is reached. Based on these analyses, the 90th percentile has been proposed as the appropriate estimate for use as a body weight standard. The 90th percentile is described as the growth achieved by only 10 per cent of the current child population. The proposed Filipino normal growth rate is equal to that considered normal in the U.S. for infants and varies between 90 and 100 per cent of the growth rate for U.S. children in the age range 1 year to 14 years. In contrast, data now available and collected during the past decade on nearly 20,000 pre-school children reveal the average growth rate to be about 75-78 per cent of the U.S. standard.

Using the newly proposed Filipino standard, local scientists estimate the malnutrition prevalence to be approximately 20 per cent among pre-schoolers. Filipino scientists concede that in all but about 10 or 15 per cent of the child population, underweight for age is a common characteristic among children. Even though many of these may not exhibit clinical signs of deficiency, the evidence of caloric deficit in nutrition surveys strongly supports the view that early malnutrition is present.

Less is known regarding the nutritional health of the school age population although poor physical growth and development is also common. Using a malnutrition definition proposed by WHO for the Western Pacific region clinical malnutrition appears to be present in 20 to 30 per cent of the population aged 6 years to 14 years. Again, underweight for age characterizes an additional 45 to 55 per cent.

An increasing interest in the health, well-being and dignity of the individual as an important resource in the development process is a major reason for initiating this program. Other compelling reasons are scarcity of foods including staples, failure of incomes to keep pace with food costs, rapid growth of population and large family size, all of which indicate a difficult situation with regard to the food balance. A food donation program, combined with education can be justified as a reasonable program for alleviating hunger. Such a program can reap dividends in the form of improved physical development and possibly also improved mental development in the children who constitute the nation's future manpower.

The government has included nutrition in its Four-Year (1972-75) Development Plan with emphasis on home food production. Included in the plan is use of Food for Peace food donations in child feeding while the program of increased home food production is implemented.

With some AID assistance a nutrition staff has emerged in the Department of Health which has functioned in the past three years to broaden the awareness in both the public and private sectors of the seriousness of malnutrition in the child population. This has been achieved through mothercraft centers as extensions of rural health units. Concurrently, with AID assistance, the Catholic Relief Services has conducted studies on several education-feeding approaches to improving the health of the child and improving the literacy of the mother in foods, diet and nutrition. Also concurrently, a substantial food supplement in school feeding has been devised with

some donated U.S. food commodities and some local food inputs in the form of the NUTRIBUN, a ready-to-eat snack which can be used by schools lacking kitchen facilities. The Nutribun Program has been developed through the cooperation of CARE, CRS, U.S. FFP and the School Health Division, Bureau of Public Schools, GOP.

In the private sector, among both Catholic and Protestant lay groups, there is an increasing concern for socio-economic conditions and many such organizations are expanding their activities and their participation in the programs of the U.S. voluntary agencies.

With experience gained through these various activities the stage has been set for launching a much broader program. Such a program can make a significant impact not only in stemming further deterioration in child nutritional health but in actually bringing about a significant reduction in malnutrition prevalence in the child population.

Although the program is primarily that of the VolAgs and their local counterparts, which assume responsibility for PL 480 Title II food distribution in the Philippines, it is recognized that the full cooperation and coordination of the private and public sector is necessary if the magnitude of planned activities is to be achieved. Again, the experience of the pilot projects of the past three years lead to the conclusion that such cooperation and coordination is feasible, if not everywhere, certainly in those provinces and cities where a significant new awareness exists concerning the problems of child malnutrition.

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- 1/ Kilocalorie is a heat unit indicating the energy required to raise the temperature of one kilogram of water one degree centigrade temperature.
  - 2/ Paper by Dr. Carmen Ll. Integan, Assistant Director, Food and Nutrition Research Center, NIST, NSDB, Manila entitled "What is the Protein Gap".
  - 3/ The food availability data referred to are tabulated by the Office of Statistical Coordination and Standards, NEC, GOP and are the basis for the food balances developed on a global basis by the FAO of the UN.
  - 4/ Rapid Population Growth, Consequences and Policy Implications, Volume II Research Papers, Study Committee, Office of Foreign Secretary, National Academy of Sciences. John Hopkins Press, Baltimore, Maryland, 1971.

## II. Goal Statement

1. To improve the life of the average non-urban family through intensive rural development is the primary goal. A secondary goal is to assist the urban poor in meeting their immediate food and health needs. This project relates by improving the immediate quality of life for the most poorly nourished children of these families. Hopefully, it will as well give some more permanent benefit in terms of physical and mental development for the recipients.

### 2. Measurements of Goal Achievement

The generation of pre-school and school age children living between 1972-1976 will in 1976 have significantly fewer members whose weights fall in the ranges defined as underweight or moderately or severely malnourished.

### 3. Basic Assumptions (for Goal Achievement)

Supplemental feeding for a definite period of time as envisioned in this project will significantly improve the quality of life of the recipients.

## III. Project Purpose

1. The purpose of this project is to:

a. Demonstrate by 1976 the achievement of successful supplemental feeding of:

(1) 1.1 million most poorly nourished pre-school age children living between 1972 and 1976;

(2) 3.0 million underweight or malnourished elementary school age children living between 1972 and 1976.

b. Develop a nationwide awareness and concern about the need for a better diet.

c. Encourage the development of a locally supported system to conduct supplemental feeding with a minimum of outside assistance.

d. Each year give supplemental feeding to 100,000 pregnant women and lactating mothers.

## 2. Conditions expected at end of project

- a. Some 11 million children will have been pre-school age during the period 1972-1976. About 20 per cent of these would be classified as moderately or severely malnourished in the absence of supplemental feeding. For this group the proposed supplemental feeding will by 1976 reduce the number classified as moderately or severely malnourished by about one-half.
- b. An institutionalized school feeding program capable of handling 1.5 million children per year will be in place and supported in significant measure with Philippine resources.
- c. The percent of Filipino school age children out of the red zone will increase from 70.0 to 76.6 percent or the percent in the red zone will be reduced from 30.0 to 23.4 percent. (See definition of zones in Sec. 3d of basic assumptions below)
- d. Fifty per cent of primary school teachers will have observed the positive effects of better nutrition on their pupils.
- e. A strong awareness of nutritional requirements for proper growth will exist among at least 30 per cent of reproductive age women.

## 3. Basic Assumptions (to achieve project purpose)

- a. For pre-schoolers: 80 per cent of recipients will require 18 months of feeding. 20 per cent of recipients will require two years feeding.
- b. For school age children: 500 kilocalories and 17 grams protein per school day allotment for three years will bring 70 per cent of recipients out of the red zone.
- c. A system will be devised to achieve the required geographic dispersion to reach pre-schoolers.
- d. For pre-school children weight versus age charts have been developed based on standards for Filipino children. Children falling into the white or green zones are viewed as receiving adequate nutrition while those in the red and yellow zones are assumed to be receiving inadequate diets. The red and yellow zone occupants are targets for supplemental feeding. It is assumed that a Filipino child **weighing** 76 per cent of the standard (the border between white and yellow) is at least reasonably well nourished.

For school age children a body weight standard developed by WHO for use in the Western Pacific region serves as a reference for defining the **target population**. The yellow zone defines children as underweight

while the red zone defines children as obviously malnourished. It is assumed that children above these zones are adequately nourished and therefore do not qualify as recipients.

- e. A child given supplemental feeding for a definite period of time and then dropped is better off for having been fed. Maternal-child health is the most critical target for improving nutrition.

#### IV. Project Outputs

<u>Kind</u>	<u>Magnitude</u>	<u>Target Completion Date</u>
Operational MCH Demonstration food distribution centers.	3000 centers distributing food supplements on a monthly cycle to 0.54 million pre-schoolers and 0.1 M mothers.	December 1973 (schedule of implementation is shown in Table 1)
<u>U.S. VolAg and GOP (Dept of Education)</u>		
Operational school based supplementary feeding program	6000 schools feeding just over 2 M students each school day	Fiscal Year 1975
<u>GOP NSDB, UP &amp; DANR</u>		
Development of specific processed foods for use as potential replacement for US commodities.	Not specified. Hopefully up to 30% of total food requirement for program by 1976.	First quarter FY76
<u>U.S. VolAg &amp; GOP Dept of Health</u>		
Operational research reports on recipient response to supplementary feeding.	Empirical results on sample of at least 5000 recipients.	1973 and annually
<u>USAID</u>		
FFP and NIR advisory and research services support.	In-house Filipino and American staff, of approximately 15 man-years annually.	In place 1973
<u>GOP</u>		
Nutrition Office in Dept of Health better staffed with extensive field experience and NSDB and UP better staffed for research in foods and nutrition.	80 Nutritionists, Dept of Health	1973
	10 Research scientists NSDB and UP	1975

Basic Assumptions (for achieving project outputs)

For the MCH program it is assumed that approximately 70 per cent of the population lives within 4 km. of a city or poblacion and that 3000 centers (an average of 2 to 3 per municipality) can reach this 70 per cent.

For school feeding it is assumed 6000 schools will be adequate to reach the required number of children.

It is assumed that the GOP will provide the required support to maintain an effective applied nutrition program.

It is assumed that the Volags will continue to commit their resources in support of the concept developed in this program and that they will be able to obtain the additional local financing required for program expansion through counterpart religious and civic organizations and also through participating families.

V. Project Inputs

A. <u>U.S. Inputs</u>	<u>Totals</u>	<u>FY73</u>	<u>FY74</u> (\$000)	<u>FY75</u>	<u>FY76</u>
1. <u>Technical Assistance</u>	<u>720</u>	<u>265</u>	<u>185</u>	<u>185</u>	<u>85</u>
Direct Hire	300	75	75	75	75
Contract (Intermediary)	255	85	85	85	-
Participants	15	5	5	5	-
Commodities	150	100	20	20	10
2. <u>Title II PL 480 Commodities</u>	<u>55,300</u>	<u>11,300</u>	<u>15,500</u>	<u>16,000</u>	<u>11,500</u>

- Note:
- (a) Personnel services are scheduled for the same fiscal year in which funded.
  - (b) Contract services: Contract with VPI and SU to provide: professional services - 21 man months in field and 3 man months on campus; 6 man months campus secretarial services. Contract starting date 1 July each fiscal year.
  - (c) Participant training will be implemented during the fiscal year financed.
  - (d) The annual PL480 commodity inputs are considered to be in line with current best estimates of the magnitude of program expansion that can be achieved but should be considered as subject to upward or downward revision as an impact is made on the malnutrition problem or as local food production accelerates and allows replacements of U.S. donated commodities.

(e) Commodities

FY73 funding - 50 rehabilitated excess jeeps, delivery to be completed by May 1973.

FY74 funding - Equipment in support of operational research, delivery to be completed by May 1974.

FY75 funding - Equipment in support of operational research, delivery to be completed by May 1975.

FY76 funding - Equipment in support of operational research, delivery to be completed by August 1975.

B. <u>Cooperating Country</u>		(expressed in \$000, converted at ₦6.25 to \$1.00)				
		<u>Totals</u>	<u>FY73</u>	<u>FY74</u>	<u>FY75</u>	<u>FY76</u>
1.	Trust Funds	<u>\$184</u>	<u>46</u>	<u>46</u>	<u>46</u>	<u>46</u>
	Rentals	20	5	5	5	5
	Utilities	4	1	1	1	1
	Travel	20	5	5	5	5
	Local Staff (12 persons)	140	35	35	35	35
2.	Depth of Health & Educ. and Social Welfare	<u>3,657</u>	<u>790</u>	<u>1,014</u>	<u>1,048</u>	<u>805</u>
3.	Recipient payments	<u>14,418</u>	<u>2,983</u>	<u>4,015</u>	<u>4,164</u>	<u>3,256</u>
	School Children	13,600	2,900	3,800	3,900	3,000
	Mothercraft club Fees*	818	83	215	264	256
C. <u>Other Donor</u>		<u>9860</u>	<u>215</u>	<u>215</u>	<u>215</u>	<u>215</u>
	U.S. Voluntary Agencies	<u>\$140</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>
	UNICEF		180	180 est.	180 est.	180 est.

\*NOTE: equivalent of ₦1,500,000 of fees generated through the Mothercraft clubs will go to the VolAgs for local project support costs.

Basic Assumptions (input levels)

That FFP food commodities can be delivered by the U.S. on a schedule to satisfy needs of the supplementary feeding programs in accord with the implementation plan.

That in-country delivery schedules and adequate storage facilities can be attained for the volume of commodities requested.

That the U.S. food inputs will be phased downward to the extent that increased local food production and/or processed food development occurs and is made available to the program.

That the expanded manpower requirements for special technical skills in nutrition and dietetics in the Departments of Health and Education and in the U.S. VolAgs can be satisfied through the local manpower market.

VI. Course of Action1. Implementation Plan

- a. Expand the current mothercraft and TMCH (Targetted Maternal Child Health) program (600 centers) by establishing an additional 2400 TMCH centers in communities now not covered. This will bring the total centers within the program to 3,000. (Major action agencies are U.S. VolAgs and their Philippine counterparts, Department of Social Welfare and Department of Health).
- b. Expand current school feeding for elementary school children by establishing the NUTRIBON program in 3400 schools now not covered. This will bring the number of schools to 6,000. (Major action agencies are U.S. VolAgs and their local counterparts along with the Department of Education.)
- c. Verify child feeding program operations through research data collection on a structural sample of the total program, i.e. approximately 5000 recipients. (Major action agency is USAID in cooperation with Department of Health).
- d. Establish mothercraft centers at regional hospitals in the eight health regions to provide in-service training of provincial hospital dietitians and rural health unit personnel in the region. (Major action agency is Department of Health with technical and advisory support from USAID.)
- e. Extend technical and advisory services to provincial hospitals for the establishment of malnutrition wards or malnutrition beds in pediatric wards. (Major action agency is USAID in cooperation with the Department of Health.)

- f. Encourage continuing research in new food resource development as a mechanism for down-phasing of U.S. Food For Peace commodities. (Major action agency is U.S. VolAgs in cooperation with the National Food and Agricultural Council, GOP)
- g. Encourage expanded home or community food production and preservation through community or cooperative efforts as a means for further reduction of the reliance on food donations. (Major action agencies are the U.S. VolAgs coordinating with NFAC).
- h. Develop nutrition information materials for dispersal to the TMCH centers and elementary schools and through mass media (radio, TV, press). (Major action agencies are the U.S. VolAgs in cooperation with the National Media Production Center and the USAID).
- i. Introduce the concept of Family Planning (spacing) as a means of assuring improved maternal and child health during the initial family visits made for the purpose of identifying the Target Child Population. It is estimated such visits will cover 70 per cent of all Filipino families. (Major action agencies U.S. VolAgs cooperating with the Department of Health and USAID).
- j. Plan and conduct research aimed at improving overall program operations. (Major action agency is the USAID in cooperation with the Department of Health and the U.S. VolAgs.)
- k. Develop informational materials for distribution to organizations whose purposes or aims coincide with the goals outlined in the program in an effort to secure the active participation of all concerned agencies both public and private. (Major action agency is USAID coordinating with the U.S. VolAgs.)
- l. Help with development and implementation of Food For Work projects such as bench-terracing and irrigation in the rural areas as a means toward increasing local food production. (Major action agency USAID and U.S. VolAgs working through the Provincial Development and Agricultural Services project.)

## 2. Narrative Statement

This project has 2 major activities 1) a targeted pre-school supplemental food program and 2) an elementary school feeding program.

The school program is primarily administered by the Bureau of Public Schools, Department of Education with operational support and assistance of CARE and CRS.

The pre-school child program is administered by CRS, CWS and SANS with operational support and assistance from the Bureau of Health Services (National Nutrition Program - NNP), Department of Health and Department of Social Welfare. USAID will offer assistance in coordinating these programs to insure optimum coverage and achievement of targets.

For the school feeding program a system is already in place for recording the responses of the participating children (See Guidelines, Appendix C and Figures 7, 8 and Table 6). In this program children are weighed quarterly. Whether or not there would be educational value in modifying the three nutritional levels currently in use (normal, underweight or mal-nourished) deserves further study. Figure 9 sets forth the expansion schedule for the school-feeding program.

For the pre-school program a field operation data collection plan which has been found to be acceptable to the US VolAgs and other agencies entails the following:

- a. Determine age and measure body weight accurately as the criterion for enrollment of children in the program, and
- b. Record body weights monthly to determine progress toward goals among the enrollees.

The U.S. VolAgs involved believe that the schedule of build-up of enrollees shown in table 1 (graphically shown in fig. 1) is reasonable and within their means (see Appendix A-2 for CRS plan). Program management will require monthly reporting by TMCH centers and plotting of actual performance against the target shown in Figure 1.

Improvement in child nutrition will be determined monthly by plotting actual performance with the anticipated rehabilitation shown graphically in figure 2 (tabulated in table 2).

Figure 3 will be used as an early assessment of whether or not progress is being made toward nutritional rehabilitation. This is a relatively crude yet simple indicator useful to mothercraft class supervisors in detecting those children not progressing on schedule and for counselling mothers. From past experience it is estimated that if about 70 per cent of children achieve or surpass the "target" growth lines (sample lines are shown), the program is moving satisfactorily toward the goal.

Upon entry into the program the nutritionist in charge will plot the desired growth line. For any child in the yellow zone the growth line is drawn from its body weight in that zone at entry to a point just inside the white zone 18 months later. For a child initially in the red zone the desirable growth line will again reach a point just inside the white zone but the line will extend from the entry date (month) to a point 24 months later. Figure 4 will be used as a program management tool, plotting monthly a summary of TMCH center reports to determine whether or not the program is on schedule.

Expansion of the TMCH program on the scale shown in Figure 1 demands that 500 new centers be activated quarterly. Figure 5 plots the expanded centers up to capacity of 3,000 by early fiscal year 74.

Figure 6 reveals the expected decline in the prevalence of second and third degree malnutrition (yellow and red zone) if the target population is reached on schedule and the rehabilitation is accomplished on schedule.

Experience gained during 1971-72 indicate that in one month one nutrition worker can enroll 200-225 recipients and at the same time complete the training of the local volunteer workers who will take over the function of the organized mothercraft classes as sub-units of TMCH centers. One hundred fifty (150) nutrition workers are therefore needed to accomplish the goal of 30,000 recipients per month. The number now in place (March 1972) totals approximately 75 (40 in the Department of Health NNP), 15 in the VolAgs and approximately 20 currently employed as provincial nutritionists). It is assumed that the additional 75 workers can be recruited, trained, and financed through the existing VolAg programs and mothercraft centers of the NNP by July 1972 (see Appendix A- 1 and 2). A variety of methods have been devised and are in use for the introduction of feeding centers to a community. Appendix A provides two illustrations of such methods. Appendix B sets forth in detail the typical monthly schedule of activities of the nutrition workers, the TMCH center consignees and mothercraft class supervisors.

Tables 3 and 4 are sample forms to be used by mothercraft class workers and TMCH center consignees in summarizing records to be forwarded to regional headquarters.

Although colored growth charts illustrating nutritional levels are useful in mother education, for purposes of records the tabulated values for nutritional levels will probably be more practical for summarizing the monthly bodyweights. (See Table 5)

In addition to routine reporting, empirical data will be collected on a structural sample of the total pre-school child population participating in the program for purposes of verification. Two mothercraft classes, randomly selected in each health region (16 total) from among all of the classes initiated in July and August 1972 will serve as the sample for data collection of the type shown in Table 7. Such sampling will be done once a month during the period September 1972 through June 1973. Data, processed through computer, will provide useful information on actual change in percent of standard bodyweight as a measure of recuperation plus information on family size and child spacing as factors possibly influencing child responses. With 2 classes randomly sampled for 10 months in each of 8 health regions this empirical data will be available annually on 5,000 - 6,000 participating children. A similar procedure for data collection in program progress verification will be initiated in the school feeding program.

It can be anticipated that a number of very severe cases of malnutrition will be uncovered. The program will attempt to improve clinical and dietetic services at regional hospitals and at selected provincial hospitals, so that facilities will be available to which the very severely malnourished cases can be referred for rehabilitation under more intensive care. To this end the Department of Health regional nutrition team leaders will organize and participate in training courses (assisted by Regional Health educators) for physicians, nurses, mid-wives and dietitians from regional hospitals and from selected provincial hospitals or rural health units.

In light of the low purchasing power of many families the promotion of home food production where circumstances permit must be encouraged as one means of decreasing donated food requirements. The concept of community canneries will be encouraged particularly in those areas where electric power will become available as the network of rural electric cooperatives expands.

During the past 3 years basic composition and protein quality data has been collected on mungo beans as a supplement to rice, and on coconut flour as substitutes for wheat flour and dry milk solids in the pre-school and school feeding programs. A local blend based on coconut flour, mungo beans and non-fat dry milk has been developed in Philippine Government laboratories. A continuation of these studies will be encouraged with emphasis suggested as follows:

- a. A critical evaluation of the nutri-bun containing 5 and 10 percent coconut flour as to digestibility and nitrogen retention (protein value) in pre-school children.
- b. Substitution of coconut flour for ingredients in GSM (the FFP corn-soya-milk blend) and evaluation of such modified blends. These studies should also be done on pre-school children under carefully controlled conditions.
- c. Further studies to evaluate local legumes other than mungo beans in terms of protein content, protein quality and freedom from aflatoxins.
- d. Exploration on how GSM or similar blends can be converted into a ready-to-eat product (biscuit, cracker, bun, bar, crumble, etc.) through cottage or village level industries.

Nutrition information materials needed for routine program operation include the following:

- a. Individual growth charts; pre-school, one per recipient or 1.2 million copies (to be provided by USAID);

- b. Individual growth charts; school age, up to three million copies (one per recipient, to be provided by USAID);
- c. Recipes developed which blends CSM into local dishes, two per mothercraft class or 40,000 (to be provided by USAID). Individual recipes will also be reproduced locally in the local dialect (to be provided by USAID, Filipino VolAgs, and National Media Production Center);
- d. Recipes in which locally available legumes are used as replacements for animal products; one per class or 20,000. At local level individual recipes need to be reproduced in the local dialect (to be provided by U.S. and Filipino VolAgs).
- e. Poster-size growth charts in color; pre-school, one per center or 3,000 (to be provided by USAID);
- f. Poster-size growth charts in color; school, one per classroom or 100,000 (to be provided by USAID);
- g. Posters depicting appropriate locally available weaning foods; one per class or 20,000 (to be provided by USAID);
- h. Textbooks on practical nutrition (Jelliffes, Child Nutrition in Developing Countries and WHO publication Health Aspects of Food and Nutrition); one each per nutrition worker or 200 copies (to be provided by USAID);
- i. Locally produced lecture or classroom tracts for mothercraft instruction; (to be provided by U.S. and Filipino VolAgs, Department of Health, and National Media Production Center);
- j. Locally, nationally, and regionally produced releases for press, radio and TV. (to be provided by U.S. and Filipino VolAgs, Department of Health and National Media Production Center).

Research to improve program operation will be focused on studies to determine if, in large families, the food issue of 8 pounds per child per month is sufficient to produce the desired impact. Other operational research areas in which data collection will be continuing are the following:

- a. Child spacing and family size as factors in child malnutrition;
- b. Usefulness of individual child growth charts as education tools;
- c. Usefulness of Food For Work incentives to Volunteer workers in the TMCH program as a means of maintaining continuing strong interest in and dedicated service to the program.
- d. Evaluation of the program management system.

The TMCH program will depend heavily upon the dedication and interest of the local volunteer workers in charge of mothercraft classes. A suggested procedure for this compensation is described in Appendix B, page 4.

The 20,000 mothercraft classes, each with 20-30 mothers attending twice a month offer an excellent opportunity for delivery of information and services covering a much broader area than nutrition and sanitation. To this end, the class supervisors and TMCH center consignees will be encouraged to invite the participation of family planning workers, handicraft workers and others in the community whose developmental effectiveness would be improved through such cooperation.

Every effort will be made by the Mission to respond to requests of the U.S. VolAgs, their counterpart Filipino organizations and the COP agencies concerned, for technical assistance and advice on the nutritional aspects of the program. (See Appendix D)

The Mission will also assist with and encourage the development of Food For Work projects. Projects will be explored directly in support of child feeding, such as Food For Work for mothers with malnourished children. Further, Food For Work in intensive rural development such as bench terracing and irrigation will be encouraged as further incentive toward self-sufficiency in food.

Table 1

Project Output - Target dates MCH program

Column A - new recipients added  
 B - recipients terminated  
 C - recipients receiving supplement

FISCAL YEAR (NUMBER OF RECIPIENTS IN THOUSANDS)

Month	1972			1973			1974			1975			1976		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
July	20		20	30	0	270	30	20	490	30	30	540	-	30	-
August	20		40	30		300	30	20	500	30	30	540	0	30	510
September	20		60	30		330	30	20	510	30	30	540	0	30	480
October	20		80	30		360	30	20	520	30	30	540	0	30	450
November	20		100	30		390	30	20	530	30	30	540	0	30	420
December	20		120	30		420	30	20	540	30	30	540	0	30	390
January	20		140	30	20	430	30	30	540	30	30	540	0	30	360
February	20		160	30	20	440	30	30	540	30	30	540	0	30	330
March	20		180	30	20	450	30	30	540	30	30	540	0	30	300
April	20		200	30	20	460	30	30	540	30	30	540	0	30	270
May	20		220	30	20	470	30	30	540	30	30	540	0	30	240
June	20		240	30	20	480	30	30	540	30	30	540	0	30	210*
<hr/>															
Total fed and terminated				120			300			360			360		
Cumulative total fed and terminated							420			780			1140		
% of total fed and terminated				11%			26%			32%			31%		
Cumulative (% terminated)				11%			37%			69%			99%		

\*The assumption is made that the remaining 180 will complete the supplemental feeding program with locally produced food stuffs.

**Table 2** DICH Program

Month	Number of Children Rehabilitated (Thousands)					
	(Fiscal Year)					
	1972	1973	1974	1975	1976	1977
July		44	206	468	756	978
August		52	226	492	780	990
September		60	246	516	804	1002
October	2	71	267	540	825	1011
November	4	82	288	564	846	1020
December	6	93	309	588	867	1029
January	10	107	331	612	885	
February	14	121	353	636	903	
March	18	135	375	660	921	
April	24	152	398	684	936	
May	30	169	421	708	951	
June	36	189	444	732	966	



Table 4

TMCH Center Report  
For the month of \_\_\_\_\_ 19\_\_\_\_

Region \_\_\_\_\_

TMCH Center No. \_\_\_\_\_

Province \_\_\_\_\_

Date Center organized \_\_\_\_\_

Municipality (City) \_\_\_\_\_

Barrio \_\_\_\_\_

Nutrition Level	Mothercraft Class										All Classes		
	A		B		C		D		E				
	Number of Children										Number of Children		
	Total No.	No. on Sched.	Total No.	No. on Sched.	Total No.	No. on Sched.	Total No.	No. on Sched.	Total No.	No. on Sched.	Total No.	No. on Sched.	% on Schedule
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
<b>TOTALS</b>													

Number of Pregnant Mothers \_\_\_\_\_  
 Number of Lactating Mothers \_\_\_\_\_  
 Number of New Child Recipients (new this month) \_\_\_\_\_

TMCH Center Consignee

\_\_\_\_\_  
Signature

**Table 5**

**Child Weight for Age Expressed as Nutrition Levels**

Age (Months)	NUTRITIONAL LEVEL									
	10	9	8	7	6	5	4	3	2	1
	Percent Standard									
	Red Zone			Yellow Zone			White Zone			Green Zone
	50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-100
6	8.25*	9.0	9.9	10.75	11.5	12.25	13.25	14.0	14.75	16.3
7	8.75	9.5	10.5	11.25	12.25	13.0	14.0	14.75	15.75	17.5
to										
	20.75	22.75	25.0	27.0	29.0	31.0	33.25	35.25	37.25	41.5

-----  
 \* Figures have been rounded to the nearest quarter pound.

**TABLE 6**  
**SCHOOL NUTRITION PROGRAM**  
**CONSOLIDATED REPORT**  
**OF NUTRITIONAL STATUS OF ELEMENTARY SCHOOL CHILDREN**

PERIOD COVERED \_\_\_\_\_

**I.**

Nutritional Status	Sex	A. Start of the School Year								B. End of the School Year							
		6	7	8	9	10	11	12	13	6	7	8	9	10	11	12	13
RED	Boys																
	Girls																
	Total																
YELLOW	Boys																
	Girls																
	Total																
WHITE	Boys																
	Girls																
	Total																
GREEN	Boys																
	Girls																
	Total																
TOTAL	Boys																
	Girls																
	Total																

**II.**

- A. No. of pupils participating in the Program \_\_\_\_\_
- B. No. of pupils enrolled \_\_\_\_\_
- C. No. of drop outs \_\_\_\_\_
- D. No. of classes/schools included in this report \_\_\_\_\_

Submitted by:

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHOOL NUTRITION PROGRAM

### HOW TO USE THE "CONSOLIDATED REPORT OF NUTRITIONAL STATUS OF ELEMENTARY SCHOOL CHILDREN"

1. This form may be used by the teacher to summarize the nutritional status of her pupils in her classroom; by the principal to summarize the nutritional status of her pupils in her school; and by the Division Superintendent to summarize the nutritional status of his pupils in his entire school division.
  - a. *Teacher's Use*
    - 1) Accomplish this form in duplicate and forward the original copy to the principal, keeping a copy for your own files.
    - 2) Based on the Individual Growth Charts of your pupils, enter the number of boys or girls in the Ref, Yellow, White or Green zones under their respective age columns. Reflect totals.
  - b. *Principal's Use*
    - 1) Accomplish this form in duplicate and forward the original copy to your respective Division Superintendent of Schools, keeping a copy for your own files.
    - 2) Based on the consolidated report of each classroom teacher, prepare a summary for your school.
  - c. *Superintendent's Use*
    - 1) Accomplish this form in triplicate and forward the original copy to the School Health Division, Bureau of Public Schools, Arroceros St., Manila keeping one copy for your files.
    - 2) Based on the consolidated report of the principal, prepare a summary for your school division.
2. This report is to be submitted by the teacher, principal and superintendent twice a year, one at the start of the school year and another at the end of the school year.
3. If the report is for the start of the school year or start of the nutrition program in the school, (so state) enter under Period Covered As of July 1970 (reflect the month and year when the school starts or the month and year when the school nutrition program starts in the school) and use column I.A. Do not fill out I.B.
4. If the report is for the End of the school year, fill out I.A. and B using the figures in I.A. that you have previously submitted at the start of the school year. Enter under Period Covered School Year 1970-71 (or whatever is the corresponding school year for which the report is made).
5. II. A,B,C, & D and the rest are self-explanatory. It is obvious that II.C. cannot be filled out at the start of the school year.

**Table 7.**

**TMCH Nutrition Weight Record**

Health Region \_\_\_\_\_ Center No. \_\_\_\_\_  
 Province \_\_\_\_\_ Barrio (or Mothercraft  
 Class No.) \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Barrio \_\_\_\_\_ Date Class Began \_\_\_\_\_  
 Supervisor \_\_\_\_\_

Name of Recipient \_\_\_\_\_ Sex \_\_\_\_\_ BirthDate \_\_\_\_\_  
 Age in Months \_\_\_\_\_ Age Group \_\_\_\_\_  
 (At initial food issue)

Time of Weighing	Date	Weight	% Std. Weight	Nutr Level	Weight Gain	% of Std. Gain	Gain Level	Comments
Initial								
Follow-Up								

Family History:

How many living children do you have \_\_\_\_\_ No. Dead \_\_\_\_\_  
 (Including fetal deaths)

How many children older \_\_\_\_\_

How many children younger \_\_\_\_\_ Months older \_\_\_\_\_

Birthdate of next youngest child \_\_\_\_\_ Months of younger \_\_\_\_\_

Weight of child at birth \_\_\_\_\_ Length of Child at Birth \_\_\_\_\_

No.  
Recipients  
Receiving  
Supplement  
(000's)

Figure 1 - PROGRAM IMPLEMENTATION (TARGETTING) INDICATOR - TMCH PROGRAM

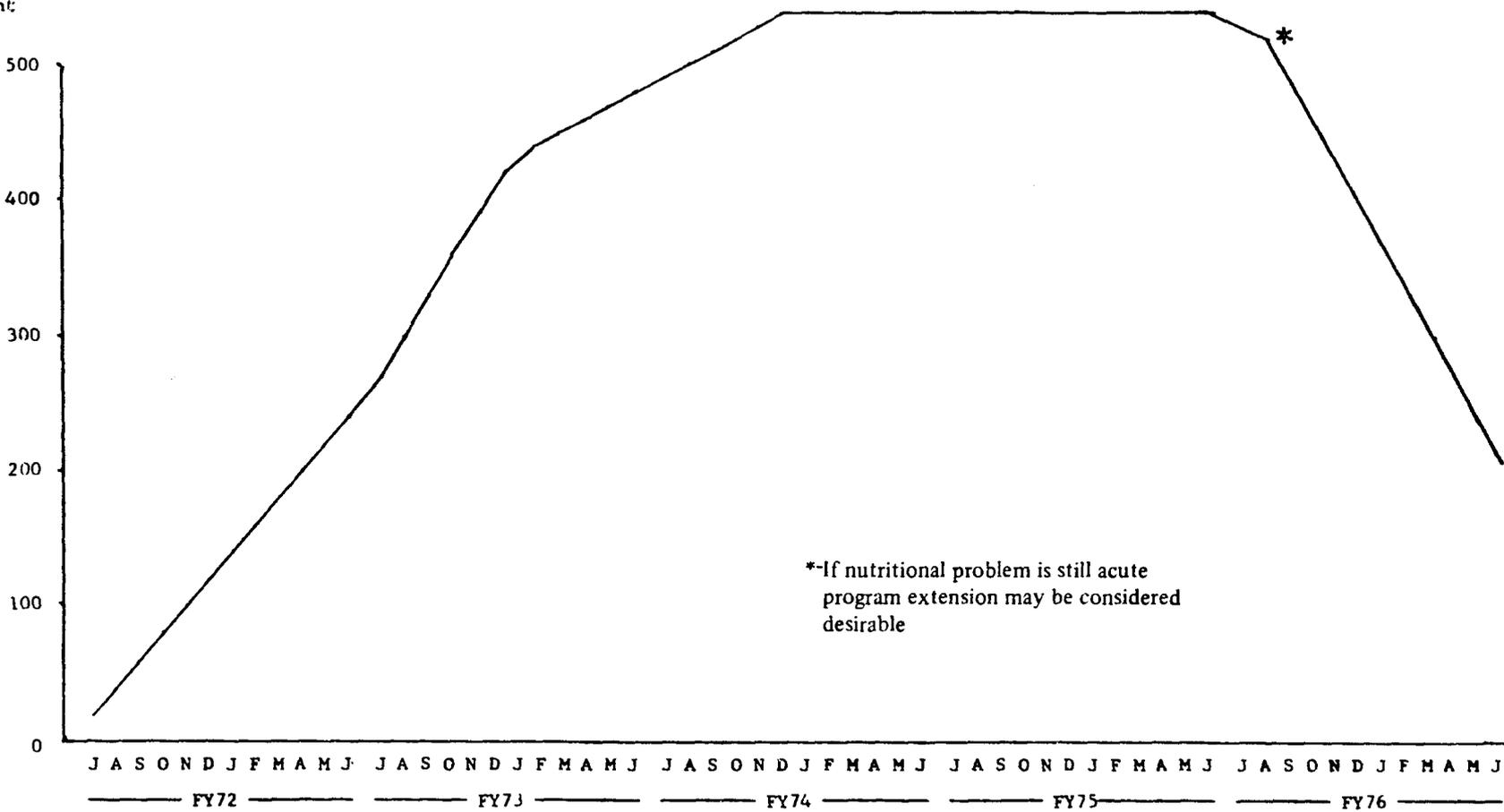
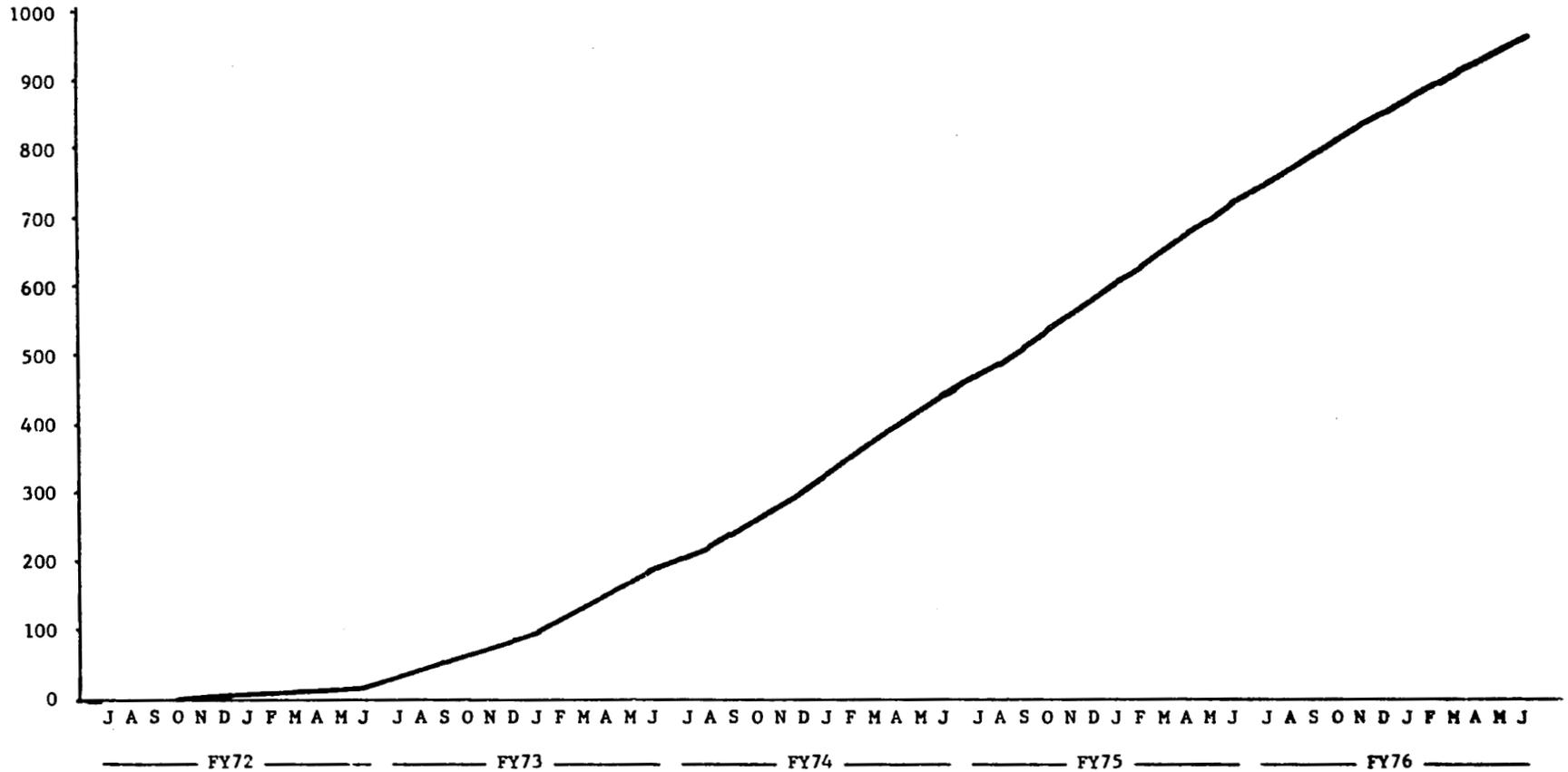


Figure 2 - HEALTH IMPROVEMENT INDICATOR - TMCH PROGRAM

Number  
Rehabilitated  
(thousands)



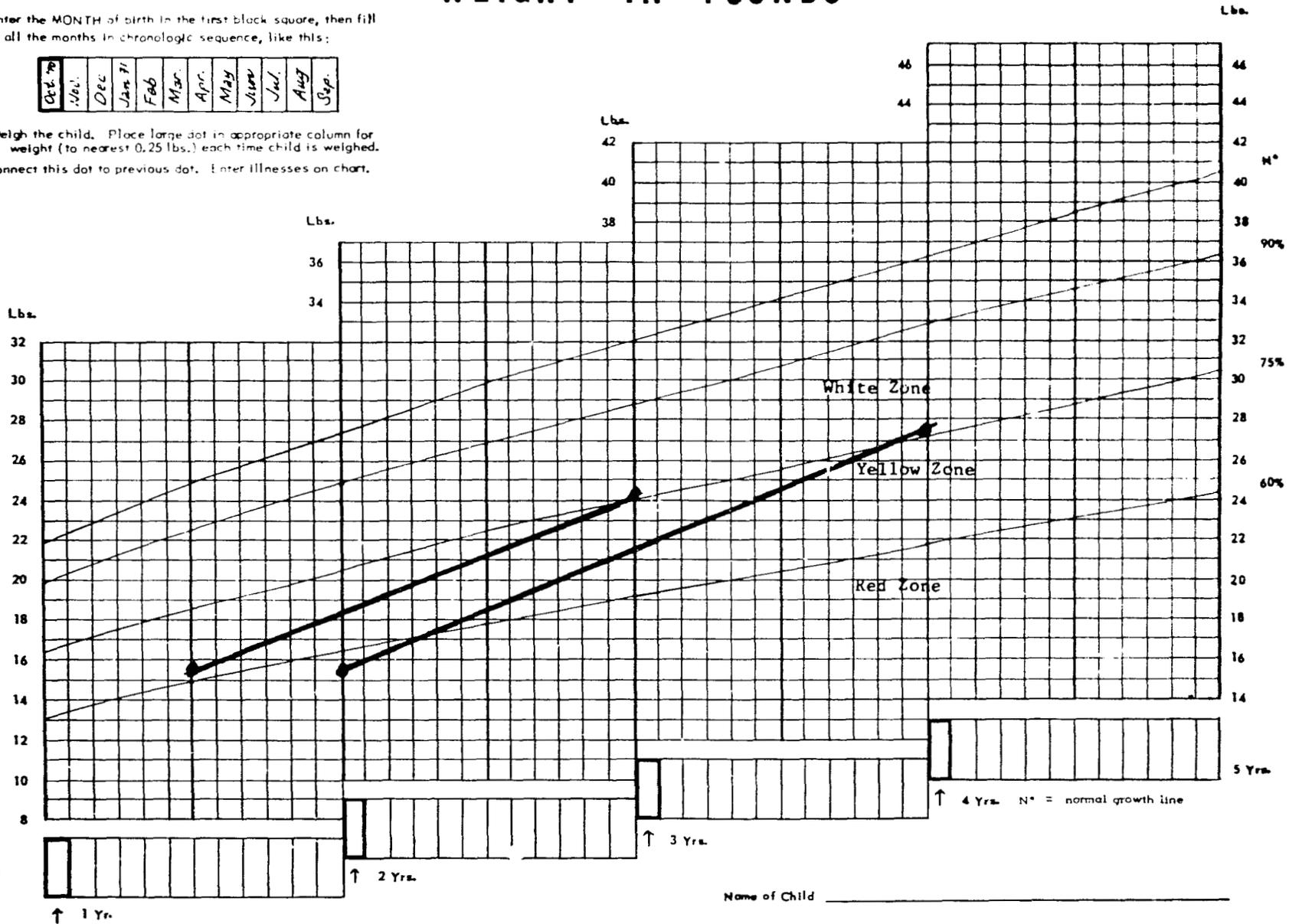
# Figure 3 WEIGHT IN POUNDS

**INSTRUCTIONS.**

Enter the MONTH of birth in the first black square, then fill in all the months in chronologic sequence, like this:

Oct. 79	Nov.	Dec.	Jan. 71	Feb.	Mar.	Apr.	May	June	Jul.	Aug.	Sept.
---------	------	------	---------	------	------	------	-----	------	------	------	-------

Weigh the child. Place large dot in appropriate column for weight (to nearest 0.25 lbs.) each time child is weighed. Connect this dot to previous dot. Enter illnesses on chart.

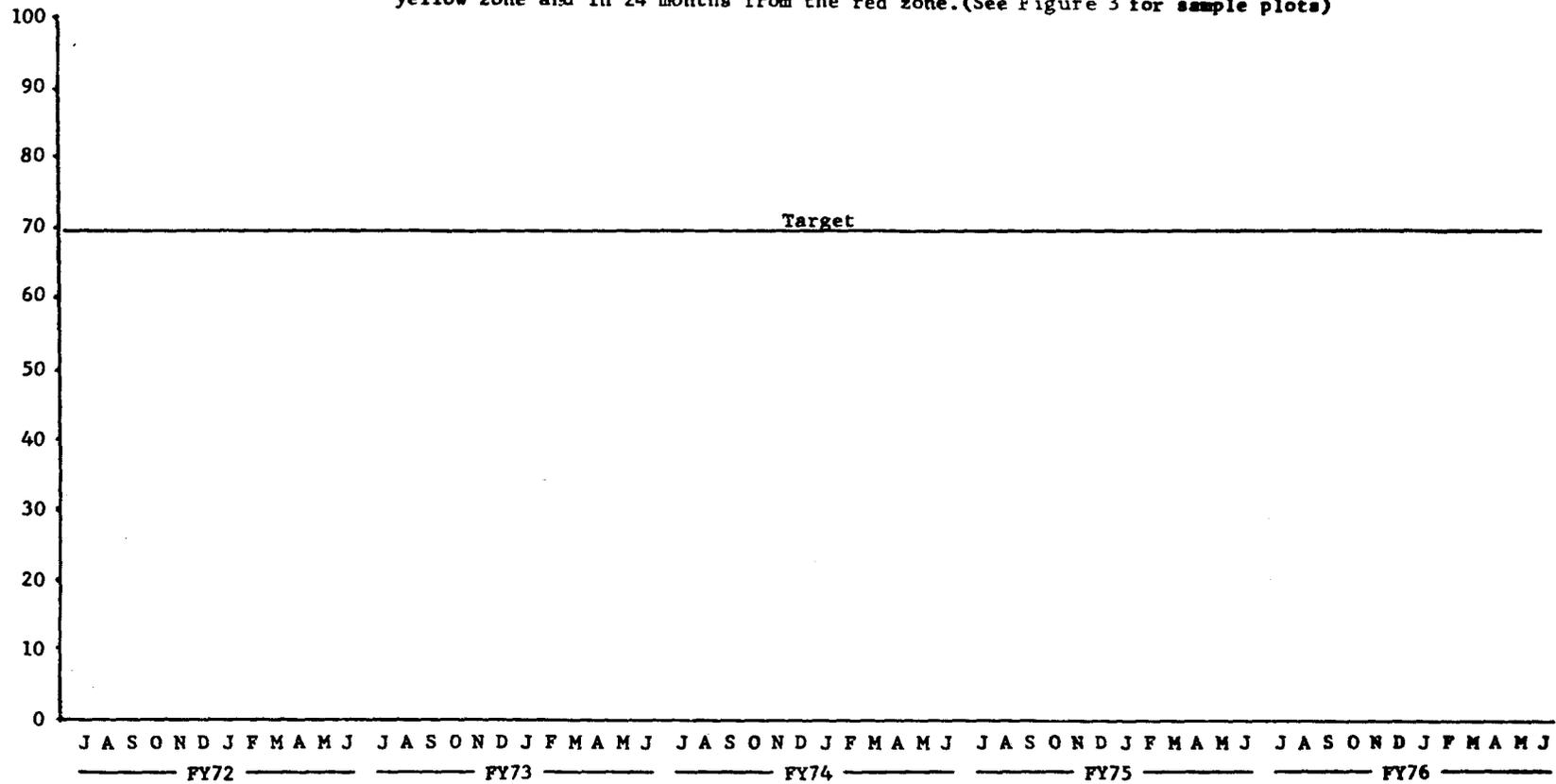




%  
of Children  
Schedule

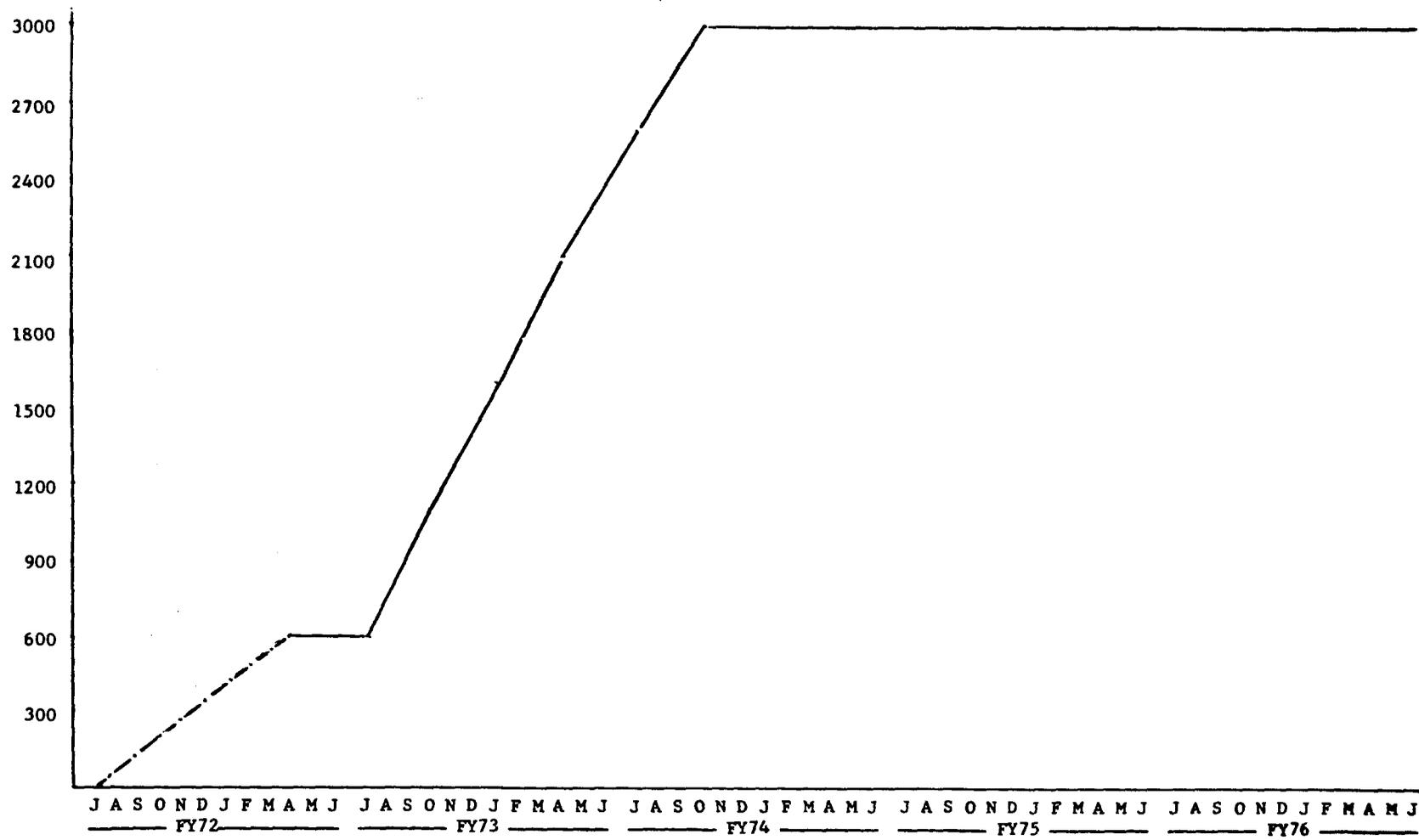
Figure 4 - CHILD RESPONSE INDICATOR

(A child is on schedule if it achieves normalcy (white zone) in 18 months from the yellow zone and in 24 months from the red zone. (See Figure 3 for sample plots)



No. of Centers  
Activated

Figure 5 - Targetted Maternal-Child-Health (TMCH) Centers  
Expansion Plan



Malnutrition Prevalence  
in % of Total PreSchool  
Child Population Living  
Between 1972 - 1976

Figure 6 - EXPECTED DECLINE IN MANUTRITION PREVALENCE - TMCH PROGRAM

Percentage reduction  
in malnutrition Prevalence

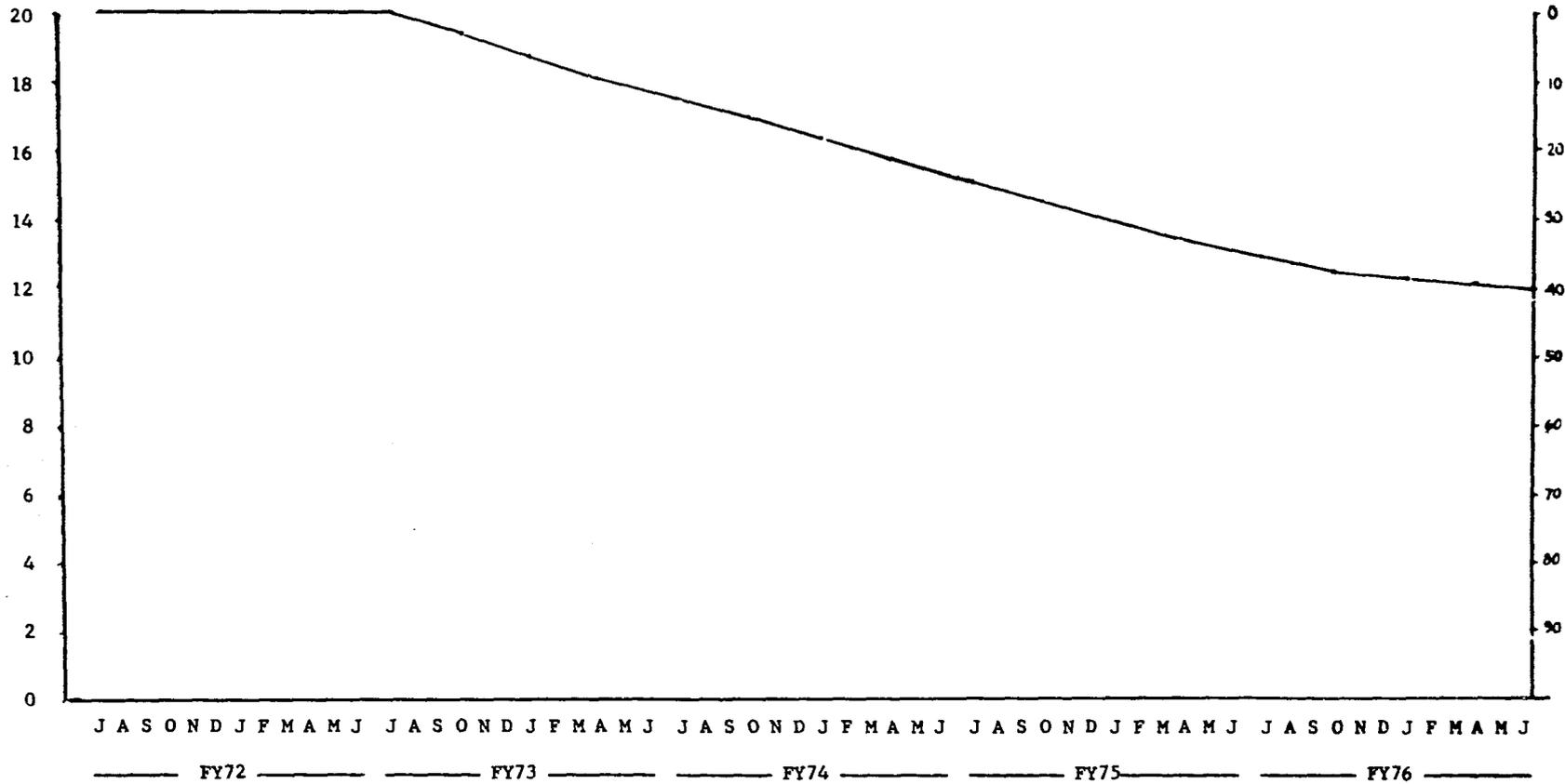


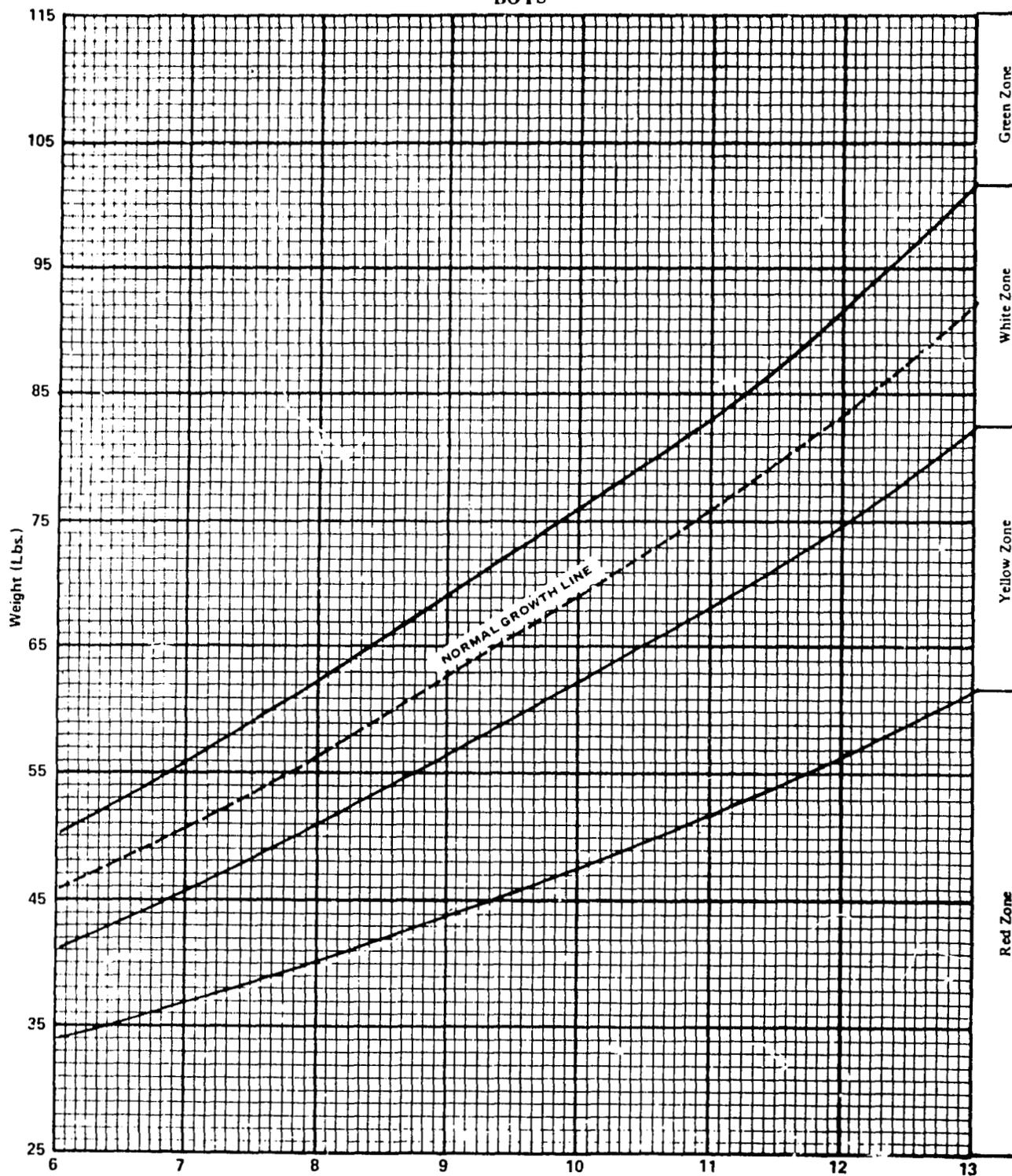
FIGURE 7



# PHILIPPINE SCHOOL NUTRITION PROGRAM - INDIVIDUAL GROWTH CHART

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Sec \_\_\_\_\_  
School \_\_\_\_\_  
Province \_\_\_\_\_ Municipality \_\_\_\_\_ Barrio \_\_\_\_\_  
Date Started \_\_\_\_\_

## BOYS



## **HOW TO USE THE INDIVIDUAL GROWTH CHART**

1. An Individual Growth Chart should be prepared and maintained for each child. Use the chart corresponding to the sex of the child.
2. Fill in correctly the child's name and other data as indicated on the top of the Individual Growth Chart.
3. Weigh the child carefully -- barefoot and with minimum clothes -- and enter its correct weight on the vertical line corresponding to its age to the nearest month. Weigh the child every 3 months thereafter, weighing before feeding and enter its weight from each successive weighing on the successive month lines. These progressive weights will enable you to determine this child's own growth curve or growth performance.
4. Individual Growth Charts for each class should be placed in a wooden box beside the Student Nutrition Chart. Each child should be encouraged to take an active interest in its own progress towards recovery from malnutrition.

### **NOTE:**

The normal growth line is an imaginary line bisecting the white or normal zone on the Student Nutrition Chart. The top of the normal growth line is ten percent above normal weight and the bottom of the white zone is ten percent below normal weight.

After you have plotted the child's normal growth curve on its Individual Growth Chart you will be able to see if its own growth rate is faster than normal. A faster (positive) than normal growth curve will show that the child is responding well to increased feeding and correcting his malnutrition.

Children in the Student Nutrition Program who fail to show a positive growth curve, should be checked by the school physician, other local doctors, and/or nurse to determine if they are suffering from any organic disease which requires treatment.

\* \* \* \* \*

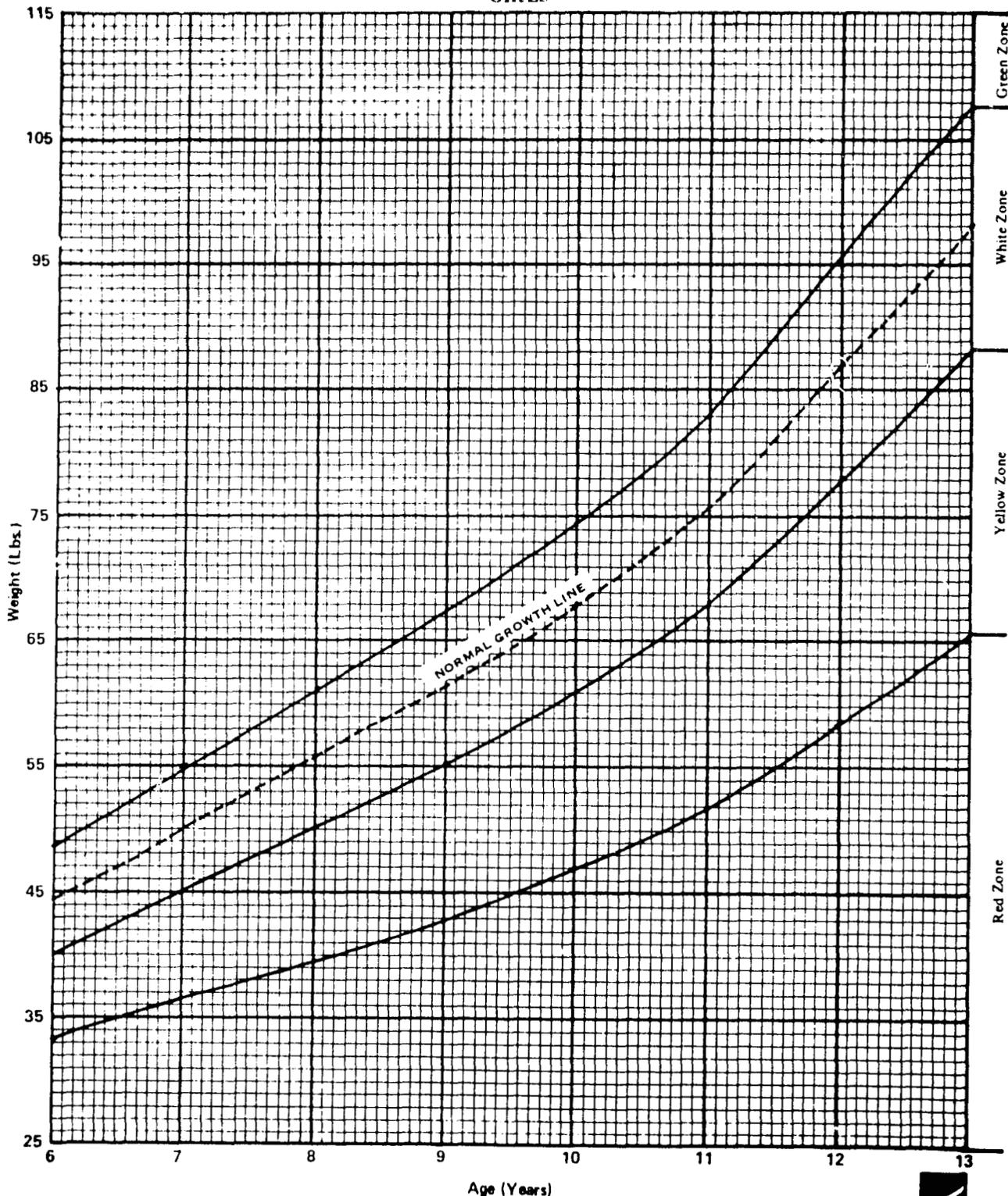
FIGURE 8



# PHILIPPINE SCHOOL NUTRITION PROGRAM · INDIVIDUAL GROWTH CHART

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Sec \_\_\_\_\_  
School \_\_\_\_\_  
Province \_\_\_\_\_ Municipality \_\_\_\_\_ Barrio \_\_\_\_\_  
Date Started \_\_\_\_\_

## GIRLS



## HOW TO USE THE INDIVIDUAL GROWTH CHART

1. An Individual Growth Chart should be prepared and maintained for each child. Use the chart corresponding to the sex of the child.
2. Fill in correctly the child's name and other data as indicated on the top of the Individual Growth Chart.
3. Weigh the child carefully -- barefoot and with minimum clothes -- and enter its correct weight on the vertical line corresponding to its age to the nearest month. Weigh the child every 3 months thereafter, weighing before feeding and enter its weight from each successive weighing on the successive month lines. These progressive weights will enable you to determine this child's own growth curve or growth performance.
4. Individual Growth Charts for each class should be placed in a wooden box beside the Student Nutrition Chart. Each child should be encouraged to take an active interest in its own progress towards recovery from malnutrition.

### NOTE:

The normal growth line is an imaginary line bi-secting the white or normal zone on the Student Nutrition Chart. The top of the normal growth line is ten percent above normal weight and the bottom of the white zone is ten percent below normal weight.

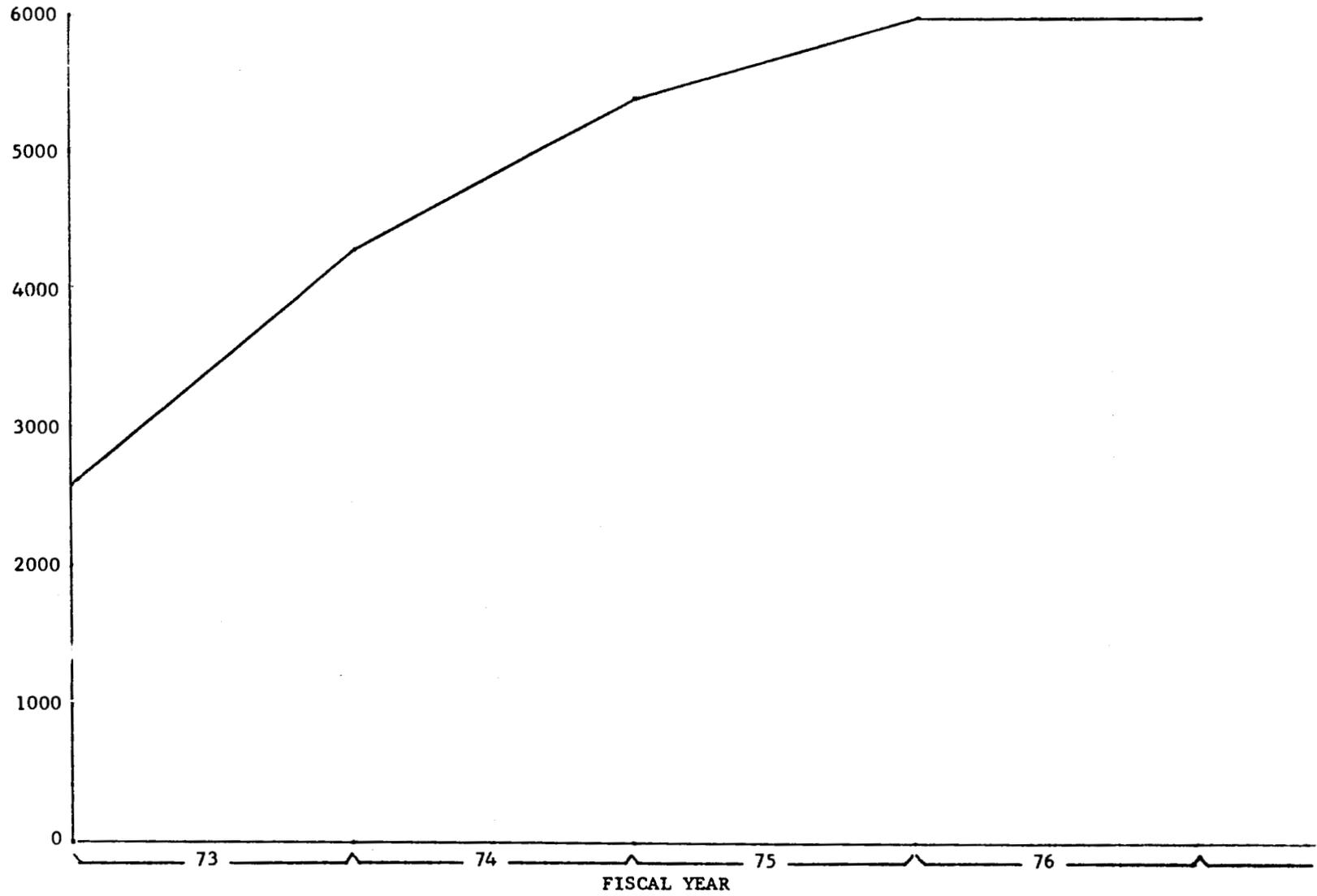
After you have plotted the child's normal growth curve on its Individual Growth Chart you will be able to see if its own growth rate is faster than normal. A faster (positive) than normal growth curve will show that the child is responding well to increased feeding and correcting his malnutrition.

Children in the Student Nutrition Program who fail to show a positive growth curve, should be checked by the school physician, other local doctors, and/or nurse to determine if they are suffering from any organic disease which requires treatment.

\* \* \* \* \*

No. of  
Schools

Figure 9 - Targetted Elementary School Feeding Program - Expansion Plan



(NOTE: Prepared by the Provincial Development Staff  
of the Province of Iloilo)

PROVINCE OF ILOILO

MUNICIPALITY OF PAVIA

Pre-School Feeding Project

I. Introduction

Out of Iloilo's total population of 240,000 pre-schoolers (children belonging to 0 or neonatal age to 6 yrs. old) a moderate estimate of 30% or 72,000 are suffering from malnutrition. With a growth rate of 2.9% this means that this figure is being added to at the rate of about 1,598 every year since 1970.

An actual weight survey conducted in 5 municipalities of Iloilo showed a higher incidence of malnutrition. An average of 88.15% of the total pre-schoolers, weighed were found to be in various degrees of malnutrition.

II. Location and Duration of Project

The Municipality of Pavia was chosen to spearhead this program because of the following vital factors, among others:

1. Cooperative leadership of the Municipal Mayor and Municipal Officials
2. Availability of government personnel
3. Adequate warehousing facility
4. Involvement and interest of civic and other private organization and, of course
5. The felt need of malnourished pre-school children of the municipality.

Pavia is 9.7 kilometers from Iloilo City

- a. Number of barrios - 14
- b. Total population - 13,745
- c. Estimated pre-school population - 2,749
- d. Estimated malnourished pre-schoolers - 824.7 in 400 households.

The duration of this project is TWO (2) CALENDAR YEARS starting April, 1972.

III. Objectives

- A. To prevent and control malnutrition among pre-school age children in all barrios (including the poblacion) in the Municipality of Pavia.
- B. To upgrade the nutrition status of child-bearing and lactating mothers in the municipality.
- C. To educate mothers in the fundamentals of nutrition, health, sanitation, family planning, food preparation and preservation (more specifically the proper utilization of USAID Food for Peace commodities).
- D. To teach families to grow nutritious food.

IV. Organization

- A. The project will be organized and implemented by a task force of the Iloilo Provincial Development Council under the Office of the Governor.

- B. Composition of the Task Force

- 1. Provincial Level

- a. Overall Project Director - Executive Officer - IDS
    - b. Chairman - Provincial Health Officer
    - c. Team Leader - National Nutrition Program Representative
    - d. Members - Provincial Health Office  
Bureau of Public Schools  
Agricultural Productivity Commission  
Presidential Arm on Community Development  
Department of Social Welfare  
Iloilo Medical Society

- Adviser - Dr. R. W. Engel, USAID/Philippines, Mr. Harold Datta and Mr. Robert Bartlett (USAID)

- 2. Municipal Level

- a. Over-all Project Director - Municipal Mayor
    - b. Chairman - Rural Health Physician
    - c. Team Leader - Provincial Nutritionist

- d. Members: BPS - District Supervisor or School Principal and Teachers

Malnourished mothers of children - recipients become participants in this program on a case basis at the discretion of the Provincial Task Force

RHU - Dentist (1)  
Nurse (1)  
Midwives (3)  
Sanitary Inspector (1)

PACD - Community Development Worker (1)

DSW - Social Worker (1)

APC - Home Management Technician (1)

Civic Clubs

Religious Organizations

Barrio Councils

V. Duties and Responsibilities

A. Project Directors (Provincial and Municipal)

1. Provide effective leadership to the project.
2. Exercise general management functions of planning, organizing staffing, directing, controlling, coordinating, reporting, budgeting and training so that the objectives of the project will be achieved.
3. To oversee the progress of the project.
4. To requisition, receive, store, safeguard and deliver to the responsible officer, USAID Food for Peace commodities, supplies and materials for the project.
5. Assist in evaluating the project.

B. Chairman (Provincial and Municipal)

1. To plan and supervise implementation of the activities of the Task Force.
2. To receive from the Task Force members and to submit to the Project Director, periodic progress reports.

3. The Chairman, Municipal Task Force, shall receive from the duly designated collector, the dues collected from each participant (recipient) in this project and check the report thereon. He shall take the necessary steps to insure that the amounts so collected are deposited and properly applied.

C. Team Leader (Provincial and Municipal)

1. To extend technical assistance.
2. To train the Municipal Task Force in all phases of the project.
3. To consolidate the periodic reports of the members of the Task Force.

D. Members:

1. The Provincial Health Office (RHU) shall undertake:
  - a. Deworming operations in the barrio.
  - b. Health and Sanitation activities.
  - c. Weight survey and periodic Check Ups.
  - d. Nutrition Education activities.
2. The Bureau of Public Schools shall:
  - a. Assist in the organization of the weight survey, mother's classes, information and education classes.
  - b. Assist in motivation work.
3. The Agricultural Productivity Commission shall:
  - a. Give cooking demonstrations and the proper utilization of USAID FFP commodity allotments.
  - b. Teach food preservation.
  - c. Initiate vegetable production through community and backyard gardening.
4. The PACD shall:
  - a. Be responsible for organizing and convening community gatherings or assemblies.
  - b. Organize classes

- c. Take charge of self-help projects to promote health, sanitation and the improvement of the nutrition level.
  - d. Assist in information and education activities.
5. The Department of Social Welfare shall:
  - a. Give welfare assistance and services to needy families.
  - b. Give additional food commodities or supplies when requested.
6. The Barrio Councils shall:
  - a. Provide leadership in organizing, motivating, involving and coordinating the people in all phases of the project.
  - b. Safeguard the commodities and supplies of the project.
  - c. Immediately call the attention of the other Task Force members to problem areas and assist in the solution of problems.
  - d. Encourage and implement self-help projects to promote the objectives of the project.
7. Civic Clubs, Religious and Youth Organization may:
  - a. Sponsor a number of barrios as their organization's project.
  - b. Assist the other members in their tasks.
  - c. Engage in information and motivation activities.
8. The Iloilo Medical Society may:
  - a. Provide consultancy assistance
  - b. Assist in deworming, health and sanitation activities
  - c. Sponsor a number of barrios as its project.
9. The USAID/Philippines (through the Advisers) shall furnish USAID Food For Peace commodities, provide equipment, supplies and technical support.

(NOTE: Prepared by the Catholic Relief Service staff.)

PROPOSED EXPANSION OF THE TARGETED  
MATERNAL AND CHILD HEALTH PROGRAM  
CATHOLIC RELIEF SERVICES

EXISTING PROGRAM

CRS now has approximately 217,000 recipients in Targeted Maternal and Child Health Programs in more than 600 centers throughout the 52 arch-dioceses, dioceses, prelatures, and vicariates in the Philippines. Sizes of existing centers range from 960 recipients in Zambales, Luzon to 35 recipients in Nueva Vizcaya, Luzon. Most centers are managed by volunteers from the religious community, but a large number are also run by governmental, civic, and parish organizations.

Recipients are selected through a weight survey. Individual weights are then compared with standard weights for the age group using a chart developed by USAID/Manila. Only severely and moderately malnourished pre-school children, ages 6 to 72 months, and pregnant and lactating mothers are eligible for the program.

Operation of the centers depends upon available facilities and manpower. Most consignees distribute dry rations once each month to the mothers who are expected to prepare the food for the eligible children in their homes. On the day of distribution, children are weighed and their weights are posted to a growth chart. Periodic nutrition lectures and cooking demonstrations are presented by the consignees and CRS nutritionists.

In other centers, cooked rations are served each day, with mothers participating in the cooking of both PL 480 and local foodstuffs. Again, children are weighed periodically to determine weight gain and progress under the program.

PROPOSED PROGRAM

During FY 73 Catholic Relief Services-USCC, Philippine Program would expand the Targeted Maternal and Child Health Program to an enrollment of 700,000 recipients. The expansion would take place throughout FY 73, reaching full enrollment near the beginning of FY 74. The estimated average number of recipients for the year is 370,000, which is the number reflected in the FY 73 Annual Estimate of Requirements. Each year thereafter for five years, approximately 280,000 new children will be enrolled and the same number graduated from the program. At the end of the 5-year period, more than 1.5 million malnourished pre-school children shall have spent two years in the program.

The thrust of this expanded program will be education of mothers in the importance of sound nutrition to the health of their families, while assisting in the recuperation of their already malnourished children. The vehicle for this educational approach will be donated PL 480 Title II commodities heavily reinforced with educational materials developed specifically to teach mothers the value of nutrition.

CRS/Manila will develop and distribute educational materials which will graphically portray the causes and effects of malnutrition and methods for treating it that are within the capability of low income families. Emphasis will be placed on the use of local foods and the development of home gardens and other agricultural projects. All media will be employed, but primary reliance will be placed upon posters, pamphlets and lectures aimed at the comprehension level of barrio mothers. The materials will serve a twofold purpose. They will be employed by Catholic Relief Services-USCC personnel and volunteers who will be specially trained to develop the Program in the areas where they live. They will also be disseminated for public consumption through churches, community organizations, other Voluntary Agencies, and commercial communications media. Posters will be placed prominently in the centers and pamphlets will be distributed to mothers as a supplement to consignee lectures. A new theme with a different aspect of nutrition would be presented each month. Lesson plans and charts which reinforce the message of the posters and pamphlets will be distributed to the consignees. The lessons, couched in simple language, will build upon and reinforce previous lessons.

The expansion of this program will be initiated and coordinated at the diocese level. CRS will recruit, hire and train a group of 128 Nutrition Program Assistants (NPA), who will be assigned to Social Action Departments in the Diocese. The Social Action Departments will endorse all program proposals to the Manila office of CRS. By channelling PL 480 foods through Social Action Departments, CRS will assist in the development of a counterpart agency which eventually will assume responsibility for the entire program.

Eight Regional Coordinators will be recruited to supervise the NPAs. Their areas of assignment would be North, Central, and South Luzon, Bicol Region, East and West Visayas, and East and West Mindanao. Briefly, the roles of these personnel would be to promote the implementation of the Targeted Maternal and Child Health Program, assist and train CRS consignees, and serve as a channel between CRS/Manila and the field.

The goal of the field staff will be to initiate and develop approximately 2,000 centers with 350 recipients per center. Existing centers with more than 350 recipients would be broken down to this more manageable size.

Control of the program will be exercised by CRS/Manila through four assistant administrators, one each for Logistics, Operations, Education and Agriculture. The Logistics assistant will be charged with planning for sufficient foodstuffs, computation of rations, shipment of commodities, distribution reports, empty container control, and the development of procedures under which the consignee would receive and distribute foodstuffs. The Operations assistant would be a graduate nutritionist and will be responsible for methods of center operation, appropriate dietary supplements for the Targets, training of field staff and evaluation of weight and progress reports. The Education assistant would also be a graduate nutritionist and will be responsible for programming all educational aspects of the program for the center as well as the public. Technical assistance for the educational program would be secured from agencies specializing in literacy and communications. The Agricultural assistant will develop a program of home gardening and supply consignees with information on seeds, fertilizers, and improved farming methods. He will provide an agricultural input to the nutrition education program.

#### IMPLEMENTATION

The program will be built upon the existing structure of experienced volunteers already working in Mother and Child Health or similar programs. It will be extended further through cooperation with other types of programs both private and governmental now being developed in several areas in the Philippines. Food support and nutrition information will also be made available to Total Health Programs where the food will act as a stimulus to community participation.

The character of the program will vary at the local level depending upon human and material resources available. Recipients will be selected by consignees on the same basis as the existing program and only severely and moderately malnourished pre-school children and pregnant and lactating mothers will be eligible. PL 480 commodities will be given to recipients at a rate of 8 pounds per month. The ration's composition will be such that it provides a supplement which meets the calorie and protein deficiency in the recipient's diet. The monthly allocation for each recipient will be 6 pounds of CSM and 2 pounds of Rolled Oats. The foods will be served as either a dry ration to be prepared for the child in the home or, where

facilities permit, as a cooked ration to be eaten in the center. The latter method is preferred and would be encouraged. At each distribution of foods, mothers will be given simple lessons in the preparation of nutritious foods, both PL 480 and local, and in the importance of nutrition to the child's health. They will also be encouraged to develop home gardens and assume more self-sufficiency in their family's nutritional needs.

Children will be weighed at regular intervals and their weights recorded on a growth chart. This opportunity will be used by the consignee for individual consultation with the mothers - using the child's weight gain to reinforce the mother's acceptance of the value of sound nutrition.

Children reaching the appropriate weight level for their age group will be phased out of the program. Children reaching school age will be phased out at the start of the school year.

In their advisory capacity, Nutrition Program Assistants will visit each center in the diocese at regular intervals. They will work with consignees and volunteers in a continuous effort to educate and indoctrinate mothers in the value of nutrition to the health of their children.

Education of the mothers would be the direct responsibility of CRS consignees. However, a wide range of teaching aids developed for the Program would be available to the consignee in the accomplishment of this mission. Technical training in the operation of a center and in methods of instruction would be provided by the NPAs and Regional Coordinators.

Within the proposed structure of the expanded Targeted Maternal and Child Health Program, there remains sufficient flexibility to adjust to local needs, to incorporate new concepts in its implementation, and to modify the approach to meet any changes in the country's nutrition needs or in the PL 480, Title II Program. Once established, centers could be used effectively to disseminate information on agriculture, health and hygiene, responsible parenthood, and the whole range of subjects influencing development at the grass roots level.

The anticipated time period required for full implementation of the Program is a minimum of one year.

IMPLEMENTATION PLAN FOR MOTHERCRAFT CLASSES AND TMCH CENTERS  
AT THE COMMUNITY LEVEL

After awareness of nutritional needs has been developed and agreement reached for a food donation program, implementation is achieved under the direction of a nutritionist or a nutrition aid who has completed a course of training in Mothercraft. Within the community, Mothercraft class supervisors and TMCH center consignees will participate in the implementation as in-service trainees.

Typical monthly work schedule of a nutrition worker in the TMCH program

- Day 1 - Travel to the assigned municipality and hold interview with Mayor.
- Day 2 - Consult with staff of participating agencies, private and public for workshop and orientation conference.
- Days 3-5 Convene the mothercraft class supervisors and TMCH consignees (volunteer workers) who will be willing to devote approximately 2 days per month to the program. The following constitute most likely available resources persons: nurses, midwives, home management technicians and other government or private workers with nutrition dietetics, or Home Economics background. Orient Group on program purpose and their work role.
- Day 6 - Train a team, one weigher, and one recorder, for house-to-house pre-school child body weight survey. This team should preferably consist of the rural health unit nurse or midwife assisted by one or more of the local volunteer workers.
- Days 7-8 Conduct a house-to-house survey to identify the target population and select recipients. If at all possible the survey team should enroll the interest and cooperation of local family planning workers to participate. To identify the target group for one Mothercraft Class as many as 60 to 90 homes will be visited. Thus an opportunity is open for family planning motivators to recruit participants to the family planning program. This is further pertinent for the reason that families with malnourished children are in particular need of family planning advice and counsel.
- Day 9 - Convene the mothers of the recipients into a Mothercraft class.
- Day 10 - Conduct a cooking demonstration for mothers on use of FFP commodities and distribute the food commodities. Also re-weigh all participant children carefully and establish this as the date of enrollment.

Days 11, 12, - Repeat as on days 7 thru 10.  
13 & 14

As the body weight surveys are conducted each time one or two of the local volunteer workers should be involved so as to provide experienced personnel for continuing surveys.

The 4-day cycle is repeated thrice more. Thus in 26 work days a TMCH center will be in place. This will consist of 5 mothercraft classes with a total enrollment of 150-175 children and their mothers. About 40-50 pregnant women or lactating mothers will also have been enrolled and will be receiving food supplements.

It is planned that the TMCH center consignee responsible for the food distribution will have been participating in these activities along with the class supervisors and thus will have become familiarized with details of program operation.

From here forward the activities in the center and the mothercraft classes will proceed under the direction of the TMCH center consignee assisted by the 5 mothercraft class supervisors. The classes will meet at least twice monthly, once for class instruction and once for reweighing of children and for issuance of monthly food allowance. At these meetings further cookery demonstrations will be planned and mothers will be counselled individually if they have special problems.

The nutrition worker will be able to proceed in the second month with the organization of 5 additional classes comprising a second TMCH center - continuing this process until 70 to 100 percent coverage of the municipality and its barrios has been achieved. As a general rule a population of approximately 5,000 is needed to supply the desired child target population for a center since enrollees limited to those 75 percent or less of standard bodyweight, except for children 6 to 11 months old whose enrollment is extended to those in the white zone (76% to 90% of standard weight). In a typical town of 20-25,000 population up to 5 centers can be anticipated for 90% or better coverage. Thus one nutritionist will be able to complete enrollment and establish the desired 12 centers per year and restrict her activities to at most 2 or 3 average municipalities.

Note that the initial enrollment for each center was restricted to approximately 175 children and 50 lactating or pregnant women whereas desirable capacity is estimated to be 250. The vacant spaces are intended for enrollment of children growing into the eligible age range and for expectant mothers.

As the nutrition worker proceeds to the second month of activities within the same municipality note that the first 3 days of activity need not be repeated. Thus, in this and subsequent months 3 days would be available for counsel and advice to the local workers who may feel they need additional assistance in planning the activities for their respective mothercraft classes.

In summary after complete activation of an average community the following will be in place:

4 to 5 TMCH centers each headed by a consignee

4 to 5 mothercraft classes within the geographic area of each TMCH center sponsored by a class supervisor meeting twice monthly and receiving food allowances once a month.

It can be assumed that the local TMCH consignee and the mothercraft class supervisor volunteer workers will need some compensation or honoraria for the work expected. Thus an enrollment fee of 25 centavos per recipient per month is proposed. Additionally, the volunteer worker could receive compensation in the form of food for work. Further resources could be derived from the sale of empty containers and a reasonable assessment to the barrio treasury.

After bodyweight survey teams are trained they can proceed with the actual survey in the absence of the nutritionist. This will allow for revisits by the nutritionist to the classes organized earlier for further advice and counsel to the volunteers in charge of mothercraft classes and for participation in class sessions. Also, the mayor and council, or local civic or church groups, will be persuaded to provide the approximately 1,200 - 1,500 Pesos required to operate a twice-a-day feeding program 6 days a week for 3 months (primary mothercraft center). This would be useful as a training site for volunteer workers. This, if centrally located, as suggested, could be visited by participating mothers for better orientation on the variety of menus available utilizing FFP commodities.

GUIDELINES FOR THE  
PHILIPPINE SCHOOL NUTRITION PROGRAM  
USING FOOD FOR PEACE COMMODITIES

I. Introduction

Adequate nutrition is an essential factor for the proper health and growth of children. It conditions their learning ability and their ability to work. As a better realization of Philippine nutrition problems has developed, the Philippine Government, USAID, and the U.S. Voluntary Agencies (CRS, CARE, SAWS, CWS) and their counterparts have worked since 1970 using PL480, Title II Food For Peace commodities to combat malnutrition among undernourished Filipino children. This effort has resulted in the development of a Targeted Maternal Child Health food program and The Philippine School Nutrition Program.

II. The Purpose of the Philippine School Nutrition Program is to demonstrate by 1976 the achievement of successful supplemental feeding of 3 million underweight or malnourished elementary school age children living between 1972 and 1976 by:

- apprising teachers, parents and children about malnutrition.
- introducing adequate, proper food intakes for children.
- encouraging food production gradually substituting local foods for imported foods and assisting through food for work those rural development projects which will bring increased local food production.

III. Eligibility

A. Selection of Participating Schools

Priority will be given to those schools in economically depressed areas.

B. Selection of recipients: Only malnourished children or children underweight for their age are eligible for this program.

1. Each child must be weighed - barefoot and with minimum clothes. The scale is balanced at "0" before the child is weighed and checked frequently against standard check-weights. (A checkweight may be a stone or piece of iron.) The Student Nutrition Chart is used to determine the child's nutritional status by locating the point where its "age line" and "weight line" cross each other. If this point falls in the red or yellow zone on the chart the child is malnourished or underweight for age and should be a recipient of the program.

2. If at the start of the school year the child is in the white zone and during the school year the child drops to the yellow zone, it becomes eligible to participate.

IV. Implementation

- A. Participating schools may elect to utilize the services of commercial bakeries for the preparation of a "nutzi-bun" or its nutritional equivalent (500 kilo calories and 17 grams of protein). In all cases where the services of commercial bakeries are employed, a contract between the baker and the school must be negotiated. All such baking contracts are subject to the approval of the host Philippine counterpart of each Voluntary Agency.
- B. The Philippine School Nutrition Program encourages the construction of school bakeries. Various types of oven plans are available in the Philippines ranging in cost from approximately P300 to P3,000. Schools desiring to construct bakeries should contact their respective head offices in Manila for plans, cost estimates and any further details.

V. Records

The following records will be maintained by the school:

1. Individual Growth Chart (See figures 7 and 8).
2. Consolidated Report Form (See Table 6).

Contractor Work Statement

The Technical Services Contract with the Virginia Polytechnic Institute and State University, Blacksburg, Virginia provides annually the equivalent of 21 man months of professional workers in country and on-campus equivalent of 3 man months plus secretarial assistance equivalent to 5 man months.

One professional worker will be in residence in the Philippines and serve as Head, Nutrition Division, AD/HPA. The additional technical expertise (9 man months annually) will be called forward as requested by the cooperating US VolAg and Philippine public and private agencies for assistance in program operation and management. About 6 man months annually will be devoted to operational research.

The duties to be performed by contract technicians are as follows:

(1) Advise and assist counterparts in the development of instructional materials and a course of instruction in applied nutrition.

(2) Participate in the training of technicians who will function in the field program and, through mothercraft nutrition demonstration centers, create an awareness of the importance of proper diet for good nutritional health.

(3) Advise and assist Philippine government and private laboratories and institutions in the design and execution of adaptive food and nutrition research directly supportive to the field program in applied nutrition.

(4) Assist counterpart professionals in exploring with the private food industry the commercial development and market testing of low-cost-high nutrition foods identified in the adaptive research program.

(5) Advise and assist with the planning and implementation of research designed to evaluate the effectiveness of feeding programs on maternal and child health.

(6) Assist with planning and execution of specific laboratory and field tests for evaluating specific food commodities available through the FFP Title VI program or similar products developed locally and intended for eventual replacement of FFP foods.

(7) Serve as technical resource for the planning, implementation and operational supervision and evaluation of projects developed at provincial level by counterpart technicians and complementary to and/or consistent with AID provincial assistance strategy.

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