

# **ECCD-F1KD situation analysis in Northern Samar**

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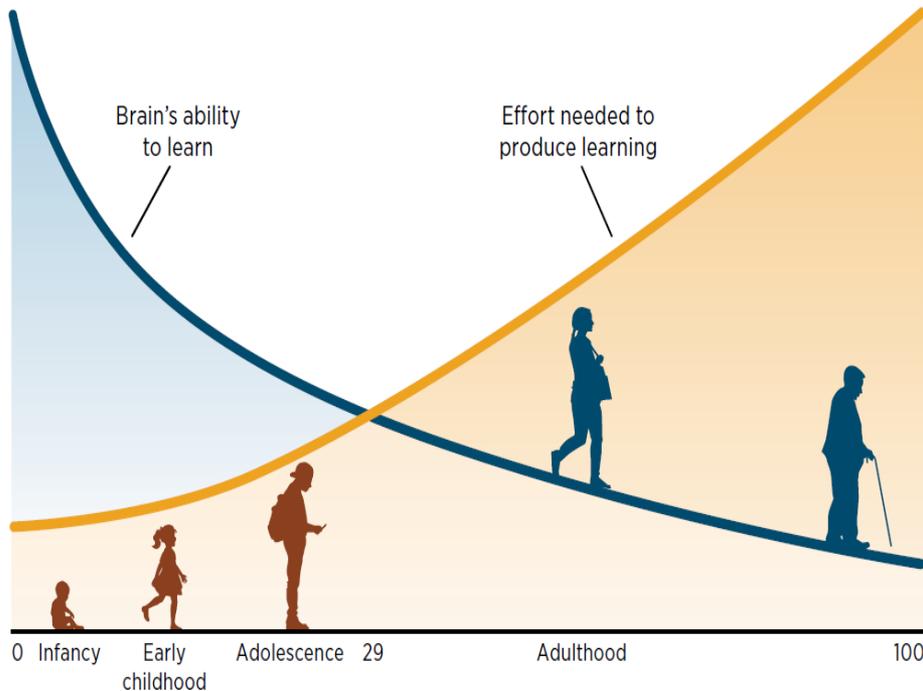


**Philippine Institute for Development Studies**  
*Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas*

# KEY MESSAGES

- 1. The timing of intervention is a critical element in implementing social programs.*
- 2. Not all municipalities are created equal.*
- 3. Poverty and the lack of economic opportunities and geographical isolation is adversely affect nutrition outcomes.*
- 4. There are existing and emerging issues/concerns in the supply side.*
- 5. Mothers and caregivers practice nurturing care but challenges remain.*

# KEY MESSAGE 1: The timing of intervention is a critical element in implementing social programs.



Source: WDR 2019 team.

The **fastest synaptic growth and connections** during the 270 days (womb) 730 days (1<sup>st</sup> 2 yrs)

**If the timing is right,**

Help in correcting inequalities stemming from circumstances at birth and social origins

Break the dependence of future outcomes on family background

Ensure equality of opportunity to all walks of life

Interventions at the early stage of life: **more effective than those administered later in life**

Initial conditions at birth: Affects cognition, income, LFP, productivity, impt. in explaining social outcomes (crime, social engagement, trust, and voting)

# KEY MESSAGE 1: The timing of intervention is a critical element in implementing social programs.

## ECCD-F1KD seeks to

- provide ECCD system: full range of health, nutrition, early education and social services development
- address four health and nutrition concerns  
1) maternal, neonatal, infant, and child mortality, 2) undernutrition, 3) infectious diseases, and 4) the need for psychosocial stimulation and early education

## Consistent with

- the Filipino's aspirations under the pillar of *Pagbabago* in the *AmBisyon Natin 2040*.

Articulated in Chapter 10 of the Philippine Development Plan 2017–2022, Human development is a means to equalizing opportunities

- SDG 2: end hunger and all forms of malnutrition
- SDG 3: ensure good health and well-being
- SDG 10: reduce inequalities through the promotion of equal opportunities

# KEY MESSAGE 1: The timing of intervention is a critical element in implementing social programs.

NNC has crafted the *Philippine Plan of Action for Nutrition (PPAN) 2017-2022*, the country's framework plan on nutrition.

- Strategic thrusts is to focus the delivery of health, nutrition, and early education in the first 1,000 days of life.
- Multifaceted issues in nutrition: the complementation of
  - **Nutrition-specific programs:** planned and designed to address immediate causes of malnutrition.
  - **Nutrition-sensitive programs:** can be tweaked to produce nutritional outcomes, targets specific groups/areas as beneficiaries of nutrition-specific interventions

# KEY MESSAGE 1: The timing of intervention is a critical element in implementing social programs.

## COMPONENTS OF NURTURING CARE



## Nurturing Care Framework:

Roadmap of strategic actions aimed at a holistic child development

- Aims to inspire multiple sectors (health, nutrition, education, labor, finance, water and sanitation, and social and child protection)
- Articulates the importance of responsive caregiving and early learning as integral components of good-quality care for young children.

## ENABLING ENVIRONMENTS FOR NURTURING CARE

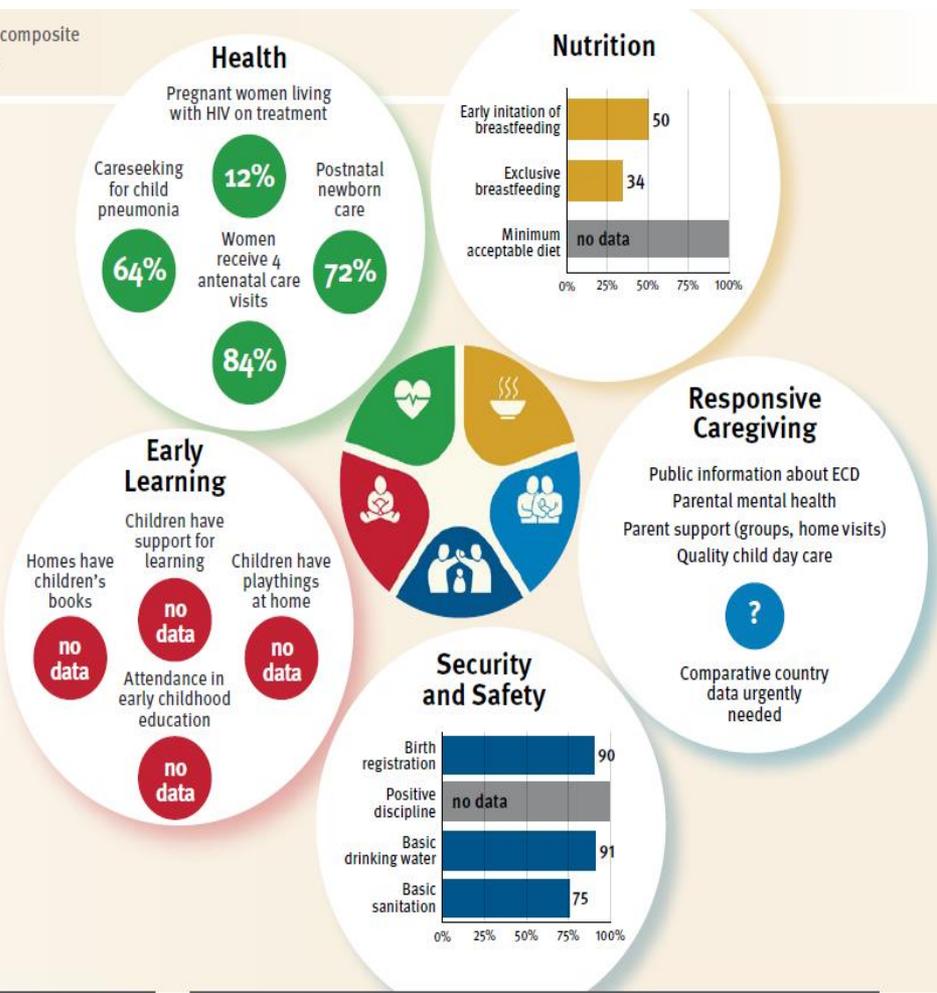


## Components

- Help kids achieve full potential, prepare them to become well-rounded and productive individuals.
- require strategic and synergistic actions from HH level to national level

# KEY MESSAGE 1: The timing of intervention is a critical element in implementing social programs.

## ECCD profile in the Philippines, 2018



Stunting remains a big issue 37 in 100 children aged 12–23 months old are affected by stunting in 2018.

Maternal mortality rate 114 per 100,000 births: SDG target (70 per 100,000 births)

## Situation analysis in Northern Samar

**FNRI 2015 Stunting prevalence: Height for age indicator (*pagkabansot*)**

Very high based on the WHO cutoff values (45.3), one of the provinces E.

Vis with the highest stunting prevalence in the region

**FNRI 2015 Wasting prevalence: Weight for height indicator**

**(*pagkapayat*)** Poor at 5.9 percent

Lope De Vega:	a 4 <sup>th</sup> class municipality 16/22 barangays are GIDA 2017 Stunting prevalence (OPT): 41
Catarman:	a 1 <sup>st</sup> class municipality 11/55 barangays are GIDA 2017 Stunting prevalence (OPT): 3

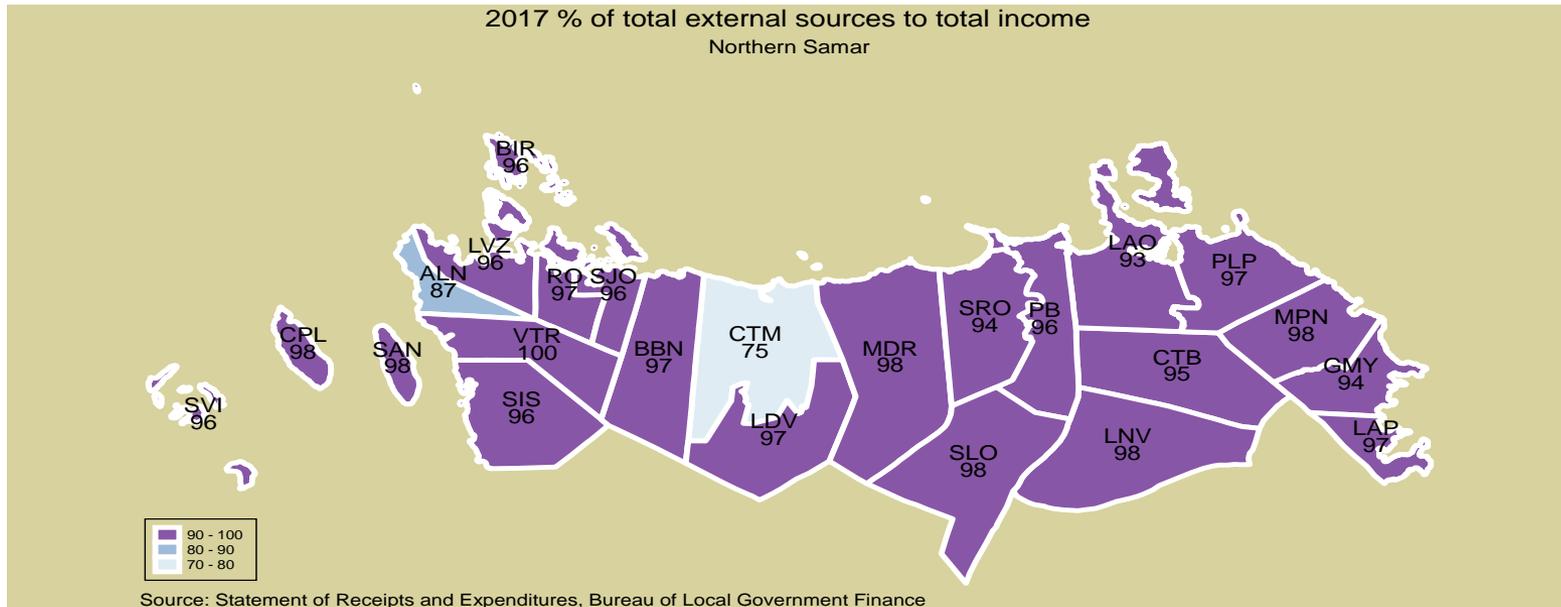
## **KEY MESSAGE 2: Not all LGUs are created equal.**

### **1) Leadership/Governance**

- Some barangay captains are more supportive of the ECCD-F1KD program
- Mayors: supportive though priority are infra projects. 25% of the Economic Development Fund
- Previous governor abolished the Provincial Nutrition Action Office (implications on TA/M&E)
- Lobbying powers of proponents play an important role in getting their PPAs approved in the Annual Investment Plan

## KEY MESSAGE 2: Not all LGUs are created equal.

Total external sources in 2009 and 2017, % of total sources



## 2) Resources

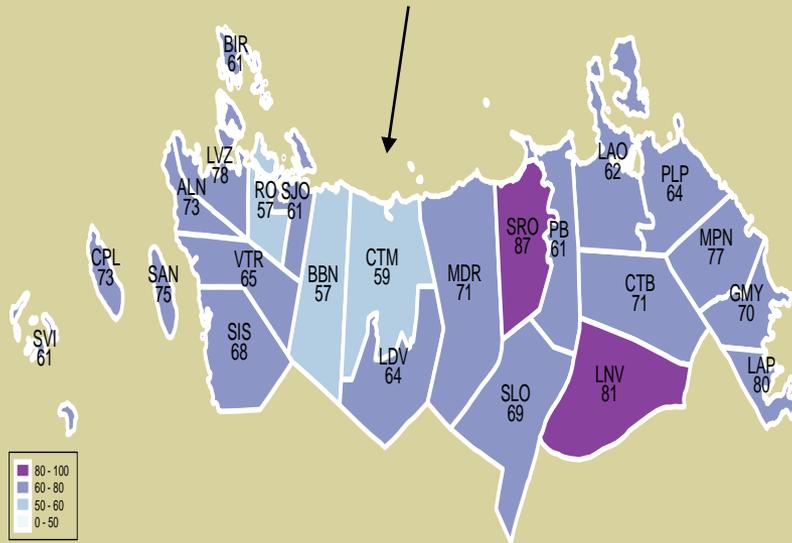
- Some LGUS are less-IRA dependent than others
- Some LGUs have income generating projects (IGPs) and economic enterprises: Catarman (public market/terminal)  
goes to general fund, used to finance priority programs

*Some municipalities have more fund sources for health and nutrition programs than others, have varied nutrition-specific and nutrition programs than others.*

LDV	<b>Sources:</b> Local Council for the Protection of Children (LCPC) fund under the EDF.	<b>PPAs:</b> provision of Mid-Upper Arm Circumference, multivitamins to malnourished children, advocacy materials on HIV/AIDS, and early learning materials, the celebration of children's month, and the conduct of Youth Congress.
San Jose	5% GAD	Mostly on training, nutrition classes, nutrition month celebration, and youth development programs.
Catarman	Various sources such as the GAD fund, EDF, and general fund.	Nutrition-specific programs like the procurement of medicines/supplies/equipment, implementation of zero defecation program, establishment of TB DOTS, supplemental feeding, and health promotion/nutrition education activities. Nutrition-sensitive programs such as <i>Gulayan sa Barangay</i> , facility that produces vitamin-fortified snacks
Bobon	LGUs (municipal and barangay) fund, EDF, general fund, Maternal Care Package Trust Fund, and DOH.	nutrition-specific programs (natal care, post-partum care, family planning program, expanded program on immunization) and advocacy campaigns.

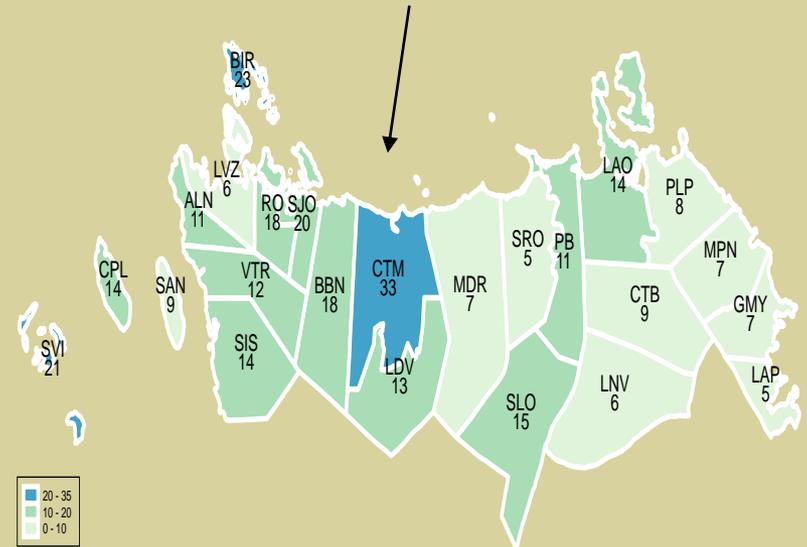
*The expenditures of most Northern Samar's municipalities are heavily concentrated in general public services.*

2017, % of expenses on general public services  
Northern Samar



Source: Statement of Receipts and Expenditures, Bureau of Local Government Finance

2017, % of expenses on economic services  
Northern Samar



Source: Statement of Receipts and Expenditures, Bureau of Local Government Finance

General services: indispensable to the existence of an organized LGU

Economic services: expenditures for activities directed in the promotion, enhancement, and the attainment of desired economic growth

➤ Develop income generating projects and economic enterprises to increase funds.

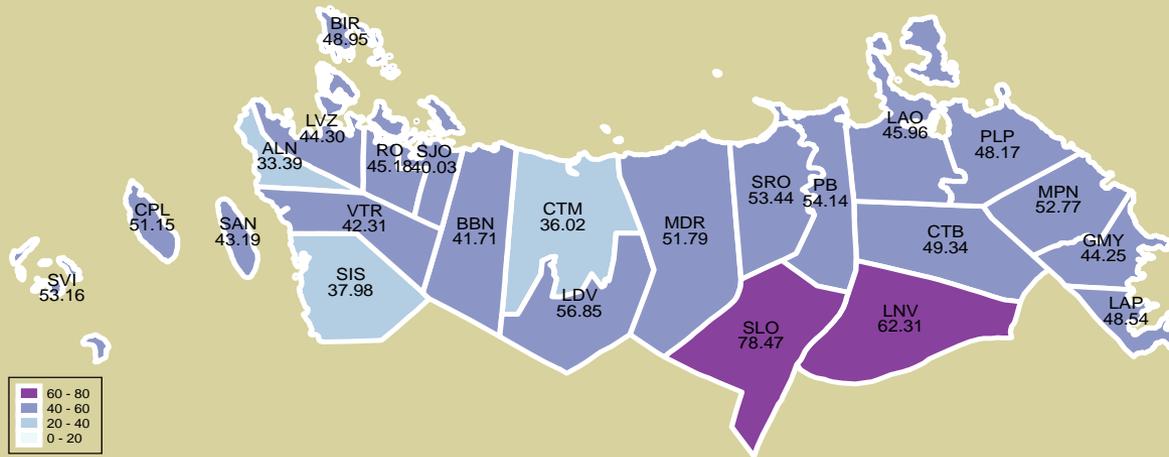
- Assess what businesses have the potential to flourish in the local context
- Identify the types of assistance that can be provided,
- Provision of training, development of skills, facilitation of loans, and linking up with potential partners such as CSOs and social enterprises.

➤ Use the 2022 increase in the IRA to strengthen factors that can help in nutrition-related issues

- Create plantilla positions to nutrition personnel (currently designated officers)

# KEY MESSAGE 3: Poverty and the lack of economic opportunities and geographical isolation adversely affect health and nutrition outcomes.

Poverty, Small Area Estimates  
Northern Samar, 2015



Source: Philippine Statistics Authority

Affected by fluctuations in prices and by the vagaries of weather

Issue of stability of income

Silvino Lobos	GIDA municipality	No data on Stunting	Highest poverty incidence 46% elementary occupation 44% <b>AFR</b>
Las Navas	51% GIDA brgy's		second highest poverty incidence 73% AFR
Lope De Vega	73% GIDA brgy's	high stunting prevalence 41	Main source of income is copra, which fetched low market price recently
Catarman	20% GIDA brgy's	Low stunting prevalence 3	Capital of Nsamar, more opportunities 21% elementary occupation 23% AFR, 21% professional

# KEY MESSAGE 3: Poverty and the lack of economic opportunities and geographical isolation adversely affect health and nutrition outcomes.

## Poverty can influence feeding practices of infants and young children

- Children eating junk foods with rice, Ready to Use Therapeutic Food shared with everyone in the HH, Exclusive breastfeeding affected by mother's nutrition

## Poverty can influence the attitudes of caregivers

- Problems on hygiene, Too lazy to prepare foods, Information fatigue, Exclusive breastfeeding affected mother's desire to go out and work

<p>➤ Ensure that poor families are 4Ps beneficiaries.</p>	<ul style="list-style-type: none"><li>• LGUs need to ensure that their constituents are advised of the conduct of the <i>Listahanan</i></li><li>• Ensure that live births are recorded at the local registry</li><li>• help families in going through the process of delayed registration.</li></ul>
<p>➤ Craft appropriate livelihood assistance programs and strengthen the monitoring of such.</p>	<ul style="list-style-type: none"><li>• Address mismatch: understand problems and challenges, immerse in the community</li><li>• Ensure buy-in, consult with the community, foster a sense of ownership of the projects.</li><li>• Address sustainability issues: strengthen monitoring</li><li>• Explore tie-ups with social enterprises, identify business solutions, poverty, nutrition issues.</li></ul>

## KEY MESSAGE 4: There are existing and emerging issues/concerns in the supply side.

Issues related to Frontline workers	<p>Inadequate honorarium (PhP 500-1250/mo)</p> <p>Excessive workload, Ideal is 1 BHW: 20 households</p> <p>Hiring/firing is LCE's discretion.</p> <p>High turnover among BNS and BHW hampers the continuity of the F1KD.</p> <p>A number of barangays do not have BNSs.</p>
RHU Personnel	<p>Queueing system in the RHU can be based on friendship/association with some health workers</p> <p>Sometimes unsympathetic, dismissive</p>
Supply	<p>In adequate ferrous sulfate tablet with folic acid</p>
Transportation, safety, and security	<p>GIDA barangays, armed conflicts</p> <p>Most of these areas do not have health centers</p>
Emerging needs/issues	<p>Dealing with parents/caregivers that have mental health problems</p> <p>Increasing prevalence of teenage pregnancy, and obesity and TB among young children.</p> <p>Difficulty in identifying malnourished pregnant mothers and nutritionally-at-risk women</p>

<p>➤ Strengthen the human resources working on nutrition.</p>	<ul style="list-style-type: none"> <li>• Provide training in communications/advocacy strategy demonstrate competence and elicit trust among parents/caregivers.</li> <li>• Develop technical skills (e.g., data collection, identification of nutritionally-at-risk women) and communications skills</li> <li>• Capacity-building on emerging issues such as the identification of chronically energy deficient and nutritionally-at-risk lactating and postpartum women</li> </ul>
<p>➤ Improve the delivery of health and nutrition PPAs esp supplies to GIDA with high stunting levels.</p>	<ul style="list-style-type: none"> <li>• Increase honorarium</li> <li>• Improve logistics</li> </ul>

## KEY MESSAGE 5: Mothers and caregivers practice nurturing care but challenges remain.

Health and nutrition	Aware of the symptoms of pregnancy, danger signs Aware of signs of malnutrition and its impact on children Avail of health services offered in the health center
Security and safety	Aware what expectant/lactating mothers should and should not eat/drink/do. Aware that danger or harm can easily befall on infants and young children
Learning	<b>Only a few of the mothers/caregivers are aware of the importance of neurological stimulation. Very few read to kids, play music</b>

➤ Strengthen the promotion of neurological stimulation of the unborn, infants, and young children.

- Highlight in mothers' classes, FDS, doctor's consultation, home visits, IEC materials.

➤ Rethink strategies for communicating health and nutrition advocacies for behavior change

- Localize IEC materials
- Inspire people by putting a face on success stories
- Use local stories, relatable, closer to home
- Use catchy and easy to remember lines, *hugot* lines

**Thank you!**