ECCD-F1KD: Situation Analysis in Selected UNICEF-KOICA Areas

PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES (PIDS)

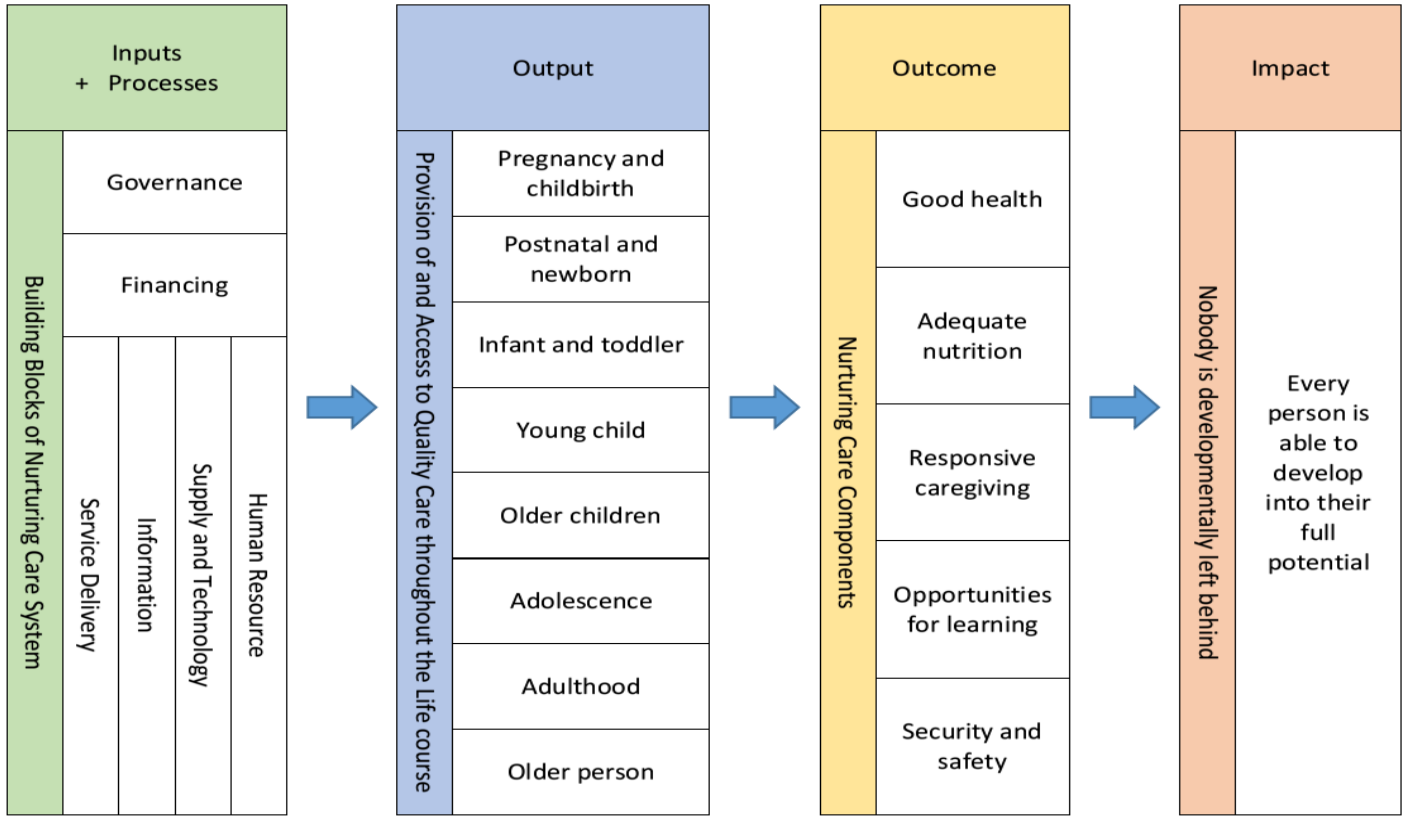
Objectives

- To examine various key factors that influence the delivery of program and services related to ECCD-F1KD outcomes in the localities
- Adopting the Continuum of Nurturing Care Framework, the study's areas of focus are:
  1) policy, leadership and governance,
  2) programs and services delivery, and
  3) nurturing care practices of parents and caregivers of young children.
- Other contextual factors were also examined

1. Policy, leadership and governance

- Prioritization, planning, financing,
- Monitoring and evaluation
- Local leaders' awareness, interests, and commitment

2. Delivery of programs and services



- Examine the roster of programs and services provided by the LGU
- Inputs and processes under the Building Blocks of Nurturing Care System
  - Roles and structures
  - Human Resource
  - Implementation processes
  - Health facilities, equipment and supplies
  - Information and communication

3. Nurturing care practices of parents and caregivers

- Prevailing knowledge, beliefs, preferences and practices of parents and caregivers with respect to the Nurturing Care Components namely:
  - good health,
  - adequate nutrition,
  - responsive caregiving,
  - opportunities for learning, and
  - security and safety

Scope of the study

	LGU Income Class	Stunting Prevalence
Northern Samar		
Catarman	High (1st)	Low (3.3%)
Lope de Vega	Low (4th)	High (41.2%)
Samar (Western Samar)		
Calbayog City	High (1st)	High (22.9%)
Catbalogan City	Low (5th)	Low (10.6%)
Zamboanga del Norte		
Sindangan	High (1st)	Low (4.3%)
Leon B. Postigo	Low (4th)	Low (8.8%)

Data & Methodology: KIIs, FGDs

Target Resource Group	Discussion Themes
Local executives and policymakers	1. Policy directions 2. Resource mobilization 3. Program Monitoring and Evaluation
Program managers, implementers, and front-line workers	1. Services provided 2. Government support 3. Work satisfaction
Household childcare providers	1. Accessibility of publicly provided services 2. Customer satisfaction 3. Nurturing care practices at home

Data & Methodology

- Key administrative and planning documents were collected from local government units (LGUs)
- Relevant indicators based on government administrative data:
  - Operation *Timbang* (OPT)
  - Field Health Service Information System (FHSIS)
  - Population censuses and surveys by the Philippine Statistics Authority (PSA)
- Qualitative analysis

Situation Analysis: Province of Samar

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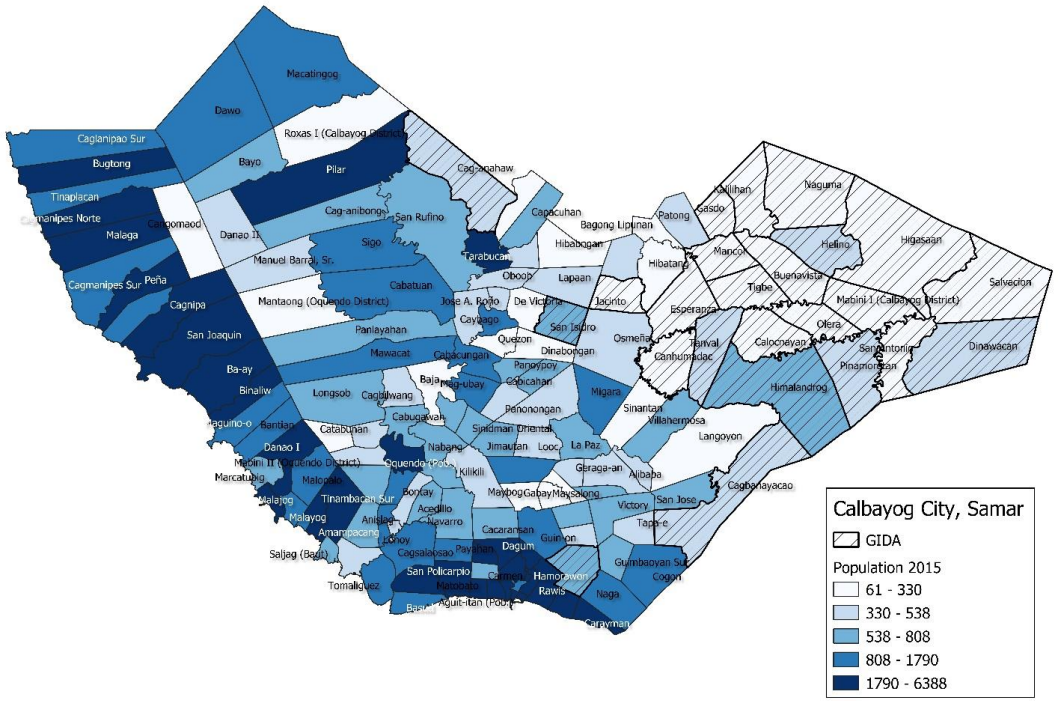
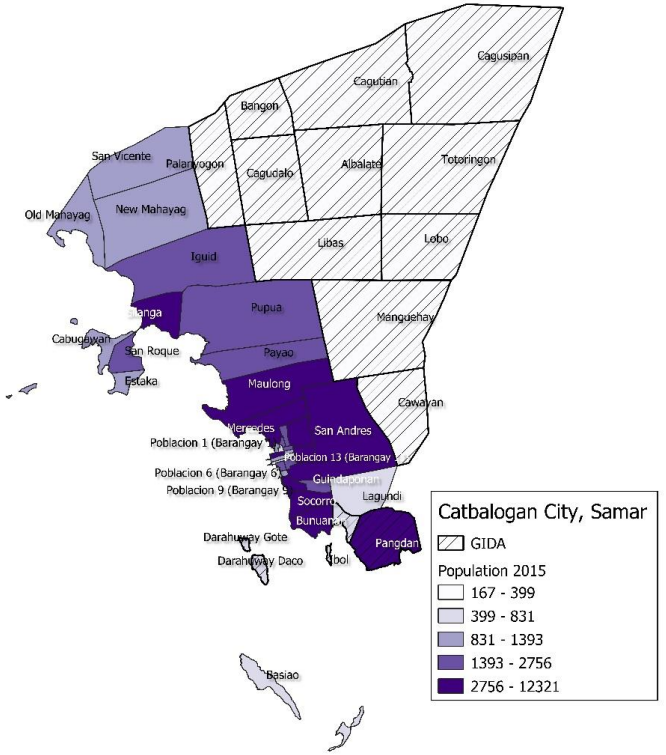
Cases examined

	Calbayog City	Catbalogan City
Population ('000), 2015	183.9	103.9
Land area (sq. km)	880.7	274.2
LGU Income Class, 2018	High (1st)	Low (5th)
Stunting Prevalence, 2017	High (22.9%)	Low (10.6%)
2012 Poverty incidence, %	24.9	17.9
Barangays with Health Stations, %, 2010 Census	28	43.9





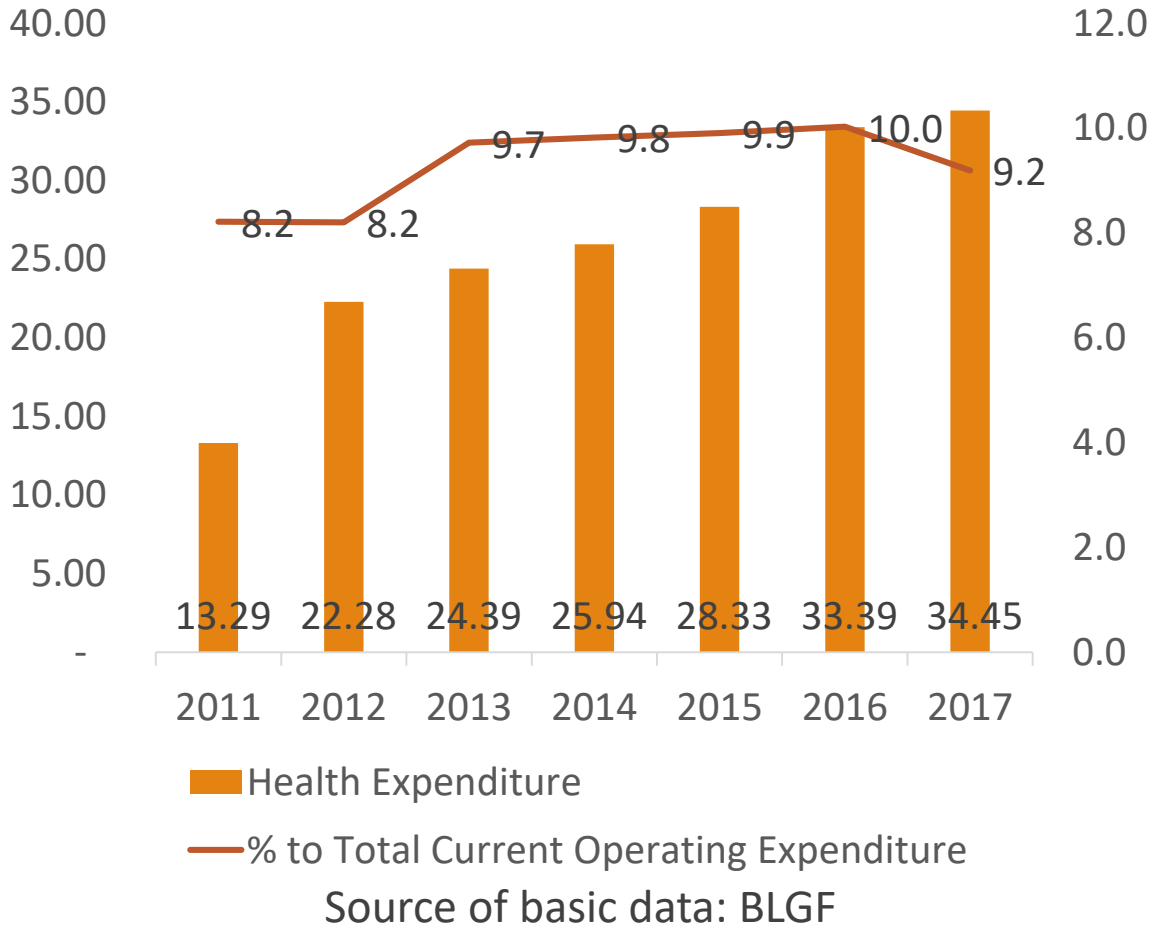
Cases examined

1. Policy, leadership, governance

Prioritization

- The LGUs prioritize to some extent health and nutrition and allocate funds to its programs…but these do not comprise the top priorities, which are usually infrastructure-related.
- It is very challenging to objectively assess where ECCD-F1KD is in sectoral priorities because the resources that go into the implementation of such programs are lumped with various aspects – supplies, advocacy, etc.
- There is now greater focus on nutrition (active CNAOs in areas of study)

Health expenditures, Catbalogan City



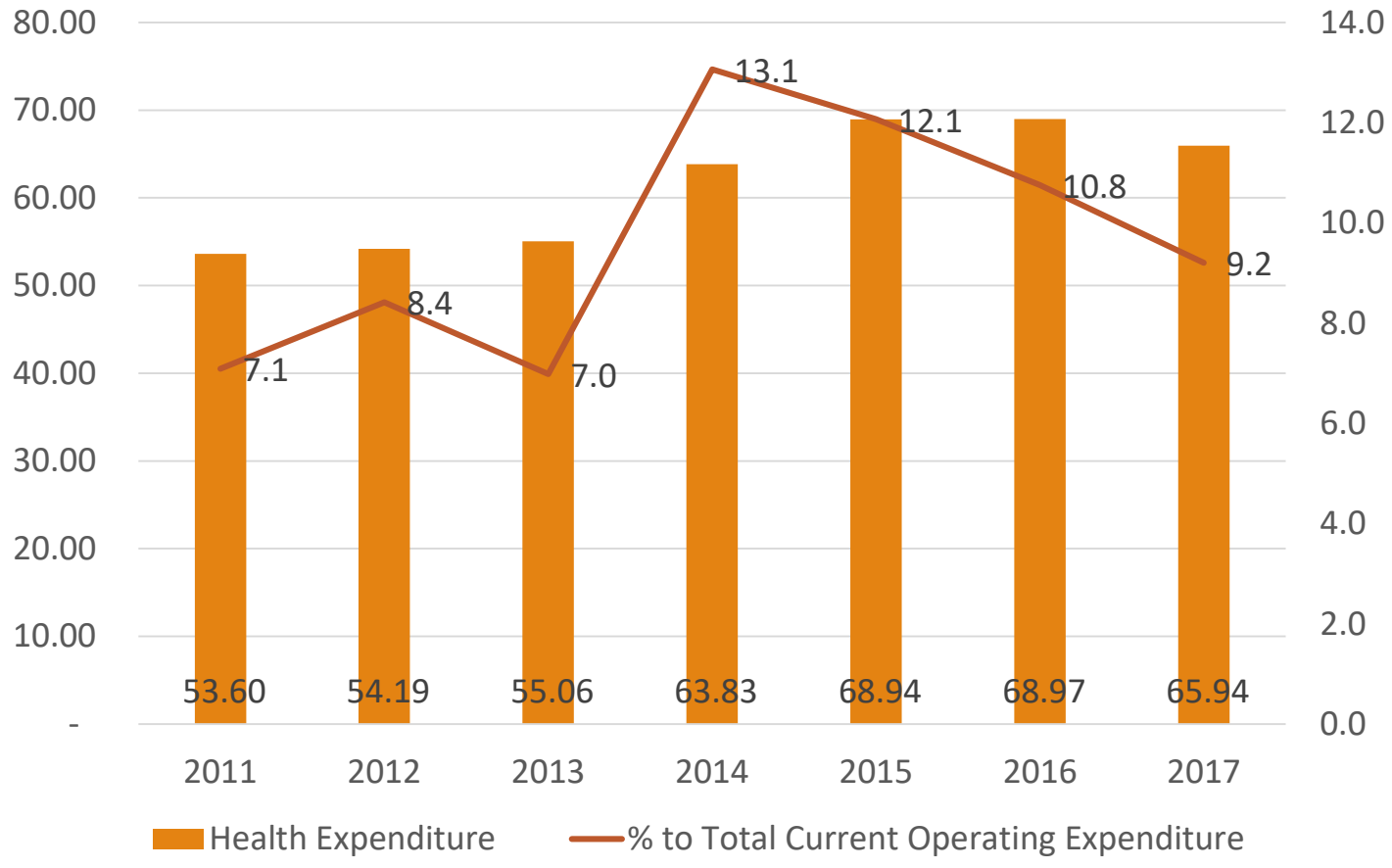
Source of basic data: BLGF

Share of health exp. Increased from 8.2 % to 9.2% between 2011 and 2017

159-percent increase in absolute terms

2015 per capita health expenditure – PhP 273

Health expenditures, Calbayog City



Source of basic data: BLGF

Share of health exp. Increased from 7.1% to 9.2% between 2011 and 2017

23-percent increase in absolute terms

2015 per capita health expenditure – PhP 375

Role of leadership, leaders' awareness

- The support of the LCE is very crucial in getting programs like ECCD-F1KD funded and implemented.
- While different sectoral committees and barangays prepare, deliberate, and carry out consultations to determine the programs, projects and activities, the upper hand on which programs are included and funded rests on the local chief executive.
- While there is some awareness on the extent of malnutrition problem among leaders, the level of perception gathered, on the average, is not to the level that merits urgency and high priority in the local government agenda.

Planning

- ECCD-F1KD planning is fragmented, with little integration (due to lack of time – needs further examination).
- Different agencies conduct their own internal planning and targeting, their inputs are usually gathered and developed into the plan (CNAP). The quality of LNAP also varies.
- The level of interaction among members of the nutrition council also varies across areas. There are those which have regular meetings. But there are also those which rarely, if at all, meet to discuss the CNAP.

Financing

- There is definitely lack of resources that go into ECCD-F1KD efforts – e.g. for conducting feeding programs; equipment and supplies
- We also gathered that there are significant bottlenecks in procurement, and these inhibit swift response to the needs of mothers and their young children.

Monitoring & Evaluation

- The main tool/data used at the local level - OPT results
- Issue of timeliness -> takes at least 8 months to complete the OPT process; BNS/BHWs are in need of basic training or re-training; they lack the equipment (anthropometric, computers); very few are computer literate
- Issue in data quality -> equipment/tools used are not similar/standard; problem with OPT coverage

Monitoring & Evaluation

- A crucial deficiency is the lack of M&E, lack of capacity for M&E; they implement programs, but they do not really closely monitor using objective metrics and evaluate ECCD-F1KD programs
- There are ‘assessments’ – OPT, information from meetings with BNS, accomplishment reports from frontline workers
- Some challenges come from delays in getting the accomplishment reports from the different agencies doing nutrition-related programs.
- M&E is challenging for the CNAO, being merely a designation; with heavy workload.

Organizational structure

- The organizational structure for nutrition varies by locality; others are more fragmented than others (intention to have greater focus →fragmentation); program components are spearheaded by different units; same component implemented by different units; BNS and BHWs report to different program leaders
- With fragmentation, coordination problems are more likely; setting standards/protocols may be challenging
- Structure (composition, number of members) of local nutrition committees vary across LGUs; one has more balanced representation than the other
- Most changes in structure occur during political transition; frequent changes may adversely affect the long-term trajectory and sustainability of programs

2. Program and service delivery

Program implementation

- ECCD-F1KD is not yet formally institutionalized at the LGU level
- Many of the programs and services related to it are publicly provided in the community as part of separate programs on maternal and child health, family planning, early childcare and development, and nutrition, among others.

Program implementation

- Based on the ECCD-F1KD checklist, some programs that ought to be implemented are still not being implemented; Catbalogan does not monitor many of the components

  Catbalogan → nutrition counselling and provision of nutritious food and meals for mothers, and 2) counselling to parents/caregivers on responsive care and stimulation for infants/children

  Calbayog → PHIC enrolment and linkages to community-based health workers and volunteers (pre-natal period)

  Calbayog & Catbalogan → 1) lactation breaks for women in the workplace which is implemented only in a few instances, 2) the provision of lactation stations in the workplace, and 3) organization of breastfeeding support groups in workplace.

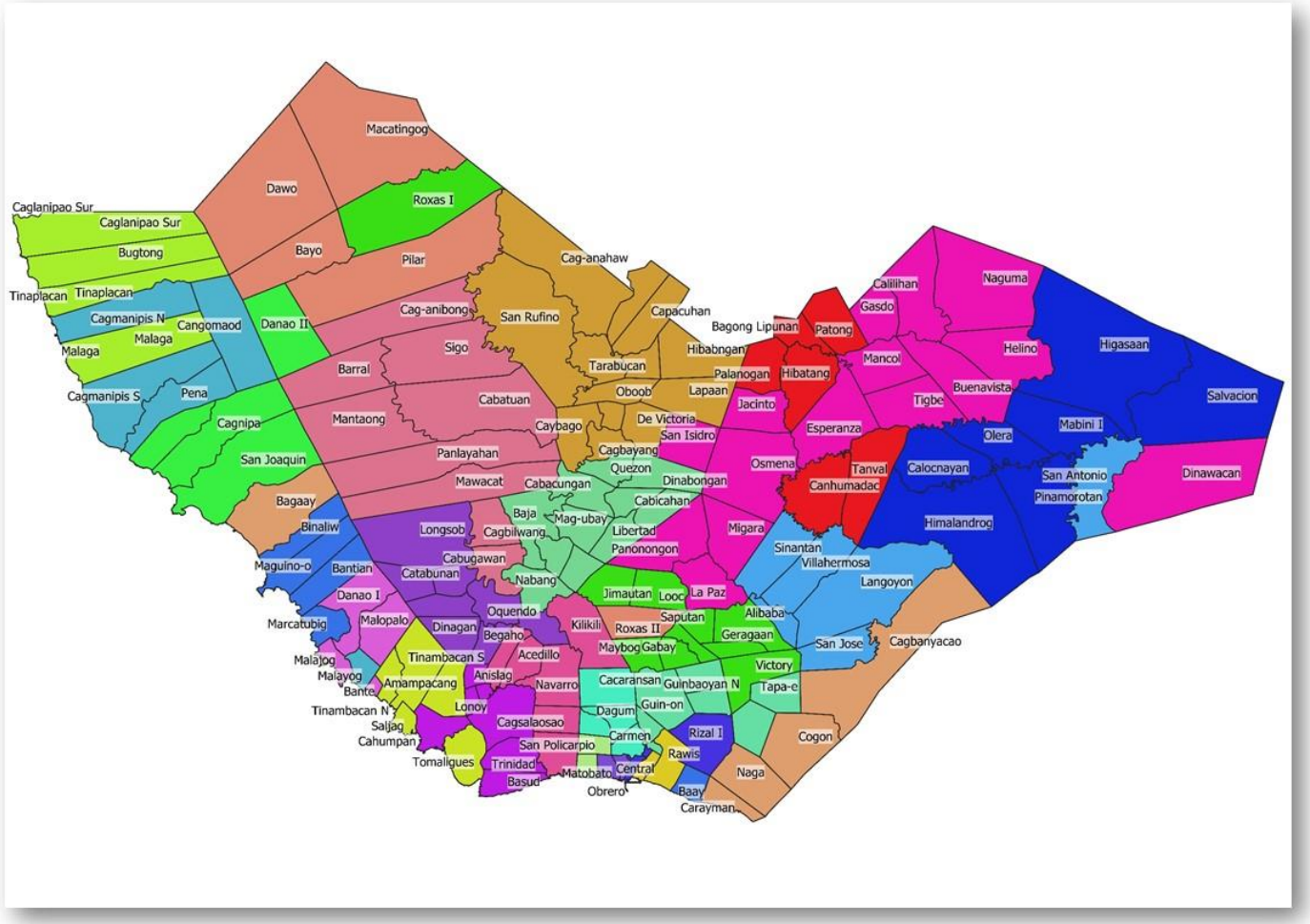
Program implementation

- Collaborative efforts were found to be promising; presents opportunities for better implementation on the ground
- There is cooperation among departments, albeit at varying levels
- Leadership of the CNAO is very crucial to ensure that programs get implemented

Human resources

- Public health workers are scarce relative to workload and most need further capacitation, re-training (infant and young children feeding, nutritional assessment)
- CNAOs are overburdened as well; with multiple roles
- Midwives are overburdened; the assignment of population per midwife is uneven (needs validation, closer examination)
- Frontline workers need re-training on OPT and interpersonal communication.

Calbayog: Clusters of barangays (per BHS)



The clustering of barangays may need to be re-examined

There are barangays quite far from the others in the same cluster

Accessibility of facilities; supplies; information and communication

- People in GIDA are disadvantaged
- In one case – no midwives are assigned in some GIDAs; with no regular volunteers as the areas are not organized, security issues, significant geographic constraints
- In another case – the midwifes are able to serve the GIDAs
- Lack of barangay health stations; these are concentrated in population centers
- Delays in supplies; short shelf life of nutrition supplies
- In terms of communication with stakeholders, various platforms are utilized

3. Nurturing care practices

Nurturing care practices, knowledge, awareness of parents/caregivers

- **Mothers are the primary caregiver**, followed by the father, then the grandparents. In Samar, it was raised that they prefer the caregivers to be female regardless of relation, as they feel women are better at providing nurture.
- The study found that **parents have a profound understanding** and definition of malnutrition.
- **Traditional beliefs exert strong influence on particular health/nutrition practices**.

Nurturing care practices, knowledge, awareness of parents/caregivers

- With regards to pregnancy-related practices, it was found that **some women do not immediately consult with health professionals; they tend to wait a bit longer (irregular monthly period)**
- **Mothers show knowledge of practices such as exclusive breastfeeding and signs of malnutrition.** They are also aware of proper food for their children dependent on age. They are also knowledgeable of the importance of neurological stimulation through reading and play.
- In terms of childbirth, **there has been an active efforts by LGUs to encourage and incentivize mothers** to give birth to their babies in hospitals or health centers.
- **Breastfeeding is a widely accepted and performed** practice in both LGUs based on responses of FGD participants (timeframe – 6 months to 3 years).

Nurturing care practices, knowledge, awareness of parents/caregivers

- **Parents/caregivers approve of immunization** for their children and they adhere to the immunization schedules prescribed to their children
- **Parents under the study claimed that they had enough knowledge and skills** to provide quality care for their babies
- There are also **social and behavioral problems within the family**. Some parents are into gambling and vices which can affect the nutrition and well-being of the children.
- **Not all parents (poor) avail or cooperate in government efforts** to enhance nurturing practices. This is particularly the case for non 4Ps parents.

Other Contextual Factors

- **Poverty -** Parents with insufficient incomes are unable to provide basic nutritional needs and other caring needs of their children. This also limits time spent with children due to the extra work they must do to make ends meet.
- **Geographic Isolation -** It is difficult to provide services and personnel in GIDA areas.
- **Armed conflict in some areas** – significant barrier in provision of health and nutrition services

Recommendations

Policy Leadership and Governance

- Greater need for advocacy for F1KD to rise in the LGU priorities; using hard evidence is very essential
- Need for more conscious effort for joint planning/targeting; activities and inputs link to desired outcomes; joint accountability;
- Financing: Greater political will and advocacy to increase resources for F1KD; allocation/budgeting of resources must be needs-based and evidence-based (e.g. increased number of volunteers requires increased budget for capacity building)

Policy Leadership and Governance

- M&E is crucial; LGUs keep on working/doing but they do not invest in M&E and centralized (transparent) databases
- OPT must be improved; need for adequate equipment; tools must be properly calibrated, personnel must be trained/re-trained
- Roles must be made clearer; processes be standardized as much as possible

Program and Service Delivery

- There is a need for improving awareness about ECCD-F1KD at the local level, among implementers
- There is an urgent need to add health personnel, particularly midwives to improve delivery of service.
- LGUs must also revisit the work assignments of midwives to even out the workload; schedules of community visits have to be well-communicated
- Frontline workers must also be better compensated and given trainings in basic anthropometric measurement, data encoding, effective stakeholder communication.

Program and Service Delivery

- Greater effort and resources for providing services to GIDAs
- Investment in well-provisioned and well-manned health facilities is also crucial in providing swift response to needs of GIDA residents
- Need for more holistic approach for those in GIDA (accounting for their special circumstances→ remoteness, problem of armed conflict)

Nurturing Care and Practices

- LGUs must continue utilizing and strengthening platforms such as the Family Development Sessions (and similar venues) to educate parents of nurturing care practices.
- Need for more innovative ways to entice people to participate in government campaigns/programs
- LGUs must effectively enforce initiatives on maintaining clean surroundings and mitigating violence in the community, which are essential to the proper development of children.

Other Contextual Factors

- Enhancing economic opportunities is crucial
- Addressing poverty is a must → prevent further malnutrition in the future
- Need to understand more deeply the reasons behind the lack of participation/cooperation of households in government efforts → devise more effective ways to get them to improve their health-seeking behavior

Thank you!