MALNUTRITION REDUCTION PROGRAM: MONITORING THE INTERVENTION

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Background:
The Malnutrition Reduction Program (MRP) has been rolled-out from 2012-2016 to various regions in the country and continuously being adopted by the Local Government Units (LGUs). It has two components (1) the technology transfer and (2) the nutrition intervention strategy. The intervention component is a combination of complementary feeding (CF) among 6 months to below 3 years old children and nutrition education (NE) among mothers/caregivers.

Objectives:
The project aimed to monitor the MRP implementation by the local government units (LGUs) and determine the facilitating and hindering factors for its implementation.

Materials and Methods:
Thirty-two cities/municipalities were monitored using quantitative and qualitative methods for data collection. Key informant interviews and focus group discussions were conducted. Children’s weight and height data, and mothers/caregivers participation in NE were obtained through records in the LGUs.

Results and Findings:
Twenty-two LGUs implemented both CF and NE; five (5) implemented CF only; and five (5) did not implement. Fifty percent of the implementing LGUs have resolution adopting the intervention. The CF implemented among 6-71 months old children for 30-120 feeding days with one (1) to four (4) cycles. Based on the analysis of records, there was a decreased from 79.8% to 38.7% and 6.9% to 5.8% among underweight and severely underweight children, and stunting, respectively. On the average, 28 mothers/caregivers in 153 barangays participated in the nutrition education classes.

Local chief executives’ political will, presence of resolution, complementary food facility and technical assistance by the DOST-FNRI appeared as primary facilitating factors in the implementation of the intervention. Awareness of the mothers/caregivers on the program, functional Municipal Nutrition Committee (MNC), and presence of monitoring staff were other factors that facilitated program implementation.

Hindering factors perceived were negative attitude among mothers/caregivers, distance of the households from the feeding post, unawareness on the program among barangay officials and mothers/caregivers, and nutrition program not considered a priority by LGUs.

Conclusion and Recommendations:
Full support and commitment from the LGU officials will result to effective implementation of the program. Monthly monitoring of the intervention at the local level and continuous monitoring by the DOST-FNRI are recommended.