



CORDILLERA RESEARCH BRIEFS

January 1998

Vol. I, Series No. 2

1997 Multi-Indicator Cluster Survey: Benguet Province

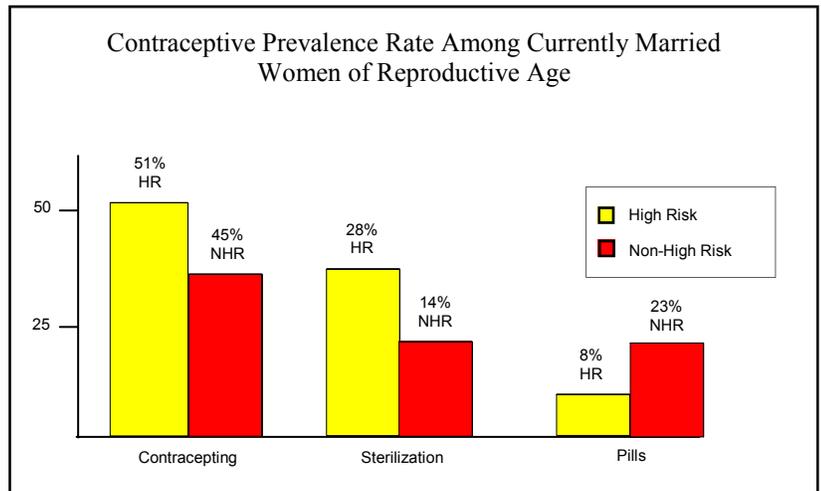
The cluster survey for the Province of Benguet was conducted by Prof. Florence T. Salinas together with 10 interviewers and a field supervisor from 20 April to 6 May 1997. The objective of the study was to determine the local government unit's performance level along selected family planning (FP), and maternal and child health indicators; viz.: contraceptive prevalence, fully immunized child, vitamin A coverage, and tetanus toxoid (TT) protection. Funding for the study was provided by the Department of Health's (DOH's) LGU Performance Program (LPP).

It was undertaken as part of "The 1997 Multi-Indicator Cluster Survey," a national study covering the different LGUs currently under the LPP of the DOH.

FINDINGS

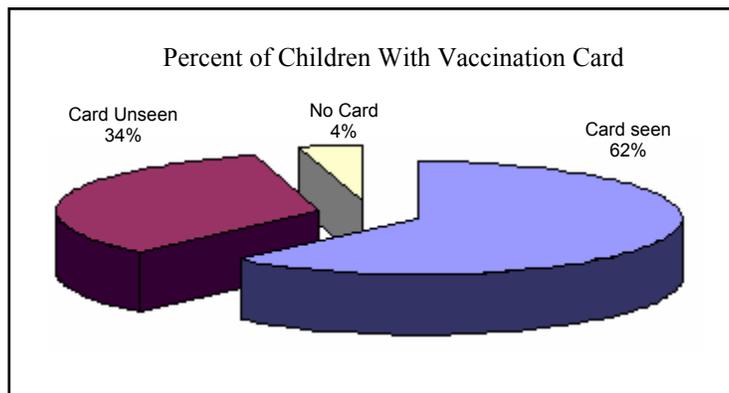
Contraceptive Prevalence. Fifty percent of the married women of reproductive age (MWRA) are practicing FP. There are more high risk MWRA using contraceptives than non-high risk MWRA, 51% and 45% respectively. High risk women are those who meet any of the following criteria: 1) above 35 years old and are pregnant, 2) below 20 years old and are pregnant, 3) has 4 children, and 4) is pregnant and has a two-year old child.

For both high risk and non-high risk MWRA, more use program methods dispensed by midwives in the rural health units/health centers. Female sterilization, a method requiring one-time service delivery, accounts for 28% of high risk MWRA. Pills, on the other hand, comprise 23% among modern methods used by non-high risk MWRA.



Fully Immunized Child (FIC). Considering only those with verified immunization records, 74% of children below 2 years old were found to be fully immunized. The 1996 provincial FIC rate was 91%. The factors that led to the decline should be determined.

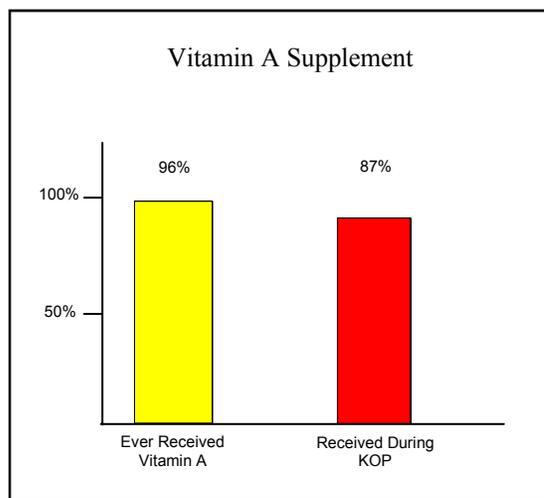
Based on the mother's recall, a total of 116 children (15% of the total children considered immunized or 12% of the total sample) were claimed to be fully immunized but the interviewers were unable to verify from the Health Center records.



A large proportion of the respondents, 96% was given cards for immunization records but these do not contain all the records. Of the 96%, only 66% were able to show the cards upon the request of the interviewers.

Ignorance of the immunization program is a not major reason for those who are not fully immunized. The problems of record keeping, both from the point of view of the mother

and the health center, has been cited as a major reason. The other main reason is the unavailability of household members to accompany the children to the health center.

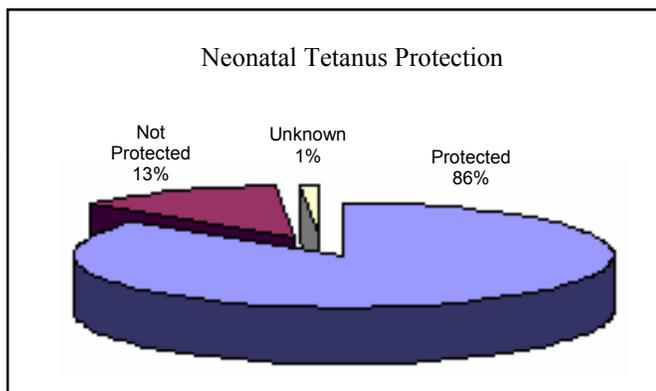


Vitamin A Coverage. The vitamin A coverage for the province is a high 96% considering all those who ever received the supplement. The coverage decreases slightly to 87% if only those who participated in the Knock Out Polio (KOP) scheduled last April are considered. Majority of the children obtained the supplement from designated *Patak Centers*

Those who are not provided with the supplement were mostly those who were unable to go to the centers for various reasons other than ignorance of the program. In the far-flung areas, the schedules were changed which caused some respondents to miss the schedule.

Tetanus Toxoid Protection. Child's protection from neonatal tetanus is 86%, a remarkable increase from the 1996 performance of 49%.

The two major reasons cited by the respondents who did not ever receive the vaccine are 1) they did not have previous pregnancies, and 2) they were unaware of TT. These show significant bearing on the information drive regarding the program.



SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> presence of trained health personnel to provide the services dedicated health worker coordinative working relationship LGU's support 	<ul style="list-style-type: none"> inadequate facilities and supplies limited financial resources limited support by the LGU, LGE and officials to health programs health programs are not priority to some LGU fragmented health services due to devolution uncommitted/unmotivated health workers inconsistent records 	<ul style="list-style-type: none"> presence of foreign funding agencies collaboration with other GOs and NGOs cooperation with LGUs, GOs and NGOs DOH and NGO support 	<ul style="list-style-type: none"> politician's priorities lukewarm support of LGUs strong religious group influence specifically on contraception and TT

RECOMMENDATIONS

- Orient LGUs about health programs. Seek recognition/prioritization of health programs.
- Present survey results to chief executives and health workers, partner GOs and NGOs.
- Consult Provincial Health Offices regarding survey questions; add data needed for the province.
- Inform LGU heads about performance of health workers.
- Propose additional funding for from LGUs.
- Strengthen linkages with GOs and NGOs.
- Improve record keeping and reporting at municipal government level.
- Simplify procedures and requirements.
- Endorse/allow more supervisory functions of PHO over municipal workers.
- Strengthen/intensify information education campaign (IEC).

CORDILLERA RESEARCH BRIEFS is published quarterly by the Cordillera Studies Center to disseminate its research results to a wider audience.

The views expressed in this publication are those of the author and do not necessarily reflect those of the Cordillera Studies Center and the LGU

For further information on this study, please contact:

THE DIRECTOR
Cordillera Studies Center
UP College Baguio
2600 Baguio City
Tel/Fax : (63) (74) 442-57-94
Tel. Nos. (63) (74) 442-34-84 loc. 104

Design and Lay-out: Giovannie R. Rualo
Desk Study Editor: Mary Ann J. Ladia

Text composed in Arial & Times New Roman
Typesetting using MS Publisher 97

©1997 by Cordillera Studies Center
All rights reserved. Published 1998