



Social Behavior Change Communication Plan for the Early Childhood Care and Development in the First 1000 Days (ECCD F1K) Program

THE MOMMYLENNIAL GUIDE TO EXCLUSIVE BREASTFEEDING AND COMPLEMENTARY FEEDING

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Abbreviation and Acronyms

| | |
|------------------|---|
| BHW | Barangay Health Worker |
| BNS | Barangay Nutrition Scholar |
| DOH | Department of Health |
| ECCD F1K | Early Childhood Care and Development in the First 1000 Days |
| FGD | Focus Group Discussion |
| HH | Household |
| KII | Key Informant Interview |
| IDI | In-Depth Interview |
| IYCF | Infant and Young Child Feeding |
| MAD | Minimum Acceptable Diet |
| MDD | Minimum Dietary Diversity |
| MMF | Minimum Meal Frequency |
| NNC | National Nutrition Council |
| OOH | Out-of-home advertising |
| PR | Public Relations |
| SB | Sangguniang Barangay |
| SBCC | Social Behavior Change Communication |
| UPLB-IHNF | University of the Philippines Los Baños – Institute of Human Nutrition and Food |

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1. INTRODUCTION

The Early Childhood Care and Development in the First 1000 Days (ECCD F1K) Program is a comprehensive package of interventions to achieve significant changes in key nutrition indicators and achieve maximum child development. This package of interventions includes those related to health, nutrition, early education and social services. The first 1000 days of life which cover pregnancy and the child's first two years of life is called the "golden window of opportunity" for the child to achieve his or her full potential in the different aspects of development. Ensuring the delivery of key health, nutrition, psychosocial and early learning interventions during this critical period could result in the child's optimum physical, mental and social development.

The ECCD F1K Program aims to contribute to reduced child mortality and morbidity and to ensure improved quality of the country's human resource base. Specifically, the program aims to: **1)** reduce the prevalence of stunting and wasting among young children 0-2 years old; **2)** reduce the prevalence of anemia among pregnant women, infants 6-11 months old, and children 1-2 years old; and **3)** reduce the prevalence of low birth weight infants. The program targets pregnant women, children 0-23 months old as well as mothers, and other care providers of children. Specific to this endeavor, the target will be focused on improved and sustained breastfeeding and complementary feeding practices.

The target areas of the ECCD F1K program are as follows:

Table 1. Priority provinces of ECCD F1K program

| REGION | PROVINCE |
|---------------------|---------------------------------|
| Ilocos | Pangasinan |
| CaLaBaRZon | Quezon, Rizal |
| MiMaRoPa | Occidental Mindoro |
| Bicol | Camarines Sur, Catanduanes |
| Western Visayas | Iloilo, Negros Occidental |
| Central Visayas | Cebu |
| Eastern Visayas | Leyte |
| Zamboanga Peninsula | Zamboanga del Sur |
| Davao | Davao del Sur, Davao Occidental |
| ARMM | Sulu |

The development of a comprehensive SBCC plan shall promote positive behaviors along ECCD F1K with focus on improving breastfeeding and complementary feeding practices. The following are the key objectives of the SBCC plan:

- create awareness among the target audience on positive behaviors on breastfeeding and complementary feeding in the first 1000 days of life;
- address the identified obstacles in the adoption of proper IYCF behaviors and practices through effective communication strategies; and
- develop appropriate communication materials using various channels at national and local levels using media and interpersonal communication techniques.

1.1 The Philippine Nutritional Indicators: Breastfeeding and Complementary Feeding

Breastfeeding is common in the Philippines with 93.1% of children ever breastfed (Figure 1). More than half (65.1%) of the children were given breastmilk within one hour of birth, while exclusive breastfeeding from 0-5 months old is at 48.8%. On the other hand, the percentage of children 6-23 months who met the minimum meal frequency (MMF) was high at 91.7%, while only 18.6% of infants have a minimum acceptable diet.

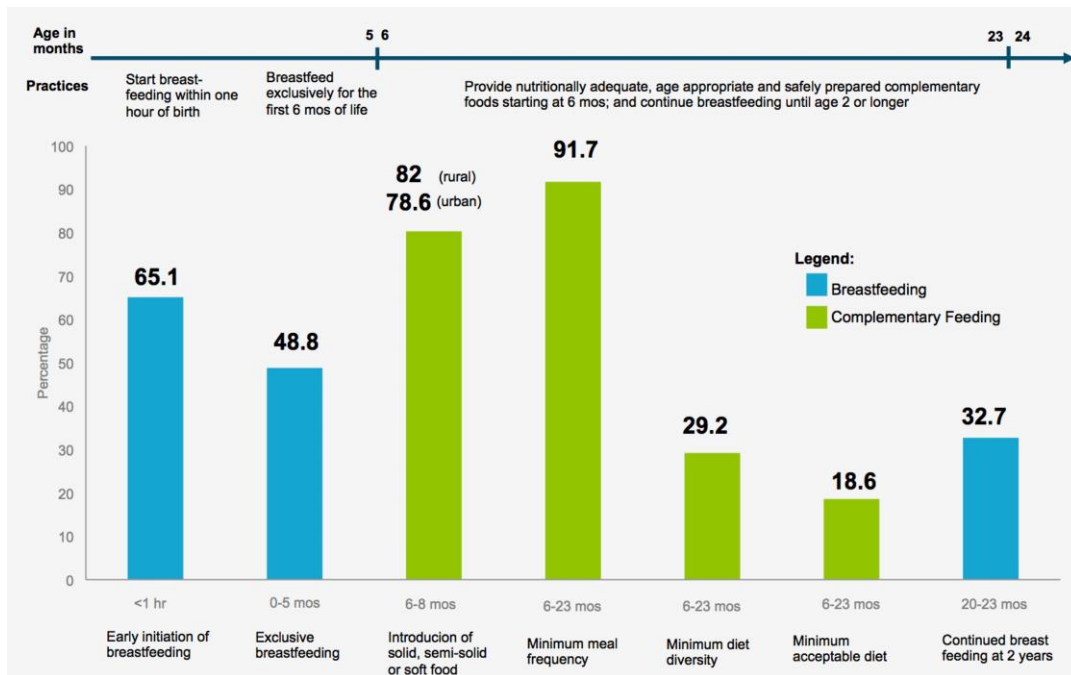


Figure 1. Snapshot: Philippine Infant and Young Child Feeding (IYCF)
Source: FNRI-DOST National Nutrition Survey 2015

1.1.1 Exclusive Breastfeeding

Figure 2 shows exclusive breastfeeding rates of children 0-5 months old and indicates breastfeeding rates decreasing with age from 68% to 24.7%. Approximately seven out of 10 infants are exclusively breastfed at 0 months and dropped to one out of four at the age of five months.

SOCIAL BEHAVIOR CHANGE COMMUNICATION PLAN FOR ECCD F1K PROGRAM
The Mommylennial Guide to Exclusive Breastfeeding and Complementary Feeding

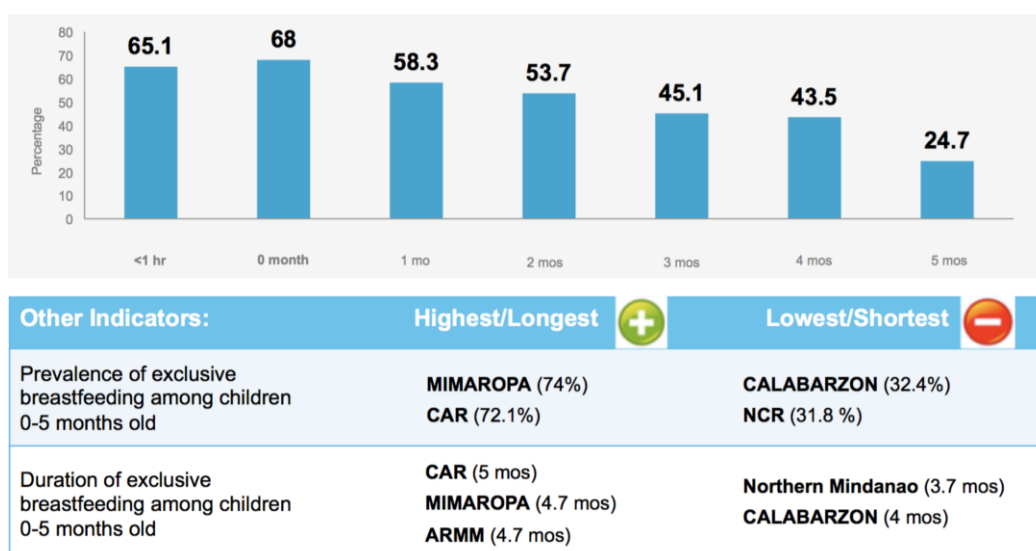


Figure 2. Snapshot: Exclusive Breastfeeding

Mothers from rural areas had longer duration of exclusive breastfeeding than mothers from urban areas. Across regions, MiMaRoPa (74%) has the highest prevalence of exclusive breastfeeding while NCR (31.8%) had the lowest.

1.1.2 Complementary Feeding

Figure 3 shows that the prevalence of children who were introduced to complementary foods at six months is at 66.1% implying that there is two in every three children who are timely given complementary foods. Among regions, Northern Mindanao (100%) had the highest rate of complementary foods introduction at six to eight months, while Eastern Visayas (64.3%) had the lowest percentage.

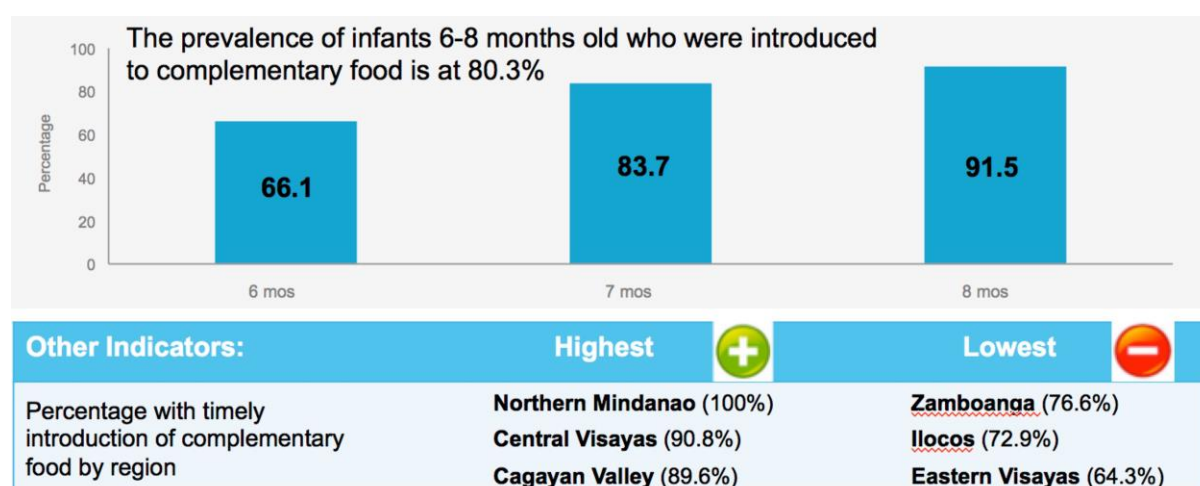


Figure 3. Snapshot: Complementary Feeding Practices

Around 18.6% of children between 6-23 months satisfied the Minimum Acceptable Diet (MAD) score, indicating that about one out of five children had met Minimum Dietary Diversity (MDD) and Minimum Meal Frequency (MMF).

1.2 Malnutrition

Malnutrition is a serious public health problem that affects infants in the Philippines. Suboptimal breastfeeding and complementary feeding practices are identified causes of malnutrition among infants and young children. Malnutrition is the main cause of stunting, wasting, and poor brain development among infants and children.

The early initiation of, and exclusive breastfeeding in the first six months of life, optimal complementary feeding practices starting at six months with continued breastfeeding for up to two years old are important for a child to survive, develop, and reach his or her full potential. Poor IYCF practices contribute to malnutrition during the first 1000 days.



2. FORMATIVE RESEARCH RESULTS

The NNC, in partnership with the University of the Philippines Los Baños – Institute of Human Nutrition and Food, has conducted a research on IYCF practices in the Philippines with the objective to provide a knowledge base about the mothers' and caregivers' practices on exclusive breastfeeding and complementary feeding and to identify factors that facilitate or constrain the adoption of recommended behaviors for exclusive breastfeeding and optimal complementary feeding.

2.1 Research Highlights

On early initiation of breastfeeding

Mothers who breastfed their infants immediately after birth were likely those who had hands-on help from their own mothers, mothers-in-law, husbands and other relatives, especially with encouragement from doctors, nurses, and/or midwives.

Influencers and enablers (e.g. husbands, parents, parents-in-law, relatives, midwives, barangay health workers (BHWs) and barangay nutrition scholars (BNSs)) perceive the baby's cry right after the delivery as a "hunger cue" at a time when the mother was not yet predisposed to breastfeeding, thus tend to offer formula milk and/or water to satisfy the baby's needs.

On exclusive breastfeeding of infants 0 to 5 months old

Breastfeeding has been perceived as the economical choice by most families, as it saves money by not purchasing formula milk. However, there was a prevailing notion among the participants that breastmilk alone could not provide all the nutrients that babies need, especially vitamins and minerals, in the first six months. Mothers are susceptible to giving in to vitamins and mineral supplements with or without prescription from a doctor. In addition, many mothers (especially with elders advising them) allow their infants to taste food as young as one month old while supposedly being exclusively breastfed.

Exclusive breastfeeding is sometimes compromised when the mother needs to go back to work. Under this situation, mitigating measures for breastfeeding in the workplace can come in.

Another important consideration for mothers to continue exclusive breastfeeding was their comfort during breastfeeding. Mothers who were on the verge of giving up on breastfeeding or were dissatisfied commonly cited experiencing breast engorgement, breast and nipple pain, arm numbness, stiff neck and restless infants when improperly latched.

On complementary feeding with continued breastfeeding of infants 6 to 23 months old

The fear of infants getting indigestion, choking and/or having fish bones stuck in their throats were the deterrents of mothers from making the most of complementary feeding. Such fears

reflected a lack of knowledge and skills in preparing food to render it appropriate in texture and consistency as a complementary food.

For complementary feeding, some mothers were health-conscious for their babies, wary that processed foods contained harmful substances and even the micronutrient powders from local health centers. As consumers, mothers needed guidance on selecting and using available food in the market or in the community.

Influencers of mothers and caregivers with infants 0 to 23 months old

The key influencers of the mothers when it comes to childcare are their husband, parents, parents-in-law, and relatives. Mothers followed what they learn and observe from their own mothers in taking care of their siblings. Advice from these primary influencers are highly regarded by mothers since they are experienced when it comes to taking care of a child.

The next level of influence for mothers comprised of health personnel (e.g. doctors, nurses, and midwives) whom they depended to for medical attention; as well as BHWs and BNSs whom they interacted with as frontline health care service providers.

Mothers had a keen sense of setting things right once their attention was called to improve their infant feeding practices, as reflected in their expressions of doing it “for the baby’s sake.”

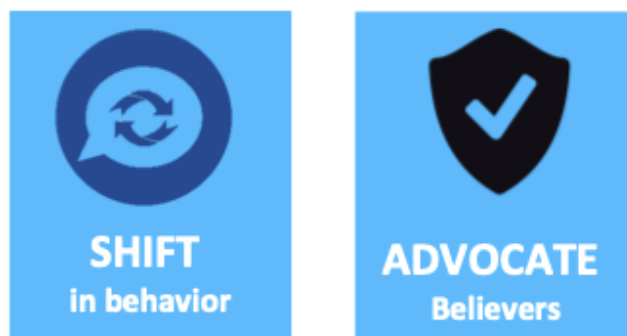
2.2 Other Key Facts on Breastfeeding and Complementary Feeding

- Breastmilk is rich in nutrients and antibodies. It contains the right amount of fat, sugar, and protein which are major prerequisites for good health and nutrition, and survival of an infant.
- Exclusive breastfeeding ensures that an infant’s immune system is strengthened, protecting him/her from life-threatening diseases and its irreversible effects on mental and physical development.
- Exclusive breastfeeding contributes to the health, nutrition and well-being of mothers; it helps to space children, reduces mothers’ risk of ovarian and breast cancer, increases family and national resources, is a secure way of feeding, and is safe for the environment.
- Proper introduction and preparation of complementary foods reduce the risk for disease and malnutrition that may slow child development.
- Complementary feeding ensures that the adequate energy and nutrients needed by a baby is met, that is why the baby’s diet must gradually be expanded as he/she ages to include family foods. The term ‘complementary’ is important; as these first foods should only “complement” breastmilk, not replace it.
- When a baby reaches 6 months old, he/she becomes most susceptible to malnutrition. If complementary feeding is not properly administered during the first 1000 days, effects of undernutrition are irreversible beyond two years of age.



3. TARGETS AND PRIORITIES

The desired consumer practices for this campaign are **1)** exclusive breastfeeding for the first six months, and **2)** complementary feeding with continued breastfeeding starting from six months onwards. It is important for a child to survive, develop, and reach his or her full potential as soon as they are born. The campaign's core objectives are:



3.1 Current Consumer Practice and Mindset

Early Initiation of Breastfeeding

- Mothers lack knowledge on the importance of early initiation of breastfeeding
- Lack of knowledge of key influencers (specifically health workers) about how early initiation is
- Key influencers (specifically grandparents, or those who have experienced taking care of a child) have false beliefs about breastfeeding and complementary feeding (e.g. the baby needs vitamins and mineral supplements, water, and formula milk together with the breastmilk; or that the colostrum is unhealthy, dirty, needs to be thrown out)

Exclusive Breastfeeding

Mothers consider exclusive breastfeeding as:

- inconvenient and hassle
- a painful practice

Complementary Feeding

- Mothers lack knowledge on when to introduce and how to prepare complementary foods for their babies.

3.2 Target Audience

The target adopters and primary audience of the campaign are pregnant and lactating women, mothers with 0- to 5-month-old infants, and mothers with 6- to 23-month-old babies. The influencers and enablers (those who influence the primary audience), such as

husbands, mothers-in-law, frontline workers (midwives, BHWs and BNSs) are the secondary target audience of this campaign.

3.3 Role of Communications for the Target Audience

Approach per target segment shall be aligned with the core objectives for the campaign. There is a need to determine the audience's attitude, motivations, fears and who influences them.

Table 2. Communications Matrix

| CORE MARKET | | INFLUENCERS and ENABLERS | |
|---|--|---|--------------------------|
| MOMMYLENNIALS Pregnant Women Mothers with 0 to 5 month-old babies Mothers with 6 to 23 month-old babies | | Husbands Parents | Midwives BHWs BNSs |
| CORE OBJECTIVE To effect behavior change from current feeding practices to proper feeding practices in the baby's first 1000 days. | | | |
| EXPLORE AND SHARE | | PERSUADE AND SUPPORT | |
| Establish benefits of proper feeding practices in baby's first 1000 days by tapping into the generation's psyche and exploring peer-to-peer recommendation. | | Establish the importance of proper feeding in baby's first 1000 days by focusing on the benefits of exclusive breastfeeding and complementary feeding and how these can affect the mother and the whole family. | |

3.3.1 Consumer Barriers

Barriers that hinder the mothers in doing proper feeding practices during the first 1000 days:

- Lack of knowledge
- Wrong beliefs (superstitions, outdated traditions, etc.)
- Financial constraints

Pregnant Women

Those who have hands-on help from their own mothers, mothers-in-law, and husbands, with encouragement from doctors, nurses or midwives, will most likely to breastfeed immediately after birth. But, most of the time, they are not ready or are not aware of what to expect or the challenges that they may face in breastfeeding. They assume that they can and will breastfeed.

Another wrong assumption is on formula milk being better than breastmilk. Mothers feel that it will make their child healthier, and smarter than giving breastmilk or having no milk to feed the child.

Mothers with 0- to 5-month-old infants

Mothers with 0- to 5- month-old infants have different interpretations on exclusive breastfeeding, from “giving only breastmilk and nothing else” to “giving breastmilk with water and vitamins”. Some think that breastmilk alone could not provide nutrients needed especially vitamins and minerals. As such, they give their babies supplements even without consulting a doctor.

It is more convenient for mothers to give formula milk especially if they are going back to work or will do household chores. Also, at this early stage, some mothers with influence from their parents already gave complementary foods to their babies.

Mothers with 6- to 11-month-old Infants

When starting with complementary feeding, most mothers lack knowledge and skills in preparing complementary foods suitable for the age of their infants. They always fear their infants getting indigestion after eating certain food or getting choked or having fish bones stuck in their throats, hence, variety of food, amount and frequency of feeding become limited.

Food preparation is also not convenient especially if the mother is working or will do household chores.

3.3.2 Consumer Insight

3.3.2.1 Core Market

Our core market for this campaign includes pregnant women, mothers and caregivers of 0 to 5-month-old infants and 6 to 23-month-old infants. The campaign focuses on Millennial mothers, mothers with age 23 years old to 38 years old, since they are more empowered, tech savvy, loves sharing information, and are influential.

Millennials' self-discovery

At this point in their lives, they have experienced enough to know what they want. On their journey, they have discovered many things about themselves, their relationship choices, career, which helped them understand what ultimately makes them happy.

They do not want to be stuck with doing only one thing even when they are pregnant or taking care of their baby. Their passion is to make the most out of every experience and opportunity that they are currently having.

Aside from being a mother or soon-to-be mother, they may discover that they are good in other things like cooking or sewing. They find new passions and they will nurture or hone these passions so they can reach the ultimate experience. They will ask around and even go out of their way to know more to the point of almost becoming an expert (sometimes they even use these passions to earn extra income).

Millennial Integrity

Millennials' lives revolve around technology. This generation came of age just as the internet became popular.

Millennial mothers are no different, they use three or four different social media accounts—such as Facebook, Twitter, Pinterest, LinkedIn and sometimes YouTube—and spend most of their time on their mobile devices. They use these sites to reach out to fellow moms for advice or to validate their parenting decisions and actions. This is important so that people will discover that they are interesting and shareable. When they get a comment, like or share, this is a validation that they are appreciated and supported by people who matter --- family, online friends, and followers.

Not only that, about 90% of Millennial mothers love sharing information about their journey as a mother, their purchases, products and services they have used, places they've stayed in, their business ventures, and financial investments. Even brands all over the world are recognizing this new market segment and are reaching out to them in various ways.

Therefore, Millennial mothers are influential.

Millennial mothers, in general, are more empowered, which has less to do with their tech-savvy-ness than their overall perspective of the world. This is because Millennial mothers always want to learn. They do not want to jeopardize their image, so they validate things before doing or sharing them. They also don't want to be labeled as *"manggagaya sa uso lang"*. They want to be equipped and knowledgeable about the best options for their kids especially when it comes to feeding them. For Millennial mothers, nothing is compromised.

Decision Making: On My Own Terms

In the process of deciding what they want, it must be on their own terms. Telling them no or they cannot do it is the worst. They want to be able to live with and decide their choices on their own. Exceptions would be when there is a person that went through what they are going through, then they feel a DEEPER CONNECTION and will ACCEPT and TRUST that person. When it comes to pregnancy, childbirth, and baby rearing, they trust their parents and grandparents and follow their advice. For Millennial mothers, their parents and grandparents are the experts since they done it before (except with how they will raise their child).

Pregnant woman

“I made sure that I am prepared for the birth of my baby. This is one experience that I want to be able to live to the fullest from day one.”



Mother with 0- to 5-month-old baby

“Being a mother is one aspect in my life that I am passionate about; however, I am confused on how to give proper nutrition to my baby. It affects my chance to experience motherhood to the fullest.”



Mother with 6- to 11-month-old baby

“Being a mother is one aspect in my life that I am passionate about, but I have this fear of combining complementary food with breastmilk since it might harm my baby. Not being sure affects my chance to experience motherhood to the fullest.”



3.3.2.2 Influencers and Enablers

Husbands and Parents

The household set-up consists of millennial couples still living with their parents (or vice versa). This presents financial problems for the millennial mother. According to Publicis, the Filipino concept of “*utang na loob*” (indebtedness) to parents and other older members of the household is compelling our generation to contribute to family expenses and become co-breadwinners. Millennial couples often have to balance their obligations with their parents and their duties to their own growing families.

Respect and love for our elders are Filipino values that are still being practiced by all generations, even Millennials.

When couples get married, they either live at home with their parents (especially those in the socio-economic class CD) or their parents live with them. They still want to be close to their parents especially once they get pregnant or have a baby.

Millennial couples rely on their parents for support and seek advice when it comes to pregnancy, childbirth and child rearing since they experienced these in the past.

Grandparents, on the other hand, are always willing to help. Since they experienced having children, they share what they know on childbirth and care for the baby, including infant feeding. They have their own beliefs and traditions on exclusive breastfeeding and complementary feeding and will share these willingly to the mother.

Since what they feed to their children “proved” to be effective, they are not open to new things that will contradict what they believe in.

Since they are firm with what they perceived to be correct, sometimes it comes out as not being supportive to the mother. Instead of being encouraged, this sometimes confuses the mother.

Aside from the confusion, the mother is also experiencing difficulties in breastfeeding. The confusion does not help build the mother’s confidence in doing exclusive breastfeeding and later, complementary feeding.

On the other hand, for lack of knowledge and experience, the fathers tend to just follow their parents’ advice.

Husband

“My parents know about proper nutrition for my baby: I turned out okay”.



Parents

“We’ve done this before, so we know about proper nutrition for our apo”.



3.3.2.3 Health Workers

Many midwives, BHWs and BNSs may lack or have insufficient training on proper nutrition for babies.

For midwives, they may know about exclusive breastfeeding and complementary feeding but are not (yet) firm advocates of the practice and may be inconsistent on information which sometimes leads to confusion.

For BHWs and BNSs, they may lack understanding or may be confused on what should be advised to mothers. Some even give in easily to the requests of the mothers on what to give the baby.

“I’ve been practicing midwifery for a long time and what I practice is proven to be correct. Just ask the mothers that I have helped.”



3.3.3 Summary of consumer barriers, insights and opportunities

Table 3. Barriers, Insights and Opportunities for Target Audience

| PREGNANT WOMEN | MOTHERS WITH 0-5 MONTH-OLD BABY | MOTHERS WITH 6-11 MONTH-OLD BABY |
|---|--|---|
| BARRIER | | |
| Mothers prepare for everything before giving birth, but they are not aware on what to expect or the challenges they may face in breastfeeding. They assume that they can or will breastfeed. | There is a confusion among mothers on what exclusive breastfeeding means. Also some feels that they do not have enough milk to provide needed nutrients of the baby. | Fear of infant getting indigestion, choking or having fish bone stuck in their throats because of lack of knowledge and skills in preparing proper food for the baby. Convenience is also a factor especially for working moms or moms with household chores. |
| INSIGHTS: MOMMYLENNIALS | | |
| I made sure that I am prepared for the birth of my baby. This is one experience that I want to be able to live to the fullest from day one”. | “Being a mother is one aspect in my life that I am passionate about; however, I am confused on how to give proper nutrition to my baby. It affects my chance to experience motherhood to the fullest”. | “Being a mother is one aspect in my life that I am passionate about, but I have this fear of combining complementary food with breastfeeding since it might harm my baby. Not being sure affects my chance to experience motherhood to the fullest”. |
| OPPORTUNITY | | |
| To have the greatest experience of being a mother which is the first bond between you and your child, make sure you know about breastfeeding and the challenges you may encounter in order to give your child UNCOMPROMISED CARE from the day he/she is born. | To give my baby UNCOMPROMISED CARE that he/she deserves so I make sure I only give him/her breastmilk until he/she is six months old. | To give my baby UNCOMPROMISED CARE that he/she deserves especially now that he/she is more than six months old. Complementary food with continued breastfeeding is the right way to go to prevent malnutrition. |



Table 4. Barriers, Insights and Opportunities for Influencers and Enablers

| HUSBANDS and PARENTS | | MIDWIVES, BHWs and BNSs | |
|--|--|---|--|
| BARRIER | | | |
| Parents have their own beliefs and traditions on feeding the baby and will share these willingly to the mother. On the other hand, for lack of knowledge and experience, the father will follow their advice because of lack of knowledge. | | Midwives, BHWs and BNS are not (yet) firm believers of the practice/program. | |
| INSIGHTS | | | |
| Parents: “We’ve done this before so we know about proper nutrition for our “apo”. | | “I’ve been practicing midwifery for a long time and what I practice is proven to be correct. Just ask the mothers that I helped.” | |
| Husband: “My parents know about proper nutrition for my baby, I turned out okay.” | | | |
| OPPORTUNITY | | | |
| To prove that exclusive breastfeeding and complementary feeding is the best way to go. | | To prove that exclusive breastfeeding and complementary feeding is the best way to go. | |

3.4 Campaign Idea and Key Message

“Para sa alagang walang katumbas, siguraduhing mag exclusive breastfeeding at complementary feeding habang patuloy ang breastfeeding kay baby.”

PREGNANT WOMEN

“Alagang walang katumbas ang unang pag breastfeed kay baby.”

MOTHERS WITH 0-TO 5-MONTH-OLD BABIES

“Walang katumbas na alaga ang exclusive breastfeeding para kay baby.”

MOTHERS WITH 6- TO 11-MONTH-OLD BABIES

“Walang katumbas na alaga ang complementary feeding with continued breastfeeding para kay baby.”

HUSBANDS, PARENTS

“Pinakamainam pala ang exclusive breastfeeding at complementary feeding para kay baby.”

MIDWIVES, BHWs, and BNSs

“Pinakamainam ang exclusive breastfeeding at complementary feeding para kay baby. Yan ang dapat ipayo kay mommy.”

3.5 Campaign Branding and Introduction

The Mommylennial Guide to Exclusive Breastfeeding and Complementary Feeding

For many millennial moms, or Mommylennials, their source of information when it comes to caring for their babies is not only limited to friends and family. The advent of social media has enabled them to form digital connections with other moms and institutions that help inform them about best practices when it comes to taking care of their infants.

This campaign provides the most relevant information about exclusive breastfeeding and complementary feeding to Mommylennials through Facebook. With this, we aim to increase the knowledge of the target audience about how they can provide the best care for their infants through exclusive breastfeeding and complementary feeding.

3.6 Campaign Touchpoints and Message Matrix

Media reach of mobile, outdoor and internet has overtaken millennials compared to the general population. Using these media vehicles is more effective in reaching the millennial market.

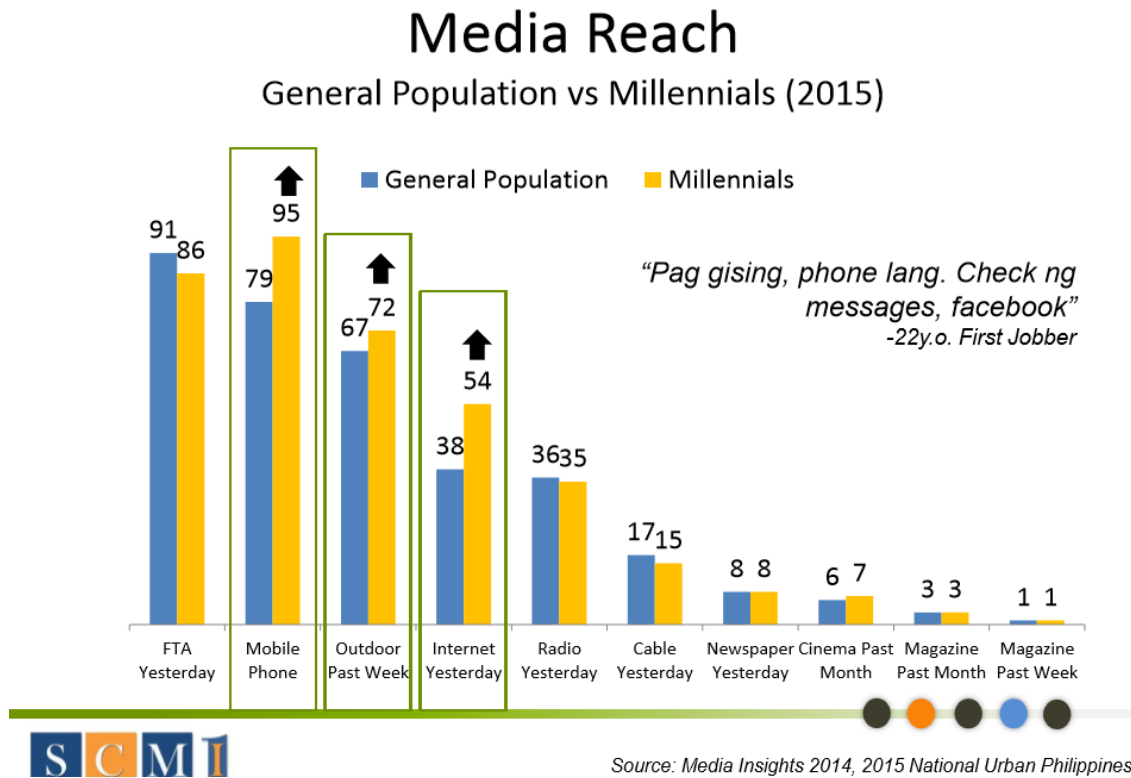


Figure 4. Media Reach

Mobile and Internet are already among the top media that millennials are exposed to. Mobile as a touchpoint is already comparable to TV and Internet (PC/Desktops) is at similar levels to Radio and Out-of-Home (OOH) advertising.

- **Mobile first!** 90.6% of Filipinos access internet using their smart phones.
- **PH loves FB.** In 2018, we are expecting 36.2 million Filipinos on Facebook.
- Internet and TV are still top channels consumed by millennials.

Overall, the newer forms of media are already as popular as the traditional and established media formats.

Table 5. Media Touchpoints

Top 5 Media Touchpoints

| | Total Youth | 18 to 24 | 25 to 29 | 30 to 39 |
|--------------------|-------------|----------|----------|----------|
| TV Yesterday | 94% | 96% | 94% | 93% |
| Mobile | 83% | 90% | 97% | 87% |
| OOH Yesterday | 72% | 78% | 74% | 78% |
| Radio Past week | 66% | 70% | 57% | 75% |
| Internet Past week | 40% | 75% | 59% | 45% |

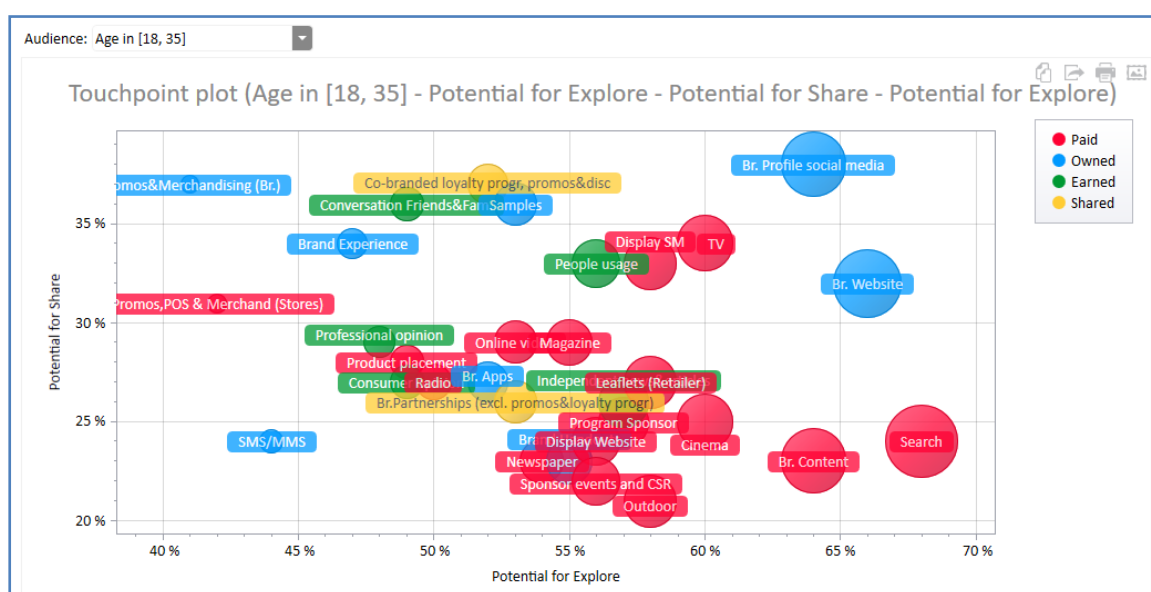














Figure 5. Millennial Campaign

Table 6. Activities done in the Internet in the past month via any device

| |  |  |  |  |  |
|-------------------|---|---|---|---|---|
| Market | Visited/Used a social network | Visited/Used a search engine | Used chat or instant messaging service/app | Watched a video clip or visited a video-sharing site | Visited a news website/app/service |
| 21 to 35 | 99.6 | 98.9 | 97.9 | 97.8 | 91.4 |
| All adults | 99.8 | 98.7 | 98 | 98 | 90.1 |
| Market | Visited/Used a social network | Watched a video clip or visited a video-sharing site | Used chat or instant messaging service/app | Visited/Used a search engine | Visited an online retail site or store such as Amazon |
| Parents 46 to 56+ | 100 | 98.8 | 97.7 | 96.9 | 90.3 |







Source: GWI – Philippines – Web Activities as of Q3 2017

Table 7. Websites/services visited or used in the last month

| |  |  |  |  |  |  |  |
|----------------------|---|---|---|---|--|---|---|
| Market | Google | Lazada | Yahoo | Wikipedia | Skype | Abs-cbnnews.com | OLX |
| Millennials 21 to 35 | 92.6 | 80.3 | 64.3 | | 43.6 | | 38.9 |
| Parents 46 to 56+ | 94.7 | 78.3 | 73 | 48.2 | 38.2 | | |
| All Adults | 93.3 | 78.4 | 63.5 | | 41.3 | 39.7 | |






Source: GWI – Philippines – Web Activities as of Q3 2017

Table 8. Webdites/Applications visited or used in the past month via laptop, mobile or tablet

| |  |  |  |  |  |  |
|----------------------|---|---|---|--|---|---|
| Market | Facebook | YouTube | Facebook Messenger | Instagram | Twitter | Skype |
| Millennials 21 to 35 | 92.2 | 90.2 | 78.8 | 58.2 | | 51.8 |
| Parents 46 to 56+ | 92.9 | 88.9 | 81.9 | 38.4 | 46.3 | |
| All adults | 90.6 | 88.5 | 77.3 | 56.2 | 47.6 | |







Source: GWI – Philippines – Web Activities as of Q3 2017

Table 9. Categories used in the past month using mobile/tablet apps

| |  |  |  |  |  |
|----------------------|---|---|---|---|---|
| Market | Social Network | Chat/Messaging | Games | Maps | Music |
| Millennials 21 to 35 | 93.9 | 91.9 | 61.4 | 63 | 57.2 |
| Parents 46 to 56+ | 93.7 | 86.9 | 51.7 | 55.8 | 46.3 |
| All adults | 93.6 | 90.5 | 61.7 | 58.2 | 54.3 |

Source: GWI – Philippines – Web Activities as of Q3 2017

Table 10. Mobile applications used in the past month

| |  |  |  |  |  |  |
|----------------------|---|---|---|--|---|---|
| Market | Facebook | YouTube | Facebook Messenger | Google Maps | Instagram | Twitter |
| Millennials 21 to 35 | 86.7 | 79.5 | 78.8 | 55.9 | 46 | |
| Parents 46 to 56+ | 89.6 | 77.9 | 81.9 | 48.8 | | 35.4 |
| All adults | 85.7 | 78.2 | 77.3 | 51.6 | 45.4 | |






Source: GWI – Philippines – Web Activities as of Q3 2017

Table 11. Services used to listen to/download music, radio or audiobook content

| |  |  |  | |  |  |
|----------------------|---|---|---|---------------|---|---|
| Market | Spotify | Google Play Music | iTunes | None of these | SoundCloud | Apple Music |
| Millennials 21 to 35 | 70.2 | 49.5 | 41.8 | | 21.5 | 8.4 |
| Parents 46 to 56+ | 49.2 | 41.4 | 30.3 | 19.1 | 8.9 | |
| All adults | 67 | 48.3 | 38.6 | | 23.6 | 9.6 |







Source: GWI – Philippines – Web Activities as of Q3 2017

Table 12. Services used to listen to/download music, radio or audiobook content

| |  |  |  |  |  | |
|----------------------|---|---|---|--|---|---------------|
| Market | Google Play | Netflix | iWantTV | iFLix | Vimeo | None of these |
| Millennials 21 to 35 | 57.1 | 50.5 | 40.6 | 26.6 | 20.4 | |
| Parents 46 to 56+ | 40.4 | 41.2 | 40.5 | 31.7 | | 21.3 |
| All adults | 53.9 | 49.4 | 39 | 25.1 | 20.5 | |

Source: GWI – Philippines – Web Activities as of Q3 2017

Table 13. Research done online prior to purchasing

| |  |  |  | |  |  |  |
|----------------------|---|---|---|-------------------|--|---|---|
| Market | Clothes | Vacuum Cleaner | Shoes | None of the above | Beauty Products | Personal Items | Skincare |
| Millennials 21 to 35 | 23 | | 17.5 | | 15 | 14.8 | 13.9 |
| Parents 46 to 56+ | 20.1 | 19 | | 14.8 | 14.1 | | 14.6 |
| All adults | 23.2 | | 18.8 | | 15.8 | 15.4 | 14.8 |

Source: GWI – Philippines – Web Activities as of Q3 2017

Table 14. Product, services or topics posted opinions about online in the past month

| Market | Technology | Computers | Music | Mobile Phones | Travel/ Vacations |
|----------------------|----------------|-----------|----------|-------------------|-------------------|
| Millennials 21 to 35 | 27 | 25.2 | 24.5 | 23.5 | 22.2 |
| All adults | 26.8 | 24.3 | 24.3 | 22.5 | 21.1 |
| | Alcohol Drinks | Politics | Business | Fashion/ Clothing | Travel/ Vacation |
| Parents 46 to 56+ | 27.2 | 20.4 | 20.3 | 20.2 | 19.3 |

Source: GWI – Philippines – Web Activities as of Q3 2017

Table 15. Millennials (21 to 35 years old) Online Activities

| | |
|---|---|
| Activities done on the internet in the past month via any device | <ul style="list-style-type: none"> • 99.6% of Millennials visited/used social media • 98.7% of Millennials used/visited a search engine • 98% of Millennials used chat or instant messaging service/app • 98% of Millennials watched a video clip or visited a video-sharing site |
| Websites/services visited or used in the last month | <ul style="list-style-type: none"> • Google: 92.6% • Lazada: 80.3% • Yahoo: 64.3% |
| Sites/application visited or used in the past month via laptop, mobile or tablet | <ul style="list-style-type: none"> • Facebook: 92.3% • YouTube: 90.2% • Messenger: 78.8% • Instagram: 58.2% |
| Categories used in the past month using mobile/tablet apps | <ul style="list-style-type: none"> • Social Networks: 93.9% • Chat/messaging: 91.8% • Maps: 63% |
| Apps used in the past month | <ul style="list-style-type: none"> • Facebook: 85.6% • YouTube: 79.5% • Messenger: 78.8% |
| Services used to listen to/download music, radio or audiobook content | <ul style="list-style-type: none"> • Spotify: 70.2% • Google Play Music: 49.5% • iTunes: 41.8% |
| Services used to watch/download TV shows, films or videos in the last month | <ul style="list-style-type: none"> • Google Play: 57.1% • Netflix: 50.5% • iWantTV: 40.6% |
| Services used to watch/download TV shows, films or videos in the last month | <ul style="list-style-type: none"> • Clothes: 23% • Shoes: 17.5% • Beauty Products: 15% |



SOCIAL BEHAVIOR CHANGE COMMUNICATION PLAN FOR ECCD F1K PROGRAM
The Mommylennial Guide to Exclusive Breastfeeding and Complementary Feeding

Table 16. Message Matrix

| OBJECTIVE APPROACH | TARGET MARKET | MESSAGE | REASON/S TO BELIEVE | MEDIA/ TOUCHPOINTS |
|--|--|--|---|--|
| EXPLORE and SHARE Establish benefits of proper feeding practices in baby's first 1000 days by tapping into the generation's psyche and exploring peer-to-peer recommendation | Millennial pregnant women | <i>Alagang walang katumbas ang unang pag breastfeed kay baby.</i> | Breastmilk is rich in nutrients and antibodies and contains the right amount of fat, sugar, and protein, vitamins and minerals, which are major prerequisites to proper health, nutrition, and survival of an infant. | Facebook OVA (online videos) Search TV + Segment/ Special Buys Public Relations (PR) Collaterals |
| | Millennial moms with 0- to 5-month-old babies | <i>Walang katumbas na alaga ang exclusive breastfeeding para kay baby.</i> | Exclusive breastfeeding ensures that an infant's immune system is strengthened, protecting it from life-threatening diseases and its irreversible effects on mental and physical development. | |
| | Millennial moms with 6- to 23-month-old babies | <i>Walang katumbas na alaga ang complementary feeding with continued breastfeeding para kay baby.</i> | When a baby reaches 6–23 months old, they become most susceptible to malnutrition. If complementary feeding is not properly administered during the First 1000 Days, effects of undernutrition are irreversible. | |
| PERSUADE and SUPPORT Re-establish the importance of proper feeding in baby's first 1000 days by focusing on the benefits of exclusive breastfeeding and complementary feeding and how this can affect the mother and the whole family. | Husbands and Parents | <i>Pinakamainam pala ang exclusive breastfeeding at complementary feeding ayon sa wastong bilang ng buwan ni baby.</i> | Exclusive breastfeeding contributes to the health and well-being of mother and infant; it increases family and national resources and is a secure way of feeding. | Facebook Activations Endorsement TV Radio Print Public Relations (PR) |
| | Midwives BHWs BNSs | | Complementary feeding ensures that the adequate energy and nutrients needed by a baby is met now that he/she is more than 6 months old. They are most susceptible to malnutrition during this period. If complementary feeding is not properly administered during the First 1000 Days, effects of undernutrition are irreversible. | |

Table 17. Channel Roles for Primary Audience

| PREGNANT WOMEN <i>Alagang walang katumbas ang unang pag breastfeed kay baby.</i> | MOTHERS WITH 0-TO 5-MONTH-OLD BABIES <i>Alagang walang katumbas ang exclusive breastfeeding para kay baby.</i> | MOTHERS WITH 6-TO 23-MONTH-OLD BABIES <i>Alagang walang katumbas ang complementary feeding with continued breastfeeding para kay baby.</i> |
|--|--|--|
|--|--|--|

FACEBOOK

Amplify the millennial take on uncompromised care on Facebook via educational and relatable posts, and viral videos.

OVA (Original Viral Animation)

Tackle individually the different practices on breastfeeding, exclusive breastfeeding and complementary feeding and the benefit of each. Use an endorser to feature uncompromised care stories online.

TV + Special Buy

Establish breastfeeding as a whole and how it can affect the overall nutrition of the infant. Highlight the uncompromised care and motherhood experience to the fullest to be able to tap into the target market's psyche so they will proactively recommend/share to others. TVC can feature an endorser – supported by a launch on UKG, *Magandang Buhay* or *Unang Hirit*.

SEARCH

Intercepting search keywords related not only to pregnancy, childbirth, breastfeeding, etc. but also other entries like interests of the target market as shown in the GWI research.

INTERPERSONAL COMPONENT: ACTIVATIONS

Interactive on-ground activities such as cooking demos, home improvement workshops, livelihood skills training, “first aid for baby” seminars, etc. to engage the mothers are highly recommended. Incorporated in these activities would be a talk on proper breastfeeding and complementary feeding practices. Demonstrate the importance of these infant feeding practices through fun and interesting activities for the moms, babies and their support givers at malls, barangay health centers and other high traffic areas, *including Idol Ko si Nanay* classes.

COLLATERALS

To be seen in places frequented by mothers like barangay, hospitals, clinics, drug stores. Starter kits can also be provided to give mothers firsthand information on child nutrition.

Table 17. Channel Roles for All Adults

ALL ADULTS

*Dapat pala exclusive breastfeeding at complementary feeding ang gawin,
para sa alagang walang katumbas*

FACEBOOK

Contextualize the importance of breastmilk through various relatable and relevant content. Content buckets for breastfeeding, exclusive breastfeeding and complementary feeding will be posted on the page. Included here will be posts on what mothers are going through and the need for support and encouragement from the family.

TV

Illustrate the benefits of breastfeeding and how it can affect the overall nutrition of the infant and well-being of the mother.

INTERPERSONAL COMPONENT: ACTIVATIONS

Since it will be a challenge to go against the beliefs and traditions of the grandparents, proper education via on-ground activations such as medical missions/free medical check-ups and consultations, community exercise programs such as Zumba night are recommended to entice them to attend. Incorporated in these activities are talks on the importance of exclusive breastfeeding and complementary feeding, showing how crucial the ECCD First 1000 Days Program is for both the mother and the baby -- coincides with Professional Opinion being high in Spectrum.

ENDORSER

Leverage on a celebrity's clout to spark conversations on breastfeeding. Better if endorser is close to the age of the grandparents.

PUBLIC RELATIONS

Feature the benefits of exclusive breastfeeding and complementary feeding with continued breastfeeding and how it can affect not only the child's nutrition but the well-being of the mother as well. Discuss extensively each practice to ensure understanding and clarity so that proper information will be given to mothers. How to support and give encouragement to mothers may also be included.

RADIO

Invite child health and nutrition experts to discuss proper child nutrition. Listeners can also call to ask questions.

PRINT

Publish print ads that will show misconceptions on child nutrition and illustrate the proper ways of feeding an infant via exclusive breastfeeding and complementary feeding.

Table 18. Possible Content Buckets and Topics

| | |
|--|---|
| Pregnancy/Childbirth <ul style="list-style-type: none"> • Understanding pregnant woman and possible encouragement tips for the mother or soon-to-be mother • Preparations for safe delivery and early initiation of breastfeeding | Exclusive breastfeeding <ul style="list-style-type: none"> • Benefits of exclusive breastfeeding • Misconceptions • How exclusive breastfeeding can help the family • Preparing for complementary feeding |
| Breastfeeding <ul style="list-style-type: none"> • Benefits of breastfeeding • Challenges a mother might face, what to expect when breastfeeding and how you can help • Tips on breastfeeding (<i>alam mo ba?</i>) • Myths on breastfeeding (<i>maling akala</i>) • Breastfeeding outside of home (milk expression, cup feeding) | Complementary Feeding <ul style="list-style-type: none"> • Definition and importance of complementary feeding • Benefits of complementary feeding • Principles of complementary feeding • Food preparations/tips (how to prepare, what to prepare, where to get ingredients, etc.) • Misconceptions |

4. Campaign Strategy

4.1 Strategy Mix

COMMUNICATION

Developing Personal Skills

- Correct malpractices in exclusive breastfeeding and complementary feeding through talks and seminars for families in local level (including the husband and parents of the mother)
- Media announcements on workshops, talks, and other related events and partnerships with IYCF groups on social media
- Social media campaign, mass media and print ads communicating the key messages of our campaign to build good exclusive breastfeeding and complementary feeding practices
- Strengthen one-on-one counselling of health workers with pregnant women, mothers and/or caregivers of children less than two years old through house-to-house visits and during check-ups in health centers

COMMUNITY MOBILIZATION

Strengthening Community Action

- Trainings/seminars and/or refresher course for Barangay Health Workers (BHW) and Barangay Nutrition Scholars (BNS)
- Creation of IYCF support groups within the community (e.g. breastfeeding support group, complementary feeding support group)
- Close monitoring of women from pregnancy to delivery for one-on-one counselling
- E-mail promotions (easy to understand infographics) and social media posts on proper exclusive breastfeeding and complementary feeding practices

PHYSICAL AND ORGANIZATIONAL SUPPORT

Creating Supportive Environment

- Tap influencers/celebrity endorsers to advocate our cause
- Schools (colleges/ universities and vocational schools) to add student organizations specifically dedicated to promoting proper exclusive breastfeeding and complementary feeding practices

Best effort:

- Exclusive breastfeeding and complementary feeding to be added to school curriculums in applicable courses
- Start-up diet plan providers to include complementary feeding selections

SERVICE DELIVERY IMPROVEMENT

Reorienting Health Services

- Monthly coordination with BHW and BNS heads to monitor dissemination of information
- Improvement of tracking system of mothers from pregnancy to child's 2nd birthday
- *Idol ko si Nanay* classes
- Cooking demonstrations on complementary feeding
- Establishment of home food gardens



Best effort: NNC and DOH to invite dietitians to recommend proper complementary feeding selections for official press releases.

POLICY CHANGE

Building Healthy Public Policy

- Coordination with DOLE to strictly implement RA 10028 and RA 11210 (Expanded Maternity Leave law) (e.g. seminars for Human Resource Department of companies re RA 10028 and 11210)
- Further regulation on processed milk advertising to recommend exclusive breastfeeding for babies up to 1-2 years, as stipulated in RA 11148
- Strict enforcement of Milk Code
- Expansion of RA 10028: mandating private and public enterprises to install lactation stations; require a minimum amount of stored breastmilk in health institutions (with proper preservation), as stated in the law

4.2 Vision for ECCD First 1000 days

Our vision is to leverage on the Mommylennials who have the spending power and decision-making power.

In the next 2-3 years, the Mommylennials will already be practicing exclusive breastfeeding from birth until five months and combining breastfeeding with complementary feeding by six months onwards, with sufficient knowledge and how-to's in preparing nutritious complementary food for their babies.

They will also be active advocates of exclusive breastfeeding & complementary feeding and will start to encourage others to follow in their footsteps.

Figure 6. Campaign Timeline



5. Monitoring and Evaluation

To effectively cover the data points necessary to evaluate the execution of the campaign, with the core objective to effect behavior change from current feeding practices to proper feeding practices in baby's first 1000 days, the following shall be measured:

Outcome Measure: Focuses on specific desired level of behavior change that can be attributed to the program and campaign efforts

| INDICATOR | ASSESSMENT POINT |
|-----------------------------------|--|
| 1. Changes in behavior | 1. Increase/decrease in infants exclusively breastfed and children timely introduced to complementary food |
| 2. Changes in awareness | 2. Change in awareness of breastfeeding and complementary feeding facts, information and recommendation |
| 3. Changes in belief | 3. Change in breastfeeding and complementary feeding attitude, opinions and values |
| 4. Responses to campaign elements | 4. Campaign reach and appeal; request for information |
| 5. Awareness of campaign | 5. Provide feedback; unaided, aided, proven awareness |

Process Measure: Relates to the assessment of campaign activities and executional elements

| INDICATOR | ASSESSMENT POINT |
|--------------------------------------|--|
| 1. Reach and frequency | 1. Number of people who are exposed in the campaign; number of times exposed |
| 2. Media coverage | 2. Minutes on TV and radio; people in attendance |
| 3. Materials distribution | 3. Number of materials distributed |
| 4. Assessment of implementation plan | 4. Audit of activities and implementation |

5.1 Outcome Measure

To maximize efficiencies of the nationwide coverage of the study, below are the recommended phases to measure changes in behavior, knowledge, beliefs, and campaign responses and awareness:

1. Documents and Literature Review
2. Quantitative Approach
3. Qualitative Approach

The following are the proposed subjects of the study:

- Household: Mothers, Surrogate Mothers and Caregivers
 - may be pregnant or with children aged 0-2 years old
- Community Members
- Barangay Captain and Barangay Nutrition Scholar
- Municipal Health Officers and Representative of the Office of the Mayor
- Sangguniang Bayan (SB) Secretary/ related SB Committee on Health, children, women, family

5.1.1 Documents and Literature Review

Literature and documents review shall provide baseline and background data on the current/most recent statistics and strategies that promote infant and young child feeding among parents and caregivers in the country. This approach aims to gain deep understanding of the impact of feeding practices, which may supplement the results from the quantitative and qualitative approaches.

The indicative list of indicators is the following:

Breastfeeding

- % of infants breastfed within one hour of birth
- % of children never breastfed
- % of children exclusively breastfed for 5 months
- % of children continuously breastfed at 24 months

Complementary Feeding

- % of children introduced to complementary feeding at 6 months of age
- % of children aged 6-24 months receiving food
- % of children aged 6-24 months receiving foods from 5 or more food groups

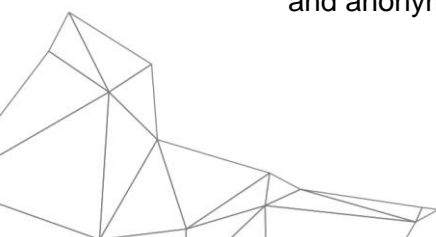
5.1.2 Quantitative Approach

A 2-stage cluster sampling is proposed to be used for the nationwide survey.

- | | |
|---|--|
| 1. Simple Random Sampling 10 barangays shall be selected per priority province | <i>It is recommended that barangays in the province with low breastfeeding and complementary feeding rates be selected</i> |
| 2. Random Walk Method 15 households shall be selected per barangay | <i>A list of households in each barangay shall be requested for enumerators to select 10 HH</i> |

10 Provinces X 10 Barangays X 15 community women = **1,500 respondents**
 10 Provinces X 10 Barangays X 15 community men = **1,500 respondents**

- A questionnaire shall be used which can be self-administered or interviewer-assisted based on the respondent's preference.
- Each HH will be coded in the questionnaire to provide respondents' confidentiality and anonymity



- The facilitating enumerator's gender will match the respondents' to ensure comfort of the respondent
- Eligibility in the HH will be determined through accomplishing the screening sheet that confirms the child's birthdate, age, gender, education, months of residence in the barangay

5.1.3 Qualitative Approach

Ethnographic Approach

This method is recommended to extensively explore the communities' present-day level of awareness on breastfeeding and complementary feeding as depicted by observed attitudes and subjective norms. The ethnographer shall immerse in the barangays to comprehensively understand and interpret the HH's circumstances.

- One barangay in the priority areas of ECCD F1K program shall be selected. A maximum of 4 HH shall participate, with selection of HH shall be based on stratified random sampling which may include the below criteria:
- Number and gender of sustenance provider in HH (fe/male solo income, dual income or no income)
- Livelihood or subsistence pattern
- HH mix (presence of pregnant or lactating women, number of infant and children under two years old)
- The ethnographer shall decide which methods to use during immersion in the HH and community, some of which may include observations, IDI, FGD, KII in natural or formal settings.

4 HH in 1 Barangay/Sitio for Ethnographic Research Approach

Other Qualitative Approach

Interviews with mothers and key influencers shall provide information about improved breastfeeding and complementary feeding practices after the campaign roll-out, and reflection of the community members with regards to their perception of the campaign and its relevance.

- Total of 8 barangays per province in the priority areas of ECCD F1K program shall be selected.
- Selection of respondents and participants shall be purposive and random
- Mothers, key influencers and caregivers criteria: pregnant, and/or with children age 0-2 years
- Local officials participating in KIIs shall be nominated purposively

Table 19. Sample Distribution of Field Research Participants per Priority Province

| Coverage | IDI | FGD | | KII | | |
|-----------|---------|-----------------|---------------|--------------------|--------------------------|--------------------------|
| Barangays | Mothers | Community Women | Community Men | Brgy. Captain/ BNS | MHO/MNAO and Mayor's Rep | SB Sec./ Committee Chair |
| 8 | 16 | 40 | 40 | 8 | 8 | 12 |

- IDI: mothers/guardians and caregivers; FGD: male and female community members
 - IDIs and FGDs shall provide understanding on the respondents' awareness and responses on breastfeeding and complementary feeding-related behaviors
- KII: local officials and caregivers
 - KII among the respondents shall probe the successes and challenges on breastfeeding and complementary feeding-related programs implemented in the barangay and the level of prioritization in terms of LGU planning.

5.2 Process Measure

To measure the breadth of coverage of breastfeeding and complementary feeding communication materials and gather data on viewership/readership, consumption patterns and media ownership through the following sources should be gathered: TV, radio, print, collaterals, Facebook, and internet.

Mainstream Media

Broadcast monitoring services provide monitoring reports to measure how many people have been exposed to the campaign. Audited figures shall include, but not limited to:

- Article count
- Media value report (AD and PR value)
- Material distribution per platform
- Share of Voice

Online Media

Online Media monitoring services provide reports on factoid posts, profiles and videos to reach online population, with audited figures that include:

- Reach
- Frequency
- Impressions
- Estimated number of People whose Ad Recall Increased after Exposure
- Estimated Lift in Ad Recall of People Exposed

By the end of the campaign roll-out, an assessment shall be conducted where planned major activities and actual implementation shall be audited. This shall include completion on time and expenditure report.

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