

faculty self-evaluation of teaching effectiveness.

- a. Administrators are encouraged to look closely into the student evaluation to gather some insights into the planning for faculty development programs.
- b. A further study to determine teacher variables like sex, age, rank and educational qualifications that may influence student evaluation of teaching effectiveness.
- c. An expansion of the scope of this study especially to include the whole College of Arts and Sciences of Ateneo de Davao University. A study using other criteria for validating student evaluation like final exam grades, peer evaluation.
- d. A study using other criteria for validating student evaluation like final exam grades, peer evaluation.

SECOND ANNUAL JEA RELIGIOUS STUDIES/THEOLOGY CONVENTION

VIVIEN C. NOBLES

The Second Annual Jesuit Education Association: Religious Studies/Theology Convention was held in January 18-19, 1985 at the Loyola House, Ateneo de Davao University. Fr. Pasquale T. Giordano, S.J., Coordinator of the JEA Religious Studies/Theology sector presided over the meeting. Fr. Raul Bonoan, S.J., Chairman of the JEA Commission on Higher Education was present. The participants were: Ateneo de Davao: Mr. Reynaldo Tianero, Sr. Loretta Harriman, M.M.; Ateneo de Naga: Mr. Avelino Sales; Ateneo de Manila: Fr. Asandas Balchand, S.J.; Fr. Joseph Roche, S.J.; Ateneo de Zamboanga: Fr. Joseph Kavanagh, S.J.; Xavier University: Fr. Nicomedes Yatco, S.J., Mr. Henry Valmorla. Miss Vivien Nobles of the Ateneo de Davao was the Recording Secretary.

The Second JEA Religious Studies/Theology Convention began with each Chairman presenting a report on the RS/Theology situation in his own school. Then the focus turned to the reports assigned at last year's convention: Curriculum, textbooks, faculty evaluation, and faculty development.

One critical need that surfaced was the need for textbooks prepared by the RS/Theology faculty themselves. The writing of textbooks was considered a very important project. It is much easier to teach a course well when there is a good textbook.

The question of a common curriculum was raised, but there were difficulties. While the RS/Theology Programs are basically the same, there are differences in courses offered, in approaches, in sequence of courses. However, the first step is in sharing what is done, in realizing similarities and differences.

The opportunities for faculty development were presented. There is the Formation Institute of Religious Education (FIRE) Program of Fr. Roche of Ateneo de Manila and the Graduate Theology Program of Fr. Giordano of Ateneo de Davao. Fr. Yatco was starting a Graduate Theology Program at Xavier University the summer of 1985. Fr. Bonoan gave assurance that JEA would try to help the financing of the Faculty Development Program. 1.

Fr. Balchand presented a very helpful report on faculty evaluation. Here are the highlights.

1. There should be a common evaluation form used by the teacher, the chairman, and the Dean. The form used by the students may be slightly different.
2. Evaluation by senior faculty members is recommended.
3. The form should not be the only basis of evaluation. There should be many sources.
4. Each teacher should have his own folder containing his articles, researches, community services, etc. The data collected should be compared with what the teacher did in the previous year.
5. Students must clearly understand the items on the evaluation form. Only one point or aspect should be expressed in each item. Space should be given for open-ended questions: What is the teacher's greatest strength? What would improve him as a teacher? There should be a more careful formulation of evaluation forms.
6. It is important to know the purpose of evaluation. Are we primarily interested in evaluating for promotion or for improving teacher effectiveness?
7. A team of evaluators, not just an individual should be assigned to measure teacher's performance.
8. Evaluation should be a continuous process not just a periodic one.
9. The evaluation of the teacher should be processed with the teacher.

Next, the Convention focused on Fr. Roche's article, "Theology in a Filipino Catholic University." He intended it as a tentative position to effect dialogue. He also mentioned that one of the main sources of his article was David Hassel's book, *City of Wisdom*, in which a vision of a Catholic University was presented. Fr. Roche said that doing theology in the University is different from doing theology in the Seminary because we have different publics. College theology is not merely watered-down seminary theology, Fr. Roche quoted Hassel as saying in specifying a University as "Catholic," It is not theology and philosophy alone, but the different sciences and disciplines that contribute to the Christian vision and Christian wisdom. Theology should be in dialogue with the other disciplines in the University.

For next year, the Convention will focus on two courses. The first focus will be on the course in the RS/Theology Program studying man in the world,

revelation, and faith. This is usually the introductory course. The other focus will be the course on Church in Philippine Society. The assignment will be for all Ateneo schools to develop these courses fully, bringing in Scripture, praxis, and methodology. These will be the foci of the sharing for next year.

It was suggested that next year's Convention be held either at Ateneo de Manila or in Cebu City in early January.

THE URBAN CHILD PROJECT

MA. ASUNCION J. CHIN

In April 1982, the Urban Child Project was approved and granted assistance by the UNICEF. The project's life is from 1982 to 1987. The agreement was premised on the belief that total development requires the coordinated efforts of the community, government, and non-government agencies, that the needs of a child are affected by the needs of the mother to participate in income generating activities and to meet the nutritional needs of the family, and that the community members are more aware of their own needs and the problems than outsiders so that given the necessary guidance and resources, they can best attend to their needs.

The Objectives of the Project

1. To organize inter-sectoral teams composed of government and non-government agencies;
2. To improve the quality of child care leading to his total development;
3. To train volunteer teachers (child trainers) for child-to-child instruction, who will train health scouts and provide assistance to livelihood activities; and
4. To increase household and community capabilities in child care and development and reduce malnutrition among the 0-4 year olds through improvement of income.

Methodology

Decision on the geographic area for project implementation was reached after several consultations between the City Health Office and Institute of Primary Health Care (IPHC). Selection was based on the following:

1. the area is economically depressed,

2. inadequacy of basic services — potable water sewerage, sanitation, housing, health delivery,
3. willingness of the community to participate,
4. presence of a volunteer health worker preferably a *Katiwala*.

Having selected Agdao on the basis of the above criteria, orientation meetings were held with the local officials by the staff of Ministry of Health and Institute of Primary Health Care (IPHC). The Barangay Officials expressed a desire to participate in the project. The IPHC Project Officer (P.O.), the worker who would do all the leg work and be the contact person in the community went to each *purok*, to hold group meetings and explain the program and to get the opinion of the people. When the people were receptive, a general meeting was held to get a consensus regarding the project.

The IPHC proposed a Primary Health Care Program with the following components:

1. Community Capability Building to prepare the community to plan, implement, and monitor its own project for urban children.
2. Child-to-Child Program: Training of 9-15 years old children in the care of their pre-school siblings, in three areas of child development (mental, physical, and psycho-social development).
3. *Katiwala* Services; expansion of *Katiwala* activities from health service delivery to leadership in community activities, linking with other agencies, and training of other volunteer health workers.

Capability Building Activities included:

1. Focused family dialogues. These were dialogues among family members (2 to 5 per family) facilitated by the IPHC Project Officer with the assistance of a documentor.
The interview guide included questions on:
 - their aspirations for their children,
 - barriers/problems to meeting these aspirations,
 - the steps that have been taken to minimize these barriers,
 - other steps they want to take, and
 - who they want to work with.

2. Focused community dialogue. This was the forum for presenting the results of the family dialogues. Aspirations presented included:
 - to send their children to school,
 - to eat three meals a day,
 - to increase income.

Barriers to these aspirations centered on lack of income — producing opportunities.

In these dialogues, the composition of the working groups based on their sociomatrix was verified and groups to be formed were identified.

3. Group formation activities and capability-building activities: On the bases of the community dialogues, groups to be formed were given technical assistance to help them plan, implement and monitor their own projects.
4. Inter-sectoral team-building and planning workshops

In support of community-planned activities, representatives of the community, government service agencies, DMSF-IPHC and other non-government agencies met to discuss the following:

- community-identified problems,
- services/resources available within each agency and within the community,
- barriers to access to these services/resources,
- procedure for access to these services/resources; and
- difficulties encountered by government agencies in the provision of services to the community.

These discussions led to the preparation of action plans in which specific roles were designated to various agencies. Subsequent inter-sectoral workshops were devoted to the review of projects planned in previous workshops and preparation/presentation of plans for other projects.

5. Monitoring and assistance to community-planned projects: On the basis of the foregoing activities, the following community-planned projects are being implemented by the communities in Agdao:

<i>Income Generating Projects or Health Related Projects</i>	<i>Agency Giving Assistance to Community</i>
- Training in project selection and management of micro-business including bookkeeping and marketing	- IPHC, Ministry of Agriculture and Ministry of Trade
- Production skills training (e.g. food processing, garment production and dressmaking)	- Ministry of Agriculture and
- Financial assistance to micro-business through community credit groups	- IPHC
Health and Sanitation Projects	
- Sanitary toilets and health education regarding importance of sanitary toilets	- Ministry of Health and Institute of Primary Health Care
- Eye check-ups and provision of eye glasses at low cost	- Lion's Club
- Water connection project	- United Way, IPHC Davao City Water District
- Immunization of children	- City Health Office
- Deworming	- Medical and Dental students of DMSF
- Home-based growth charts	- IPHC
- Dental health education	- Dental students of DMSF and Project Hope of the City Mayor's Office

Other Projects

- San Isidro Youth Group recreational facilities managed by the youth - IPHC
- *Putting Lupa* Multi-Purpose Purok Shed - no external assistance
- Formation of youth organization in Purok Sta. Cruz - IPHC
- Community Pharmacy in Lanang Creek - IPHC

Child-to-Child Program

In Third World Countries, care of infants and toddlers is commonly delegated to older siblings because the parents and older members of the family have to work outside the home or have heavier household chores to perform. In the Philippines, one often sees such children, balancing their younger brother or sister precariously on a hip or dragging him by the hand near billiard halls, bus stops, corner stores, or market places. In 1982, the IPHC Staff with the participation of the community, initiated a Child-to-Child Program in both Agdao and Baguio.

The objectives of the Child-to-Child Program were: to train older children between 9-15 years of age to facilitate the physical, mental and spiritual/psychosocial development of their younger brothers and sisters (0-6 years old). During the preparatory phase, the IPHC staff familiarized themselves with the activities of these age groups in rural and urban poor communities through:

- an ocular survey of the areas,
- discussions with the mothers,
- discussions with persons directly involved in child-focused projects, namely the *katiwala*, Barangay Nutrition Scholar (BNS), Project Hope Teacher, Nursery Teacher and the Principal of the elementary schools,
- brief informal talks with a few older children,
- observation of one Project Hope Class.

Based on the insights gained from the above activities the IPHC Training Officer formulated a training design for a child-to-child Class, revised many of the IEC materials, and tested both the design and the materials in Agdao and Baguio as the pilot phase of the program. After going through the actual experience of conducting the child-to-child Class, the IPHC started a Child Trainors Training Program wherein interested target communities were asked to select volunteer child trainors were to take on the role played by the IPHC Training Officer during the pilot phase so as to assure program continuity with the minimal IPHC intervention.

Selection of Child Trainors

The first group of child trainors was selected on the basis of:

- recommendation by the *Katiwala* and local leaders,
- willingness to attend training and conduct classes for health scouts,
- personal interview.

The first Child Trainors' Training was carried out by the IPHC Staff with the assistance of the Early Child Enrichment Program Staff of the University of the Philippines, Diliman (ECEP). The training content was adapted from materials gathered by IPHC and ECEP. The bulk of the health, nutrition and sanitation materials were based on the *Katiwala* training materials.

After the trainors' training, some of the child trainors organized their own Child-to-Child Class in their respective communities. Each child-to-child Class had the following course content:

1. 3-fold needs of a child
2. Value: Love
3. First aid and some home cures
4. Oral Rehydration
5. Nutrition
6. Cooking lessons
7. Behavioral characteristics of 0-6 year old children and the appropriate activities to be conducted per age group
8. Appropriate toys and songs for 0-6 year old children
9. Right values/behavior for a model health scout
10. Accident prevention
11. Basic hygiene
12. Self-evaluation: What are my values?
13. How to teach concepts of time and space to 0-6 year old children

Evaluation of Child Trainor's Performance

The Training Officer and the PHC Staff sensed a lack of commitment on the part of some child trainors. Although a few started holding classes in their *barangay* soon after the training, others could not get started, or they did start but gave up after a few sessions. There was a need for constant follow-up and remotivation and retraining. The Training Officer (T.O.) in consultation with the IPHC Staff decided to adopt a better volunteer selection process and to involve the trainor candidates in baseline data gathering and in planning their own training. The second group of potential Child Trainors:

- conducted a participatory social investigation of their community about the present situation of 0-6 year old children;
- analyzed the data with the help of other trainees and the Training Officer;

- enumerated the expected tasks of the Health Scout based on the social investigation results; and
- planned the course content of a Child-to-Child Class and their trainors training.

It was during these pre-training activities that the potential trainors were given ample time to understand their role and responsibilities and to express their commitment and proceed with the training, or back-out before the actual training starts. The child trainor, assisted by the *Katiwala* or teacher invited children between the ages of 9-15 years who had siblings between the ages of 0-6 to attend the Child-to-Child Class.

At present, the content of each Child Trainors Training varies according to the data gathered through the Participatory Social Investigation conducted by the trainors and the identified needs and tasks of the Health Scouts in their respective communities. What is common in all the trainors training and the consequent Child-to-Child Class is the emphasis on:

- treatment of common health problems like fever, cough, diarrhea, malnutrition and worms,
- personal hygiene,
- value formation,
- appropriate activities, songs, toys, and games for 0-6 years old children,
- accident prevention and first aid.

Recently, the use of home-based growth chart was introduced as a tool with which the parents and the older child can monitor the nutritional status of the younger child. Some Child-to-Child Classes included breastfeeding in their curriculum while others dealt more with common ear infections. Hopefully, through more flexibility, the Child-to-Child Program will be able to answer the specific needs of the children in the community.

Difficulties and Problems Encountered

The community is engaged in a constant struggle for survival. They have very little leisure time and find it difficult to attend meetings. One of the difficulties was in arriving at a schedule that was acceptable to all; but this problem was solved by scheduling meetings to suit the members, by holding smaller group meetings and supplementing these with one-to-one "tutorials." After an initial acceptance of the project, local officials were at times not supportive. They were too busy to attend meetings. Agency representatives occasionally were not committed and failed to attend meetings.

Some members have been used to dole-outs. When they realized that there was no dole-out in this project, their interest waned. One community project failed because the member responsible malversed the funds. Agency workers were at times indifferent to the needs of the community.

The P.O. stopped going to one *barangay* under her supervision because of the "critical" political situation. She may have to transfer her activities to another village though she is still hopeful that the conditions will improve and she can return.

After their training, these volunteer Child Trainors in turn organized their own Child-to-Child Classes. In the course of monitoring these classes, the IPHC identified areas improving the capabilities of the Child Trainors in teaching the children and also the need for constant follow-up of the Health Scouts' activities at home to determine how effective they have been in promoting the total development of their younger brothers and sisters. We have found some weaknesses in the training of the Child Trainors which accounted for the gaps in performance of the older children's role as Health Scouts. Moreover, such gaps made us question how much of what is taught and learned in each Child-to-Child is actually applied at home.

As of June 30, 1984, a total of 214 children were trained. During interviews, these children have informed IPHC Staff members that the project has enabled them to help their younger siblings. Many of them have actually used the Oral Rehydration Solution (ORS) when a member of their family gets sick. Their reports are being checked by their parents before these are submitted to the class. However, other data-gathering tools are being tested to determine the effectiveness of the program.

Conclusion

A mid-project review is scheduled for 1985. It is still too soon to say whether the nutrition and health of the urban children have been improved by the project or not. There are indications that the communities have developed the capacity to do the unbelievable within the context of their limited resources and that they will be able to attempt the impossible, grasp the faintest of opportunities, and survive, even against the most difficult odds.

GROWTH AND YIELD PERFORMANCE OF SEVENTEEN (17) VARIETIES OF SWEET POTATO IN CATALUNAN GRANDE, DAVAO CITY

ORLANDO C. JOSEPH

Introduction

Sweet Potato (*Ipomomea batatas*) has been considered one of the more important root crops in the country not only because it is consumed extensively