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Bureau of Democracy, Conflict and Humanitarian  
Assistance  
Office of Food for Peace**

**Fiscal Year 2011 Annual Results Report**

**Awardee Name /Host Country**  
Mercy Corps, Guatemala

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## LIST OF ACRONYMS

ABKDEC	Baptist Kekchi Cultural Development Association
ADEMAQK	Kajo'om Maya Q'eqchi Development Association
ADS	Automated Directives System
AOTR	Agreement Officer's Technical
ARR	Annual Results Report
AV	Alta Verapaz
BCC	Behavior Change Communication
BL	Baseline
CAFESANO	Northern Coffee Growers Association
CC	Convergence Center
CHC	Community Health Commission
CHF	Community Health Fund
CHV	Community Health Volunteers
COCODE	Community Development Council
CSB	Corn-Soy Blend
CTS	Commodity Tracking System
DIP	Detailed Implementation Plan
EBS	Basic Health Teams (field teams from PSS)
FANTA-2	Food and Nutrition Technical Assistance Project (Phase 2)
FFP	Office of Food for Peace
FFP/M/R	Office of Food for Peace/Mission and/or Regional Office, as appropriate
FFP/W	Office of Food for Peace/Washington
FUNDAMENO	Mennonite Kekchi Foundation in Guatemala
FY	Fiscal Year (October 1 <sup>st</sup> - September 30 <sup>th</sup> )
GIS	Geographical Information System
GOG	Government of Guatemala
ICO	Social Cooperation Institute
IFPRI	International Food Policy Research Institute
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
IS	Institutional Strengthening
ISP	Internet Service Provider
I-STAR	Integrated System for Transformation, Appreciation and Results
ICT	Information and Communication Technologies
IY	Implementation Year (July 1 <sup>st</sup> – June 30 <sup>th</sup> )
KAP	Knowledge, Attitude and Practice
LNS	Lipid-Based Nutrient Supplement
LOA	Life of Award
MC	Mercy Corps
MCG	Mercy Corps Guatemala
MIS	Management Information System
MNP	Micro-nutrient Powder
MOH	Ministry of Health
MOU	Memorandum of Understanding

M&E	Monitoring and Evaluation
MT	Metric Ton
MYAP	Multi-Year Assistance Program
NGO	Non-Governmental Organization
PDA	Personal Digital Assistant
PEC	Coverage Extension Program, MOH
PM2A	Preventing Malnutrition in Children Under Two Approach
PPS	Planning and Performance System
PSS	Decentralized Health Service Providers
PREP	Pipeline and Resource Estimate Proposal
PROCOMIDA	Programa Comunitario Materno Infantil de Diversificación Alimentaria (Mercy Corps' Title II PM2A MYAP in Guatemala)
PROSAN	Food Security Program, MOH
SAM	Severe Acute Malnutrition
SAPQ	Standardized Annual Performance Questionnaire
SESAN	Food Security and Nutrition Secretary
SIAS	Integrated Health Attention Service
SYAP	Single-Year Assistance Programs
TSU	Technical Support Unit
USAID	United States Agency for International Development
XNA IXIM	Multi-Ethnic Women Association

## 1. Introduction

This Annual Results Report (ARR) summarizes all activities PROCOMIDA implemented during Implementation Year (IY) 2 (July 2010 to June 2011). In this implementation year the program started field interventions with direct beneficiaries.

### 1.1. Implementation

Field activities started in July 2010 with 40 non-research Convergence Centers (CCs) in the municipality of Cobán. The remaining 181 CCs were implemented through January 2011, as described in the IY03 PREP.

The Field Program and MIS Units revised distribution routes and increased the routes from 44 to 46 in such a way that each route covers CCs of the same research arm<sup>1</sup>. All distributions were covered in a 15 workday period each month. A total of 24 field teams of two persons each attend the CCs once a month. The bilingual (Spanish and Q'eqchi') team consists of one female facilitator in charge of training of the mother groups through Behavior Change Communication (BCC) and one male facilitator in charge of training Community Health Commissions (CHC) and male participants, supporting ration distributions and holds BCC sessions with fathers.

In the first months the CHC in each CC were trained in the management of the community health fund (CHF), including annual investment plan, emergency plan, voluntary contribution, and handling of donated commodities. The commissions were also trained in BCC. Part of the health fund has been used to construct and/or improvement of the community storerooms, designed to hold commodities for up to four days. These activities are implemented with volunteers from the community.

Through the BCC strategy, the program identified around 80 key messages which are addressed through flipcharts, ration bag messages and pamphlets. Five flipcharts are organized around specific themes: 1) Food and Health; 2) Exclusive Breastfeeding; 3) Care of Pregnant and Lactating Mothers; 4) Care of Children from 6 to 24 Months; and 5) Sick and Malnourished Children. In this second implementation year, the first three flipcharts were designed and distributed in all 221 convergence centers. Additional copies will be distributed to key stakeholders, such as MOH and the decentralized health service providers (PSS<sup>2</sup>). The pending two flipcharts are in a rigorous design and validation process and will be ready for use by the end of this calendar year. A total of 27 ration bag graphic messages were designed and validated and are organized in nine sets of three messages: one each for rice, beans and CSB. Each set of messages will be used for two continuous months to assure all beneficiaries have been in contact with them. After 18 months when all messages have been used, the cycle will restart so new beneficiaries will have the same exposure. For the four micronutrients<sup>3</sup> used in the program, packages were designed, as well as flyers to introduce and promote them with the participants

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<sup>1</sup> For practical reasons, non-research arms are included in research arm A since they receive the same ration and services.

<sup>2</sup> PSS are the local NGOs that have signed a contract with MOH to provide extension coverage through PEC.

<sup>3</sup> LNS for mothers (Nutri Fuerza) and LNS for children (Nutri Nim); MNP for mothers (Kawil Nabej) and MNP for children (Sa Us).

and PSS. A training guide was developed for field staff for each flipchart. At this moment, these guides are compiled into one document and will be printed and distributed by the end of this calendar year and will also be shared with key stakeholders.

All field staff receive monthly training in BCC, nutrition, M&E and data management (MIS). These training sessions take place in the first week of each month when there are no field activities. Training includes all field staff (educators, M&E technicians, institutional strengthening technicians and MIS data entry) and with an average of six PSS educators per region. BCC training sessions are organized around adult training techniques, BCC messages and flipcharts. Separate M&E and MIS sessions are held together and include revision of execution levels, training in data collection forms. Staff has also been trained in standardized anthropometric measures, preparation of local food, nutrition, recipe trial training (a total of 26 recipes developed to date), micro-nutrient protocol and identification and referral of severe acute malnutrition (SAM). Separately, all PSS Basic Health Teams (EBS) that work in the intervention area were trained in nutritional evaluation (including anthropometric standardization), nutrition and malnutrition. The EBSs in turn are training their Community Health Volunteers (CHV) in the same areas.

The first batch of LNS micronutrients was ordered by IFPRI in June 2010, anticipating a reasonable time for research protocol approval from MOH, and arrived at the warehouse in November 2010. Since MOH approval was seriously delayed, IFPRI decided to wait to order micro-nutrient powders (MNP) until MOH approval of the micronutrient research. The research protocol was approved by MOH in March 2011, after which IFPRI proceeded to order the MNP. For research purposes it was decided to implement both micro-nutrients at the same time and both research arms D and E would receive CSB until then. As the expiration date of the LNS was very close (April 2011) IFPRI decided to donate it to another organization and to place a new order at the same time as the MNP. Both orders were received in July.

## **1.2. Beneficiary interventions**

The program has defined the child as its main beneficiary, although it involves the mother at all levels of interventions. Thus, it uses a mother-child unit to identify beneficiaries. In this context, the following beneficiary types are defined: Pregnant women; lactating women; and children from 6 to 24 months of age. The program measures both mother-child units and beneficiary families. If a child graduates from the program and the mother becomes pregnant again, the unborn child is considered as a new beneficiary and a new mother-child unit is created, the number of beneficiary persons increases with one. The family will not be counted twice however, so the total number of families stays the same.

A total of 125,326 individual rations (CSB) and 120,943 family rations (rice, pinto beans and vegetable oil) were distributed during IY2 to a total of 16,672 families. The difference is due to double rations of CSB when there is more than one eligible individual in a family<sup>4</sup>. As of June 30, 2011 the program has a total of 14,093 active beneficiaries from 13,659 families. Distribution between beneficiary groups is as follows:

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<sup>4</sup> Twins under two year or a child under two years and a pregnant mother.

**Table 1: Active beneficiaries by type (as of June 30, 2011)**

Beneficiary Type	Actual Participants as of June 30, 2011	Aged-out or Left Program	Accumulative Participants Since Beginning of Program
<b>Pregnant women</b>	1,878	419	2,297
<b>Lactating mothers</b>	3,296	413	3,709
<b>Children 6 to 24 months</b>	8,919	1,749	10,668
<b>TOTAL</b>	<b>14,093</b>	<b>2,581</b>	<b>16,674</b>

Source: PROCOMIDA MIS system

**Table 2: Active beneficiaries by region (as of June 30, 2011)**

Beneficiary type	Pregnant and lactating mothers	Children 6 to 24 month	Total as of June 30, 2011
<b>Western Region</b>	2,169	3,383	5,552
<b>Central Region</b>	1,891	3,423	5,314
<b>North Region</b>	1,114	2,113	3,227
<b>Total</b>	<b>5,174</b>	<b>8,919</b>	<b>14,093</b>

Source: PROCOMIDA MIS system

Beneficiaries have received monthly training from field staff, divided in different groups according to interests (pregnant women, women with children from 0 to 6 months of age and women with children from 6 to 24 months). Specific sessions for sick and/or malnourished children are given on demand. Field staff has trained a total of 16,674 beneficiary mothers, as well as the health commissions in all 221 CCs.

**Table 3: Number of educational sessions implemented to participants (July 2010 – June 2011)**

Region	July – Sept-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
<b>Western</b>	287	201	222	222	240	265	272	276	278	283	2,546
<b>Center</b>	237	332	325	208	251	277	284	310	299	295	2,818
<b>North</b>	178	148	173	147	227	219	240	247	244	374	2,197
<b>Total</b>	<b>702</b>	<b>681</b>	<b>720</b>	<b>577</b>	<b>718</b>	<b>761</b>	<b>796</b>	<b>833</b>	<b>821</b>	<b>952</b>	<b>7,561</b>

Source: PROCOMIDA monitoring system

Educational sessions include recipe demonstrations with model mothers, who in return replicate them with beneficiaries assigned to them. Though this model, local capacity is increased in adequate diet and food preparation practices, assuring sustainability and program impact.

Field staff has made 5,929 household visits, with an average of 494 visits per month. During the visits staff stresses the importance of assisting the training, strengthens key messages, monitor of donated food use, follow up malnourished children and give counseling on nutrition. The local NGO PSS field staff also realized 2,581 household visits for a total of 8,510 house visits overall.

In research arms D (LNS) and E (MNP) trial acceptance tests were held to identify allergies, particularly of the peanut-based LNS, before distribution began. For safety reasons, persons with asthma are not receiving LNS.

### ***Institutional Strengthening (MOH, PSS)***

Agreements have been signed with the local PSS NGOs, to implement joint activities. These agreements have been approved by MOH area director and include budget to cover extra expenses. Additionally, an agreement with the national level MOH has been signed to strengthen their data management capacity and to make modifications to their data system to include growth promotion data reporting. This has been done to ensure a single and integrated, rather than parallel, data collection system for MOH.

Each month NGO field staff has been trained and their office staff receives training quarterly. With five of the six NGOs an organizational diagnosis was realized to identify strengths and weaknesses in organizational capacity, resulting in five organizational strengthening plans. Quarterly, PROCOMIDA hosts exchange sessions with CHC of all 221 CCs, where they interchange experiences and practices regarding program and voluntary activities.

### **1.3. Warehouse**

During the second implementation year the program distributed 2,859.4 MT of commodities in the 221 CCs in four municipalities of Alta Verapaz.

***Table 4: Distribution Summary by Research Arm (in MT, from July 2010 to June 2011)***

<b>Research Arm</b>	<b>CSB</b>	<b>Rice</b>	<b>Beans</b>	<b>Vegoil</b>	<b>Totals</b>
<b>Non – Research</b>	319.0	925.2	462.6	285.3	<b>1,992.0</b>
<b>A</b>	46.1	134.9	67.4	41.6	<b>290.1</b>
<b>B</b>	39.7	67.6	29.0	19.0	<b>155.3</b>
<b>C</b>	36.3	-	-	-	<b>36.3</b>
<b>D</b>	32.7	95.1	47.6	29.3	<b>204.7</b>
<b>E</b>	28.8	84.2	42.1	26.0	<b>181.0</b>
<b>Totals</b>	<b>502.6</b>	<b>1,307.0</b>	<b>648.6</b>	<b>401.2</b>	<b>2,859.4</b>

*Source: PROCOMIDA Commodity Status Reports*

The ration packaging process in the warehouse was executed according to plan by a service provider contracted through a public tender process. The provider contracted was a specialist in this kind of repacking processes and complied with the good manufacturing practices, including strict hygiene and sanitary measures. This provides quality control during the packaging, including bag by bag revision of commodity for damage; assuring that beneficiaries receive high

quality products. Another advantage of the packaging process is guaranteeing the exact weight of each ration packaged. It is noted that CSB, possibly because it may have been packed in the US by volume and not weight or is packed with a positive tolerance, results in a slight surplus (+1.75%) for the stated weight on the bags (25 Kg). This also happens with rice (+0.44%) probably due to acquiring humidity during prolonged storage (CSB is packed with a poly-liner so this does not happen to it); while beans showed a slight decrease in weight (-0.88%) due to the fact that they lose weight during prolonged storage. The laminated polypropylene ration-size bags also help to protect the commodities during transport and storage in the communities from water damage and other contamination. Prior to the start of the packaging process, the program obtained from the MOH a Sanitary Operation License, as required by law. This license authorized the re-packaging operations in the warehouse and confirmed that the processes comply with local health standards.

Ration transport to CCs is provided by a separate contractor who delivers the rations according to the defined routes, delivering the exact quantity of pre-packaged rations as determined by the distribution list based on previous month's inscriptions and beneficiary exits. Transport to the CCs takes place up to four day before distribution. Despite adverse weather conditions, all rations have been delivered in a timely manner during this IY.

The program planned one direct distribution call forward for FY 10 as sufficient stocks were available from the FY09 call forward. Imports were made through the USAID tax-free franchise during this period and the imports were received in two shipments arriving in Santo Tomas Port for a total of 4,183.9 MT manifested according the Bill of Ladings as follows:

**Table 5: Commodity shipments for IY 2 (direct distribution).**

<b>Commodity</b>	<b>Shipment 1 (Dec. 2010)</b>	<b>Shipment 2 (Feb. 2011)</b>	<b>Total</b>
<b>CSB</b>	609.2	0	609.2
<b>Rice</b>	0	1,989.1	1,989.1
<b>Beans</b>	975.8		975.8
<b>Vegoil</b>	0	609.8	609.8
<b>Total</b>	<b>1,585.0</b>	<b>2,598.9</b>	<b>4,183.9</b>

*Source: PROCOMIDA CTS*

A second warehouse directly connected to the first was acquired in Cobán to assure adequate capacity to store all commodities, since there was still a considerable amount of commodities in storage from the FY09 CF. The second new warehouse in Coban was opened March 7, 2011 the same day the FY10 rice shipment started to arrive. In addition, existing beans stock from the Zacapa warehouse was also received.

The clearance process, inland transportation, unloading and return of the empty containers to the port for each shipment was completed within the 45 free-days established in the ocean freight contract. The customs process and port exemption process were completed normally in coordination with USAID, GOG and Port Authorities.

The prolonged storage of all shipments received represents a potential risk of damages, considering the high inventory level, requiring strict and intensive commodity management measures to keep the commodities in the best storage conditions.

#### **1.4. MIS**

The MIS platform has advanced in the development of software applications. It is also developing user-manuals, as well as the technical documentation. The following characteristics were finalized in the course of the second implementation year, as planned:

- Use of technology that is readily available and flexible, allowing implementation in any project or program that distributes goods and services to communities.
- Web-based automation of processes and operations, to assure universal access via internet and following international standards for security, both for access control and transaction logs.
- Software applications are developed in computer programming languages (PHP<sup>5</sup>, Java and SQL<sup>6</sup>), allowing platform independent access and portability.
- Data access is secured by periodic backups (daily, in real time) and redundancy, assuring a 95-99% availability. Thus far, downtime has been generally caused by ISP infrastructure failures.
- The main MIS platform consists of the following modules: Commodity Tracking System (CTS); Planning and Performance System (PPS); Beneficiary Training Tracker; and Beneficiary Information. The development of an additional Nutrition module has started.

Initially all data collection was handled both on paper and digitally, including data collection through Personal Digital Assistants (PDAs) and Android Tablet with the smart phones capabilities. A total of 55 PDAs have been purchased for this purpose and 35 Tablets have been added to meet the resources needs, providing each field team with one unit. Data is collected electronically and uploaded to the database automatically, although certain information will also be on paper for auditing purposes. After several attempts, the possibility of using fingerprint readers with PDAs or Tablets for beneficiary registration and control was abandoned because it was found not to be cost effective and was more complicated than expected due to a lack of local technical support. The implementation of the online database has created the need to revise the national ICT infrastructure and interconnectivity and Mercy Corps has invested in new infrastructure to solve shortcomings.

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<sup>5</sup> PHP 5 (Hypertext Preprocessor) is a scripting language to produce dynamic web pages.

<sup>6</sup> SQL (Structured Query Language) a standardized programming language for managing data in relational database systems.

### ***Beneficiary data***

All beneficiaries are registered with a unique code assigned to each family. Beneficiaries receive a beneficiary card, which they take with them to trainings and food distributions. The card allows PROCOMIDA to register beneficiary participation in trainings, as well as attendance in pregnancy controls and/or growth promotion sessions for children. The beneficiary module provides the warehouse with an exact monthly planning of ration production and distribution. It also interlinks with all other modules within the PROCOMIDA MIS.

### ***Commodity Tracking System (CTS)***

The CTS includes two main components:

- Warehouse management, including commodity reception, transfer between warehouses, and dispatch to the field. In this context, the different areas – storage, repacking and dispatch – are considered separate sub-warehouses.

• Distribution, including ration distribution to beneficiaries and ration returns from the field. The CTS is interdependent with the beneficiary module within the PROCOMIDA MIS system. The module was released for validation and testing in May 2011. The final version was released in September 2011 containing all data starting with the reception of the first commodities in February 2010.

### ***Planning and Performance System (PPS)***

This module provides the program with analysis and reporting tools to measure implementation and results achieved. Process indicators have been defined with field staff and monthly targets have been established. Field staff report monthly execution levels against these targets and, together with their coordinators, evaluate their performance and adjust their monthly planning. Although the PPS is mainly conceived as an internal reporting and control tool, it also allows the program to generate information for external reporting. It is based on a yearly indicator definition and revision and target planning, followed by monthly execution reporting. It is based on the Balanced Scorecard<sup>7</sup> concept and allows consolidated reporting at different levels according to the program's needs. The PPS was released for testing in June 2011 to identify potential improvements needed to fill all the program expectations and to meet the replication of their capabilities to other programs.

### ***Training***

All training – including those for beneficiary families, community committees, PSS and other partners – is entered in the MIS database assuring correct registration of persons that received training and/or assistance.

## **1.5. M&E**

During this implementation year a variety of monitoring tools and surveys were implemented to measure the success of the implementation and progress in interventions.

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<sup>7</sup> The Balanced Scorecard is a strategic performance management tool developed by Robert S. Kaplan and David P. Norton. See: *The Balanced Scorecard: Translating Strategy into Action*, Harvard Business School Press, Boston (1996)

In February 2011 the program applied a donated food utilization survey that involved 900 households from 30 CCs: 25 from research arm A; 3 from arm B; and 2 from arm C. Research arms D and E were not included since they had only started in January. It became evident that the ration sizes were too large, since almost 70% of the interviewed households had surplus food at the end of each month. Based on this research, the decision was made to propose a ration reduction; which was approved via PREP in June 2011 and became effective from August 2011.

The M&E field technicians implement an average of 40 M&E monthly visits to measure implementation of the training and distribution sessions, to improve implementation and to identify possible bottlenecks or complications. Through these visits, specific training needs for the field staff were identified and addressed, as well as clarification on specific processes and decision structures. An exit survey is implemented for beneficiaries that either graduate or leave the program voluntarily. It measures knowledge levels of the mother and to a certain level adoption levels. Currently it is done on a sample basis by the M&E staff, in the CCs where they are present that month. The program is analyzing whether or not this can be implemented for all beneficiaries that leave the program, without overloading the field staff.

## **1.6. Management**

On December 2, 2010 an agreement with MOH was signed, to coordinate interventions in the program area. MOH approved the research protocol in March 2011, after an intensive discussion between IFPRI, MCG and FANTA-2 on one side and MOH, its different programs and the Ethics Commission on the other side.

Three additional vehicles were acquired as planned to improve mobility using MCI core funds for Deputy Program Director, M&E and Institutional Strengthening. To assure timely data exchange, participating PSS NGOs and MOH were provided with computing equipment.

Three PVOs implementing MYAPs in Guatemala (Save the Children, CRS and Share) visited PROCOMIDA in June, 2011. As a result, more exchange visits are planned.

## **1.7. Program Results**

Results will be discussed based on the IPTT (see attachment A), ordered by the percentage of target met, with reference to its Intermediate Result (IR). Indicators have been given a unique number throughout the IPTT, in the first column of the table, which is used to guide this discussion. Trigger indicators are discussed separately.

At this point five changes have been made to the IPTT since the PREP year 3 submission:

- Indicator 12 was originally phrased as: IR 1.2. Monitoring indicator 6, % children aged 0 – 59 months with diarrhea that received adequate treatment. After detailed revision, it became clear that at baseline this indicator was measured in children aged 0 to 23 months. Hence the indicator was adjusted accordingly.
- Indicator 13 followed the same adjustment as indicator 12. Additionally, the target for IY 2 was adjusted, since in the former version an involuntary error was made and the target for this year was not adjusted to BL value.
- Indicator 15 (IR 1.2. Monitoring indicator 9, % of mothers receiving minimum recommended neonatal care) is proposed to be eliminated, since national standards require the first visit to

the mother within three days, which is measured with indicators 16 (IR 1.2. Monitoring indicator 10, % mothers receiving minimum recommended post natal care).

- Indicator 30 was originally included under IR 2.2 as Monitoring Indicator 4, % of local community health volunteers who meet minimum standards/thresholds for performance. Change in this indicator is largely subject to external factors, such as budget assignment and fund transfers to MOH, fund transfers to implementing NGOs and availability of supplies. Therefore, it was changed to an impact indicator under SO 2 as Impact Indicator 4.

**A. *Indicators that met or exceeded target:***

**IR 1.1.** Overall beneficiary target of 17,000 beneficiaries was met by 98% (16,672). However, there are proportionally more children than women than expected (indicators 4 and 6).

**IR 1.2.** Knowledge on danger signs of pregnancy (indicator 10) exceeded the target by 173% (17% reached with a 10% target). The same occurred with childhood illness warning signs (indicator 11), which exceeded with 179% the target of 10% (18% reached). Essential newborn care (indicator 8) is on target (98%). Since this includes rather new concepts for the mothers, it requires some adaptation of cultural customs, increase in this indicator is expected to show in the following years. Exclusive breastfeeding (indicator 9) has exceeded the target of 70% by 113% (79% reached). As mentioned above, indicator 15 is proposed for elimination, since according to MOH protocol, neo-natal care for the mother is included in post-natal care. The latter (indicator 16) exceeded this year's target of 38% by 190% (53% reached). Children receiving routine health services (indicator 18) exceeded the target value of 35% with 127% (45% measured). This indicator measures the percentage of children aged under two years that attend monthly growth monitoring sessions at the CC or through the CHC. On average, children attend between 9 and 10 sessions per year. The increase is largely due to the fact that the program requires mothers to take their children to growth monitoring sessions in order to receive their monthly ration.

**IR 1.3.** All CCs have created a community emergency plan, as planned (indicator 20). Household action plans (indicator 19) were not planned for this year, since the methodology is being adapted for specific PROCOMIDA needs. The difference between BL value (1.8%) and measured value (1%) is not considered significant and within sampling variation.

**IR 2.1.** Health Commissions in each CC are holding regular monthly meetings (indicator 23) and all have demonstrated progress on their action plans (indicator 24). None of the CCs have planned orientation visits to the health facilities (indicator 25), as planned. Although not expected this year, the percentage of deliveries at health facilities (indicator 26) has increased to 41%, exceeding the target by 7%.

**IR 2.2.** In terms of service quality at CCs, 100% of the planned number of health staff has been trained (indicator 27) in health and nutrition best practices. The percentage of detected SAM cases referred per MOH protocol (indicator 29) has exceeded the 80% target by 4% (83% reported).

**IR 2.3.** Finally, 1,793 persons were trained in planning and advocacy around food security and health (indicator 31), exceeding the 1,680 target by 7%.

## **B. Indicators that did not meet target:**

**IR 1.1.** Minimum acceptable diet for children aged 6 to 24 months (indicator 5) is much lower this year (46%) than measured in the baseline (60%), reaching only 70% of the target. This can be explained by a much higher consumer price index for this year (0.95 for July 2011) than at baseline (0.49 for May 2010). Taking into consideration seasonal differences, the index for July 2010 is 0.38. Although the program promotes diet diversity for children through recipes, access to local food is limited by these high prices.

**IR 1.2.** Although the program has implemented a rigorous training program for the beneficiaries, for some reasons the beneficiaries are not increasing their nutritional knowledge<sup>8</sup> as much as expected (2% increase against the 5% target, indicator 7). The specific reasons will be investigated in IFPRI's operations research and our mid-term evaluation, although it is understood that some of these themes (see footnote) are new to the beneficiaries and takes more time to adopt. As a result, the coming year, training in behavior change (BCC) will be more focused on increasing nutritional knowledge; based on the operations research and mid-term evaluation findings, training materials and/or methods will be adjusted.

Treatment of diarrhea and respiratory diseases (indicators 12 and 13 respectively) are actually lower than measured at baseline, thus resulting in 60% and 81% of targets met. One of the explanations is that in this year, MOH has been suffering serious budget restraints, resulting in reduced availability of medicines in hospitals, health centers and CCs. Indicator 14, % of mothers receiving minimum recommended antenatal care, is also lower than baseline value and only reached 60% of execution. Since this indicator includes application of anti-tetanus shots and supplementation with iron and folic acid, availability of medicines also affected this indicator. The number reported (50%) coincides with the official MOH coverage data on supplementation and anti-tetanus for Alta Verapaz. If indicators 12 through 14 remain low at mid-term, the program should revise targets for outlying years. Child vaccination (indicator 17) is lower than at baseline (24% vs. 86% at BL). This is to a large extent due to absence of vaccines in this last year.

**IR 2.2.** The minimum level of infrastructure, supplies and medications at health facilities (indicator 28) only increased 5% against the planned 10%. This has primarily to do with availability of supplies and medications, due to the already mentioned budget problems of MOH and consequently the CCs.

## **C. Trigger Indicators**

Trigger indicators were measured through secondary data sources, mostly from government institutions, except for indicator 36, Coping Strategies. The latter was measured using the Coping Strategy Index<sup>9</sup> and was measured through the annual household survey. Since trigger indicators are not linked directly to specific program activities, change cannot be attributable. Hence, it is not logical to speak of % target met, but only about levels of risk. Trigger indicators have thus

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<sup>8</sup> Measures: breastfeeding within one hour of birth, colostrum given to newborn, age other liquids should be given and age semi-solid food should be given.

<sup>9</sup> Maxwell et al, July 2003. The Coping Strategy Index, Field Methods Manual. Care and World Food Programme.

been labeled according to the level of risk: green means no risk; yellow means moderate risk and; red means high risk. In comparison with last year, only irregular rainfall has moved from green to yellow due to the low rainfall this year.

## 2. Success stories

### 2.1. What Counts is the Attitude

*Written by Rosaura Artola, Field trainer, PROCOMIDA*

The PROCOMIDA program started its activities in the Monte Olivo Convergence Center (Cobán) with an average of eighty beneficiary families. According to guidelines, five model mothers were selected; each covering up to 20 beneficiary families. These model mothers are



Model mothers implementing recipe trials in Monte Olivo.

Photo by Rosaura Artola, Mercy Corps Guatemala.

trained monthly in recipe trials which they repeat with their beneficiary groups.

After some months, one model mother from the community of Nuevo Amanecer, graduated from the program, as her child reached the age of two. During the training session of that month, mothers are asked to replace the graduating model mother, but none accept the challenge, alleging lack of time. One of the fathers of the community, Edgar Esteban Bol, who is also member of the Community Health Commission, seeing the lack of interest with the mothers, accepted the challenge to attend the beneficiaries of his community. All women were surprised and were wondering if he would be able to carry out these responsibilities. In time, Edgar has demonstrated that with interest, will power and a positive attitude there is time to learn, participate and share.



Don Edgar participating actively in recipe trials in Monte Olivo.

Photo by Rosaura Artola, Mercy Corps Guatemala.

Don Edgar is providing the community of Nuevo Amanecer a great service by assisting the monthly training sessions with enthusiasm and sharing his knowledge with the participating beneficiaries. He is the only male monitor in the program and is also

very active in the Community Health Commission, as well as in monitoring the food usage in his community and the CC.

### 3. Lessons learned

- a) It has been strategic to seek authorization and collaboration from MOH for program implementation in order to improve linkage with PEC implementing local NGOs and sustainability of PROCOMIDA's interventions. It also assures standardization of changes in data management and facilitates expansion of these changes outside the intervention area of the program.
- b) Initially, routes were organized by ration type to avoid communities with one ration to see larger rations from other communities. However, this implied driving up and down the same route for more than one time, increasing workload, costs and delivery times. New routes have been designed to optimize delivery times by organizing CCs by proximity. Within each route, CCs with full ration are delivered first, followed by rations D, E, B and finally C. This way, communities receiving smaller rations sizes have no contact with the larger rations of other research arms.
- c) Having field staff hired from the area where they work and who speak the language and understands the local culture enhances the probabilities to change behavior positively.
- d) Mixed field teams (female and male) foster trust with the beneficiaries and facilitate communication with different target groups, especially regarding gender sensitive themes.
- e) Through training, community volunteers are more motivated to participate in health activities within the program, which in turn is expected to enhance adaptation of new practices by the beneficiaries.
- f) Packaging the rations makes distribution easier, cleaner, faster and exact than the traditional distribution with the original commodity bags, scoops and hanging scales.
- g) Limitations in MOH budgets for the NGOs can cause instability and may have a negative impact in program interventions and targets, such as institutional strengthening and improving health services quality, as discussed in the indicator results.
- h) Returned rations complicate the distribution process, impose a burden on field staff, increases transport costs and deteriorates ration quality, resulting in re-packaging. After analysis, the program is implementing ration boxes that can hold up to 50 rations in good conditions for one month. Rations not distributed will be stored in these boxes in the CC for next month distribution.
- i) Since price variations affect access to diversified food (see indicator 5), it is important for the program to include home gardens, as planned for IY3, through the household action plans.

#### Attachments

- A. Indicator Performance Tracking Table
- B. Detailed Implementation Plan
- C. Standardized Annual Performance Questionnaire
- D. Tracking Table for Beneficiaries and Resources (Target data for this FY differ from those presented in the PREP due to adjustments in family size, based on actual enrollment data.)
- E. Expenditures Report
- F. Monetization Tables
- G. Supplemental Materials
- H. Completeness Checklist