

Systematization of the “Partnership for Child Nutrition” Project

Final Report

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INTRODUCTION

Since June 2011, the PRISMA Benevolent Association, in partnership with ADRA, CARE and CARITAS of Peru, has implemented the "Partnership for Child Nutrition" Project with the purpose of advocating at the three levels of government maintaining the issue of child malnutrition on the public agenda. It has providing technical assistance in the implementation of a National Policy to Combat Child Malnutrition and to develop and validate modalities of public - private partnership with the common objective of reducing child malnutrition, in a context of reduction and reorientation of the international cooperation.

The Project was implemented in four districts in Ancash and four in Huancavelica, with financial support from USAID through Cooperative Agreement AID-527-A-11-00003-PRISMA, signed between PRISMA and USAID in May 2011. The project closes in December 2013.

In its implementation, the Project has developed four components related to advocacy and strengthening local and regional coordination spaces for the formulation and monitoring of converted plans, capacity building of local government authorities and officials to achieve greater efficiency in the implementation of interventions to reduce DI and the generation of information for decision-making at the local level,¹ the promotion of public-private partnership to support the reduction of DI, and accountability.

The approach of the systematization was aimed at achieving a critical interpretation of the experience, explaining the logic of the process, the factors involved in it and how they are interrelated, and to systematically record the processes used in the implementation of each of the project's components.

The implementation of the various components of the project has been uneven, with more emphasis in the capacity building component, followed by advocacy component. The components related to the public-private partnership and accountability were less developed, which is reflected in the major areas proposed for this systematization:

- Management process of the Partnership: refers to joint management model and its aspects of planning, organization and implementation of the project, as well as the dynamics established among the different institutions involved.
- Role of the Partnership in advocacy to keep DI in the public agenda
- Role of the Partnership in capacity building of local and regional operational management (participatory planning, use of information for decision-making, implementation of the public budget and prioritizing social investment).

The document is organized as follows: the second section presents a description of the Partnership project, while sections 3, 4 and 5 address the mentioned components of systematization. Sections 6 and 7 develop the public-private partnership and accountability components, while the final section presents lessons learned and pending challenges.

¹ This aspect was considered by the project as part of Component 3 – Public-Private Partnership, but has been included in the systematization as part of the component of local capacity building for its being related to this point.

I. DESCRIPTION OF THE PARTNERSHIP PROJECT

The purpose, results and main activities of the Project are as follows:

PROJECT PURPOSE: To improve government capacity to implement the National Policy to Combat Chronic Malnutrition among Children, with the participation of the private sector and civil society.

RESULT 1:

Public, private and civil society stakeholders mobilized to keep the fight against CM in the public agenda.

Activities

- Strengthen national level consensus-building spaces (IDI, MCLCP) related to the fight against child malnutrition
- Support for the MIDIS, especially in the dissemination and implementation of the national policy on social inclusion.
- Sensitize and influence political leaders and the communications media to keep the reduction of child malnutrition as a political priority
- Dissemination of monitoring and balance reports on interventions against child malnutrition.

RESULT 2:

Regional and local governments have the capacity to efficiently manage interventions designed to reduce chronic malnutrition.

Activities

- Strengthening of regional and local consensus-building spaces as well as the intervention area's implementing units to support the implementation of social policy aimed at the reduction of child malnutrition
- Strengthening the management of regional and local governments for adequate implementation of the Results-based Budget of the Articulated Nutritional Program (PpR-PAN), the Incentives Plan for Municipal Management Improvement and the implementation of interventions in child nutrition through the participatory budget
- Formulation of small Public Investment Projects (PIP) aiming at improving health and its determinants.

RESULT 3:

Modalities of public-private partnerships to contribute to the reduction of child malnutrition identified and promoted.

Activities

- Identification of viable modalities of association between the public and private sector in the interventions to reduce child malnutrition
- Dissemination and promotion of methods of partnership between the public and private sectors in interventions aimed at reducing child malnutrition
- Implementation of technologies for informed decision-making on child malnutrition (TDI or LQAS)

RESULT 4:

Authorities and the population participate in actions of citizen surveillance and accountability regarding activities with respect to interventions to reduce child malnutrition.

Activities

- Technical assistance to local governments to implement accountability methodologies.
- Strengthening the district coordination bodies.
- Project accountability actions

II. MANAGEMENT OF THE PARTNERSHIP

2.1 The context of Project implementation

The period 2007 - 2013 is characterized mainly by the profuse generation of tools for the modernization and decentralization² of public financial management, under the leadership of the Ministry of Economy and Finance (MEF). Among the most important events for this intervention include the launch of Results-Based Budgeting (PPR) in 2007 and the first five Budget Programs³ in 2008, with the Articulated Nutritional in the lead. That same year, the Public-Private Partnership for the Creation of Productive Employment Framework Law⁴ was approved and norms were established for streamlining processes to promote private investment. The following year the Law⁵ of the Incentive Plan to Improvement Municipal Management was promulgated.

By then it was clear that the transfer of financial tools and resources went faster than the implementation and / or training of human resources, so another event that strongly characterizes this period is the measurement of the transfer of Sectorial skills to the regional and Local Governments – the greatest delay was detected in this last stretch - and exerted great pressure on the sectors via legal norms⁶ and monitoring commissions to implement a system of joint sectoral monitoring and evaluation: Ministries-Local Government-Regional Government. Among the selected monitoring indicators then by the Health Sector was the implementation of Informed Decisions Technology (TDI).The CRECER National Strategy (EN), launched in 2007, established in its technical standard for implementation that, after the creation and formalization of the district articulation entity, it was necessary to have basic information on which to build coordinated planning and programming, in which TDI is promoted.

Encouraged by all these strategic circumstances, in May 2010, PRISMA presented the Partnership for Child Nutrition Project proposal to USAID, which was based on the concept paper submitted by the four Partnership institutions in September 2009. The project was approved in May 2011, and five months later there was another event of singular importance for its implementation: The creation of the Ministry of Development and Social Inclusion (MIDIS).⁷ In July 2012, the "Guidelines for articulated inter-sectoral and inter-governmental management, aimed at reducing chronic child malnutrition⁸ were approved in the framework of the national public investment system using the present as a reference point in various processes of articulation at the national, regional and local levels. Also important was the definition of effective interventions to combat DI, based on national

² Begun in 2002 with the promulgation of the Law N° 27783 on the Bases of Decentralization.

³ Articulated Nutritional Program (PAN); Maternal and Neonatal Health (PMNN); Learning Outcomes at the end of the third cycle of Regular Basic Education; Access to basic social services and market opportunities;; and Access to Identity

⁴ Legislative Decree N° 1012

⁵ N° 29332

⁶ DS N° 047-2009-PCM, approving the Annual Plan for the Transfer of Sectoral and Local Skills for 2009 and other provisions for the decentralization process.

⁷ An important contribution of the MIDIS was the definition of social inclusion, as the situation in which people throughout the national territory exercise their rights, have access to quality public services and are able to take advantage of the opportunities opened by economic growth. MIDIS. A policy for the development and social inclusion in Peru. October 2012.

⁸ Ministerial Resolution N° 131-2012-MIDIS

and international evidence.⁹ In addition, norms and standards are being approved that contribute to the mobilization of public resources to address the social determinants of DI.¹⁰

In April 2013 the "Include To Grow" National Strategy of Development and Social Inclusion was approved, supported by five priority areas: 1 - Child Nutrition, 2 - Early Childhood Development, 3 - Comprehensive Development of Children and Adolescents, 4 - Economic Inclusion, and 5 - Protecting the Elderly.¹¹ The Partnership Project supported systematizing EN CRECER, which served as a reference for the design of the new strategy.

While the MIDIS placed their fundamentals, the MEF analyzed the perspective of the Budget Programs from the evaluation of the PAN, and the results were very encouraging,¹² showing a number of advances in its implementation, which are described below:^{13 14} i) Improved allocation of public expenditure at national level, with greater alignment to the magnitude of chronic malnutrition, ii) increased availability of skilled human resources and critical supplies, beginning in 2010, and iii) Concentration of budget and greater coverage of the most effective interventions, especially Growth and Development (CRED) and Immunizations. The Impact Analysis of the PAN shows a decrease in the probability of children under 5 suffering from chronic malnutrition starting with children born in the first quarter of 2008.

It could be said, then, that the project took place in a scenario that was quite conducive in terms of the policy and technical framework, though it had to resolve the delay from the political context. This delay raised some important challenges to the Partnership, which is described below.

The Partnership Project was designed to support the IDI in the process of advocacy during the pre-election phase, and to provide support for the CRECER National Strategy. The process of approval and signing of the agreement took two years in a post-electoral context, during which EN CRECER had lapsed.

A second factor was the difficulty in ensuring the leveraged resources committed by the four members of the Partnership. The change in the context affected what was initially agreed upon with the private sector,¹⁵ due among other factors to changes in the mining taxation scheme, which affected the regulations related to voluntary contributions; at the same time some interventions, such as the Micuy Ally Project in Ancash (ongoing at the time of formulating the project), were in the phase of close-out, affecting the availability of resources initially considered as counterpart. This caused the loss of some support, but also the possibility of gaining other support in the new context.

⁹ Promotion of breastfeeding, supplementary feeding, zinc supplement for those under three years old, multi-micronutrient supplementation in pregnancy, strategies to increase the practice of hand washing, access to water and sanitation, school programs with multiple interventions for the prevention of teen pregnancy, literacy and primary education for women, articulation of conditional transfer programs with delivery of food and nutritional counseling in areas of food insecurity, local development plans to implement effective interventions, land titling for small farmers, and projects to improve food production to improve food security.

¹⁰ Among them were the "Investment Guidelines to reduce chronic child malnutrition." Annex approved by Resolution N° 007-2012-EF/63.01 of July 27, 2012

¹¹ Directive N° 004-2012-MIDIS

¹² Currently there is a total of 67 Budget Programs in the country

¹³ Available at

http://www.mef.gob.pe/contenidos/inv_publica/docs/boletines/boletines_pi/boletin6/Analisis_Funcional_nutricion.pdf

¹⁴ The MCLCP is monitoring it since 2008

¹⁵ An additional difficulty was the absence of large companies in the area of project intervention.

The notice required that other organizations co-finance the project... such as RPP, communications agents and some miners that had somehow made previous commitments to support actions in the project area. Because of the time elapsed between the signing of the agreement and the disbursement, some support was lost... but others were gained such as RPP, where there is a commitment through the MIDIS to support a communications campaign on malnutrition and the project group has yet to provide technical inputs necessary to be disseminated in the messages of that station. (USAID Representative)

The delay in the stage of project implementation required adjusting, prioritizing and redirecting activities, and to appeal to regional and local governments in a context of increased availability of public resources, but also out of need for technical assistance in implementation. This situation caused the Partnership to reorient the project towards improving the skills of local governments to achieve greater efficiency in public investment from the available mechanisms.

When the implementation is approved and begins, we are in a post-election scenario ... In the first months of the new government it was not known what would happen with all the previous work. The project was framed in the Crecer National Strategy, it entered a limbo in this matter, which presented a tremendous challenge from the management, performance, financing and the project counterpart. Because several of the NGOs that had offered counterpart funds no longer had resources available. Really a huge challenge at all levels (Core Team).

2.2 The internal organization of the Partnership and the role of the different entities

The project has had constant changes ... adjusting throughout the period ... every three or four months ... I thought that had not been proposed to achieve concrete products ... We should have worked fewer ideas and more specific projects (Local Coordinator)

The **Partnership** project's organizational structure contemplated a set of entities for strategic and operational management: an Directors' Committee, in charge of the final project decisions; a Technical Committee composed of one representative, and later, an alternate – of the technical area of each agency, with the role of defining the guidelines of the intervention; a Core Team, in charge of conducting the project; and four local coordinators, responsible for local implementation, one per area of intervention.¹⁶

The fact that the four agencies had prior experience of working together, under the USAID Food Security Program (PL-480 - Title II) and as members of the Initiative against Child Malnutrition (IDI) - was a favorable factor for the **Partnership**, as well as each agency's previous experience in working with the State and with private companies.¹⁷

¹⁶ Initially, only one coordinator per region was anticipated, a situation that was redesigned at the beginning of the project, due to the lack of feasibility of meeting project goals counted unless there was a coordinator for each area.

¹⁷ Particularly noteworthy was the Micuy Ally Project, implemented between June 2007 and November 2010 by Caritas and ADRA in rural Ancash (20 provinces and 126 districts, 72 by ADRA and 54 by CARITAS) with support from the Antamina Mining Fund. The project succeeded in advocating a decrease in DI in children under three years old and in anemia. The central strategy of the model is to work with community nutrition educators who perform four home visits on nutrition per month and receive an economic stimulus for their work, as well as ongoing support to ensure proper management of contents and techniques aimed at changing the practices in the families. There was the expectation of continuing this model in the framework of the Partnership project, so that would be replicated in other districts and then adopted as public policy on DI, as a supplementary intervention to the work on advocacy.

The prior experience of the agencies brought fluidity to the work of the Directors' Committee, with a role of facilitating and monitoring the progress of the project.

The strategy is the same, the messages ... the points of advocacy, the targets are the same, which greatly facilitated and contributed to what was the Partnership. It was a consequence of how we have been working. It is important to have a Directorate because it governs the project, separating this level of management from the operational level. (Directors' Committee).

Nationally, the directors have no problems. We have much experience working together. We were also formed more or less in the same way. PL-480 is a school in reality. (Directors' Committee)

It has been an opportunity for four local organizations that have traditionally been working in nutrition ... to be able to focus more and support this matter in the two regions - and thus enhance its technical assistance to regional and local governments ... become organized on an issue and an area of work (USAID Representative).

Similarly, previous experience facilitated the work of the Directors' Committee, which played a decisive role at key moments of the process, such as jointly establishing the regions of intervention, redefining and re-prioritization project activities to suit the new context,¹⁸ the preparation of the Annual Operating Plan, monitoring the activities and identifying critical junctions and the generation of commitments to meet deadlines. The regular meetings of the Committee also permitted sharing what was meant by the various project activities and sub-activities, sharing their experience of working on issues relevant to the project (local governments, advocacy, capacity building), and addressing some of the technical issues that were not completely clear, such as public-private partnership.

I think the richest environment has been that in the Technical Committee ... It has given them the opportunity to share and discuss together, and that has been quite enriching for all ... They have learned a lot of things that will serve not only in their work but also in their relationship with other NGOs (Directors' Committee)

We have worked for many years receiving funds from USAID... Then there is a very fraternal and respectful relationship for what each of them does. What I value most is the space of the Partnership because it is a project that has permitted us to reconnect and to do things together (...) There have been several meetings where they have identified weaknesses, those things that were concerns ... in order to contribute and overcome the drawbacks since implementing some strategies to the fact what to do to make some activities more agile and streamline the expense (Technical Committee)

Nonetheless, in operational terms, the Partnership was late in starting its operation due to several factors, including the complexity of reconciling the management of four organizations with different means of intervention and administrative procedures; the internal dynamics of each institution, which affected the identification of areas and the availability of local coordinators early in the

¹⁸ This process began in September 2011 and ended in April 2012, after USAID requested a programmatic modification in February of that year. In coordination with USAID, it was decided not to change the logical framework substantially, but better define and prioritize activities.

project;¹⁹ the lack of continuity between the team that formulated the project and the team that implemented it; and the fact that the project operating team (core team and local coordinators) was only completed in October 2011.

The proposed organizational structure also posed some problems due to the lack of initial clarity on the roles and functions of each entity and on the communications between the central and local levels. In particular, it was expected that the Technical Committee would have an active participation in the decisions - strategic and operational - through monthly meetings, a situation that was not very functional because of the difficulty in reconciling agendas and their own institutional demands.

The first half of 2012 saw the first internal project evaluation, which marked an important turning point. The evaluation showed a very low level of budget and program implementation, with only 42% implementation of the amount budgeted for the first year of the project.

Following this evaluation, the Partnership decided to better define the roles and rethink the working dynamics in order to improve the pace of project implementation. The core team began to take on more functions, with more autonomy from the Technical Committee, which adopted an advisory role; a 2-way communication was established with technical and administrative counterparts of each agency, providing timely information on the financial and programmatic implementation; and a direct and permanent communication began with the local coordinators. With respect to this last point, a workshop was held to address the definition of functions of each entity, streamlining the processes and strengthening the project management team, and increased monitoring was initiated through virtual meetings and monitoring visits, enabling the provision of technical support and greater control over the activities.

It was bureaucratic at the beginning because everything passed through consultation by the Technical Committee, although the final word lay with the directors. The core team expected the technical committee to have greater influence ... feedback and product approval. It was agreed that strategic decisions go through consultation and that operational ones would stay with the core team. The roles were being clarified and it has functioned more as an advisory committee (Technical Committee).

There was a triangulation among the project and the technical coordinator, who was the representative of the agency, and the local coordinator ... The fact that this triangle existed undermined all that technical team could do ... put the project team at many disadvantages as it could not coordinate operational things directly because the coordinator (local) felt that he should not report to the project team. After the evaluation meeting ... we were obliged to make an analysis of the bottlenecks ... and force a decision on what were the roles we had to fulfill and that more responsibility be given to the team. (Core Team)

In addition to the factors mentioned in previous sections, those who were interviewed highlight two important elements that affected the progress of the project. First of all, the limited feedback from USAID, which stated that the team should act on its own judgment. The emphasis was more on the implementation of the budget than on the program.

¹⁹ The Ally Micuy project was in the phase of close-out and being renegotiated with Antamina for its expansion into new communities.

The feedback from USAID took too long and the team progressed using its own criteria. It was not very clear then that the concern was especially in the financial part rather than the programmatic ... It didn't always have an appropriate response, but it was overcome. (Technical Committee)

Secondly, the instability caused by the budget cuts suffered by the project - which led to a decrease of US\$ 1,660,744 to US\$ 1 million in USAID support - as well as the cut in the duration of the project - from May 2014 to December 2013²⁰ - at a time when the project had managed to overcome some initial difficulties. This situation required a new restructuring, which involved prioritizing one district in each area (the one that had the greatest results and / or most visibility, without neglecting the district not prioritized): Cashapampa and Catac in Ancash, Ascension and Huando in Huancavelica, although the latter district was changed to Nuevo Occoro, which despite not having the best structural conditions, had a greater willingness to continue the work.²¹

The cut significantly affected the initial project proposal.... the cut in time and activities was quite significant.... we could have gotten a PPP, monitor the implementation of the PIPs promoted, generate larger PIPs but those possibilities were lost ... (Ancash Local Coordinator)

2.3 Local operational management

With respect to the operational management, despite the fact that the measures taken following the project evaluation resulted in improved communications and project implementation, there is the perception that an articulated local intervention was not consolidated. For this reason, the project implementation in each area was determined to some extent by the profile, level of commitment and previous experience of each agency.

The pressure to begin implementation made it difficult to generate larger spaces to reconcile approaches, strategies and modes of intervention, as well as to learn and exploit the comparative advantages of each institution.²²

Throughout the project, the actions have been heterogeneous in both areas , for the context of each of the places and for the skills of the people who led locally ... Each operated in the way they thought the most convenient , some receiving more technical assistance than others. Some much more committed than other technically and in all aspects to move the Partnership forward ... We broke things a little when we made it transparent and began to try to establish some common guidelines , but it was still insufficient because there were many processes already initiated that had to be standardized, but they never finished doing it. (Central Team)

There must have been a common thread, which the project took a long time to get ... which affected the effectiveness of some activities and (the possibility of) generating common knowledge ... (Central Team)

²⁰ The amount of the contribution leveraged was similarly adjusted (from US\$ 1,711,565 to US\$ 1 million)

²¹ In Huando, there were problems from not meeting the target of the incentive plan; responsibility was attributed to the Social Development Manager and that it was transferred to the local project coordinator.

²² For example, the experience of Caritas and ADRA in implementing the Municipal Incentive Plan, CARE's knowledge of the subject of citizen monitoring, and of CARITAS in the design and implementation of centers for community promotion and monitoring of care for the mother and child.

When I first entered, I observed much individualism among the operators ... the Operational Plan was there, but each did what he thought he should do ... the first months were like that ... when I went from Caritas to ADRA, it was clear that they did things differently. 23 (Ancash Local Coordinator)

This situation was only partially reversed in the second year of intervention, with greater directionality and presence of the management team.

I would say that the project took on more force just as the first year was ending... it began to take more actions, there was more clarity on the issues, and you do not focused on a host of activities ... specifying, focusing ... Each agency has a look, we needed to homogenize what we understand, what processes we are going to carry out, the headquarters has played an important role in establishing clear parameters for the second year (Ancash Local Coordinator)

After the evaluation, we take year two and retake project that is more shared, not completely, but more ... We were coordinating our regional activities, for example, the issue of the PAN tracking report. (Ancash Local Coordinator)

In March 2013, the four organizations had a meeting to reprogram the field work from an analysis of the context of each area, as well as strategies, progress and difficulties, considering the particularities of the intervention of each agency around the common objectives.

The testimonies of the local actors show that the local intervention was more institutional than as part of the Partnership, in part by the fact that each institution had legitimacy in the local area in which it operated, as well as due to some difficulty of operational teams to go beyond their own institutional logic.

One of the challenges is that each of the agencies wants to assert their experience ... In the same intervention, it was said that intervention should be as a unit and as a project, but there is always the characteristic of saying that this is my territory, the intervention does not feel like a partnership, the name continues to be institutions ... We will find associativity when we have a common view ... They wanted to form a team of experts to manage the issue of DI in Ancash. But we are in a process in which they do not give up themselves, everyone wants to keep their identity, their prestige. (Ancash Local Coordinator)

The profile and experience of the local coordinators determined that the intervention in Huancavelica had a greater weight at the regional level, with greater weakness in local spaces. In Ancash, in contrast, there was more advocacy in the local spaces. In both cases, there was coordination among the agencies that intervened in the same region, more constantly in the case of Ancash, which represented a major challenge for the limited openness of the regional government and the institutional weaknesses.

The coordination has been continual and sustained... there has been a continuous articulation (Ancash Local Coordinator)

The various actors highlight some particularities of the intervention at the regional and local level. In the case of Huancavelica, CARE's intervention was marked by the discontinuity in the local coordinators (3 people in two years) –because the financial reward was not attractive enough to retain one of its key coordinators –, with heterogeneous levels of commitment and technical

²³ The ADRA local coordinator worked the first months of the project at CARITAS.

capacity,²⁴ unlike PRISMA, which has retained the same coordinator since the beginning of project, which facilitated continuity.

In the case of Ancash, prior work experience and knowledge of the local actors from the Ally Micuy project was a facilitating factor to the extent that it contemplated, in addition to the work with families, activities of advocacy with local governments and training of health personnel.

The area of CARITAS - Cashapampa and Huayllabamba - showed greater progress in activities and budget implementation than the other areas. The relative isolation of the area, the absence of other sources of cooperation, the prior integration and proactivity of the local coordinator made for a greater appreciation of the technical assistance and greater permeability of the local actors.²⁵ However, the line between the role of facilitation of processes and the acceptance of functions of local government were blurred at times by weaknesses of the local government, creating dependency and sustainability concerns.

We have actually fulfilled two functions, one for technical assistance, capacity building of local government and healthcare personnel, and the other to make the things ourselves, one thing is to work with trained teams that require periodic technical assistance to keep improving and another is to do it with teams that don't know: no talk about budget, no talk about the project, then what you do, time goes backwards, it is doing and teaching while doing it. (Ancash Local Coordinator)

One element that affected the work of ADRA was that the allocation received by the local coordinator was distributed between the national and regional levels, which generated a disadvantage on which the management team did not take part.

An additional factor that affected the whole project was heterogeneity in the different intervention contexts (geographic, size of municipalities, diversity in terms of internal organization, experience in issues of planning and management, prior interventions, among other aspects), which was not sufficiently taken into account in the project's operational strategy.

2.4 The Project's administrative management

Project management was provided by PRISMA, who signed sub-agreements with other institutions. The project financed 50% of a central financial-administrative coordinator as well as 30% of local administrative assistants in the agencies that had decentralized offices in the regions of intervention (CARE and PRISMA). In the case of Caritas and ADRA, direct contact was established with local coordinators. In all cases, there was direct coordination with the administrative chiefs in the main office.

²⁴ In January 2013, the current local coordinator from CARE entered, which achieved a better insertion in the intervention area.

²⁵ This situation contrasts with the case of Yauli, for example, where the presence of major cooperation agencies affected the receptivity to the project.

To facilitate the project's management, a Management Guide was developed that established policies and procedures in line with USAID policies, which was slightly modified during the project.²⁶

The administrative coordinator was responsible for coordinating with the agencies to request funds and report expenses, as well as to provide information to the donor and the various agencies on the budget implementation.²⁷

The project's administrative management generated significant tensions, because each agency handles different policies, procedures and formats, making it difficult to align the procedures established for the project. Administrative management (e.g., donor considerations regarding restrictions on the amounts), as well as delays in submitting requests for fund transfers and accounts rendered - often observed for not complying with the established guidelines - generated delays and required a closer relationship of the central team to the financial team of each agency. This situation gradually improved, particularly in the second half of the project.

The difficulties are of an administrative nature, specific to each institution, on how to manage their administrative procedures ... More on that side I think, because the technical side was more dynamic (Technical Committee)

It is noted that administrative implementation of the project required each organization to adjust its procedures, which demanded significant time, not only from the administrative staff paid partially by the project, but also from their supervisors and even the technical coordinators who had to authorize and approve the expenses. This situation raises the need to consider the additional costs that a project of this type generates for institutions (e.g., integrating and reviewing the information submitted by the regions before sending it to the project headquarters). The management of different administrative system requires a dedication that was not contemplated by the project, which generated tensions during implementation.

In the same vein, by agreement of the four partner organizations, PRISMA as the administrative institution received 100% of the overhead.²⁸ Nonetheless, this generated some resistance at the beginning of the implementation, to the extent that the administrative management was a burden for all the agencies.

²⁶ For example, changing the frequency of rendering accounts from one to two per month to improve the monitoring of the budget implementation.

²⁷ The funds were requested monthly from the donor on the basis of the approved budget. A quarterly report on the implementation and projected expenditures was sent to USAID.

²⁸ As a result of the reduced budget allocated annually for the direct management of each of the partner organizations, they agreed that only PRISMA would receive overhead, as this item is auditable. Having been distributed among the parties, each receiver should ensure the implementation of control mechanisms that are compatible with the audits required by the donor.

III. THE ROLE OF THE PARTNERSHIP IN LOCAL AND REGIONAL ADVOCACY MANAGEMENT

The first project component of the Partnership Project, political advocacy, was aimed at keeping the issue of child nutrition in the public agenda through support of the Child Malnutrition Initiative (IDI), and from this platform, the dissemination and implementation of the national policy to combat DI, the dissemination of monitoring reports and assessing interventions to reduce DI, and the sensitization of the communications media in their role as trainers of audiences.

In a context of changing regional and municipal authorities and election of new central government authorities, the Partnership assumed, following approval of the project, a set of advocacy activities that were part of this component.²⁹ In this framework, the RPP Campaign "10 Tips for Infant Nutrition"³⁰ was conducted, which had as its main strategies, the training of RPP News producers and presenters, the preparation of informative spots, special reports and interviews with experts, and the formation of a Technical Committee composed of experts from the Wawa Wasi program, the Partnership for Child Nutrition and the Social Responsibility Manager of the RPP GROUP, in charge of providing technical assistance to the campaign and to ensure the quality of the programming and the contents.³¹

During its development, the project planned support the political advocacy work of the IDI to be one of its main contributions, providing continuity to the intervention marked by this platform on the issue of DI and anemia. It was expected that the Project would assume the role of technical as well as financial support,³² including: the development and publication of the annual results that IDI presents to the government with respect to the commitments, progress and recommendations on the matter, monitoring the agreements and participation in spaces of coordination with the central government.

It is a tremendous value added by the Initiative, to agree on what the country should do to combat chronic malnutrition, with key strategies and interventions, an action coordinated of the various levels of government. It is a management issue. (Steering Committee)

In the view of the different actors the role of the Partnership in the IDI was limited due to the demands of the project. It is considered that the Partnership acted as the operational arm of the IDI in some relevant areas: it assumed the representation of the technical committee for communications to design the nutrition campaign, developed and supported media broadcast of the friendly version of results that the IDI held every year, and assumed the financing of the IDI information platforms – website and social networks - to make updated statistical information and relevant documents on the subject available to the communications media and public and private actors.

²⁹ This contribution, however, was not recognized by USAID as part of the Partnership's counterpart contribution.

³⁰ The campaign aired for seven months with an audience of 6 million listeners weekly.

³¹ It is important to note that this experience has been replicated by the MIDIS for the development of an Early Childhood Development campaign with the area of RPP's social responsibility, for which it has been supported by the IDI.

³² The IDI expects a further requirement of time and resources of member institutions, which all are not able to assume, particularly in the latter case.

Once the project had begun, support for MIDIS took particular importance from an effort to make available the experience of the IDI in DI and anemia. Despite a limited initial opening, the MIDIS expressed interest in receiving technical assistance for the definition of successful interventions for reducing DI in the context of evidence-based policy, which were then reflected in the "Guidelines for Intersectoral and Intergovernmental Articulated Management aimed at reducing Chronic Child Malnutrition in the framework of Development and Social Inclusion Policies." It also funded a systematization of the CRECER National Strategy³³ in four regions of the country, which provided inputs for the design of the Inclusion for Growth Strategy of the new management. Throughout the process of policy formulation, the IDI participated as a "sounding board" through meetings at which it offered technical opinion.

The project within the IDI provided us with invaluable technical and financial support. One such support was precisely to put together the policy and strategy documents, as required in a nascent Ministry (Specialist, Inclusion for Growth Strategy, MIDIS).

There is, however, the perception that the new management the processes develop more slowly in the work to prevent DI and intervene in the most vulnerable population, and that there is little opening for technical cooperation and to collect the experiences gained by the State and civil society, which implies a reversal.

The Partnership, at the national level, has continued to participate through the Initiative for Child Nutrition, but it is clear that in recent years, there is no political will to work in this part ... I feel that this is a retreat, but at some point you have to make a policy decision to deepen this. Malnutrition levels in rural areas are still almost 10 times higher than in urban areas. In the quintile of the least poverty, only 3% of girls have DI, in the poorest quintile, nearly 40% have DI ... (Technical Committee)

With respect to working with sub-national governments, the Partnership provided technical and financial support to the workshop to exchange successful experiences for reducing DI, and to the "From Commitment to joint action to overcome poverty" National Conference of Regional Presidents, promoted by the Technical Secretariat of Social Affairs with support from the IDI. As a result, fourteen regional presidents signed an Act of commitments on DI, anemia and maternal and neonatal mortality,³⁴ and seven of them signed Agreements on Governance, including Ancash³⁵ and Huancavelica.³⁶ It also provided technical support to the MIDIS for the dissemination and implementation of policy in workshops and regional exchange events in coordination with the territorial coordinators in each region.

As part of the project activities, the Partnership held a national workshop with mayors, councilors and health personnel, with the participation of the MIDIS, MEF and MINSA, in order to work on the causal

³³ The recommendation was not picked up that the policy articulation and coordination be undertaken by an authority at the highest level (equivalent to the CIAS in the previous government). The bet by the MIDIS is aimed at the National System of Development and Social Inclusion (SINADIS), still in the process of maturation, to consolidate Inclusion for Growth Strategy.

³⁴ The Presidents agreed to reduce chronic malnutrition to 12%, anemia in children 6-36 months of age to 25%, the number of maternal deaths by 35%, neonatal mortality to 8.4 per thousand live births by 2014 and to reduce poverty to 17.4% by 2016.

³⁵ Regional Ordinance No. 013-2011 Region Ancash / CR declares indicators of poverty and extreme poverty to be a priority and interest.

³⁶ 2011-2014 Regional Program for Overcoming Extreme Poverty and Child Malnutrition, and formation of the Regional Council for Early Childhood for its monitoring.

model, national policies and shared responsibility on the matter of DI, which was successful but did not have much follow-up.

Regarding the communications media strategy, the project promoted regional workshops with journalists to build their capacity to inform their audiences on the topic of child nutrition, led by a specialist in Communication for Development. It is considered that, while this strategy is important, it requires an *ad hoc* profile, different from that of the local coordinators, as well as increased monitoring and continuity, which prevented major achievements in this matter and, in practice, it was an isolated activity.

IV. THE ROLE OF THE PARTNERSHIP IN LOCAL AND REGIONAL CAPACITY BUILDING

The component of capacity building in management for authorities and officials of the areas of intervention is the project's most important bet. Two main strategies were used that were aimed at institutionalizing processes and ensuring financial sustainability of the interventions: i) technical assistance to recover or strengthen local concertation spaces and bodies to design, monitor and evaluate the plans to combat chronic malnutrition, and ii) technical assistance for the timely implementation of management tools that will permit local governments to address the issue of DI with their own resources (Public Investment Projects - PIP), Municipal Incentive Plan and Participatory Budget).

The overall project approach is summarized in the following testimony, although as will be seen in the following paragraphs, the effectiveness of both strategies was not the same.

There has been some positioning in the local governments. This is due to advocacy processes, planning activities, the processes of local articulated plans (that) have been worked jointly, as well as the participatory budgets. Finally, choosing public investment projects and small PIP projects. So somehow interest is being perceived by the local authorities in being able to refocus their investments (Member of the Technical Committee, ADRA)

4.1 The strengthening of local and regional concertation spaces

The project aimed to strengthen or promote the creation of spaces for dialogue at both the regional and local levels on issues related to human development as well as capacity building in their planning and management.

The context of implementation in each region is different. In Huancavelica, there is a significant concentration of international cooperation and pressure to implement the resources they receive from the MEF and other sources. There are two joint spaces linked to the issue of child nutrition: the Regional Food Security Council (CRSAN), created in 2004 and endorsed by an EN CRECER ordinance that is still valid, although the current regional government (2011-2014 period) has not ratified it, and the space endures intermittently due to the initiative of the MCLCP despite the efforts of the project to strengthen it; and the Regional Council for Early Childhood (CREPI), created by the current

administration in fulfillment of a campaign promise. The CREPI articulates specific childhood activities in children under 8 years old and mothers, while the CRSAN develops more general activities linked to food security, considering childhood and adulthood to be the target population.

The project chose to provide technical assistance to both spaces, supporting the formulation of their plans - CRSAN Regional Articulated Plan for 2012 in coordination with the MIDIS elaborating an articulation matrix on the basis of the main components of the Inclusion for Growth Strategy; and the CREPI Regional Plan for Early Childhood.³⁷ Project activities also focused on technical assistance to the concerted monitoring of the budget implementation Joint Nutrition Program and the Governance Agreements that significantly invigorate the participation of civil society.

The main contribution of the project to the MIDIS is to have become complementary to its targets, especially in the aspects of articulation ... they have advantages in understanding the reality of Huancavelica ... they helped us validate the Inclusion for Growth joint matrices (MIDIS Territorial Coordinator, Huancavelica).

In the case of Ancash, the work with the regional government was complex due to factors such as limited openness to civil society participation, the vast amount of resources that the region receives from the mining royalties and low level of interest in projects that are not of major magnitude and the limited implementation of its policies in questions of DI.³⁸ The project established a strategic alliance with the MCLCP, contributing to its sensitization and announcing all regional events through this space.

We have not had the response that we wanted from the regional government, but I think the project has allowed the MCLCP to remain active. We had a number of meetings with both health and with regional government officials (...) It may also be the amount of resources managed by Ancash ... with other regional governments that manage fewer resources, the work flows more easily, they value the contribution more that the institutions are able to give ... support for capacity building and technical assistance is valued more. I think Ancash is a government that feels more self-sufficient. (Ancash Technical Committee)

Local consultation spaces are characterized by a significant weakness, limited ability to summon others and a more continuous participation by local government and the health sector. Several of the spaces in Huancavelica that were active during EN CRECER lost momentum with the change of management, as in the case of the Multisectoral Committee for Integral Development (COMUDIY) in Yauli and the Committee on Food Security and Child Protection (COSAPI) in Ascensión.³⁹ The Huando District Committee to Combat DI, created as part of the EN CRECER, never existed formally despite being recognized by Municipal Resolution, which was later replaced by the district MCLCP. Both the implementation of Informed Decision Technology and the training in the formulation of small PIPs promoted by the project invigorated these spaces, although once completed these processes again entered a recessive stage.

³⁷ The Regional Government was not initially open to civil society participation in the formulation of the Regional Plan for Early Childhood, which pushed to be included and to promote a decentralized discussion on its preparation, which took place in the 7 provinces.

³⁸ The region has an ordinance establishing an allocation of 7% of the regional budget to combating poverty and a program to reduce DI led by the Office of Social Development (Comprehensive Program to Improve Activities in Nutrition and Early Learning - PIGNAMET).

³⁹ The promotion of this space by the project was a failure because it was used for political purposes to gestate the recall of the mayor.

The Multisectoral Committee...was an initiative of us and of PRISMA...It was formed in February last year... we have not had a similar space before... the ideas had been in the team of Councilors, but it can be said that we have not implemented them.... we lack the ability to summon and the participation of the communities... dissemination is needed... we are not paying attention to management...We are almost working against decentralization and we are not working collaboratively with our communities and towns. (Councilor of New Occoro)

In the COMUDIY... the last meeting was convened... We went to the Commissioner, the Justice of the Peace, to World Vision and in the end, we were only health and the Municipality (...) I think one should insist on meeting in the sense of effective participation of all officials, giving the possibility of dialogue, exchange of ideas about DI with them. One time is at the summons and they retire and then return. (Head of Maternal Health Strategy, Yauli Micro Network)

In the case of Ancash, the project promoted the local roundtables, also weak, through a greater willingness to participate by the Municipality and the health sector. The exception is Marcará, where the roundtable functioned thanks to the promotion by the head of health promotion, although the rotation of this person destabilized the space, showing its weak institutionality.

It is different in Marcará, there is a roundtable there, a multisectoral roundtable... You can meet with people and we work together... it is doing well with them because there is participation, there are contributions... the weakness is that the local government personnel are not very stable, there is a policy that every year people have to change... that's not good, because it is like starting over with these people... But it is an offering, is a policy of the municipality... (Ancash Local Coordinator)

The weakness of the spaces for cooperation is attributed various elements, such as poor leadership of the municipal authorities, and even the lack of interest in which they work, as they do not end up being a reference point or an ally for the implementation, monitoring or accountability. Another feature is the crisis of civic participation, linked to the breakdown of social organizations and the discrediting of spaces such as the participatory budget due to their non-fulfillment of the commitments to the population.⁴⁰

Social organizations are weakened... I imagine that the years of violence had significant influence at first because social organization almost disappeared... community organization was really weakened. If social organizations were formed later, they were basically around government social programs... people organized to access the program, the organizations took that color, that feature, that they still retain strongly... We lack citizen organizations with their own platform in the face of the actions of the State... Therein lies the weakness of grassroots organizations, which is why it is very difficult for them to commit to that kind of experience. For example, to form an active, dynamic part of the different of regional or local councils... but also and fundamentally to commit the social organizations to policies they design and implement... (Former Manager of Social Development, Huancavelica Regional Government)

4.1.1 Concerted planning

Another recurring element in local governments is the absence or obsolescence of organization, planning and management tools.

⁴⁰ There is also a weakness in the Monitoring Committees, which do not adequately control due to a lack of resources, or because they confuse their role, wanting to watch the work in progress rather than compliance with the agreements.

The participatory budgeting projects are not aligned to the PDC (and vice versa)... it is a big problem....the sectoral representatives ignore the lines of action / intervention of the PDC because they are being prepared by external consultants, in a process in the office, not in a field intervention with those involved. (Head of the Huancavelica PAR).

When I arrived at the municipal government, there was no operational plan... which is the short-term document that every entity has for a given year, nor other documents like the institutional strategic plan. Not having these documents, it is obvious that the activities are not programmed, but they merely implement what is planned in last year's participatory budget... We have tried to correct but have not achieved it because there was no professional capacity, not knowing how to prepare, schedule or budget activities. (Former City Manager City of Huando)

In this context, the project has made a major effort in the preparation of local articulated plans (PAL) from the results of Informed Decision Technology and Lot Quality Assurance Sampling (LQAS), with participation of the municipal government, sectors, social programs and community-based organizations, with greater commitment of the local governments and the health sector, and the important support of the Partnership.⁴¹ The PAL is focused on prioritizing actions and the achievement of commitments of the different social actors. It allows directing the resources to close gaps with specific projects or actions that have impact, setting goals and compliance officers.

All the strategic partners have made the plan: health, education, municipality, NGOs. Each indicator has been assumed by a person in charge of the area ... We left the municipality to be the entity that undertakes the process. On the economic side, because we do not have, for example, anything to monitor or deliver chispitas, we need transportation. The Partnership also supports us, perhaps advising to be able to do the activities. It would almost always be with health and the NGOs that are supporting us, they are saying when we do it (Health Promotion Manager, Huando Micro Network)

The articulated planning has been complex due to several factors, however: the lack of local government leadership, lack of resources (especially in the case of the smallest municipalities) as well as due to the fact that the sectors assume the prioritized actions as part of their regular activities, without emphasizing specific aspects that need strengthening, thus diluting the effects. An additional problem is the monitoring of the implementation of the plans' activities, which is not performed effectively in all cases.

These meetings (on monitoring) do not take place, mostly for lack of initiative by the municipal government... You have to be monitoring the municipal government... Sometimes when we, as the health sector, we receive little or no welcome from the institutions. The municipal government should make the call. There a a little lack of coordination with the municipality to fulfill all that has been proposed. (Health Promotion Manager, Ascension Micro Network)

These roundtables are accustomed to making their operational plans based on performance indicators of their sectors and are very broad... In December 2012, a plan was made with a participatory matrix considering some major areas with the activities of each entity that had a budget... The first quarter was evaluated... and the people's reflection really helped when they commit to doing something... one feels the need to conduct in order to round out the experience.... that person is who is missing there: a conductor... (Ancash Local Coordinator).

⁴¹ During the field visit, however, the level of appropriation of the plans, which were held by local coordinators and not local actors, was not very clear.

It is important to note that both the articulated plans and the Municipal Incentive Plan, through the goals established by the MEF, are the tools on which management is based, which would realize that there are no tools that establish a longer-term vision and guide investment and the actions at the local level.

4.2 Capacity building in local government management

This section first discusses the context of the project intervention in terms of local management skills, and then addresses specific action of the project in this matter.

4.2.1 Local management capacities

As noted in the previous section, the project intervenes in a context of major weaknesses of local governments in the formulation and implementation of local policies and in the allocation of resources to the development of human capital. There is a greater expertise in the development of infrastructure projects - as evidenced by the fact that all municipalities visited have an office, area or sub-office of Public Works - as well as pressure to do projects that affect the ability to allocate resources to more intangible issues.⁴²

In CATAC the Mayor is a man who is a manager and implementer; he is more interested in concrete public works, but gives an opening and facilities for other objectives, however his staff is tough, has no formal training, is not familiar with the policies, is mechanized in its work ... (Ancash Local coordinator)

They have a different concept Yauli is a critical area of child malnutrition, but starting with the Mayor and Councilors, they say: What will people say if we do not do public works ... You have to lay an infrastructure, they mostly think of performing projects... even though they know of the issue of DI, but they don't address it ... That's a weakness because DI should be cross-cutting in Yauli ... (Yauli Social Manager)

The Social Development sub-offices or areas are, within the municipal government structure, the ones that have less capacity to address and lead the nutritional issue in all its dimensions. They are aimed at the management of social programs (PVL) and facilitating some processes of the current MIDIS programs.

With the project intervention, these areas assumed an important role in the matter of DI, but with serious limitations in terms of the profile for the position (for example, an electronics engineer in charge of the GDS), the ability to influence the decisions of the municipal assembly or to interact with other local social actors both within and outside the municipality.

The social areas are where the less capable persons are placed, those without the ability to make proposals, they never propose projects... what we have done is to propose them through health, directly to the Mayor, avoiding those responsible for the social areas... omitting their intervention because many times they do not understand the subject of projects (Ancash Local Coordinator)

⁴² For example, in the case of in Yauli, a process of aligning instruments began and priority was given to closing gaps in basic sanitation, momentum that was gradually lost as a result of political pressure and led to the reconstruction of City Hall.

One problem for the projects proposed by the municipality to be made viable is that the personnel in charge of this are still not very sensitive to the issue of DI. Perhaps they look at it superficially, and the projects that the health personnel present get stuck there, they see it as irrelevant." (Head of Health Promotion, Micro Network - Ascensión)

Rural municipalities like Nuevo Accoro and Huayllabamba, do not have staff on a regular basis, so they have to hire professionals for specific time intervals. Given that they are small municipalities, located in geographic areas with connectivity issues, they are not very effective in attracting professionals or specialists permanently.

To this is added the high staff turnover, which affects the alignment of objectives and sensitization achieved, as well as the continuity of interventions; in some cases, electoral support translates into political debts or there is pressure from communities for access to jobs. This situation seems to affect the social area in particular, which is more vulnerable because of its weakness and lack of clarity about the profile and skills they should have.

Capacity building in local governments is very complicated... they are easy to dilute... the other issue is the high staff turnover: It is very critical... very fast ... in the municipalities it ranges from 3 to 6 months ... in the best of cases, they last a year.... they comment internally that pressure on the political movement is strong they pay their electoral debts with temporary employment... so that everyone is happy.. the same thing happens in health. (Huancavelica Local Coordinator)

(Local capacities) are highly influenced by the high turnover... A person is in a given position and is very qualified, very empowered... then the person is changed abruptly and the new person enters at zero... The political is superimposed on the technical... political power is far superior... they are separate when they should be articulated... the political opens doors and the technical sustains this, but that is not seen here (Huancavelica Head of Health PAR)

Common to all districts is the fact that, with some particularities, mayors have supported the project intervention and have assimilated the importance of acting on DI and its determinants. Sihuas Province (Cashapampa and Huayllabamba) is noteworthy where, as noted, there was greater willingness of mayors, made possible, among other factors, by their greater permanence as a result of the inaccessibility of the area.

...we were going to elect Cashapampa, I had doubts when I listened to him and said that it was going to be very difficult for him to change his mind, his discourse was different; he did not look at health, agriculture and irrigation channels and infrastructure. In several meetings and conversations it was as if he had changed his assessment, and he is one of the mayors who is surer of where to target social investment. This is a clear example of what the Partnership project has achieved." (Ancash Local Coordinator).

In Sihuas... there is much more interest because mayors are permanent there... The rest of the personnel is not qualified, and the Mayor takes charge, is who does everything and is involved in everything ... Better work is done, it is simpler but requires more time to build there with them ... Here in the nearby districts, the Mayor gives facilities, but does not get involved... (Ancash Local Coordinator)

Nonetheless, the different realities in terms of size, organization and capacities of municipal governments were not foreseen in the design phase of the Partnership Project, which lacked a proper diagnosis of each intervention reality and required adapting project activities to the context of each

location. According to the CARITAS local coordinator, this situation meant that local coordinators had to get involved - even supplement - the work of the municipal governments themselves, as noted in previous sections.

Having a clear diagnosis of local governments in terms of their instruments, and plans, to guide the timing. Define the issue of capacity building, increasingly organizing each training session (Ancash Local Coordinator).

4.2.2 Project activities in the generation of local capacities

For the core team, this component achieved the best results, because of the shortage and the demand by local governments to strengthen their capacity to make use of public management tools: development of small PIPs, application of the Municipal Incentives Plan, implementation of Informed Decisions Technology and LQAS⁴³, and the advocacy in the Participatory Budget space.

I think the demand was for capacity building and to accompany their technical processes to some extent, because it is their main weakness, precisely the eight local governments which have been intervened are very weak in the technical part... (Core Team)

Result 2 is the one that has been worked on the most, with a greater investment of time, because of a simple situation: It is what was best known and what is most demanded at the local level. (Ancash Local Coordinator)

Capacity building for the development of small PIPs

According to the different actors, the transfer of the methodology for the development of small PIPs designed by Management Sciences for Health (MSH), with some modifications, was one of the project's main contributions. The methodology consisted of an initial 2-day workshop to standardize concepts and tools around DI and public investment (objectives and problems tree), given the ignorance of the subject by local officials,⁴⁴ a period of two weeks to gather complete information for diagnosis, and a second workshop for the formulation and registration of their PIP with the participation of the required team.

The workshops were conducted in partnership with the Regional Government, the DIRESA and the MEF to endorse the proposed methodology (at the provincial level, with 13 districts in the case of Huancavelica). The training was aimed at local government officials (social area, formulating unit, OPI, councilors), and health personnel (area of health, nutrition and environment promotion).

The project assumed the technical and logistical support of the process of methodological transfer, as well as monitoring for the viability of the projects.

As a result of the intervention, several municipalities were able to formulate small PIPs influencing determinants of health and nutrition (such as water and sanitation) and capacity building for the

⁴³ As noted at the beginning of the document, this activity was part of Component 3 of the project, linked to the promotion of the Public-Private Partnership. It is included here as it is an element contributing to capacity building of local governments in the use of information for decision-making.

⁴⁴ The initial proposal contemplates a phase of one month, for the motivation and gathering of the information required by the coordinator, prior to the formulation workshop.

reduction of DI. In the case of Huancavelica, 8 PIPs were formulated, five of which achieved viability,⁴⁵ and in Ancash, 10 of the 12 PIPs formulated achieved viability.

It has been possible for local governments to present PIPs on the issue of decreasing DI, as part of the support to improve local technical skills. The work has been effective because it has demonstrated a relationship between the effect of the technical assistance through the PIPs they presented and that are currently being funded. (USAID Representative)

The formulation of the small PIPs is one of the project activities that generated great interest among local actors for being a simple methodology that demystifies the preparation of projects. It permitted some local governments to develop other projects based on the knowledge acquired (e.g., in the case of Ascensión, which developed a basic sanitation project). This methodology is being replicated by the MIDIS, which accounts for its effectiveness and its ease of replication.

We have promoted (the small PIPs methodology) as a useful tool to demystify the formulation of PIPs as an overly complex task, and therefore outside the possibilities of realization for an average worker in an average municipality. (MIDIS Specialist in Inclusion for Growth Strategy)

We have participated in a meeting with the Regional Government, promoted by the Partnership and the regional government, we have had a PIP approved that is aimed at the reduction of DI, and we are waiting for the government to make it viable. It is a project in the framework of comprehensive measures to improve nutrition and early stimulation (Head of Municipal Incentives Plan, Municipal government of Catac)

This workshop was extremely important. On this basis, we have done everything possible so that the profile formulated in this workshop is made viable and now to become a reality (Social Development Manager, Municipal government of Ascensión).

However, one of the bottlenecks was the difficulty in achieving viability and funding of the PIPs formulated –even when the advocacy process continues up to the receipt of the funds for the implementation, a fact that must be considered in future interventions, particularly in the case of smaller municipalities or those with reduced management capacity. A facilitating factor in the case of Huancavelica, absent in Ancash, is that, since September 2012, the Regional Government has an Executive Unit for Combating Poverty (with the rank of provincial sub-office) that has resources but no projects to reduce poverty indicators in the region. The EU has the task of funding profiles at the pre-investment level and investment-level dossiers, and therefore took on the preparation of the technical dossier for several of the small PIPs, to subsequently implement them with resources from the region.

The local coordinators emphasize various factors that hindered: the fact that the Investment Program Offices (OPI) are often an obstacle to the viability of the PIPs, because they feel that they do not meet the necessary requirements, or because they consider that they generate less "profitability" than larger projects. In the case of Ancash, the weakness of the Social Development Office to negotiate the financing of the PIPs with the Regional President, even when the districts were willing to provide a counterpart; and the weakness of the local governments in accessing competitive funds such as FONIPREL for the financing of interventions in DI.

It would seem that we are pretending to be working... The project is not implemented... When seeking funding sources, they cannot be achieved. You reach the stage of viability, but

⁴⁵ Among them, a capacity building project for mothers in Ascensión and a water and sanitation project in Nuevo Occoro.

not implementation. Those who allocate budgets do not lend importance to what malnutrition is ... 300,000 soles is nothing to address malnutrition when compared to the amount allocated to other public works, such as education or electrification... They don't approve the profiles that are formulated (Mayor of Ascensión, Huancavelica)

In any case, the importance of making some adjustments to the methodology is highlighted, in order to make its presentation more consistent and bridge some of the difficulties mentioned.

I think the methodology does need to be improved: To make the diagnosis clear and make the problem a little more evident because it presents a very brief summary ... It lacks a matrix of those involved and risk analysis, which are important parameters for any project... Going from the software to Word, if you have not filled out a data field, it is shown as a blank space and gives the impression of a disorderly document. The post-workshop work that was not done was to review the Word documents and put them in order, and give them a better presentation... (Ancash Local Coordinator)

(The formulation of the small PIPs) has been a contribution ... the Partnership made the small PIPs, but they are not in the logic of the MEF and as they are not in the logic of the MEF, it is not going to approve them, it is not going to let them happen. And there were many shortcomings, many criteria that were not met (Assistant Manager of Social Development, Ancash Regional Government)

Capacity building for the implementation of the Municipal Incentive Plan

The Municipal Incentive Plan is an important mechanism to guide investment and the local government efforts on DI. There are, however, various problems in its implementation, as noted by the local CARE coordinator: The MEF trains the local governments and the DIRESA trains the health personnel; there is no joint training space that allows the interlocutors, depending of their skills, to develop an articulated plan to achieve the expected results. This is compounded by the fact that MEF does not provide technical assistance unless the local government requests it, and only recently has the DIRESA begun to monitor and provide technical assistance, to address problems evidenced in different places. The foregoing compromises quality in the implementation of the goals and the quality of local government spending.

The MEF tells the local government that technical assistance will give them health and they have to implement the budget ... they pose it only as an investment, but not which actions within its functions they are to perform for the effectiveness of the target. All this leads to confusion of roles and generates internal conflicts at the local level (Huancavelica Local Coordinator)

In this context, an important contribution of the project was the training and technical assistance to local governments and healthcare personnel for the implementation of the community Center for Promotion and Monitoring of the care of the mother and child under the Incentives Plan. The training was aimed at those directly responsible for the goal (Social Offices, Incentives Plan coordinators, heads of health facilities and of health promotion). Workshops with community actors were also conducted for information and the transfer of community premises to implement the CPVC.

The positive work of the Partnership has been the support they have given us; thanks to this, things have been implemented, and had they not been supported, perhaps we would not have met the goal. They are supporting us in the bi-monthly reports on the operation of community

monitoring, where we are receiving the technical support of the Partnership (Head of Municipal Incentive Plan, Municipal government of Catac).

I would say they have the attitude of seeking technical assistance and support to access public funds, ideas to strengthen their capacities. At the beginning, there was much passivity on their part. They didn't understand nor were they interested in the whole issue of the Incentive Plan (in Cashapampa and Huayllabamba). Thanks to the training they've received through the Partnership project, we could say that now they are actors permanently focused on meeting the goals, presenting their results and making good use of the resources that come with the Incentives Plan. I would say this is a great contribution that the Partnership project has made. (Technical Committee).

The project insisted not only on the implementation, but on the operation of the CPVC, generating a space for articulation between the local government and the health sector (micro Networks and health facilities) around a specific goal. The training and assistance also enabled boosting the participation of the community health agents (ACS) as key players in the development of home visits for counseling, education and demonstration sessions on issues related to child nutrition, to the extent that the Incentives Plan contributes to the training, the provision of tools (guidelines, formats) and the recognition of the ACS.

This year I see that their (major) concern is the fulfillment of the goal of the Municipal Incentive Plan. Last year we achieved the goal of the implementation of the Community Monitoring Center... Now, to accomplish the goals of the Plan, they come. Before, we used to go there. They accept meeting here. To make work plans, they come. (Catac CLAS Manager)

The Municipal government supports us in food demonstration sessions... There are two centers for promoting and monitoring in Cashapampa that are operating... Our training has strengthened the community health workers a lot because we did not have much participation from them, they did not attend. The CARITAS mother educators were also recovered. So we have been doing activities such as counseling. Also with the Plan, we are providing incentives to them as community agents. (Healthcare personnel, Cashapampa Health Center)

However, not all local governments (Nuevo Occoro and Huando) showed willingness to allocate resources to training healthcare personnel and community agents, which had to be provided by the project; another problem is that funds from the Plan go to activities unrelated to the targets set.

Most municipalities - Huando, Marcará and Cashapampa, among others - have managed to meet their goals, with a greater ownership of this mechanism in some of them. In Marcará, there has been a participatory process with increased advocacy and the participation of civil society. Huando obtained resources from the FONIPREL for profiling CPVC implementation in other areas of its district, and three project profiles were approved in the participatory budget in this matter. In the case of Nuevo Occoro, the project intervened little due to hiring a consultant, a situation that affected the achievement of the goal.⁴⁶

Local actors also highlight the support of the Partnership for a more efficient use of resources of the Incentive Plan, in goals not exclusively linked to CPVC.

⁴⁶ The consultant hired had a discretionary management of information (e.g., delivery of reports) and did not respect the established entities, showing problems in complying with standards and pressure on the health sector to certify compliance with the goal.

The support of the Partnership has been valuable because, thanks to its advice, we have been able to meet Plan goals required by the central government.... we are creating some areas to meet the requirements, for example, the creation of the DEMUNA (which has been long in coming) and the Local Targeting Unit... (Mayor of Catac, Ancash)

With support from the Plan, the Monitor's House has been built and chlorine was also placed in all water reservoirs, including payment of persons for cleaning and painting of the reservoirs... because here we drink piped water (Nuevo Occoro Mayor)

The use of information for decision-making: Informed Decision Technology and LQAS

The project has made a significant impact on the use of information for decision-making at the local level through TDI and LQAS. The results of TDI/LQAS provide district inference information, putting in perspective the information generated by the health sector and having a better approximation of reality in each district – to the extent that the information generated by the MINSA is consolidated at the Network or micro Network level, and applies only to the population attending the services.

The Partnership gathered the progress and provided feedback to the health sector on the implementation of these instruments, supporting the measurements (for example, a second and third measurement in Huando and a first and second measurement in Nuevo Occoro in 2011 and 2013, respectively) and the diffusion in all the districts, with participation from the DIRESA in some of the phases of implementation.

The Huancavelica DIRESA had prior experience in the application of TDI in 2008, which presented difficulties due to the lack of explicit willingness by some local governments to support this initiative;⁴⁷ in 2009-2010, this situation led to participation being voluntary.⁴⁸ It is noted that before the project, however, there was not much expertise in the interpretation of the results of TDI, nor was it used as a management tool, a situation that has improved with the intervention, achieving a more rigorous application and more reliable results. The project conducted a first regional training - beyond the areas of intervention - for healthcare personnel and local government personnel. In some districts, such as Ascensión, the application of TDI brought close coordination between the health sector and the local government; students of the University gathered the information under the supervision of the health sector, and the information was processed by the municipal government, with supervision by the Assistant Manager of Health.

An ordinance under CRSAN was considered to take TDI to all local governments. We're talking about public policies that flow from the bottom up, not top down. You have to know the interest of each local government and that this willingness makes it sustainable over time (Head of TDI, Huancavelica DIRESA)

So far there have been two TDI measurements, one in 2011 and another in 2012. There were no problems in their measurement. However, in 2012 it was measured through a more rigorous application and with "real data," and at the same time served to propose solutions. The one in 2011 did not have such a high impact (Head of Health Promotion, Ascensión Health Center)

⁴⁷ The DIRESA promoted the application of TDI in 25 showcase districts, of which only 8 were maintained.

⁴⁸ There is even a CRSAN initiative to impose by Regional ordinance the use of TDI as a measuring tool for health indicators that does not have the backing of the DIRESA, which claims limited monitoring capabilities.

In the case of Ancash, both TDI and LQAS (in Sihuas) have been boosted by CARITAS and ADRA in the districts of intervention of the Ally Micuy Project since 2009-2010, with the support of the National Center for Food and Nutrition (CENAN), an experience that the Partnership sought to continue and strengthen to have an alternative in addition to the TDI.

They trained us in 2010. We were invited to train in Huaraz and it was a new training methodology that we did not know. And in 2011, in April, it was done in Cashapampa, also with members of the Partnership for Nutrition, and we realized that it is a methodology that provides results in a short time. The results on how things were going for us were socialized in the roundtable. If we are improving or not... With the LQAS results we agreed that, if we met the proposed goal, the community agents would have incentives. The mother guides too. (Healthcare Personnel, Cashapampa Health Center).

In terms of the contribution of the Partnership, it is believed to have created a climate of opinion conducive to the use of information for decision-making, which has been used to boost the areas of cooperation – though not in all cases successfully - and to develop local articulation plans.

The Partnership has helped to strengthen the action of TDI. It has helped to create awareness about the technology, it has done work advocating that the local diagnostic be used in decision making (Head of TDI, Huancavelica DIRESA)

In concrete terms, the TDI process has been an important space for sensitization of local actors, both institutional and community, by providing information on the problems and determinants of DI, and a true measure of the situation in the district.

In the measurements we have learned that Nuevo Occoro has a high rate of DI... If, as now, we had been more alert, perhaps knowing this in the TDI training, we would have taken action on the matter. That is what has impacted all of us. First it was 47% and with TDI, we have reached 67%, and it moves us and angers us, that instead of decreasing, it has risen. (Ex-Councilors, Municipal government of Nuevo Occoro)

Almost all of the training workshops have been on malnutrition, in line with the results of TDI... For the measurement and the TDI results, they summoned all the institutions, first of all, to raise awareness and, from this, to be more concerned about that issue... DI is a priority, given that the evaluation of results, unfortunately, has yielded an alarming figure. In Ascensión, the TDI is 54% (Social Development Manager, Municipal government of Ascensión).

I had heard about TDI, but was not sure what it was. The workshop was carried out and, together with the Partnership, the implementation of the surveys began. The work was interesting because it is a reflection of our work as healthcare personnel and also evaluates or sees what the community does. It is a very useful tool, but we still have to keep track. We have received the information, and not just us, because they made us see it in a multisectoral meeting. So we need to work on how to improve these red indicators we have... It has helped us to improve. For example, in the previous one, our quality of service as a health center was shown with an average grade of 11. We are now at 13.2. It made us see our weakness and see how it varies from year to year. The weakness would be ours if we do not take these indicators and do something to change. (CLAS Manager, Marcará Health Center).

Also, the TDI/LQAS information is being used effectively in decision making: Developing planning documents and directing or redirecting investments and prioritizing the interventions. In Huando, a second measurement was performed in November 2011, which was used to prioritize investment in sanitation and production projects in the 2013 Participatory Budget; in Cashapampa, to monitor the

progress made and ratify the orientation of investments; in Ascensión, it was used to develop a small PIP for training on the subject of DI, in the preparation phase of the dossier, in the participatory budgeting processes in 2013 and 2014, and to prioritize training for community health agents, leaders of the Juntos program and the Glass of Milk program.

In Cashapampa, since the beginning of the project the mayor decided to invest in health and nutrition. Each year we border on 200 to 250 thousand in direct investments. However, it was felt that what was being done was not working, it was felt that the decision was not the most suitable. When TDI/LQAS was done, the results were shown, and they reviewed what they had improved in, and felt relieved that what they were doing was alright. LQAS has not increased investment; it has made it possible to ratify and maintain that decision and that the things they are doing are having results (Ancash Local Coordinator).

TDI is important because, seeing those indicators, like a traffic light, you can better target budgets to address the problems that have very low indicators... determine which sectors are the most vulnerable. The value of TDI is more specific and direct to the population. (Mayor, District of Ascensión)

It has helped us to see families that did not have basic services, the rate of malnutrition, and it has given us an idea of what the situation was, and that is why these projects were generated (Former City Manager, Huando)

Despite this contribution, it is a process that is not yet consolidated or institutionalized. It requires capacity building of the management of the DIRESA and the role of the networks in this subject, as well as technical assistance to the local governments to ensure their sustainability.

The various actors mentioned a set of difficulties in the implementation of these tools, beyond the scope of project implementation. As stated by the head of TDI of the Huancavelica DIRESA: with respect to Step 1 (sensitization), sensitization of local actors is not conducted adequately in all cases so they understand the usefulness of TDI; with respect to Step 2 (training), where the set of actors defines the indicators to be measured, not all processes consider this stage; in Step 3 (application), not all local governments are willing to allocate resources for the survey or do not hire a person with the right profile -this, despite that they may devote resources from the Incentive Plan to hire qualified personnel; in Step 4 (presentation of results and preparation of the articulated action plan), in many cases, there is a lack of commitment to the implementation of the plan by governments and local actors, whose responsibility is usually diverted to health, showing the need to work on the notion of shared responsibility. In this sense, the need for health personnel to engage in more direct work with the authorities is clearly noted, given that articulation depends much on the leadership capacity of the health promotion personnel.

Other major challenges are the lack of adequate technical assistance and sufficient support by the health sector to local governments, which affects ownership and capacity building to lead this process; the continuous rotation of local government personnel – including those responsible for the TDI - or the participation of representatives of the institutions without decision-making capacity in the different stages of TDI; the weak monitoring of the local development plans; the failure to meet commitments by DIRESA and the networks. For example, in the case of Marcará and Catac, there was a commitment to conduct TDI in 2013, which so far has not materialized.

The local governments still require much technical assistance in all phases... the link with health is weak despite the agreement signed. (In the case of Catac and Marcará) the DIRESA

and the Huaylas Network abandoned the municipal government, and finally, it does not have someone who can provide enough technical support in this matter... We filled that void during the project... in some cases requiring that someone from the municipal government who knows the methodology accompany the surveyors, although sometimes they had to go it alone ... this has hampered the matter of empowerment or adaptation of the methodology... If someone goes to the local government right now and asks them to make a TDI, they will not know where to start or where to end... (Ancash Local Coordinator).

Maybe if CARE/PRISMA had not intervened, we would not have managed to finish conducting the TDI, even though one knows what one has to do. The contribution has been the technical support they have given the local government and the health sector. (Before) there were things that were unknown... for example, how to collect the information, how to monitor, how to make the assessment. (Head of Health Promotion, Ascensión Micro Health Network)

Furthermore, the information gathered is not always recognized by the health sector, which favors its own information despite its limitations. With regard to local governments, there is limited availability in some cases to ensure the budget needed for the periodic application of TDI for the monitoring of indicators, which limits its usefulness and jeopardizes its continuity and sustainability.

The MINSA needs a real information system for local government; it is always going to prefer the ministry data, and in that sense the ministry is deficient and does little for management. The information given is very general, it does not give you real statistics and handles it at the Network level; LQAS gives you precise data. Because the data is processed at the network and micro network level and may not return (Ancash Local Coordinator).

Sensitization and capacity building in the Participatory Budget space

To these spaces' problems of summoning participants because of the lack of credibility mentioned in previous paragraphs is added the inadequate compliance with the Participatory Budget stages (for example the sensitization of the participating agents, who attend only the last stage when the prioritization of projects is discussed), and the fact that demand for infrastructure projects is still prevalent, which reduces the resources available for issues of human capital formation.

The project has influenced this space through the sensitization of the social actors involved, in order to incorporate DI as a criterion for prioritizing the projects presented. As a result, in different areas, it has been achieved that the project prioritization matrices include the issue of chronic malnutrition in places like Cashapampa and Huayllabamba, through an ordinance for the 2013 Participatory Budget.

The increased presence of the issue of DI and its determinants as priority investments has allowed the approval of some projects, such as basic sanitation and the construction and implementation of early stimulation centers for children under 3 years of age and pregnant women.

It is necessary to instill in the population the reasons for priorities... we rely on the PP and this, in turn, is based on the PEI and the PDC... here we see the critical issues that must be addressed... We try to make them see, somehow, what a priority is... and not do as we did before: a street, a road, an infrastructure... generate development but don't help counteract poverty. (Assistant Manager of Planning and Budget, Municipal government of Ascensión)

V. PUBLIC-PRIVATE PARTNERSHIP

The component of identification and promotion of public-private partnership modalities in matters of DI was one of the main elements of the project announcement and subsequent formulation, in a context of the reduction and reorientation of international cooperation, in which the condition country's average income limits their access to this source of funding. In this scenario, USAID considered it important to strengthen public-private partnerships, which would allow regional and local governments to coordinate with private sector entities to develop interventions to reduce DI in their territories. The announcement required that other organizations co-finance the project, such as RPP and some mining companies with which there were prior commitments, such as the case of Antamina in Huaraz.

The project proposed the design, implementation and evaluation of a model of public-private partnership to reduce DI, promoting synergies to facilitate greater access by the population to basic services and to optimize the resources of private companies, local governments and population.

This component had a very limited development in the framework of the project due to factors such as the change in the mining taxation scheme, which determined that the proceeds from mining companies pass to the administration of the state, and removed incentives for these companies to invest outside their area of direct influence. It must also be mentioned that the private sector is growing, and so the profits are reinvested in their own processes and facilities in order to increase their production, as well as the fact that there is a learning gap to go through by the NGOs for a greater linkage between the public and private sectors.

It was also evident that the task of designing, validating and disseminating a model of public-private partnership fell beyond the reach of a short-term project. The Partnership decided to restrict its actions to some specific activities that would permit making progress in reaching conceptual boundaries and knowledge of the subject, relatively new to the various actors, including members of the Partnership at national and local level.

In this context, it was decided to promote a consultancy to identify modalities of partnership between the public and private sectors in interventions to help reduce DI in the areas of project intervention. This study made clear the impossibility of formulating a model, rather identifying viable forms in each area and finding information about the factors that make a PPP unfeasible. It also permitted identifying the need for capacity building of local teams in this topic.

In this context, the project defined a roadmap aimed at training managers and civil society interested in the subject of DI. A workshop was held in each locality with the aim of building capacities to identify companies with which they could generate joint projects in their territories, and address some of the obstacles to establishing a public-private partnership. This space permitted providing managers with some specific tools (model ordinances, action plan, mayoral resolution for the recognition of work teams in this issue, among others).

This experience was disseminated to the MIDIS, stressing the need to create a policy framework to support and encourage private investment for social purposes. The MIDIS has welcomed this interest, appointing a team to identify companies with social responsibility areas in Peru to establish a potential partnership. It started, in the same line, a communication campaign on the issue of early

childhood development in association with the area of social responsibility of RPP, with the support of the IDI.

VI. ACCOUNTABILITY

Result 4, linked to the organized participation of authorities and the population in actions of citizen monitoring and accountability for actions to combat child malnutrition, required two levels of intervention: capacity building of actors in the local consultation spaces to demand transparency and information on the management of the local governments, and capacity building for authorities in accountability.

It was initially envisioned to use the methodology developed by CARE Peru for citizen monitoring (training and support of "monitors" of public services), with the support of a specialist from that institution as a counterpart. Nonetheless, it is believed that this result was too ambitious, subject of an intervention in itself, requiring a considerable investment of time and effort in a context of the project's significant demands focused on the task of strengthening local capacities.

The project included work with municipal government authorities and officials in the framework areas of the cooperation spaces. The weakness of these spaces in issues of planning and articulation determined the need to prioritize the component of management capacity building, with a limited addressing of the issue of transparency and accountability.

The orientation and experience of the municipal governments in this area is to provide information through annual public hearings, town meetings, website, brochures, or through individual attention when required. Nonetheless, the information focuses on financial accountability, with little attention paid to meeting goals or results. The project refocused its actions to provide support to regional and local governments in making their accountability easier to understand, although little interest was shown in developing these processes.

The renditions were not didactic, they say we are doing this and if they want more information, it is in the friendly consultation of the MEF and our population is rural and does not understand that. (Former Manager of Social Development)

They report: we have done much for investment projects.... these are being implemented and are ready ... The issue of citizenship still has a lot of work to be done... (Ancash Local Coordinator)

In this context, the Partnership took as a priority in this component its own accountability to stakeholders on the project, presenting indicators at meetings. It is believed, however, that there was not much echo to this initiative in the population, which is unaccustomed to demanding information, except when linked to the budget, which they have and know how it is implemented.

When the management is tested in Huayllabamba, on what goals, renditions for each area, types of investments, gaps to be closed, and that the population does not feel it is necessary, not the qualitative part, but how much money and in what it is spent. There is also an affinity of the mayors to think that. They had a lower dose of showing results and indicators of social and economic development, and have come up with the matter of budgetary expenses. (Ancash Local Coordinator)

VII. CONCLUSIONS AND LESSONS LEARNED

7.1 Conclusions

On the project design and management

1. The Partnership project, as an intervention involving a set of institutions with proven track records on the issue of DI, has been an important area of learning and sharing approaches, methodologies and ways of operating in the territory, which has permitted enhancing the results and expertise of each institution. It has also made it possible to learn about the articulation among NGOs. The experience has shown that it is possible for the institutions involved to assume joint projects, but also that it is necessary to consider specific times and spaces of internal articulation that permit agreement on common visions and strategies, something that was only partly achieved in the Partnership, and that led to intervention to depend significantly on the profile, commitment and prior history of each institution.
2. The project proposed a set of results, each of which had an inherent complexity and required, in some cases, the generation of preconditions that were not present in the territory. This situation led to a dispersion of efforts and a heterogeneous development of the different components, with greater progress in issues for which there was a more favorable political context and a greater need or interest by local governments, such as the capacity building component. The same thing did not happen in the case of Public-Private Partnerships and accountability, for their being, first of all, a relatively unknown issue, and secondly, a subject that still arouses little interest from both local authorities and citizens.
3. The lack of clarity of roles, responsibilities and internal communication mechanisms placed an efficient project organization at risk, by not considering the actual possibilities of the different institutions in terms of dedication to the project. While the core team was hired full-time, there was no paid counterpart in each of the organizations of the Partnership, so that the technical coordinators had to take time from their duties to devote to the project. In this context, the search for collective decisions through the Technical Committee did not prove to be effective, although its advisory role and role as a place for discussion at strategic points for the project were effective.
4. This conclusion is reinforced by the findings on the management of the accounting, which had a part-time paid professional in each of the organizations. Once the criteria and procedures were homogenized, the financial accounting, conducted by key personnel of the core team, sustained an effective relationship with the accounting specialists from the other organizations, and provided constant support and achieved adequate control of expenditures, which was recognized by the organizations of the Partnership.
5. The fact that the member institutions of the Partnership selected areas in which they had previous work was a facilitating factor of the intervention, as a result of the legitimacy achieved by each institution and knowledge of the local reality. Similarly, the greater amount of time and interaction in the local spaces generated greater involvement in the local dynamic (e.g., in the case of the province of Sihuas), but also more dependence of the local authorities on technical assistance, which at times took on roles that corresponded to the

local government action, an aspect that must be considered in terms of sustainability for future interventions.

6. The intervention area of the Project consisted of two regions and eight districts. Operationally, all Project activities at the regional and local levels were implemented by local coordinators. Each of them was responsible for the implementation in two districts, and they shared the regional (Ancash and Huancavelica) activities. In practice, the workload of each coordinator exceeded what had been estimated,⁴⁹ which affected the time spent on technical assistance and put the achievement of results at risk. To alleviate this situation, specialists were hired to develop some training, as well as the cooperation of entities like the MCLCP, the Ombudsman and the organizations of the Partnership themselves. This measure not only partly alleviated the load of the coordinators, but was also highly appreciated by the participants.

On the development of the project's components

7. The project operated in a favorable scenario, given that the current government maintained the fight against child malnutrition as a priority in the public agenda – a situation to which the project contributed. This led to the alignment of the sectors involved - MIDIS, MINSA and MEF - as well as to an application of tools and transfer of resources oriented to this priority. In this framework, the component of capacity building for local governments was the major contribution of the Partnership, by providing important support to the management of budget tools applicable to the decrease of DI (small PIPs, Incentive Plan, PpR).
8. The dissemination and support of the health networks and the local governments for the use of Informed Decisions Technology (TDI) and LQAS as management tools has helped to expose the importance of local information for targeting and prioritization of interventions, besides being an instrument of sensitization on the problem of DI and the particular situation of each district. Nonetheless, there is evidence that local governments have failed to seize this tool to ensure continuity in the implementation for monitoring purposes, in a context of weak support and technical assistance by the DIRESA and the health networks.
9. Regarding the advocacy component, the project supported the Initiative against Child Malnutrition (IDI) in its "sounding board" effort in the process of drafting the DI policy by the MIDIS, as well as in the dissemination of this policy at the national level. Regionally, the advocacy strategy aimed to incorporate DI as a priority in regional plans and policies to promote the commitment and continuity of the subject in the regional agenda, a task that rested significantly on networks and the prior experience of each coordinator, with major achievements in the case of Huancavelica in terms of articulation with the Include for Growth Strategy.
10. Concerning the Public-Private Partnership (APP) component, the intervention showed the importance of conceptually defining the notion of APP, being a relatively new concept and

⁴⁹ Among the factors contributing to work overload of the coordinators are the regional and local political context they had to face, the additional demands of the authorities and stakeholders, the rescheduling for external reasons, the logistical and expense reporting processes, and the diversity of activities and the complexity of some of them.

little known by member institutions of the Partnership, as well as by local governments. This forced us to replant the scope of this activity toward the identification of possible APP modalities and the factors that must be overcome to make them viable.

11. In the same vein, the project made progress in forming committees of local managers in a position to promote APP. Nonetheless, the experience showed the need for monitoring and additional work with senior levels of private companies, as well as the identification of successful experiences that could be promoted in the areas of intervention. The development of this component has also highlighted the importance of identifying the contributions and benefits of an association of this type for each of the parties, including the for-profit institutions, in order to make the processes more transparent.

7.2 Lessons Learned

1. The replication of the institutional alliance at the project's operational level can weaken decision making and the management of the intervention. Experience shows the importance of having a central administration that confers unity to the intervention in the technical and financial-accounting aspects, as well as the need to consider that the process of coordination among various institutions takes time.
2. In the same vein, in projects managed by institutional consortia that cover various fields of intervention, it is essential to give enough space for the internal organization and the definition of roles and responsibilities of the managing entities, including the management of accounting and finances.
3. During the design phase, a project of this nature requires consideration of the institutional arrangements needed to operate efficiently, via the generation of administrative and technical management tools (guides, manuals, etc.) to guide the local teams. It also requires an initial space to standardize - while also considering the local and institutional particularities - and integrate approaches and strategies around common objectives, and time for joint analysis and discussion of strategy throughout the project.
4. In this context, the flexibility of the implementing teams to adapt the development of activities to the demands and needs of the context is a key factor for progress and the achievement of results.
5. Projects with a capacity building component require a prior diagnosis of the regional context to define the scope of the intervention at this level, as well as an understanding of the heterogeneity of the local governments in terms of size, organization and skills, in order to outline strategies that best meet the diverse realities, while considering differentiated and more complex learning cycles as the project progresses.
6. An effective strategy to address different and complex issues with the same target population is to involve consultants who are specialists in each issue. This not only promotes greater attendance by those convoked, but is a motivating and enriching element of the discussion among participants.

7. For future interventions, and given the still weak management skills in many local governments, it is important to focus and prioritize issues of intervention to concentrate efforts and achieve greater results, and to standardize training contents and tools and consider different and / or complementary methodologies. For example, replacing workshops with direct technical assistance, the development of educational visits or exchange of experiences among local governments, and the incorporation of the actors that influence spending in the processes of training and technical assistance.
8. The value of human resources is critical in projects of this nature, which are aimed at changing how we understand and operate local government. In this sense, positive aspects are taking advantage of the networks and prior experiences of the personnel in charge of the local operations, and their retention in the areas of work, which contributes to a greater involvement in local processes. Nonetheless, it is necessary to clearly define the role of technical assistance to avoid the risk of replacing the functions of the local managers, and consider support personnel for the fieldwork due to the requirements in terms of time and technical resources.
9. In terms of accountability, despite the modernization of the State that the central government seeks to boost, given the technological deficiencies that are still prevalent in rural areas of our country and the lack of familiarity and limited access to virtual media by the population, it is advisable to continue promoting traditional elements of accountability, ensuring wider dissemination through the mass media.

ANNEX 1. METHODOLOGY

The methodology of the systematization used the following techniques:

1. **Review of secondary sources.** The project documents reviewed were as follows:

- May 2011 - May 2012 Work Plan
- Baseline Study: Huancavelica sub-study
- Baseline Study: Ancash sub-study
- Systematization Report
- Final Report of the study to identify partnership modalities between the public and private sectors in interventions that contribute to the reduction of DI
- Strategy to strengthen managers and operators of the regional and local governments in Ancash and Huancavelica

2. **Semi-structured interviews.** Interview guides were developed with reference to the main areas of systematization, and tools were developed as part of the systematization of the initial phase of the project to ensure continuity and facilitate a comparative analysis of the information.

The key actors involved in the project were interviewed: at the national level, the Central Team, Directors and members of the Technical Committee and a representative of MIDIS; at the regional and local levels, representatives of local and regional governments (mayors, social development offices, councilors, planning and budget offices, etc.), the health sector (DIRESA, micro networks and establishments) and representatives of the concertation spaces and civil society.

A total of 52 interviews were performed (see list of interviewees). The number of interviews at the regional and local levels was higher in the case of Huancavelica due to the identification of a greater number of key informants. It was not possible to interview actors from the district of Huayllabamba due to communication difficulties with this location.⁵⁰

Level	National	Regional	Local	Total
	13			13
Huancavelica		07	20	27
Ancash		04	08	12
Total	13	11	28	52

⁵⁰ Communication via Skype is not possible due to the difficulties of internet access in the area. Telephone interviews had to endure a high level of annoying interference.

ANNEX 2. LIST OF KEY INFORMANTS INTERVIEWED

Name	Position	Institution / Location
<i>National level</i>		
Ana Alvarado	Partnership Project Coordinator	PRISMA
Rommy Ríos	Partnership Project Supervisor	PRISMA
Cecilia Moya	Partnership Project Chief of Monitoring	PRISMA
Elizabeth Trigo	Partnership Project Chief of Administration	PRISMA
Milo Stanojevich	Director	CARE Peru
Delia Haustein	Technical Committee	PRISMA
Walter Vilchez Paul Lucich	Technical Committee	CARE Peru
Marilú Chang Mariela Lévano	Technical Committee	PRISMA
Gorky Tudela	Technical Committee	ADRA
Andrés Morán	Technical Committee	CARITAS
Marlene Rojas	Technical Committee	CARITAS
Ana Quijano	DI - Anemia Strategic Coordinator	MIDIS
Edgar Ramirez	Representative	USAID
<i>Huancavelica Region</i>		
<i>Regional level</i>		
Manuel Picón	Local Coordinator	PRISMA
Doris Zubilete	Local Coordinator	CARE
Hugo Medrano	Deputy Manager of Social Development	Regional Government
Sonia Fernández	Chief of TDI	DIRESA
José Gómez	Territorial Coordinator	MIDIS
Carlos Yataco	Chief	PARSALUD
Héctor Bendezú	Representative, UE to Combat Poverty	Regional Government
<i>Local level</i>		
Cevero Ordoñez Alanya	Mayor	Government of N. Occoro
Vilma Pallarco Hermógenes García	Health Councilor Ex-Health Councilor	Government of N. Occoro
Alejandro Ruiz Calderon	Representative of Councilor	Government of N. Occoro Multisectoral Committee
Manuel García Rodolfo Laura	Community President Community Secretary	District of N. Occoro
Elizabeth Anchaihua Ccente	Chief of Health Promotion	N. Occoro Health Center
Rubén Aripazana	Mayor	Government of Ascensión
Raúl Asto Tueros	Manager of Social Development	Government of Ascensión
Wilder Damián	Incentive Plan Chief	Government of Ascensión
Jodi Curasma	Chief of Health Promotion	Ascensión Health Micro-network
Herlinda Huayllani	Health employee	Ascensión Health Center
Cesar Amaya Cubas	City Manager	Government of Huando
Joshy del Pino Guzmán	Chief	Huando Health Micro-network
Gregoria Fernández de la Cruz	Chief of Health Promotion	Huando Health Center
Jaime Ku	Ex-City Manager	Government of Huando

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César Yauri	Ex-Deputy Manager of Social Development	Government of Huando
Macedonio Pari	Chief of Office of Social Development	Government of Yauli
Sabino	Chief of Health	Government of Yauli
Nila Olivera	Representative	Yauli Health Micro-network
Moisés Vargas	Representative	COMUDY – Yauli
Ancash Region		
Regional level		
Javier Garay	Local Coordinator	CARITAS
Franz García	Local Coordinator	ADRA
Juan Fernando Jáuregui	Chief of Social Development	Regional Government
Ana Peñaranda	Representative	MCLCP
Local level		
Hernán Pérez Alvarado	Mayor	Government of Catac
José Maguiña Ortiz	Chief of Incentive Plan /MCLCP	Government of Catac
Johana Rodríguez Romero	Representative	Catac Health Center
Javier Copitán Leyva	Mayor	Government of Marcará
Dalila Paucar Vega	Chief of Glass of Milk Program	Government of Marcará
Mercedes Salazar Vargas	Representative	MCLCP – Marcará
Uldarico Cisneros Carrillo	Mayor	Government of Cashapampa
Natali Rojas Zavaleta	Chief of Office of Social Development/PIM	Government of Cashapampa