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FINAL REPORT

MAP INTERNATIONAL -- AN EVALUATION
OF ITS HEADQUARTERS AND PROJECTS IN
BOLIVIA, ECUADOR, AND HAITI

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CHAPTER 1

PURPOSE AND SCOPE OF THE STUDY - AN OVERVIEW

In 1975, the Agency for International Development began to provide funds for MAP International, a private voluntary organization which had served for many years in the developing world by providing medical commodities to clinics and hospitals, primarily founded and operated by evangelical missionary groups. The aim of AID's first involvement through a development program grant (DPG) to MAP was to develop MAP's capabilities to achieve a transition from a limited role as distributor of medical commodities to its present recognized function as a catalyst and facilitator of community health programs overseas. MAP's effort to provide technical assistance to cooperating medical missionary agencies in Ecuador and Zaire has led to two major community health projects, and the recognition of MAP as a leader among medical missionaries in the conceptualization and implementation of community health programs.

At the expiration of the AID development program grant, MAP applied for and obtained a matching grant arrangement with AID. The purpose of this grant was to provide program services to a number of cooperating medical missionary organizations to assist them to begin or expand community-based health components in their programs. These program services would consist of technical assistance and training through on-the-job and workshop experiences to initiate or expand community-based primary health care projects in developing countries. The grant also provided funding for small projects planned and implemented by MAP in cooperation with host country groups which would permit the initiation of project activities affecting the health of people at the community level. An ambitious proposal for this grant was presented by MAP to AID, which would cost nearly \$3.3 million to be shared equally by AID and MAP over a three-year period. After negotiation, AID agreed to authorize \$830,000 from its funds to be matched by an equal amount from MAP, which brought the total for the three years to an estimated \$1.66 million. During the first two and one-half years of the grant, actual expenditures are running about two-thirds of what was planned. As this matching grant arrangement draws to its planned conclusion, AID requested that an evaluation be

made of MAP International focused on the effectiveness of MAP's programs in producing community health projects implemented by local agencies at community levels in developing countries.

AID was not only interested in MAP's effectiveness in convincing its cooperating missionary agencies to move beyond curative health services to include community-based primary health care, but in a number of other related and major issues. It asked the evaluation team to determine what was a reasonable timeframe in which to expect MAP to achieve its program goals and to effectively reorient the program strategies and methodology of related missionary health agencies. AID also wanted to know the cost effectiveness of the MAP program activities as compared to other similar organizations.

Another concern of AID was the apparent shift in the focus of MAP's project activities after the initiation of the matching grant agreement. The agreement was originally designed to provide project funds for community health activities and related program consulting services and educational activities for cooperating missionary agencies concerned with community health in developing countries. At present, MAP's educational and consulting services to missionary agencies at headquarters and field levels appear to dominate the department's role. The evaluators were asked to assess whether this shift in program emphasis has resulted in generating community health projects by the agencies. MAP's development efforts reach beyond a limited scope of health activities to encompass education, community organization, food production and such self-sufficient enterprises as cooperatives and animal production projects. The evaluators were asked to examine whether this multisectoral approach diverted MAP and cooperating agencies from the primary purpose of the grant, the community health aspect.

During the field review, the evaluation team was to look at a number of questions involved in the way MAP did its business of selecting agencies and projects for support. Of particular interest were the working relationships which MAP had established in the participating countries with local health agencies and leaders at the village level. Changes in village health status attributable to MAP's work were to be studied, as well as the role of villagers in devising, supporting, managing, and evaluating their own project activities.

The characteristics and suitability of the MAP field staff were to be examined in relation to their assigned functions and the overall program goals. The relationship between MAP field personnel and MAP headquarters in regard to policy guidance, program direction and the type of support provided to the field was to be analyzed. The team was to study the effectiveness of the MAP reporting system when viewed in a continuum from community level to field headquarters to MAP U.S. headquarters. The perception of MAP by those with whom MAP collaborated both in the U.S. and overseas was to be obtained, not only from MAP's cooperating missionary agencies, but from host government, USAID staffs and community groups. An estimate of MAP's capabilities as administrator and financial manager was to be provided by the team. The effectiveness of MAP's Learning Resource Center and other activities which contribute to its role as provider of program-related technical information was another major area for the evaluation team. Within the total overseas program of MAP, the role of the recently created Department of International Development was to be studied for its relationship to other MAP entities.

The evaluation would be performed from several perspectives: an analysis of the MAP headquarters operation would give insights into how competent the Wheaton-based staff was in performing their educational and advisory roles which would have impact on changing the orientation of MAP's affiliated missionary agencies toward effective primary health care services overseas. Another view would be achieved through visits to field project sites overseas. This field perspective would help to confirm observations in the U.S. of MAP's workshop and information program through direct examination of field projects generated by agencies which had received the training and guidance from MAP.

Accordingly, an itinerary was laid out by AID's Office of Private Voluntary Cooperation which gave the two evaluators who participated in this study an exposure to MAP headquarters in Wheaton, Illinois, and to field sites in Bolivia, Ecuador and Haiti.

Following an analysis of MAP headquarters operations, the evaluation team proceeded to Cochabamba, Bolivia, where it interviewed the head of the FEPADE organization which had benefitted from in-country training from MAP personnel.

They also were able to visit field sites at Tulimayo and Playa Ancha where they observed the community health program in operation. This was accomplished during a one day visit.

Ten days were spent in Ecuador visiting MAP field headquarters in Quito and a representative sample of field projects managed by or receiving technical advisory services from MAP's Ecuador field staff. The team visited projects in Cotopaxi Province including the Indian Association, a savings and loan cooperative for Quichua Indians, a community water project in San Ignacio and several sites where projects were emerging. A Peace Corps volunteer was interviewed for his assessment of training received from MAP staff to prepare him for work in community health.

In Tungurahua Province, another savings and loan cooperative leader was interviewed regarding MAP's training effort, and the role of MAP in providing training for community organization was explored with a former Ministry of Agriculture technician. In Chimborazo, the team also met with officers of the Chimborazo Indian Association who had received training from MAP staff in cooperative management, savings and loan financial management and community organization. During this same visit, interviews were held with U.S. medical missionaries trained by MAP during U.S. based workshops. The impact of the Chimborazo Agricultural Revolving Fund project was examined through visits to food production demonstration activities. At the Amazon jungle sites of several medical missionary groups, former American participants in MAP workshops and other training opportunities offered by MAP were interviewed to obtain their assessment of the significance of such training to their present work activities. Upon return to Quito from these field visits, a sample of cooperating organizations was interviewed; these include the PCJB group, Heifer project, and ASDELA (a consultant group which employed MAP for the training of Peace Corps volunteers). Interviews with the Ecuadorean Ministry of Health and with USAID mission staff added insight into the in-country perception of MAP.

The following week was devoted to visits in Haiti to projects involving health delivery services which have benefitted from the training and technical advisory services of MAP staff in the U.S. and in Haiti. Visits were made to a

rural health clinic and hospital whose staff (employed by World Team) had received training from MAP staff both in the U.S. and in Haiti. USAID personnel in Port au Prince provided their observations of MAP work and interviews were held with representatives of the Haitian government Ministries of Plan and Health.

More detailed findings are provided on the results and observations of these field visits in later sections of this report. The pace of the field visits was of necessity rapid. A great deal of territory was covered within a few days, but with unusually fine cooperation of MAP field staff it was felt that many useful interviews were made possible and much useful data gathered about field operations of the MAP organization.

The evaluation of MAP's Community Health Program was conducted through interviews, field observation and document analysis. The analysis of documentary evidence was done through an extensive examination of project documents and reports at the Washington AID/PVC office. MAP's literature, teaching materials, internal reports and other documents were analysed at the Wheaton offices. Locally produced materials, local projects and reports were examined in Bolivia, Ecuador and Haiti. The context of MAP's work was ascertained through an analysis of government health sector papers and reports from related agencies.

The information on MAP's functioning and effectiveness was obtained through an extensive interview process which included MAP staff in Wheaton; MAP's Board members; managers of U.S. based agencies; participants in U.S. based workshop; AID country mission officers in La Paz, Quito, and Port-au-Prince; MAP regional representatives and their staff in Quito and Port-au-Prince; participants of in-country workshops; representatives of MAP's cooperating agencies at national and community level; community leaders and villagers. Both individual and group interviews were conducted and most were formally based on a pre-determined protocol but some occurred on an informal basis. The protocol is attached as Appendix 1.

Field observations were carried out in Bolivia: Tulumayo and Playa Ancha, in the Cochabamba district. In Ecuador: at various locations in the provinces of Cotopaxi, Tungurahua, Chimborazo and Morona Santiago. In Haiti: at

Port-au-Prince; Cayes and Bonne Fin. The field observations included on-going activities of community agencies, project outputs and collective labour. In some cases community health priorities performed socio-dramas to give evidence of the training provided by MAP. The information obtained from field observation was not recorded through elaborated field diaries but on unobtrusive short-hand notes which were put into final form following the field visits.

The above mentioned methods of data gathering proved flexible enough to take advantage of diverse situations. The nature of the project and the diversity of sources would have rendered ineffective more structured research techniques of an empiricist nature.

The evaluation team organized a rough division of labor between administration and policy aspects for one consultant and the substantive content aspects for the other. However, there was an integration of effort which allowed for a comprehensive analysis and understanding of MAP's operations.

CHAPTER 2

MAP'S ROLE IN DEVELOPMENT - THE CONTEXT

In order to understand the MAP International contribution to health and development in the third world one needs to be aware of the context in which MAP operates. MAP occupies a unique position in relation to a large array of medical agencies providing health services to the population of the less developed nations. Most of those agencies can be classified under the common nomenclature of protestant missionary agencies.

In quantitative terms the potential constituency of MAP is of considerable dimensions. The Mission Handbook of North American Protestant Ministries Overseas (1979) lists a total of 714 agencies employing 44,442 personnel with an estimated combined income of nearly \$1.15 billion and operating in 179 countries. The same handbook lists 139 agencies as having Medicine, Dental and Public Health as their primary form of ministry. These agencies are the prime target of MAP's advocacy work. Historically, health care has been an important component of the work of missionary groups. In many developing countries, missionary hospitals, clinics, and dispensaries were the only available form of medical care for the poorer populations during the pre-independence period. Today, missionary physicians, nurses and midwives are the main providers of health services to the isolated communities in jungles of the Amazon or in the Andes highlands.

The type of health care provided by these agencies is mostly the traditional clinic-based, curative approach. The missionary health professional trained in the Western medical tradition followed a practice that was consistent with this training. For 28 years MAP has supported the operation of these agencies through the procurement and distribution of medical commodities from North American pharmaceutical companies. In 1975 a program emphasis was adopted by MAP to include a development orientation through community-based health programs. It is evident that over the years MAP has incorporated the principles of primary health care and community participation into its institutional philosophy and has given itself the task of promoting the adoption of these principles by the medical missionary agencies that form its constituency.

MAP has repeatedly stressed the need for an educational base which affects an attitudinal change on the part of the implementing agencies to endorse primary health care. The evaluators recognize that this educational function is a long process which requires many years to effect.

In June 1981, MAP convened the 9th International Convention on Missionary Medicine under the theme "Medical Missions in the 80's - A Quest for Priorities" which gathered representatives from most missionary medical agencies in the U.S.A. and Canada. Following the convention 40 mission leaders discussed the World Health Organization promoted "Health for All by the Year 2000". They prepared a declaration on "New Directions and Opportunities for Christian Health Ministries" and appointed a steering committee to edit and disseminate the document and study guide to all agencies. These activities constitute an illustration of the impact of MAP's educational role vis a vis the missionary agencies towards the adoption of a preventive community-based, primary health care approach at the headquarters level. Most of MAP's workshop and consulting activities described in the following sections of this study are geared to this same objective at the headquarters and field levels.

MAP views its role as an intermediary change agent which translates the most progressive health policies and methodologies developed in the secular world (e.g., the World Health Organization) into the language of the evangelical agencies. Hence MAP acts as a catalytic force for the updating and improving of the services provided by these agencies to the communities which are the final beneficiaries of the programs. MAP's advocacy work is backed by program advisory services performed by its headquarters and field staff, by a number of small pilot projects at field level in a few countries and by a series of U.S. and field based workshops and training activities which reach community health and development workers at many levels from U.S. headquarters operations to developing country village projects. An information dissemination function is performed by the Learning Resource Center at Wheaton which reinforces the community health advocacy task. Each of these components will be analyzed in the subsequent chapters of this study.

The following diagram illustrates the interrelationship between the various levels of operation of MAP's programs and of the inputs involved.

CHAPTER 3

MAP'S APPROACH TO COMMUNITY HEALTH

In the evolution of its health development strategy in very recent years, MAP has followed the pattern characteristic of most modern health service organizations, including the World Health Organization and the ministries of health of developed countries. MAP began as an agency which dedicated itself to providing medical commodities to missionary institutions in developing countries which were providing curative medical services. As MAP and the cooperating agencies gained experience with providing these curative services to a limited number of beneficiaries, they realized that limited numbers would likely be all that would ever be reached with the resources available to MAP.

MAP reassessed its role in medical care. It became clear that there would never be sufficient resources to provide effective curative services to all of those in need in the developing world. Moreover, the pilot efforts being supported by MAP's commodities and the efforts of cooperating agencies could not be supported by host country agencies even if effective. Some alternative would have to be devised if MAP's staff and resources were to be effectively employed. Primary health care emerged as the focus toward which MAP would redirect a significant portion of its resources.

Community-based health care, through its emphasis on health education, promotion of community participation and reliance on preventive measures would combat those major diseases which confronted the majority of poor people in developing countries. The same resources which were being used for expensive curative services which reached a small percentage of those in need of health care, could be extended to most of the population by changing the health strategy to focus a greater attention on prevention and health promotion through education. While MAP would continue its support of existing institutions by supplying them with medical commodities, the thrust of MAP's energies and resources would be toward reorienting the efforts of those receiving agencies toward preventive and promotive measures.

The locus of delivery of such primary health care would be the local community. The community, through the application of retraining and consulting services, would be encouraged to organize itself into an effective organization which could plan local health services in accordance with local health conditions and needs. In responding to requests for project support in this area, MAP would support those communities which were prepared to participate with their own resources, labor, and time in establishing primary health care services. Examples of projects in which communities participate substantially are shown in the table in section 4.6 "Projects - MAP and Community Contributions." Activities which were health related, but not necessarily directly linked to provision of health services, would be considered for support. These related activities would include garden projects, animal raising, environmental improvements, potable water and waste disposal, cooperative organizations which would raise the purchasing power and economic health of the community, adult education, and road and transportation projects. This enlargement of the scope of MAP's activities was in keeping with its conviction that such community programs would alter the conditions within the community in a positive way to affect the people's health.

MAP has moved from emphasis on curative services to include a focus on primary health care. Its role is one of persuader, educator and facilitator. MAP has developed a comprehensive model of action which reaches out to the cooperating agencies throughout their hierarchies so as to touch the key contact points at each level of their systems: at the U.S. headquarters of these organizations, at their field headquarters and through their field organizations down to the community level.

A major effective forum which MAP has employed from the initiation of its campaign to redirect health delivery in developing countries has been its triennial international conference. This conference is attended by most of the major evangelical medical mission organizations. Beginning in 1972, MAP reinforced its own position on the importance of primary health care through the inclusion of international health experts of the stature of Drs. Carl Taylor and Jack Bryant who spoke to the international conference on community health issues. Later conventions followed up the theme of community health and expanded the scope of

health interventions to a holistic approach which included the principles of self-support, indigenous management and comprehensiveness of services and called attention to the environment, economic power and health status of the community.

More frequent educational efforts reached a large number of professionals working within the evangelical missions in the form of U.S. based workshops, organized and led by MAP staff. It was during these workshops that the new philosophy and application of community-based primary health care services in developing countries were presented to health professionals who had for the most part been working in traditional curative health settings. The cost effectiveness and impact of preventive health activities were presented. The experience of field-based missionary personnel including MAP's own field staff was presented, analyzed, and discussed. What would be viewed as dogma handed down from the World Health Organization or the Agency for International Development and therefore in danger of rejection, became acceptable and applicable to the missionary when presented by peer professionals.

MAP, because it is one of the evangelical groups and can speak within this group, has been able to influence much change towards the adoption of primary health care philosophy among many mission groups. A specific example of this is the project which MAP facilitated by its influence on the HCJB (Heralding Christ Jesus' Blessings) group in Ecuador to present a project to AID for the funding of a community health program in Quito. This was a major departure from HCJB's long-standing commitment to a doctor-dependent, hospital-based service program in that country. Other examples include the influence which MAP has had on the development of a community outreach effort in southern Haiti which has been the site of a hospital operation directed by World Team. The new community arm of this operation will carry health education and preventive medicine to the surrounding community which has been long in need while standing in the shadow of a modern hospital. Staff of this health facility attribute their conversion to the lessons learned during MAP workshops in the U.S. and in Haiti. There are other examples of the results of MAP's dedication to community health principles, which appear in subsequent parts of this report.

In assisting overseas health agencies to implement community health projects, MAP offers an effective portfolio of services. It holds in-country a

series of community health workshops to educate and train the staff of health agencies to assess the needs for primary health services, to organize the community to prepare for establishing services, to plan specific project activities and to train community level health workers to perform their tasks. The effectiveness of this training activity is discussed in section 4.2.2 Field Training. As a follow-up to these workshops, MAP field staff with occasional support from visiting headquarters staff assists the health agencies to explore project opportunities, prepare project descriptions and proposals for funding by MAP or other sources of project funds and to evaluate project proposals which have been received from in-country groups. MAP staff may participate directly in project planning or serve as a resource for other agencies which are in the process of developing projects.

When project proposals are received by MAP which will require other funding assistance, MAP assists the in-country agencies to locate potential sources of funding, and helps them to prepare their project proposals in the form and degree of detail acceptable to potential donors. MAP in general serves as broker and friend between the requesting health agency and the prospective grantor. Once the projects are funded and implementation begins, MAP offers its advisory services to both the health agency and the community by monitoring project performance, by helping to design effective management and information support systems, by in-service training as particular training needs are revealed and by helping to establish simple goal-related evaluation systems. The MAP medical commodities distribution service continues to be available to these projects, but at the same time MAP seeks to enable the community health services to become self-sufficient through financing of services and drugs at rates which will assure replenishment of the drug supplies.

Another critical service which MAP offers is the preparation of the community level health workers to assume their responsibilities for health education, health promotion, and specific environmental improvement activities such as protection of water sources, the treatment of water systems, and the construction of latrines. Most of the morbidity and mortality experienced in the developing areas in which MAP works is caused by unsanitary conditions which can be corrected through the efforts of relatively unskilled health workers. MAP uses the book "Where There Is No Doctor" by David Werner, which has proven useful for the skill

training of community health workers in many rural settings. MAP supplements this training with the use of local health professionals who have had experience in similar rural settings particularly for the imparting of country-specific knowledge concerning the detection and treatment of the major illnesses to be encountered by the health worker.

MAP's reinforced educational campaign with the cooperating missionary agencies through the in-country workshops has been attended by many local representatives of health agencies and their host country counterparts. The topics are similar to those of the U.S. based workshops, but can be directly related to local health conditions and resources. These workshops have had considerable influence on the health professionals who have attended them. During interviews for this evaluation, the former participants spoke of having their whole concept of health changed through their attendance at MAP - sponsored workshops.

The influence of MAP in remodeling health delivery services is reinforced through another service which MAP is providing under the AID matching grant -- the consulting services which MAP's headquarters and field staffs provide to the headquarters personnel of medical missionary groups and to health professionals and local leaders at the community level. These consultations may be informal visits as the MAP personnel make their frequent rounds of the community projects for monitoring purposes, or they may be scheduled around defined problem areas and at the request of the health agencies. Such consultations are the fine tuning and adjustment which support a health delivery mechanism which has had its origins in the educational efforts of MAP, but which need timely care and attention in order for forward motion to be maintained. It is probably the most critical element in MAP's program activities. To have reached this stage of consultation has required a carefully staged portfolio of educational activities that began long ago with MAP's conferences and workshops held in the U.S.

CHAPTER 4

ASSESSMENT OF MAP'S STRENGTHS AND WEAKNESSES

In the following sections are presented descriptions of the organization and administration of MAP, and an analysis of how the Department of International Development and its headquarters and field staff function. Observations are made on the U.S. and field training programs and the information dissemination and the reporting systems employed by MAP. From the field observations of the evaluation team have emerged certain impressions of how MAP is viewed by the staff of those agencies which it assists in the U.S. and overseas. Opinions of host government and USAID mission personnel are also included. An analysis of MAP's multisectoral approach is presented as a background to an assessment of the effect which such a strategy may have on community health projects. The content of these sections is based on the information gathered by the evaluation team. Chapter 5, which follows this assessment, is an analysis of the major findings, issues, and recommendations which emerge from this study.

4.1 Organization and Administration

In this section the organization of MAP is explained and the general project management and financial control procedures are set forth.

4.1.1 General

MAP International is a non-profit interdenominational Christian health and integrated development organization, which receives policy guidance and direction from a Board of Directors. This board is composed mostly of medical doctors, who have been in the past advocates of traditional curative medicine. In recent times, the Board has benefitted from the addition of members with expertise in other development fields and with top level business management experience, reflecting the expanded sphere of action which MAP now confronts. These additions are viewed by staff and board members as bringing new perspective and strengths to MAP.

A prerequisite of board selection is that the proposed member be affiliated with a conservative religious group; i.e. protestant generally. The rationale for this predilection is that board members must be able to work well with representatives of other cooperating evangelical groups and be able to communicate effectively in their own terms the new health philosophy and objectives to which MAP has committed its organization.

Although this had not been the case in the past the Board of Directors now guiding the policies and programs of MAP seem to stand squarely behind the new programs which MAP has adopted in recent years. This observation was made by the evaluation team after interviews with three of the 11 current board members and after discussions with MAP senior staff. Board support has been largely due to the orientation given to the Board by MAP and also attributable to the spreading influence on community health philosophy that has come about through MAP's workshops which reach out to many organizations from which Board members are drawn.

In addition to providing policy guidance and approving the annual budget and program, this Board of Directors serves as the approval body for major staff appointments and for nominations to the Finance, Program Planning and Resource Development Committees.

Relations between the MAP President and the Board of Directors are effected through the periodic board meetings and executive committee gatherings but more frequently through telephone contacts and lunch meetings with individuals of the Board. During interviews, staff and board members expressed a sense of harmonious relationships between board and staff, and mutual respect and understanding of the major program issues MAP faces as it reorients its programs and staff to a greater emphasis on community health and integrated development projects. Board members interviewed made positive remarks about the administrative capabilities of the MAP staff.

The Board carries out its more routine business through its Executive Committee which meets frequently during the year and takes action on personnel, financial, administrative and program decisions between board meetings, working

closely with the President of MAP, who is a full-time paid executive. The President works within the MAP organization through a number of major line organizational units designated to handle the functional areas of resource development, program administration, general administration and financial control. An organizational chart is included as Appendix 2.

The major organizational unit within MAP concerned with the implementation of activities under the AID Matching Grant is the Department of International Development which is part of the Program Department. The Program Department also includes divisions which control the commodity distribution activities of MAP and the Readers' Digest International Fellowship scholarship program. The Program Department functions as monitor of all MAP program operations, prepares the annual program and budget for these activities, supports program actions involving provision of personnel, administrative support, and provides liaison with the two other principal units within MAP: the Resources Development and the Administration departments.

4.1.2 The International Development Department

Key to the smooth functioning of the program developed by MAP in collaboration with AID through the matching grant is the Department of International Development, which has been in operation since 1975. This department was made possible through the original development program grant given by AID. The Department of International Development is staffed by competent specialists who also serve as regional coordinators with direct liaison responsibilities with MAP's staff in the field. Their responsibilities vary according to their technical experience and include supervision of the Learning Resource Center in Wheaton, coordination of U.S.-based workshops, support of the International Convention on Missionary Medicine and serving as resource persons for their substantive areas which include nurse training, community health, nonformal education, and agriculture and water resource management.

In the view of the evaluation team, the most important role of this Department is the supervision and support of MAP's field representatives. The international Development staff are in direct contact with the field representative in each of their respective countries. This staff assists the field

representatives in planning and implementing the field project portfolios. Field representatives send in their monthly reports to the regional representative in Wheaton, who reviews them for project status, special program issues, problem areas and necessary support actions. The regional coordinator also assists the field staff to locate alternate resources for supplying and financing small projects, either directly for MAP projects or indirectly for projects presented by cooperating missionary agencies which MAP has assisted.

Through the regional coordinator, the regional representative is able to draw on the extensive resources of MAP and its cooperating agencies for technical advisory services in relation to specific projects. The International Development staff at Wheaton visit the field offices to observe field operations and to evaluate progress. They also serve as special resource persons during in-country workshops which the field representative schedules for MAP-affiliated health agencies overseas and for local counterparts. They may also be called upon to perform special evaluations for the field representatives. Our interviews with the regional coordinators and subsequent validation of impressions through visits with field staff in Ecuador and Haiti indicate to the evaluation team that harmonious working relations and frequent communications characterized the relationships between headquarters and field. The headquarters staff is at present larger than the field staff which it supports. Because of the potential which exists for major expansion of field projects in the future, the full resources of the present headquarters staff will be required to support the resulting field activities. There does appear to be a need for more systematic technical support of field activities, perhaps by deployment of the community health and non-formal education specialists to regions where their expertise is required but not now applied.

Our interviews with personnel in other organizational units of MAP headquarters demonstrated to the team that the Department of International Development is viewed as competent and active by other colleagues. The Director of Administration receives from the International Development staff the necessary recommendations and supporting data for preparation of the annual program and budget and intervening specific project budget data.

4.1.3 Project Management Procedures

The focus of this section is on managerial procedures which relate directly to project activities financed under the AID matching grant. The Department of International Development, as stated earlier, is comprised of a staff of professionals who have both technical specializations and geographical/operational responsibilities. In their technical capacity, each headquarters staff person may be called upon to assist field representatives with particular technical problems. Thus the nurse on staff who is currently the Director of Community Health Resources may provide the technical guidance to assure that the MAP Health Development Workshops meet the criteria for approved continuity education for nurses. This same person will have been assigned, as currently, operational and support responsibility for the Caribbean area and will personally back-stop the MAP regional representative in Haiti, as projects develop in that country. In fulfilling this responsibility, the Director for Community Health Resources coordinates and clears her project actions with the head of the Department of International Development, who is responsible for worldwide operations in community health and integrated development.

Project management begins with a proposal which is sent from MAP's regional representatives to MAP headquarters after consultation with the appropriate geographical liaison at MAP headquarters. The geographical liaison person known as the regional coordinator reviews the project, and if in agreement, presents it to the head of the Department of International Development for presentation to the Project Selection Committee, depending on the size of the request. The preliminary review is intended to assure that the proposal format and contents comply with the "Guidelines for Preparation of Small Projects." These guidelines contain useful criteria which include provisions for local participation, commitment of local resources, provisions for project management, appropriate beneficiaries, clearly stated project objectives, and arrangements for timely coordination with other involved organizations, for evaluation plans and for eventual self-support by the local community.

Once the project is funded and approved, the regional coordinator assists the regional representative in monitoring the project by means of the project tracking system, by onsite consultation during field visits and by

recommending appropriate resources and consultant experts. They also help in procuring technical information, including materials forwarded by the Learning Resource Center. The regional coordinator also monitors the expenditure of funds each month in cooperation with the Administration Department and assures that project expenditures are in keeping with the provisions of the project agreement and that funds are sufficient to continue implementation. The Department of International Development also makes sure that the monthly transfer of funds from headquarters to field is achieved and reviews progress reports from the field for adherence to the project schedule and financial plan. The regional coordinator visits the field representative to observe project activities, to provide technical advisory services to MAP projects and to relate with missionary agency personnel. The regional coordinator reviews the project outputs with the regional representative to determine how project design implementation may be improved in future activities.

In an effort to assure that all projects are being managed adequately, the head of the Department of International Development holds frequent staff meetings to exchange information on each country situation through project-by-project reports given by the appropriate geographical liaison. From the team's observation, the Department of International Development staff was adequately performing their responsibilities for project management and were aware of the current status of projects under their supervision. Some attention needs to be paid to the need for additional staffing in Ecuador if the program there is to maintain the level of consulting services and training activities provided in the past, particularly as the project portfolio expands. This issue has not yet been faced by the MAP headquarters staff and does require consideration now.

4.1.4 Staffing of the Department of International Development

As stated earlier, the community health program funded by the matching grant is the responsibility of the staff of the Department of International Development. This department was established in 1975 as a result of MAP commitment to the promotion of community health approach and with the financial assistance of A.I.D. through a development program grant (DPG).

The Department of International Development is comprised of the four program specialists, a program assistant, three secretaries and a librarian at the Wheaton office and three regional representatives located in Ecuador, Haiti, and Bangladesh. Steps are being taken to hire a field representative for Africa. All field Representatives have secretarial assistance. The Ecuador office has hired one permanent consultant and a part-time community organizer.

The following is a brief description of the qualifications of the key staff at the Department of International Development. Details of their duties in relation to the matching grant have been described earlier in Sections 4.1.2 and 4.1.3.

Director of International Development. He is the head of the Department of International Development and as such responsible for coordination of the staff involved in the Community Health Program. He also acts as the supervisor of the Latin America Representative based in Ecuador. The Director of International Development relates directly to the Director of Program who coordinates the departments of International Development, Commodity Distribution, and Readers Digest International Fellowships and Disaster Relief Program. The Director of Program, in turn, reports directly to the President.

The position of Director of International Development has been occupied by Mr. William C. Senn since 1975. Mr. Senn holds a B.S. and has done some graduate studies in agriculture, international business and extension methods. Prior to coming to MAP, he had worked for development agencies in Chile, Greece and Uganda in senior managerial positions. He contributes to the program a significant experience and expertise in the management of development projects which are suited to his position as director of the matching grant program.

Director for Community Health Programs. The holder of this post is responsible for the technical/medical aspects of the Community Health programs. He also acts as liaison person with medically oriented agencies in the U.S. and overseas and supervises the work of the Field Representative for Asia. This position is currently held by Dr. Howard G. Searle, M.D., a highly trained surgeon and M.P.H. from John Hopkins University. Dr. Searle came to MAP in September 1980 after 14 years in South Asia as director of medical and rural development

programs. He has additional responsibilities that include the MAP/Readers Digest International Fellowship program, and the International Conference on Missionary Medicine.

Director of Community Health Resources. The main functions of this post include the coordination of MAP's domestic workshops and resource person to overseas workshops; management of Learning Resource Center; supervision of the Continuing Education Service for nurses and supervision of the Caribbean Regional Representative based in Haiti. This position has been held by Mrs. Jeannette M. Thiessen since 1975. Mrs. Thiessen is a Registered Nurse with 22 years of experience as missionary nurse in Leprosy work in India. She holds a B.S. in Nursing from Wheaton College.

Director of Training and Non-formal Education. The main functions of this position is to lead MAP and the Department of International Development in the development and refinement of educational methods and materials to more effectively reach MAP's various constituencies and effect behavioral change. He serves as key resource person at workshops especially in matters related to instructional design and evaluation. He also supervises the work of Regional Representatives to Africa (not yet appointed). The position is currently held by Dr. Merrill Ewert, who holds an M.A. in Cultural Anthropology and a Ph.D. in Continuing and Vocational Education. Prior to MAP, Dr. Ewert worked as Assistant Professor in the Department of Agriculture and Extension Education, University of Maryland. He worked as Development Specialist for the Mennonite Central Committee based in Zaire for five years. Dr. Ewert is a recognized specialist in adult and non-formal education both in the evangelical and the secular world.

Regional Representatives for South America, the Caribbean and Asia. The main function of these field representatives is to coordinate MAP work at the field level within their specific areas of geographical responsibility. These include: to establish relationships with evangelical mission organizations and indigenous agencies; to organize in-country training activities for staff of these agencies and for community leaders; to assist local agencies in project planning, monitoring and fund-raising; and prepare and submit project proposals for MAP funding.

The position of regional representative for South America has been held by Mr. Richard Crespo, a specialist in Non-Formal Education, Ph.D. student at Michigan State University, East Lansing. After three years of service Mr. Crespo will go on study leave and be replaced by Mr. Robert Moore who is already stationed in Ecuador. Richard Crespo will complete his doctoral studies to enhance his professional capability and return to the field to provide training with emphasis on leadership development and community education. Mr. Moore is a highly skilled farmer with 25 years of farming and of agricultural training experience in the U.S. Prior to MAP, he worked for three years as a Peace Corps Volunteer in Ecuador working in agriculture education and in planning and running a model farm. His contributions to agricultural innovation have been recognized by the private and Government of Ecuador agencies.

The position of regional representative for the Caribbean is currently held by Mr. Samuel E. Birkey, who trained in general agriculture at the University of Illinois and worked for 14 years as a farmer in Central Illinois. In 1972 he went to Haiti as a missionary in areas of education, health and agriculture for the Missionary Church. He became MAP Regional Representative for the Caribbean in August 1979.

The position of Regional Representative for South Asia is held by Meredith Long, who received his B.A. in psychology and M.A. in Communications from the Wheaton Graduate School. In 1974, he received a fellowship with the School of Journalism at the University of North Carolina where he did post graduate studies in Mass Communications Research. He also served as a research consultant for a six month period during this time for Africa Evangelical Fellowship. Employment with MAP dates back to 1976 when he was appointed as the Instructional Designer with HEED/Bangladesh and subsequently served as the Project Director for over three years. In February 1981, he became MAP's Regional Representative for South Asia.

The following observations are made concerning the MAP staff funded by the matching grant:

- i. In general, the evaluation team was impressed with the qualifications, experience and degree of commitment shown by MAP's staff both at head-quarter and at field level. While offering comparatively low salaries

MAP has succeeded in recruiting well-qualified, experienced staff. One explanation given for this fact is the vocational commitment that leads most of them to work for MAP.

2. The evaluation team observed good working relations among all staff members in Wheaton and in the field. There is a clear awareness of what the Community Health Program is about on the part of all staff members. No interpersonal or interdisciplinary tensions were apparent and a spirit of cooperation seems to prevail.
3. While the staff at headquarters seem to be complete and well deployed to the various functions, the field level operation seems evidently understaffed. This is particularly the case in Ecuador where the level of activity warrants the appointment of at least an Assistant Regional Representative.
4. In Haiti, Samuel Birkey feels underutilized because there are not yet enough project activities. The evaluation team is of the opinion that this will change as MAP moves into more project activity, and Birkey's role with the voluntary agency association becomes strengthened.
5. The change from Richard Crespo to Robert Moore is viewed with concern by some agencies in Ecuador due to their sharply differing professional backgrounds. However, the evaluation team sees this as a timely opportunity for transition into more project activity, building on the previous training work of Crespo. In any case, Robert Moore, while bringing in a rich background in food production and farming, will need advice on non-formal education methodology and on health from the Wheaton staff and, preferably, locally hired expertise.
6. The expertise of the field staff in Ecuador and Haiti lies mainly in agriculture; however, they have evidently benefitted from the pre-service training opportunities and on-the-job advice from headquarters and from the interaction with local health agencies. They will need to continue this trend to ensure a progressive development of the health expertise of the field staff.

4.1.5 Headquarters Field Communications

As indicated above, there are frequent communication between MAP headquarters and field staff. These take many forms:

- Policy directives which guide the field staff in assessment, selection and support of proposals for field projects;
- Monthly financial reports which flow from the field to headquarters;
- Field visits by headquarters staff for project assessment, workshops and general supervision;

- Frequent informal communications by letter between field and headquarters on specific project actions;
- Requests for reference materials from the Learning Resource Center; and
- Telephone contacts to arrange for field visits, procurements of project supplies, etc.

There was no dissatisfaction expressed by field staff in regards to headquarters support. The headquarters staff felt that there were adequate reports and satisfactory communication from the field. However, the evaluation team noted a need for more systematic project reporting and more frequent field visits by the Wheaton staff. These points are discussed in Section 4.4 and in Chapter 5 recommendations. More adequate reporting and more frequent field visits would assure that MAP headquarters staff is responsive to problems and needs of the field, specially as projects increase in number and complexity.

4.1.6 Policy Guidance and Field Implementation

As stated earlier, overall policy guidance is issued from MAP's Board of Directors in the form of general guidelines for the thrust and scope of MAP's programs. These broad guidelines have been refined into specific documents which guide the headquarters and field personnel in their technical consultations, project development and funding activities.

Of particular importance to the field are the list of project criteria which each field representative had in his office and used in dealing with requests from cooperating missionary agencies and local groups for assistance from MAP. These project criteria which reflect accurately the stated policy objectives of MAP provide for consideration of a number of factors which would affect the feasibility and desirability of funding a given set of project activities. Two documents have been included in this report at Appendix 3. They are the "MAP Small Project Fund Mandatory Criteria," a checklist for rating prospective projects, and "Project Criteria for Selection of Small Projects."

Both sets of criteria are consistent with each other. They require that projects have a high level of local participation and support, that local resources be committed to the total project cost, that a determination has been

made that the local community is capable of managing the project, that the beneficiaries be of the low income group, that there be favorable social changes implicit in the project objectives, that the project be clearly designed in accordance with planned objectives, and that the project should be carefully coordinated with national, regional and local organizations which have relationship to the project.

The Small Project Fund has recently been divided into two categories, one entitled Community Projects and the other Leadership and Institutional Development Projects. Both categories of projects continue to operate according to the same criteria and follow the same procedures for submitting and approving projects. The Community Projects will operate according to current funding levels, while the Leadership and Institutional Development Projects will be funded up to \$10,000 with an extended time factor from one to three years.

The above changes permit MAP's regional representatives to spend more time working with local organizations over a longer period of time with a consistent emphasis on leadership training and institutional development. They supplement the current community project activity as a natural outgrowth to more substantial, longrange, sustained development.

The team had these policy guidelines in mind as they interviewed field representatives and visited projects being implemented in Bolivia, Ecuador and Haiti. It was apparent that each of the field staff had complete understanding of the policy guidelines and were responding to project requests in accordance with current MAP policy. Each field representative prior to assuming his position overseas had received several months of orientation at MAP headquarters and were provided with clear guidance before moving overseas. The projects which were visited by the evaluation team fitted within the above described policy guidance.

The evaluation team observed however that in a specific instance in Ecuador the decision to fund a very small water project was being delayed by MAP until absolute assurance was given by the community organization that it had collected funds from each family unit to support community's share of the construction. It seemed to the team that a more positive approach would be to communicate to the organization that the project in fact was approved by MAP and would be

funded as soon as the community's share was available. This may seem to be a small point of procedure, but the team's observation was that the forward motion of the project might be lost if some form of positive encouragement were not given to the community group. In this particular project activity, the future potential for similar projects seemed assured if the pilot effort were initiated on a timely basis and not bogged down in what would appear to be bureaucratic haggling on the part of MAP. It is understood that an absolutely essential factor in project selection is the assurance of community sharing in project costs -- this requirement would not be sacrificed however by positive statements of MAP interest and support of a small project.

4.1.7 Financial Control

Financial control for all MAP's budget and program expenditures is under the supervision of the Director of Administration, whose staff is also responsible for the day to day supervision of the expenditures for project activities which are attributable to funds provided by AID under the matching grant. This office also provides a monthly analysis of the financial status of MAP's expenditures and sends out guidelines to MAP's program staff for the preparation of the budget.

Budget preparation is accomplished by each department director; i.e. for resources development, for program and for administration. These directors, assisted by their departmental staff, submit draft budgets each year to the Director for Administration, who then compiles a total annual budget estimate for presentation by the President of MAP to the Board of Directors for approval. Factors considered in this budget preparation include the potential level of activity in each country, the needs for conference preparation, training activities and the U.S.- and field-based workshops, specific small project funding, personnel and fringe benefits cost estimates and general operating expenses. Within these broad categories, (administration, program and resource development) the budget is further divided into functional cost centers which are tied to specific objectives and line items. The evaluation team reviewed the files for this budget preparation process and found the supporting data to be neatly prepared and related to program objectives.

MAP follows approved accounting procedures for non-profit organizations which are issued and adopted by the American Institute of Certified Public Accountants. MAP does not allocate certain supporting service expenditures to the AID matching grant including fund-raising and public information expenses. In accounting for AID expenditures, MAP has followed a system of accounting which reflects the manner in which its budget is drawn up. Since decisions about expenditures related to field operations are under the supervision of each regional coordinator at MAP headquarters, MAP is considering revising its accounting procedure so that all expenses which are directly in support of field operations will be charged to the appropriate regional account. This is a new procedure which would assist in distinguishing between field-related and headquarters expenses. This procedure would make it possible for AID monitors to quickly establish the relationship between headquarters costs and the operational expenses of staff and projects in the field.

The evaluation team was invited to inspect the accounting records and found them to be current, legible, understandable and complete. The team has no professional competency in accounting and auditing and has no further observations to report on this aspect of MAP management of the AID grant and no recommendations for improvement or revision in the procedure. It did note that the financial statements and auditors' reports are prepared by an internationally recognized firm of certified public accountants.

4.2 The Training Function

During most of the Matching Grant period (1979-1982) MAP has evidently assigned a high priority to its training activities both in the U.S. and Overseas. This priority responds to MAP's basic assumption that project activity will only take place after a considerable period of educating affiliated agencies to the principles and methodology of community health. The original grant proposal assumed that MAP's primary focus would be to provide consulting services and project funding at the community level. However, MAP now recognizes that in order to generate project activity a considerably longer than anticipated period of education was necessary at agency level. Thus, MAP-wheaton has focussed its effort mainly on education, consultation, networking and training at agency headquarters and field levels.

During the matching grant period MAP's Wheaton staff have organized six workshops in Illinois. The participants are health professionals on home leave from service in developing countries, administrators from U.S. offices of missionary agencies, and carefully selected third world nationals in health leadership roles. MAP's Wheaton staff have also organized workshops at the headquarters of agencies at their requests or have acted as resource persons at health care/education workshops of other agencies. MAP's field staff have organized regular in-country workshops for missionary and indigenous agencies in Bolivia, Ecuador and Haiti (there have also been workshops in Bangladesh but they are not within the scope of this study). What follows is a brief analysis of the most salient training activities at U.S. and at field level.

4.2.1 U.S. Based Training

The Evaluation Team managed to interview 22 participants of MAP workshops. The interviews were conducted based on a prepared schedule which was applied to all of them (see Appendix 1 for the protocol). The interviewees chosen were by no means a carefully selected sample but a random selection of those easily accessible in the U.S. and during the field visits. However, their observations helped the Evaluation Team understand the perception of MAP's workshops from those at the receiving end.

Generally, the respondents were very positive about the workshop experience and rated with high marks most of its components. Therefore, we only present a list of most commonly made comments that reflect strengths and weaknesses of the workshops.

- Most respondents indicated that they heard about the workshop through the missionary network rather than special MAP advertisements.
- Several respondents said that they came to the workshop with an already acquired initial motivation for primary health care, community development or health education and were searching for reinforcement and know-how from MAP.
- A number of respondents thought the workshop was too short for the amount of material that was to be covered.
- One of the most appreciated aspects of the workshops was the reading material provided before and during the workshop.

- As far as skill acquisition is concerned, respondents felt that the workshop was a good starting point but that more on-the-job training would be necessary to properly master the skills.
- All respondents declared that project fund-raising was not covered by the workshop and that their capabilities for training others in fund raising had not substantially increased.
- Most participants appreciated the participation of third world nationals during the workshop and recommended that this continue to be a practice at MAP workshops.
- When discussing follow-up and concrete impact of workshop on the participant agencies the replies were of a general nature and related to the intellectual stimuli received more than to concrete steps towards adopting a community health approach at agency level.

Workshop's Content. There is an obvious similarity in the learning objectives of each of the six workshops held during the matching grant period. We can group these objectives into four main categories.

- Learning on development issues.
- Learning on health issues.
- Study of biblical teachings relevant to health and development.
- Learning on methodologies and appropriate technologies for health development.

Therefore, participants are exposed to a conceptual framework which provides the theological foundations for health and development work which they can accept. But participants also receive up-to-date inputs and have an opportunity to discuss development theory and modern health concepts and methods which have been developed in the secular world.

There has been a clear evolution in the nature of the content of the workshops. While the 1979 and 1980 were predominantly of a conceptual nature, the 1981 workshops, particularly that of November 1981, incorporate a strong methodological/practical application component. The evaluation team had an opportunity to interview a few participants at two workshops held in different years. These participants appreciated the more practical nature of the latter workshops. This shift of emphasis makes sense as during the initial years of the programs MAP was mainly involved in idea planting, therefore the conceptual

discussion was necessary. MAP should consider that at this stage when there is a generalized agreement with the community health approach they might safely continue this shift of emphasis into the practical techniques for actual program/project implementation. This can be accomplished within present resources. This will require a concentration of recruitment efforts on those agencies having already an initial motivation for the community health approach. An additional benefit for MAP of this shift might be to see more project activity emerging as a result of the training activity.

Following are observations made during the evaluation concerning MAP's training and workshop activities:

1. It is interesting to notice that the majority of the participants at each workshop were field based workers. The small proportion of home based workers seems to militate against the claim that U.S. based workshops are geared to educating the policy makers and headquarters managers of the missionary agencies.
2. The assessment of the participants' learning that was done at each workshop was accompanied through anonymous pre- and post-tests. Thus, the reports on participants' benefits are well measured. A six month follow-up tool is an added measure of workshop impact. Thus, MAP assessed the learning that takes place during the workshops on a fairly objective basis.
3. The materials provided to each participant are generally of high standard particularly for the March 1981 and November 1981 workshops. The reading lists contain up-to-date documents on primary health care, non-formal education, development theory and program planning.
4. MAP has succeeded in recruiting a high level faculty for each of the workshops. This is a result of MAP having its own highly qualified staff as well as the cooperation of a group of specialists which combine public health and development expertise with knowledge and experience of missionary work.
5. Very few participants attend the Illinois workshops more than once. This might imply that faculty may have to cover the same ground over and over again with the danger of falling into repetitious inertia or worse to have a lopsided content where the conceptual discussion takes most of the time. This could be avoided by providing considerable preparatory materials on the conceptual aspects, thus making it possible to move into applications at an early stage of the workshops.
6. One of the serious problems with training encountered by the evaluation team was the lack of connection between U.S. training and MAP's field presence. Of the 359 participants at the Illinois workshops,

approximately 35% work in countries within MAP's field areas. (Bangladesh, Bolivia, Dominican Republic, Ecuador, Haiti, India, and Guatemala) This fact has made it difficult to establish a follow-up process that would lead to project activity at field level and to see more clearly the results/impact of lessons learned during the workshop. MAP is trying now to concentrate its recruiting efforts on agencies working in countries where it has more easy access at field level.

4.2.2 Field Training

The Regional Representative for South America has been involved in intensive training activity throughout the matching grant period. In Ecuador, there has been a workshop of one kind or another practically every month. In addition, two workshops have been run for FEPADE, a Bolivian agency. The beneficiaries of the workshops have been missionary agencies and indigenous community associations. The missionary agencies have received training mainly on non-formal and health education theory and practice while the community agency leaders have been trained in practical skills of management. Richard Crespo has personally organized and run most of the non-formal education workshops. He is assisted by Bertha Albuja (secretary-program assistant) for the Writing Skills Workshops and Pascual Torres (a consultant) for the Loan Cooperative Management Workshops.

The chart on the next page gives a summary of the workshop activity of MAP -- South America during the matching grant period.

In Haiti the training activity has been limited to a continuation during the matching grant period of the annual 2 1/2 day workshops of the Haiti Health Fellowship. The Fellowship comprises some 25 evangelical medical agencies that send participants to the workshop. In between workshops there is contact between the members through a newsletter that is issued unsystematically 3 to 4 times a year.

Approximately 130 participants have attended the workshops during the three years of the matching grant period (1980, 1981, 1982). The evaluation team had an opportunity to interview 20 former participants at their location at International Child Care (I.C.C.), Grace Children's Hospital in Port-au-Prince, the World Team's Hospital Lumiere at Bonne Fin and Rural Clinic in Cayes. At both locations the participants showed an appreciation of the value of the workshops

MAP WORKSHOPS IN ECUADOR AND BOLIVIA SINCE JULY 1980

Date	Workshop	Participating Agencies No. Participants ()	MAP Consulting and Program Costs
July 1980	OPG evaluation	HCJB (7) Berean Mission (1) Gospel Missionary Union (1) Promoters (11)	\$ 600
August 1980	Community Development Orientation	Tungurahua Association (5) Farmers (40)	\$ 300
Sept. 1980	Orientation to Participatory Non-Formal Ed. for Health Promoters Bolivia	FEPADE (5) Promoters (37)	\$1,500
Oct. 1980	Community Participation	Peace Corps (50)	\$ 150
Nov. 1980	Savings and Loan Cooperative Management	Cotopaxi Association (5) Tungurahua Association (5) Chimborazo Association (5)	\$ 300
Jan. 1981	Orientation to Non-Formal and Adult Education	HCJB (11) Missionary Church (2) MAP (2)	\$ 300
Jan. 1981	Educational materials development	Shuar Association (9) Bolivar Association (4) Chimborazo Association (8) HCJB (3)	\$ 500
March 1981	Program Planning	Chimborazo Association (31)	\$1,150
April 1981	Planning health Actions	Chimborazo Association (6) Bolivar Association (6) Shuar Association (7) World Vision (5) HCJB (6)	\$ 900
Feb. 1981	Written Communication Skills Development	Chimborazo Association (20)	\$ 360
March 1981	Written Communication Skills Development	Chimborazo Association (15)	\$ 360
April 1981	Written Communication Skills Development	Chimborazo Association (15)	\$ 360
May 1981	Written Communication Skills Development	Chimborazo Association (15)	\$ 360
June 1981	Written Communication Skills Development	Cotopaxi Association (11)	\$ 333
July 1981	Written Communication Skills Development	Cotopaxi Association (11)	\$ 333
August 1981	Written Communication Skills Development	Cotopaxi Association (11)	\$ 333
Sept. 1981	Written Communication Skills Development	Cotopaxi Association (11)	\$ 333
Nov. 1981	Community Health Education Planning Health Actions Bolivia	FEPADE (2) Promoters (23)	\$2,300
Nov-Dec 1981	Community Development and Community Health Education	Peace Corps (8) Chimborazo Association (5)	\$3,000 (Pd. by Peace Corps)
Dec. 1981	Savings and Loan Cooperative Management	Tungurahua Association (5) Cotopaxi Association (5)	\$ 400

and steps are being taken to begin implementation of the primary health care approach. I.C.C. is using MAP materials and methodology to train the community health promoters ("agents de sante"). Particularly popular is the teaching through story telling methodology. I.C.C. is also planning a community health pilot project in a small community of Belle-Anse near Port-au-Prince.

World Team is involved in a Community Development Program which integrates health, education, agriculture and leadership development. The Director of this program is Mr. Chavannes Jeune who has attended two of the MAP's Illinois workshops. Seven participants at the 1981 Haiti workshop are also involved in the project. The Lumiere Hospital is preparing to establish three outpatient clinics following a community participation approach. Dr. Morquette the Medical Director, recognized MAP's inspiration and assistance in this program. He attended the March 1981 workshop in Wheaton and several members of the hospital staff have participated in the Haiti annual workshops.

The three workshops have the following learning objectives:

1. That the participants will understand what is meant by "Primary Health."
 - a. As it relates to the world's needs and limited resources.
 - b. As it relates to Haiti's health needs.
 - c. As it is facilitated by various teaching methods.
2. That they will understand the Government of Haiti's view of the Private Voluntary Organizations and their role in Haiti's Health Care.
3. That the participants will be able to identify appropriate methods of motivating persons and encouraging communities to be involved in their own health care.
4. That they will have an increased understanding of the Haitian context in which they are working.
5. That they will establish relationships with co-workers involved in community health in Haiti.
6. That participants will have opportunity to express their aspirations, frustrations, successes and failures in a supportive atmosphere of encouragement.
7. That participants will have opportunity to share questions and problems relating to curative medicine and use the group as a resource.

Observations about MAP's Field Training:

1. Ecuador is the best example of training activity closely linked with project activity both in relation to missionary agencies (e.g., HCJB) and indigenous community associations.
2. Richard Crespo's departure will leave a visible gap in the non-formal education component of the training work in Ecuador. Robert Moore will need assistance in this area of expertise. Merrill Ewert (at Wheaton) would be a good source of assistance, however his lack of Spanish militates against this.
3. MAP will need to expand its use of consultants in the field of non-formal education and primary health care. Some of this expertise can be recruited in country.
4. Considerable training activities have taken place in Ecuador and Haiti. There is acceptance of the community health concept by a number of missionary agencies. Therefore, MAP should concentrate its efforts on project development activity through these already motivated agencies. Consequently, MAP's training activity in the future must relate directly to project development activities.
5. The limited training activity in Haiti (three workshops in three years) is a reflection of the slow evolution of the field activity of MAP in this country. More opportunities for training should be identified through the various agencies involved in the Haiti Health Fellowship.
6. The short duration of the Haiti workshop raises the question of how much useful material can be really covered. If it is not practical to extend the duration of the workshop it might be necessary to consider holding short workshops on a semi-annual basis. Of course this needs to be considered as part of an assessment of the field operation in Haiti as a whole.

4.3 The Information Dissemination Function

As part of its educational function, MAP established at its Wheaton headquarters a Learning Resource Center with the purpose of gathering and disseminating health and development written materials to the agencies with which it relates. MAP defines the rationale for having a Learning Resource Center as follows:

- Health Development workers overseas are requesting assistance in gaining access to technical information resources.
- MAP workshops need information resources for curriculum development and distribution to participants.

- MAP staff will benefit from the resources of the Center by having access to information on the fields of knowledge relevant to their work and by having available literature to share with their client agencies.

At the time of the visit by the evaluation team the following outcome of this activity could be observed: a collection of close to 1,000 books, 130 periodicals and over 1,000 miscellaneous articles are being catalogued.

The cataloging is being done through the Online Computer Library Catalog (OCLC) on-line computer network using the Library of Congress classification system. OCLC with headquarters in Columbus, Ohio has a data base of over seven million records and is being used across the U.S. and Canada by over 3,300 libraries. This process ensures quicker access to materials and better means of serving requests from workshop participants, overseas health workers, college students and other private voluntary organizations.

The Learning Resource Center reported the following level of activity during the matching grant period thus far:

- 900 packets of information materials dealing with various community health topics distributed to health care professionals in 41 countries.
- 2,000 copies of MAP Bibliography on Community Health distributed in organized mailings around the world.
- Information regarding materials on community health disseminated quarterly to more than 450 hospitals and clinics in 73 countries.
- 75 "Mini Resource Library for Christian Health Workers" were distributed (see Appendix 8).
- 9,000 pages of educational materials (other than books and pamphlets) disseminated in 1981.
- Responses to more than 100 requests during 1981 for specific information on a variety of topics.

The evaluation team examined the books and other materials distributed by the Learning Resource Center. The latest documentation of WHO and other international health agencies was available as were the most up-to-date publications on theory and techniques of non-formal education. Therefore, there is evidence that the Learning Resource Center is keeping track of the state of the art in both

health and education. These resources support the need of MAP's staff and cooperating agencies at headquarters and the field for current appropriate technical information.

Most of the cooperating agencies' managers interviewed by the evaluation team expressed an appreciation of MAP's written materials. A number of them (e.g., Conservative Baptists, Southern Baptists, TEAM) indicated that they were using MAP materials for their own training and in preparing their policy documents on medical ministry. The workshops' participants interviewed also declared that one of the most useful aspects of the training were the materials handed out and the books made available on loan during the workshop.

The Learning Center is managed by Martha Myers a fully trained librarian with the supervision of Jeannette Thiessen. This seems to be a good combination of professional skills between the knowledge of MAP program and Third World experience of Thiessen and the technical librarianship expertise of Myers. It is to be expected that as the process of re-cataloging is completed and Martha Myers becomes familiar with MAP's operation, Jean Thiessen will be able to delegate, almost completely, the Learning Center operation and concentrate totally on her other program functions.

At field level the information dissemination function takes place in the form of a small reference library at the field offices which are used by the staff and for loan during workshop activity. Also written materials are prepared on an ad hoc basis for workshops held at field level. The field staff do their own writing and disseminate it locally but clearly their work load does not allow them much time to record their experiences in writing for the benefit of others. It was clear to the evaluation team that the field offices do not have sufficient source materials on the countries in which they operate. Notably lacking were documents on government health and development policies that one would have expected to find in development oriented agencies.

4.4 MAP's Reporting and Monitoring System

The present reporting and monitoring system which MAP employs for assessing the status of projects is adequate for the present modest portfolio of

projects in the field. It will need to become more systematically applied, particularly as to regular reporting on attainment of specific goals and objectives which have been built into the design of each project.

As was noted earlier in this report there are frequent communications between field and headquarters which are achieved through monthly financial reports, semiannual reports, correspondence and regular visits to the field by MAP headquarters staff. The ultimate product of the non-formal reports is the annual report which MAP submits to AID which provide data on project activities during the preceding year in relation to the intended outcomes for the reported year. Occasionally this report is provided on a semiannual basis at the request of AID when a major program decision is to be made. Since these annual reports are available to AID and their technical staff is aware of their contents, the evaluation team did not include in this report an analysis of them. These reports tend to raise for discussion significant programmatic issues which have surfaced during the preceding year.

On a regular basis in theory, MAP headquarters staff and field representation meet either in Wheaton or in the field to assess program progress and to set objectives of a programmatic and administrative nature for a six month period. These objectives are reviewed by correspondence or by field visit at the end of the reporting period, a measure made of the degree to which objectives have been reached, and decisions made as to project revisions which should be made in view of the experience of the past six months. New objectives for the succeeding six months are then set by a conference between the Regional Representative and his MAP Headquarters Regional Coordinator.

MAP Headquarters staff within the Department of International Development have expressed a concern not to overload the Regional Representatives in the field with unnecessary reporting responsibilities to the home office so as to free them for the more productive tasks of providing training for nationals to leave as much time as possible for relations with affiliated agencies and to provide consulting services to ongoing project activities. One of their major areas for concentration during these field consultations, in the opinion of the evaluation team, should be how to adapt the project tracking system which has been discussed amply

in MAP annual reports to AID to local relatively unsophisticated community organizations.

The Project Tracking System has been used in selected field projects since 1979. It has proven to be an effective instrument for easily recording the progress of project activities in terms of specific indicators. The system, as noted in earlier reports by MAP to AID, contains a number of field-tested forms which allow the project to be traced from the time of its first identification as a potential project to a project development chart on which are placed ratings for a number of variables which affect the success or failure of the project. These variables include such factors as numbers of personnel trained, whether there exists or not a self-operated evaluation system which provides project information on a regular basis, the use of health services by beneficiaries, the extent of local participation in such activities as health education, decision making, etc. This same chart indicates how benefits have grown and whether the project can be sustained after MAP funding is discontinued. Because a form is used, the task of rating and checking project progress is simplified.

In the development of this system from pre-project identification to completion of the project development chart, there are a number of intervening documents which are important to appropriate project development. These include a Project Investigation Form which records the observations of MAP staff as they visit potential project sites and form impressions of the feasibility and appropriateness of a proposed project idea. A Program Design frame is the next document prepared. It contains the project plan and outlines the significant evaluation indicators and the means for assessing project status. The financial plan for the project is contained on the Budget Outline which is used in subsequent periods of time after the project is initiated to indicate project costs, sources of project income, community contributions, etc.

The ideal example of how projects should be reported is the reporting done for the Palugsha Housing project, a small project completed in 1981. This report file is included in Appendix 7 of this evaluation report. It contains the pre-project identification form, the project design frame, an original budget and revised budget and a project development chart based on the project tracking system. A completion report and a follow-up letter provide insights into lessons

learned. This experience may be used by other project designers to improve their future planning and management.

Such complete reporting is not always the case with the present MAP portfolio. While this is not critical to effective project monitoring now, because the number of projects is small, it is suggested that the amount of detail included in the Palugsha Housing Project is ideal, and should be attempted in future projects. Systematic recording of project detail will in the long run simplify the management tasks of Regional Representatives and also facilitate AID's periodic review of how government funds are being used.

It may be that the project tracking system as presently designed is too complicated for some local indigenous groups. Yet, there is a need for project output data which would be used by MAP and AID for project monitoring. Experience in other countries has demonstrated the possibility of obtaining systematically a few pertinent progress indicators, using simplified forms and limited parameters, to record the status of project implementation. MAP should explore the possibilities of employing a simplified data collection system and of installing such a system through in-service training of community leaders into all ongoing projects. Without such a simplified reporting mechanism, the Regional Representative will be obliged to spend excessive time visiting field locations to obtain what could be accomplished through regular reports from the project implementers.

The monthly financial reports on the other hand (particularly in Ecuador, where sufficient projects and field experience exist to make such judgment) are well prepared and are in accordance with the accounting system used at headquarters, in the sense of relating expenditures to specific pre-existing line items. It is easy to determine from these reports that the project expenditures are appropriate and occurring in accordance with the planned time frame established at the onset of the project.

4.5 The Impact of MAP in the Field

MAP's work in the field was observed in Ecuador and Haiti by the Evaluation Team. As Haiti can still be described as being in the initial stages

of its program development most of the evidence on field impact is based on observations in Ecuador.

In observing the work of MAP in Ecuador, the obvious self-containment and autonomous nature of the MAP Ecuador staff vis a vis the functions and activities of MAP Wheaton is apparent. The intense training activity and project operation seems to be the result of Richard Crespo and his staff initiative with minimal need for technical support from the U.S. headquarters.

MAP recruited a highly competent professional in Richard Crespo to be in charge of the Ecuador office. In a relatively short period of time he was able to establish a good relationship with several locally based missionary agencies; gained respect from government health authorities; and established a good rapport and working relations with the Evangelical Indian Associations of six provinces. In-country workshops led by MAP headquarters staff combined with several consulting trips prior to Crespo's arrival facilitated his entree into the region. Upon Crespo's departure this year, MAP headquarters must review its plans for field technical support to be certain that the changing requirements for headquarters supervision and support are met by timely and appropriate response from Wheaton. For example, MAP may need to involve the technical resources of its Director of Community Health and the Director for Training and Mpm-Formal Education in sustaining the project activities in Ecuador.

MAP reports intense activity in South America as the following list of output/activities and outputs/impacts shows.

Outputs/Activities

The activities in which MAP has been involved in South America since the beginning of the matching grant are:

1. Relationships have been cultivated with 35 people who occupy the key leadership positions and influence their agency's decisions concerning community health programs in Ecuador and Bolivia.
2. Twenty-five workshops with 638 participants have been held in Ecuador and Bolivia (nine in the past eight months).

3. Twenty-nine nationals were sent to the U.S. from South America to attend MAP's community health workshops.
4. Training has been given to MAP's national staff who have then provided management training and follow-up supervision with project leaders, developed management systems, conducted evaluations using the project tracking system, disbursed funds to projects and collected information for project completion reports.
5. Project planning and design is carried on in conjunction with cooperating agencies resulting in written project proposals.
6. Participation with cooperating agencies in contacting donor agencies has been solicited to fund projects.
7. Monitoring and evaluation throughout the life of particular projects have been initiated. This process frequently results in the re-design of some aspects of projects, as well as the design of appropriate educational activities for project leaders and beneficiaries.

Outputs/Impacts

Ecuador and Bolivia

1. Relationships have been established between MAP and other agencies working in Bolivia and Ecuador. These include: three U.S. government agencies, 18 private international voluntary organizations, 19 national agencies or associations and four national and provincial governmental offices. (A complete listing of agencies involved appears in Appendix 4.)
2. Six-hundred thirty-eight (638) participants from 35 agencies have received training in community health/community development through 25 workshops since the beginning of the grant.
3. Eight projects have requested and received program development and evaluation assistance from MAP's regional representative during the past seven months. These projects are significant pilot efforts and have given MAP entree into additional community-based organizations.
4. Inter-agency linkages have been established between several organizations involved in community health activities in Ecuador and Bolivia as a result of MAP's efforts. Examples of inter-agency activity include:
 - a. Collaborative activities in a health project involving HCJB, the Peace Corps, and the Luke Society.
 - b. A livestock project including Heifer Project International, Shuar Indian Association, Gospel Mission Union, Macuma Radio,

Missionary Aviation Fellowship, Asdela, HCJB and Summer
Institute of Linguistics.

Ecuador

1. Savings and credit associations in four provinces have received training in cooperative management, record keeping and loan processing.
2. The repayment schedule for the Tungurahua project which has been completed was approximately 98%. The preliminary evidence of the other associations suggests that it will also be high.
3. The Tungurahua and Chimborazo Indian Associations have established ongoing training programs for their staff. The need for MAP representative's participation in the process has greatly decreased.
4. HCJB has established a training program for its supervisory staff (i.e., field supervisors who oversee projects in the field).
5. Private voluntary agencies working in development programs in Ecuador have expanded their programs to include health components as a result of their exposure to MAP. Examples include:
 - a. Berean Mission
 - b. Luke Society
 - c. Gospel Missionary Union
 - d. HCJB
6. Indigenous organizations have expanded their development programs to include health activities as a result of their associations with MAP. Examples include:
 - a. Chimborazo Indian Association
 - b. Tungurahua Indian Association
 - c. Cotopaxi Indian Association
 - d. Shuar Indian Association
 - e. Bolivar Indian Association
7. Twenty-nine projects have been planned by indigenous agencies with the assistance of MAP. This includes six small projects and one medium/large project which are in the pre-implementation stage.
8. One-hundred thirty-three (133) people have received training as promoters in four community health projects which had been developed under the OPG of HCJB.
9. Forty-seven thousand, six-hundred (47,600) persons in 93 communities were being served by health promoters trained with the assistance of MAP.
10. The Government of Ecuador has integrated health promoters developed by the OPG project into the government system. The government took over the initial training of the promoters based on the model established by HCJB through the OPG.

11. HCJB has established a Department of Community Development for training community development workers in health related activities.
12. Four Savings and Loan cooperative associations functioning and providing project funds in four Ecuadorian provinces. These funds are for community health and development project activities.
13. "New Life" cooperative has established claim to 120 hectares of redistributed government land and are producing potatoes.
14. New planting and crop management practices adopted by farmers in the "New Life" cooperative have resulted in increased yield from five to fifteen units per unit of seed planted.
15. Projects funded through the small project fund are generating further projects developed by participants in the provinces of Tungurahua and Chimborazo.
16. The Chimborazo Indian Association has begun a community development extension service working in cooperation with the Luke Society and MAP International.
17. A radio education project has been planned involving a private radio station, government health workers, the Chimborazo Indian Association and several local communities.
18. A clinic was constructed at Macuma to serve as the first referral point for the health promoters working in the jungle area among the Shuar Indian population.
19. The Tungurahua Association became an established legal entity as a result of the Tungurahua Legalization project, which became the vehicle through which six additional projects in housing improvement, latrines and food production were planned and implemented.

Bolivia

1. FEPADE has established an on-going education program for health promoters and trainers of health promoters.
2. Staff members of FEPADE are being trained to carry out projects in resettlement areas of Bolivia as a result of the collaboration of MAP International and World Neighbors.
3. Three health-related projects have been planned by indigenous agencies with the assistance of MAP.

MAP-Ecuador is clearly understaffed to sustain this level of activity. At present the staff consists of the regional director, a secretary who also assists in some training work, a full time consultant for Cooperative Management and a community organizer hired on a regular basis to work in the Cotopaxi Province.

The evaluation team asked the Regional Representative to make time/task analysis of the MAP field staff in order to establish the relative effort allocated to each of three main functions of the field office; i.e., training, project/agency consulting, and office administration. The result is shown in the following table.

TIME/TASK ANALYSIS -- MAP STAFF 1981 - ECUADOR

	<u>Workshop Training</u>	<u>Project/Agency Consulting</u>	<u>Office Admin.</u>
Richard Crespo (Not including vacation and home leave)	74 days	62 days	69 days
Pasqual Torres		68 days	
Bertha Albuja	20 days		220 days
Abelardo Bombon		15 days	
TOTAL DAYS	<u>94</u>	<u>145</u>	<u>289</u>

This table shows that a considerable amount of total staff time is spent on office administration (289 days in 1981). The Regional Representative appears to spend one third of his time in office work. This seems to be excessive and takes away from his prime program functions. This situation could be remedied by hiring an additional staff member who can share in the administration. The idea of hiring a community organizer from the local community is a good one; the 15 days that appear in 1981 assigned to this worker will multiply during 1982. Hopefully MAP will continue this practice of hiring community leaders in the other provinces; e.g., Tungurahua, Chimborazo, and Morona Santiago.

The records of expenditure during the three years of the matching grant show a significant underexpenditure of the budgetted funds during most of the period. This situation is particularly evident in the Small Project Fund. This trend is beginning to show signs of improvement as of 1982 as the following table illustrates. MAP and Ecuadorean colleagues were encouraged to increase the number of small projects proposed for funding by implementing agencies. In any case, this is expected to happen as a natural result of agencies readiness for project activity, which readiness has been stimulated by MAP.

BUDGETED/SPENT COMPARISON

1979 - February 1982

	1979		1980		1981		Thru Feb. 1982	
	Budgeted	Spent	Budgeted	Spent	Budgeted	Spent	Budgeted	Spent
Administration: Salaries and related expenses for MAP staff	35,398	22,958	38,800	38,790	43,610	43,854	13,375	14,328
Program Activities: Consulting & Training Small Project Fund	16,925	15,671 2,553	31,980 30,000	22,080 12,819	24,345 30,000	28,078 15,723	5,726 3,271	9,507 3,271
Total Program	16,925	18,224	61,980	34,899	54,345	43,801	8,997	12,778
Vehicle Purchase		5,100	6,000	6,000				
TOTALS	52,323	47,282	106,780	79,689	97,955	87,655	22,372	27,106

The evaluation team was positively impressed with MAP's insistence on full community involvement in any project activity. MAP is reluctant to move ahead before the community has made a firm commitment and in many cases made the initial investments on the project. The result is that many projects show an equal, and in some cases larger, community contribution compared with that of MAP. The following table substantiates MAP's claims.

PROJECTS -- MAP AND COMMUNITY CONTRIBUTIONS

<u>Number</u>	<u>Title</u>	<u>MAP</u>	<u>Community</u>	<u>Total</u>
1301	Yaapi Livestock Management - <u>to date</u>	1,286	406	1,692
1302	Palugsha Agriculture Development	5,424		
1303	San Antonio Community Organization	500	--	500
1304	Palugsha Housing Improvement	4,863		
1305	Tungurahua Management Training	1,109	5,000	6,109
1306	Chimborazo Development Service - <u>to date</u>	1,545	618	2,163
1307	Ecuador Savings and Loan Administrative Support	1,292	830	2,122
1308	Castuj Barley Production Pilot Project	2,411	1,759	4,170
1309	Bolivia, Isinuta Community Health - <u>to date</u>	2,000	500	2,500
1310	Makuma Clinic Completion	1,540	5,040	6,580
1311	Rumiloma Community Center - <u>to date</u>	1,743	3,283	5,026
1312	Chimborazo Agriculture Revolving Fund - <u>to date</u>	3,582	400	3,982
1001	Shuar Health Center	174	325	499
1002	Tungurahua Association Incorporation	300	714	1,014
1003	Tungurahua and Chimborazo Credit Committee Training	203	29	232
1004	Tungurahua Latrine	263	182	445
1005	Chimborazo Written Communication	163	82	245
1006	Ecuador Indian Federation Incorporation	300	597	897
1007	Cachi Alto Latrine - <u>to date</u>	243	909	1,152
1008	Cotopaxi Clay Water Container Experiment	300 (budgeted)		
1009	Tungurahua Training Center	857 (budgeted)		
1201	Chapare Revolving Fund	550	550	1,100
		<u>\$30,648</u>	<u>\$21,224</u>	<u>\$40,428</u>

The evaluation team decided that a good way to assess MAP's impact of the field was to ascertain the perception of MAP's assistance by the various agencies and professionals it relates to. Appendix 5 gives a list of people interviewed. The interviewees included a wide range of sources of information such as: AID mission; government officials; missionary agency professionals and community association leaders. The interview protocol (see Appendix 6) used included questions on the nature of the agency and individual interview's work; the nature of the relationship with MAP; the value assigned to this relationship; the concrete changes and/or agency projects that have emerged as a result of MAP's influence; type and quality of communication between MAP and villagers, and agency professionals and views on MAP's potential, current and future, as a service agency. Because of the open nature of the interviews it is not practical to present a tabulated numerical result, also the diversity of information obtained would be

lost by limiting it to numbers. Instead the following paragraphs present a synthesis of the responses encountered.

The officers from USAID missions in Bolivia and Haiti were not as familiar with MAP's work as those in the Ecuador mission. However, officers in both Bolivia and Haiti saw an important role for MAP as an educational and link agency with regard to the many missionary agencies operating in those countries. The AID officers found it difficult to keep reasonably informed of the health programs of these groups and felt MAP could be a useful source of information and liaison. Missionary agencies tend to work not only isolated from official programs and from other types of P.V.O.s but also from each other. This in many cases lead to duplication of efforts and misunderstanding among agencies. Thus, an agency like MAP could play an important coordinating role as it commands the respect of both evangelical and secular agencies. In Ecuador the USAID officers of the health and rural development division, were appreciative of more than MAP's potential. MAP has been experimental by testing with the community organizations the AID designed water pumps. It was felt, MAP's trained community leaders are more willing to innovate. Richard Crespo's training expertise was acknowledged by AID officers as was Robert Moore's expertise on food production and water and sanitation programs. Although AID-Ecuador has more detailed knowledge of HCJB's OPG program (OPG-518-022) they fully realize MAP's assistance on staff training and field achievements. The mission officers informed the team of managerial and program implementation problems of a number of PVOs that had received OPGs from AID. There were no such complaints with regard to MAP.

USAID perceptions were complemented by the very positive report from the Peace Corp/Ecuador particularly from the Director of Health Programs. For two consecutive years Richard Crespo has been in charge of organizing the training of the volunteers assigned to health programs. Both the Director and the volunteers interviewed declared that MAP's contribution had been one of the eventually most useful part of their training. Volunteers continue to seek Crespo and Moore's advice when they are in the process of starting new initiatives that require active community involvement.

The evaluation team feels that the communication and cooperation between MAP and the USAID mission should continue in Ecuador and should be strengthened

in Haiti and Bolivia. The HCJB's OPG, which has been already evaluated (Marnane, 1981), points the way to future possibilities of project activity by missionary agencies under MAP's technical assistance and, in some cases, channelling of funds. One of the many possibilities discussed was for MAP to be a channel for funds and technical assistance for AID funded health programs to be implemented in Bolivia by FEPADE. MAP could considerably expand its field operation, beyond what it is presently capable of supporting under the Matching Grant, by developing additional partnerships with AID-missions and PVOs along the lines of the HCJB/OPG experience. Likewise, USAID missions can benefit from having a PVO proven accountability as MAP to work in small scale innovative programs.

The government officials interviewed in Haiti had a rather vague knowledge of MAP. An official in the Ministry of Planning saw a potential role for MAP to play in supporting the government attempts to coordinate the large array of agencies operating in Haiti. The government had recently established a "Comite Mixte" between 7 government agencies and 7 non-governmental organizations. On their part the PVOs have been organizing themselves into an association (Haitian Association of Voluntary Agencies - Haiti) to present a common front to the government. As most missionary agencies seem unlikely to join directly in this coordinating efforts it was felt that MAP could serve as their representative in the coordinating bodies. The Chief of the "Division de Hygiene Familiale" was involved in MAP's 1981 workshop; he also felt that MAP could help as the communication channel between the missionary and the official health programs.

In Ecuador, the Director of Rural Health at the MOH expressed the discomfort of government health authorities with the large number of PVOs providing health services with no reference to government directives and policies. He made an exception with MAP and HCJB particularly in the Morona Santiago Province where they had been instrumental in achieving an integration of efforts of catholic and evangelical Shuar associations. The government of Ecuador is engaged in a major effort to establish the primary health care approach throughout the country and would like to see the PVOs contributing to this effort but always in coordination with the official programs. This coordination needs to be achieved both at the central and provincial level. MAP can be instrumental in keeping the government health authorities informed and whenever possible obtain their support and cooperation. It must be said that substantial progress has already been made as both

MAP and HCJB have been asked to help with the training and undertake the supervision of community health promoters in some provinces (e.g. Chimborazo's Colta District).

MAP-Ecuador linkage with the official agricultural services seem to hold a good potential for the near future. The Director of the recently created Integrated Rural Development Division (receiving large funding from AID) was impressed with MAP's expertise in community development training and food production and nutrition and saw a considerable role for MAP's involvement in the program of "capacitacion campesino" (rural training) which is being put into operation at present. The Institute of Agrarian Research (INIA) in Chimborazo is preparing the construction of the windmill invented by Robert Moore to be part of a major exhibition on appropriate technology in agriculture.

Undoubtedly, MAP has been most successful at establishing good relationships with local agency health professionals. This was confirmed by the several interviews conducted with staff from missionary medical agencies including HCJB, Berean Mission, Gospel Missionary Union, World Vision, and other PVOs such as Heifer Project and ASDELA (Asesoría para el Desarrollo de América Latina). The Director of Community Development of HCJB acknowledges that it was MAP's influence that stimulated their involvement in community health and continues to be their main source of advice and training. The HCJB Director of the Medical Care Division (a cardio-pulmonary specialist) attended the March 1981 MAP workshop in Wheaton; he has since become a supporter of the community health program. He intimated that the agency had made a policy decision of not expanding any further their hospital facilities but instead to considerably expand their primary health care programs. A Berean missionary nurse from the Bolívar Province identified MAP as the key influence for her departure from purely curative services and for her becoming the main supporter for community health concepts in her task of supervision and training of health promoters. The missionary health professionals also specify as MAP's concrete contribution the assistance in program planning and evaluation using jointly designed worksheets and other instruments. The professionals felt it would take them some time to become technically self-sufficient to start new projects and diversify activities. Thus, MAP's assistance will be needed for the next few years.

As it was to be expected, the community leaders and villagers interviewed were very concrete and practical on their perception of MAP's role and value as they saw it in terms of their immediate gain. The leaders and villagers of San Ignacio in the Cotopaxi Province were highly motivated to improve the water supply of their village - the single main cause of child mortality. They are prepared to pay 100 sucres per household and do all the work. They are requesting MAP 22,000 sucres (about \$500) for the purchase of materials for a first tank. They learn at MAP's organized workshops about healthy habits and self-responsibility in health. The Quichua manager of the savings and loan cooperative in Tungurahua declared that MAP's initial funding had been essential in establishing and administering the coop. Thus, they had been able to rid themselves of the usuary practices of the local money lenders. The community health promoters in Tulimayo, Cochabamba (Bolivia) and in Chimborazo (Ecuador) gave at the request of the evaluation team a simulation of the health education methodology they had learned at MAP's workshops. It was evident that they could confidently manage inductive teaching and a participatory approach to learning using audio-visual aids designed by themselves. Obviously many of the villagers did not know how to define MAP institutionally but one could ascertain the influence of its education and community mobilization work through the villagers attitudes and behavior.

Note on Guatemala

MAP project activities during the period of the matching grant included in Guatemala a large scale water development project, an agricultural extension education project, management training and financial support for a local multi-purpose cooperative, project funding through a locally constituted development organization, plus an assortment of other smaller project activities. Headquarters supervision was provided for two expatriate and three national employees who were funded outside of the matching grant. An OPG proposal for a community education project was approved by the USAID Mission in Guatemala. Unfortunately, the grant funds were not utilized due to a lack of security in the project area. MAP subsequently withdrew its direct support and involvement in Guatemala in March 1980.

4.6 The Multisectoral Impact of MAP

MAP defines its health programs from a very broad perspective. Some of the projects are clearly intended towards the creation of a healthy environment of the community; e.g., latrine construction, potable water, community health education. On the other hand, some projects seem considerably more removed from the health field; e.g., legalization of the Indian Evangelical Associations, written communication course, Saving and Loan Cooperative Management and cattle production.

The Evaluation Team was asked to ascertain whether this broad focus reinforces the delivery of primary health care or whether it causes a diffusion of effort on the part of the field representatives. Thus the field observations were always made bearing as a reference point the degree of relatedness between the variety of activities and the apparent health needs of the communities involved.

MAP claims that its experience in Ecuador demonstrates the fact that, as communities solve certain health problems, this problem solving process leads logically to other concerns which may lie outside the traditional health sector. It further claims that successfully dealing with these socio-economic concerns in turn, may result in other more directly health-related activities (Third Year Semi-Annual Report, 1981). Thus health activities seems to be defined as almost synonymous with community development. A few examples from Ecuador should serve to illustrate the point.

One of the most visible components of MAP's program lies in the field of food production. Thus, the "Nueva Vida" Association in Palugsha, Tungurahua Province is being assisted in collective potato production and marketing. MAP's support includes loans through the Savings and Loan Cooperative; agriculture production techniques; and leadership training. The community leaders informed the evaluators that as a result of this project the villagers have doubled their income (from 7,000 to 15,000 sucres per harvest). Also, because of the availability of rural labor, men did not leave the village to look for work in Quito and Guayaquil, as they did before the project (from where they usually returned sick and not much better off). The evaluators observed that collective labor gave

an opportunity for women to work hand-in-hand with men which can be seen as a good sign in a society where male primacy is so obvious. MAP should seek to build into more projects the opportunity for women to have leadership roles, full participation in decision-making, and benefits from project results.

The villagers seemed to have an understanding of the health implications of income generating project. They saw that better income would allow them to avail themselves of medicines and healthier living conditions. However, the evaluators felt the need to encourage MAP to combine food production with nutrition education activities so that villagers benefit not only from improved income but also improved nutritional habits. A number of villagers admitted that they looked forward to the money in order to buy "fancy" foods such as spaghetti, rice, sugar, which if not complemented with others, would not constitute an optimum diet.

MAP provides the Savings and Loans Cooperative with a revolving fund for home improvement. This allows members to borrow funds to do such work as replacing the thatched roofs with zinc roofs; replace mud walls (adobe) with cement block walls and installation of doors and glass windows. Villagers showed a good understanding of the need for improved housing in terms of health: light, ventilation, hygiene, etc. MAP must continue to reinforce the villagers awareness of health issues. The mainly technical work of Pascual Torres (MAP's Cooperative Management Consultant) should be complemented by a broader educational work of other staff member or a trained community health promoter.

On balance the evaluators feel MAP is justified in adopting a broad approach to health. In fact the very poor health conditions of the villages points to the creation of healthier living environment as a priority. Prima facie evidence suggests that the greatest single danger to health is the poor water supply in the villages. In most of them the only source of water is the "acequia" (irrigation ditch) which flows for miles passing through dozens of villages. That water is used for washing clothes, waste disposal, irrigation (often of chemically fertilized fields) as well as animal and human consumption. The result is parasites, typhoid and other weakening diseases for adults and deadly illnesses for children. Hence the high rate of child mortality in the villages. PVOs have a still important role in water supply and sanitation as the

government agency -- IEOS (Instituto Ecuatoriano de Obras Sanitarias) is as yet unable to reach the smaller communities with services.

At first sight it would seem that the multisectoral approach of MAP has a negative effect on timing; i.e., it delays the starting of health related projects. In Chimborazo, MAP has been assisting the Indian Association with a number of non-health services e.g., legalization of Association and of the Cooperative; establishment of transport cooperative; agriculture extension; writing skills for village councils, secretaries. In the committee structure the Agriculture Committee appears to have a much more conspicuous presence than the Health Committee. However it seems clear that the development of the program in Chimborazo has followed a rational pattern starting from the most deeply felt needs of the community: community organization and improved agriculture production. Today the Indian Association has over 7,000 members from 200 villages throughout the province. The Savings and Loan Cooperative is in a sound financial state and there is a core of trained leaders. The infrastructure for an accelerated health program is now available and here MAP can concentrate its efforts while delegating to the Association and other agencies the non-health specific programs.

It must be recognized that MAP has handled the multi-sectoral approach in direct proportion to its staff capabilities and locally available expertise. For example, MAP has been able to provide technical assistance in Cooperative Management because it was able to line up the services of Pascual Torres. MAP is doing considerable agriculture production research and experimentation through the borrowed services of Philip Westra, a PhD/Agriculture missionary based in Riobamba, Chimborazo.

MAP should be allowed to continue with its multisectoral approach as long as it provides evidence that the diversity of activities lead to concrete health benefits for the community and as long as it continues its educational efforts to help the community understand the relationship between health and other development activities. To accomplish this, MAP must develop its project reporting and evaluation systems, as noted earlier, to the point where the relationships between project activities and health status can be clearly demonstrated.

CHAPTER 5

FINDINGS AND RECOMMENDATIONS

The preceding chapters of this report presented a description of MAP's operations at headquarters and in the field as they relate to the implementation of the matching grant program on community health. This final chapter presents a listing of the major findings as perceived by the evaluation team during its visit to MAP headquarters and to the field. The second section of this chapter outlines the key issues that emerged from the evaluation of MAP that require special attention when assessing the past record and future program projections of this agency. The final section of this chapter lists a number of recommendations for improving MAP's operations, both at headquarters and at the field level.

In the interest of making this evaluation into a constructive exercise the following sections will make apparent a number of areas of concern that the evaluators have detected from their observation of MAP's program operation. However, it must be clearly stated from the outset that their overriding impression is that MAP is performing an important educational and leadership role in the field of health care delivery in the Third World. By mobilizing the vast resources of the medical missionary community MAP has the potential of making a considerable contribution to the implementation of the primary health care principles and to the overall development of the poorer nations particularly the most deprived communities. All the shortcomings that this evaluation report highlights are, in the view of the evaluators, solvable problems that can be feasibly overcome through the adjustments and reviews of program orientation and organization suggested in this report.

5.1 Summary of Findings

The following is a listing of the major findings of the evaluation team. They are presented generally in the same order as they appear in the preceding four chapters of this report. This listing consolidates into one section the whole range of accomplishments and shortcomings of MAP's implementation of the

AID-Matching Grant program as perceived by the evaluators. The order of findings does not imply degree of importance of each finding.

1. MAP-International's strategic importance lies in its unique relationship to the large number of evangelical medical missionary agencies operating in the developing countries. MAP performs an advocacy role in favor of the primary health care approach among the agencies that constitute its constituency. MAP's role is unique because, as far as the evaluators could ascertain, there is no other agency performing this advocacy task among the evangelicals while there are agencies serving the "Mainline" churches; e.g., World Council of Churches, Medical Commission.
2. MAP's development track record is relatively short having begun in 1975. Previous to that MAP was mainly involved in provision of medical supplies and emergency relief work. This short track record explains the changes in program emphasis and in operational arrangements that become apparent in an historical analysis. The evaluators see MAP as an agency that is still experimenting with various program approaches in search of one that will fit its particular circumstances and program objectives.
3. MAP's assumed role as a facilitator of change in program orientation on the part of its constituency requires a long term time frame. It is not possible to define with certainty the time period necessary to achieve results, however, the HCJB experience in Ecuador shows that it has taken about three years to achieve program results. It is noteworthy that HCJB receives the incentive of OPG funding to undertake community health activities; it might take longer to persuade an agency to change its orientation using its own resources.
4. At the beginning of the matching grant, MAP's primary focus was on project funding and consulting services at the community level. At the time of the evaluation this focus has evidently changed into a greater emphasis on education/advocacy and consulting services at agency level. MAP views itself more as a facilitator of the work of other agencies than as an implementer of projects at community level. This implies that MAP's impact will have to be measured using as an indicator the level of project activity developed by the agencies within its constituency. MAP will need to develop a sophisticated monitoring system if it intends to assess the effectiveness of its education/facilitator function in producing community health activity at the field level.

On the other hand, MAP is involved in actual implementation of projects at community level in Ecuador although with low-scale funding. This is not a departure from the ascribed facilitator role as MAP is willing to withdraw from direct field intervention as soon as the community and the cooperating agencies are ready to continue the projects on their own.

5. MAP has developed a program operation model that is supposed to include complementary actions at headquarter and at field level. The headquarters staff performs educational and consulting services geared to the agency headquarters staff who will develop a commitment to community health that will in turn influence the agency's work at field level. MAP's field staff performs educational and consulting services with the agency's field headquarters and community level programs. Ideally MAP's field staff will see to it that the educational and consultancy work carried out from Wheaton and from the field offices will result in project activity at community level. However, MAP's operational model is not clearly visible in the actual activities that are taking place. For example, at the semi-annual workshops in Illinois congregate mainly missionaries from the field with a substantially smaller proportion of agency U.S. headquarter administrators. Also, only around 35% of participants at the U.S. workshops come from countries where MAP has field access and, therefore, the possibilities of followup at field level are more remote.
6. The staff expertise available at Wheaton includes the fields of financial control, health care, resource material design, educational technology and training methodology. The staff is qualified to provide most of the technical assistance needs of the field. At the present stage in the evolution of MAP's program, the main task of the Wheaton staff should be that of support of the field operation. The level of technical assistance has been limited until now due to the only recent recruitment of two key technical staff and the relatively slow pace in hiring field staff.
7. The qualifications of the regional field staff include the areas of agriculture (Birkey and Moore); water and sanitation (Moore); cooperative management (Torres); and communications (Meridith). The health, education and community development expertise has been lost with Richard Crespo's departure from Ecuador. There is evident lack of health and education expertise in the field, as these disciplines are available in Wheaton the task ahead is to move them deployed to the field as much as possible. MAP field staff will also have to resort to locally available expertise to supplement its own. The Ecuador staff has had experience in doing this.
8. MAP-International as a whole appears committed to the community health program supported by the matching grant. The interviews with board members and key staff outside the Department of International Development revealed that the concepts of primary health care and the priority these concepts deserve are understood by all of them.
9. Training constitute the single most important function that MAP performs and where most of the staff time and financial resources have been applied during the matching grant period. During this period six workshops were held in Illinois that attracted 359 participants. No more than a third of these participants came from agencies working in countries where MAP has field access. The reason for this lies in the "shotgun" approach that MAP has used up to now in recruiting participants for its U.S. workshops.

10. There have been extensive training activities in Ecuador. In some cases this has become repetitious and time consuming for the staff but, in general, there is good experience with project-related and agency-based training. The situation in Haiti is quite different where only three 2 1/2 day workshops have been held. The short duration of the workshops raises doubt as to their effectiveness in terms of learning. It was said that few participants would be willing to participate in longer workshops. One would doubt the commitment of agencies that are not prepared to release their staff for a longer time.
11. The Learning Resource Center's main functions include the preparation of materials for the workshops, the basic resource library for health workers, and retrieval of documentation for use of the MAP staff and to respond to needs from the field. Activities such as responding to requests for general information and receiving readers from local colleges do not play a major role in support of the program. The agencies and participants interviewed declared that the materials MAP has produced is useful in their training activities. This is an initial indicator of its impact, but closer monitoring of the Center is necessary to determine whether the investment is the best use of staff resources.
12. The communication between the headquarters and the field is frequent but mainly on an informal basis. Visits to the field from staff who can provide technical assistance have not been frequent enough. There is no standardized system for data collection from the field nor a procedure for regular interactive communication with the field.
13. While MAP Wheaton was instrumental in establishing initial links for the field work in Ecuador, the field staff under Richard Crespo has worked without much technical assistance from MAP-Wheaton. This situation will probably change with the change in the regional representative. Haiti is still at a very initial stage of its development and considerably greater support from headquarters is needed.
14. MAP-Ecuador is understaffed for its current level of activity both in training and project activity. There is a need for an assistant regional representative with complementary technical skills to Robert Moore, i.e., health education.
15. From the interviews between the evaluators and various external agencies it became apparent that there is a positive perception of MAP's work in Ecuador on the part of USAID-Ecuador, government officials and cooperating agencies. MAP's work in Haiti is perceived as "potentially" useful by AID and government officials.
16. The Small Project Fund has been underspent during most of the matching grant period. This is consistent with the change in program emphasis adopted by MAP in view of the need for more education and consultancy work prior to project activity. At this stage, project activity should begin to increase considerably if the program strategy adopted by MAP really works.

17. There is visible staff expertise and project activity in agriculture in the field work of MAP. The appointment of Robert Moore reaffirms this pattern. MAP is aware of the danger of diverting from the health focus of the program. The definition of the project links to health objectives should be an important exercise in all project planning.

5.2 Key Issues

This section presents the eight critical areas that in the view of the evaluators are the most salient points for consideration in the present assessment of MAP as well as in projecting its activities to the future. In most of these areas MAP has made some progress but there is still need for further reflection and re-arrangement of program strategies and operations. The detail of the strengths and weaknesses in each of these areas has already been discussed in the preceding chapters.

5.2.1 The Effectiveness of MAP

The main question in assessing MAP's performance is whether MAP's program is effective in producing community-based projects by local agencies at field level. Project activity is, therefore, the measure of success or failure of MAP's strategy. The training and consultancy inputs of MAP need to be assessed in terms of whether they improve the capabilities of agencies to effectively generate community health activities.

This issue represents a formidable challenge to MAP. A major proportion of its program is carried out in the United States and is, therefore, removed from field activity. The principles and methodologies promoted by MAP are to be implemented at field level by agencies over which MAP has no control particularly in the crucial area of resource allocation. No matter how well organized, how sophisticated the content, the measure of the success of the workshops lies in their impact on participants and their agencies' field activity. The final purpose of the workshops is not only the intellectual growth of participants, important as this is, but the behavioural and organizational changes which occur and which lead to more community health projects.

The evaluators found that the greater proportion of MAP's efforts continues to be spent in idea planting. The participants of workshops declared to have changed their views of health care as a result of MAP workshops and were beginning to use the community development methods learned from the workshops. Examples of this were given in the preceding chapters but a few bear repeating: two nurses working in northern Kenya were using cross-cultural analysis and community participation; the medical director of Haiti's Lumiere Hospital is preparing a project establishing community out-posts; the medical director of HCJB's Vozandes Hospital is now a supporter of the community health program and is re-directing the resources of the hospital towards community health services. Agency administrators interviewed, notably Southern Baptists, Conservative Baptists, TEAM and Luke Society declared that programmatic change affecting field activity was taking place, i.e., policy documents were being redrafted and the content of missionary training now includes community health methodology.

What would be the effect on these agencies if MAP were not there to provide this service? One could assume that such large and sophisticated evangelical centers of medical training such as Baylor University in Waco, Texas would be able to provide the intellectual leadership required. However, the curative, technological approach seems to pervade the medical missionary field. The combination of curing the body and curing the soul constitutes a tradition unbroken historically.

All missionaries can read the Alma Ata declaration or, more appropriately, the very progressive documents on primary health care from the Christian Medical Commission. But the medical missionary does not seem to listen to the voice of the "mainline" churches, let alone of the secular world unless it is mediated by the biblical foundation and is related to the eschatological dimension. The agencies reached by the evaluators declared that MAP was the only agency providing training and consultancy services on community health and spoke their language. The question might be asked whether it is worth it to support the programmatic change of these agencies. The positive answer of the evaluator is based on the evidence that these agencies are serving a larger proportion of the most deprived and isolated population in the Third World.

Notwithstanding the number of cases where MAP's inputs have led to concrete project activity, there is a need for MAP to sharpen its operation directing it to those agencies that are motivated enough to move ahead with field program and to those agencies that provide effective support at field level. The evaluators propose a substantial redirection of resources and staff time towards the field. The "shot gun" approach, while justifiable during the initial period when MAP was trying to win supporters from a wide field, can now be changed into a focused approach that gives priority attention to agencies and geographical areas where field results are most likely. By diminishing its broad advocacy work in the U.S., MAP will be able to liberate its staff and financial resources for the benefit of on-site technical assistance to its field staff and MAP's cooperating agencies.

The effectiveness of MAP in producing project activity has been hampered by the need for considerable initial advocacy work. MAP has now reached a stage in its program evolution when more direct project activity can be demanded as a measure of success or failure.

5.2.2 The Relative Cost of MAP

It is not possible to perform a meaningful study of MAP's cost effectiveness or cost-benefit ratio in terms of dollars spent by the matching grant related to the dollar value of outputs. This is partly because health projects generally do not lend themselves to assigning a monetary value to a given improvement in health status. But more specifically, the kind and amount of program data being generated by MAP's activities are not of the quality nor quantity to permit such an examination.

It is possible to say that MAP has not yet produced the expected number of small projects which were anticipated for the level of resources expended on the staffing of MAP's headquarters operations. This does not mean that MAP cannot produce such activity in the future. It very likely will if it follows the suggestions of the evaluators and focuses its training activities on those agencies which have greater potential for initiating field level community-based health projects, particularly in countries where MAP has field staff in position to lend assistance.

The cost of MAP's staff and administration is relatively low, compared with similar institutions with which the evaluation team is familiar because of having served on the staff or boards of such institutions or having evaluated similar institutions. This is primarily due to the low salary structure of MAP, which ranges from 1/2 to 2/3 that of several institutions familiar to the team. Another contributory factor is MAP's insistence on substantial counterpart contribution from the agencies it works with; e.g., fees for training, staff allocation, use of facilities, etc. MAP also makes use of the evangelical missionary networks with all its resources for a number of their needs such as transport, use of buildings, use of printing facilities and others. This generally results in MAP being able to considerably reduce the costs of its various activities.

5.2.3 Staff Capabilities

The staff at U.S. headquarters was described as suitably qualified to provide the services required for implementation of the program: management, health care, education, training and fund-raising. MAP makes it a condition in hiring staff that their personal background must fit into the evangelical world. This makes recruitment more difficult as skills and experience need to be combined with religious background. In spite of this MAP has been able to recruit some well qualified staff member at headquarters and in the field.

With the exception of Ecuador, MAP has had considerable difficulties in hiring its field staff. The field representative in Haiti arrived on site more than a year after the beginning of the matching grant. The representative for Asia has been on site for less than a year and the representative for Africa has never been recruited. The situation in Africa is unfortunate as most agencies reached by the U.S. staff operate in that region, thus a lot of field followup opportunities have been lost.

While the outputs of staff in Ecuador are considerable, the level of activity achieved in Haiti is below reasonable expectations. Other development agencies known to the evaluators place considerable higher demands on their staff even when their employment period does not exceed one or two years. MAP will need to provide considerably higher level of supervision and support to

staff in other countries before they can reach the level of productivity of Ecuador.

While the qualifications of the staff in Wheaton are appropriate to the nature of program activity, there is reason for concern in the mainly agriculture expertise of the Haiti and Ecuador field representatives. They both have a general knowledge of the field of development as well as a basic understanding of primary health care, but further opportunities for in-service training in both areas would be appropriate. Beyond developing appropriate new skills among the field staff and in addition to providing support and supervision by the Wheaton staff there will need to be an increased use of short term consultant services for specific program areas; e.g., non-formal education, public health, evaluation, and management. In a situation of financial limitation, this can only be achieved through a considerable realignment of existing resources.

5.2.4 The Reporting System

The evaluators found that MAP's staff has plenty of information on the various program activities being carried out at headquarters and in the field. However, the information is contained in such a diversity of sources that it makes it difficult to locate it. To locate data required by the evaluators that should have been routinely compiled and retrieved it was necessary to conduct a considerable search in an array of papers. The reporting mechanism of MAP are mainly subjective and informal consisting of letters, narrative reports and memos, telephone conversations and field visits. There is not a system for collection of statistical information nor a standardized annual or semiannual reporting system.

The evaluators feel that while the present reporting and monitoring system which MAP employs is adequate for the current modest portfolio of projects in the field, it will require greater standardization in its design and more systematic application as the project activity grows.

The Project Tracking System (PTS) is a useful tool for project planning and monitoring; however, it has not been systematically applied except in a few

projects. The system can be simplified further by consolidating it into a few main indicators of progress and abbreviating the forms used for data collection.

5.2.5 Project/Agency Selection

MAP's choice of agencies to work with seems to follow an opportunistic pattern. This is a natural result of the "shot gun" approach characteristic of the initial period of MAP operation. The agencies selected to work with are basically those that agree to enter into a cooperative relationship. Now, when a number of agencies have been reached, a more demanding selection process should be instituted following such criteria as the likelihood of considerable project activity in a reasonably short time frame. Other criteria may include the availability of a minimum infrastructure and human resources at field level capable of sustaining the project activity.

The selection of community activity in Ecuador, the only country where this activity is in progress, was made in response to the community agency priorities and interests. Although this is consistent with the primary health care approach MAP should strive toward an increasingly objective understanding of the epidemiological characteristics and service needs of the community. As MAP cannot possibly respond to all needs of the community, a careful prioritization must be conducted based on a scientific understanding of the health needs as possible. At any rate MAP's direct involvement with the community is tempered by its role as facilitator of other agencies and from its strategy of withdrawing from direct involvement when agency and community achieve a reasonable degree of technical self-sufficiency.

Contrary to many other agencies, MAP has a particularly stringent attitude toward funding. This has resulted in many cases in considerable counterpart contribution by the agencies and the community, a refreshing change from the "handout" mentality of many agencies. Nevertheless, MAP must be careful that this does not unnecessarily delay the starting of a project and that the initial motivation of the community or the agency is lost. MAP should be prepared to take more risks in their investment in small project funds.

5.2.6 Headquarters/Field Relationship and Balance

There is a noticeable imbalance between MAP headquarter level of staffing and resources and that of the field. In the case of Ecuador, the evaluation team found that MAP staff was overstretched. It seems unlikely that they will be able to sustain even the current level of activity, let alone respond to the expansion of demand that comes from the cooperating agencies and communities in Ecuador. In Haiti the field representative feels underutilized in the midst of a situation full of possibilities.

The need for closer supervision and technical support of the Haiti representative and the overload of the Ecuador staff should have been detected earlier by the headquarter staff. There are now some real possibilities of community health activity in Haiti, e.g., at Lumiere Hospital; however, these possibilities will only come to fruition with increased technical advice and guidance of the headquarter staff.

There are some instances where the workshops organized by the Wheaton staff have had a direct impact on the work in the field, e.g., HCJB (Ecuador) and World Team (Haiti) administrators trained at Illinois workshops. However, the larger proportion of participants in U.S. workshops as well as of agencies receiving consultancy services from the Wheaton staff do not operate in MAP field areas. This gives a negative impression of incoherence between the program activity of the MAP headquarter and of the field staff. The evaluators propose a continuation of the education and consulting services by the U.S. staff but geared much more directly to agencies which have field activities in the areas where MAP is likely to do effective field follow up. At any rate the proportion of Wheaton staff time dedicated to U.S. based activities must be reduced in favor of a higher proportion of effort in field support and supervision.

5.2.7 The Multi-Sectoral Approach

The nature of some of MAP's projects seem considerably removed from the health field, e.g., legalization of Quichua associations, cattle production, letter writing, etc. In one way or another all projects have a connection, even if remote, with health status and services. Nevertheless MAP could be more

selective and support projects that have a more direct link to health needs while delegating to other agencies the planning and implementation of non-health projects. Interagency cooperation is a "sine qua non" of the multi-sectoral approach. MAP cannot possibly have the resources nor the staff capabilities to respond to multisectoral needs but it can and must coordinate efforts with other agencies and help the community to obtain the resources from other sources of support.

In the final analysis MAP, as a health development agency, will have to assess the success of the projects and agencies it supports based on impact on health conditions in the community. The planning of all projects must be based on the health needs of the community measured by specifically selected health indicators. This procedure will ensure that the broad program focus reinforces rather than diffuses the health impact of the efforts of the field staff.

5.2.8 Followup Capability

The evaluators are concerned about the meager efforts at followup from the training activities. The quality of the U.S. workshops is evident from the curricula, the faculty, the reading materials, etc. However, a lot of this tremendous effort is wasted when there is no followup of participants to ascertain how they have utilized the learning experience. A followup questionnaire and letter sent six months after the workshop is hardly sufficient. Admittedly it is not possible to followup on participants spread throughout the world, but this brings us back to the issue of coherence between headquarter and field, i.e., priority recruitment of participants where field followup is possible. As the number of participants is large, MAP may choose to study a sample of participants and carry out a closer followup exercise with this reduced number.

If and when appropriate followup is done, participants will probably be seen as requiring more specialized additional training in areas such as project formulation, fund raising and the training of trainers. MAP staff is qualified to perform this followup training but in some cases it will be necessary to resort to additional consultancy expertise for which there will be a need to allocate special resources.

The evaluators found that MAP staff is evaluation conscious, i.e., always ready to analyze the results of their action. They display a candidly self-critical attitude. However, this evaluative attitude needs to be exercised through an evaluation capability based on appropriate, objective instruments for the measurement of impact. The evaluators suggestions on standardized reporting, sample followup, selection of indicators are geared towards the establishment of a systematic evaluation and followup system for all the activities of MAP's staff.

5.3 Recommendations

5.3.1 Recommendations for MAP Headquarters

1. Continue MAP's advocacy role with greater emphasis on a more project-oriented and field-support function. This focus should occur as a natural consequence of six years of educational and training work carried out by MAP at the affiliated agency headquarter level. This can be accomplished in part by concentrating MAP's energies on those agencies that have shown a serious commitment to implement community health projects in those regions where a MAP field representative is present. This also implies a reduction in the U.S. based training activity to allow more staff time for technical assistance in the field.
2. Concentrate training efforts on those cooperative agencies which work in those countries where MAP has easy access through its field staff, thus facilitating the potential for planning and implementing project activities. For example, concentrate training efforts around those countries adjacent to Ecuador, e.g., Peru, Bolivia, Colombia, Brazil, and Chile which could conceivably receive MAP field support for project activity from Quito. The implementation of this recommendation presupposes that the field work will get priority attention from the Wheaton staff and that additional field staff and/or locally recruited consultancy services will be made available.
3. Provide language training to those substantive experts in the Department of International Development, particularly the Director for Community Health programs and the Non-formal Education Specialist, to enable them to more effectively provide technical assistance to all regions. Their skills should not be confined to geographical areas with which they are familiar. This is one option that could be supplemented by the use of locally available consultancy services alluded to in the previous point.
4. Relieve the Department of International Development staff of duties not related to the promotion of integrated community health programs overseas. Because of their multi-faceted talents there is danger of overloading them with worthwhile but not project-relevant tasks.

5. Redress the balance between human and financial resources allocated to headquarters and to the field, which at present appears to favor headquarters. For example, the Ecuador field staff should be expanded because it is not now able with two professionals to handle the requests for services and technical assistance placed upon them by missionary health agencies and community associations or to expand to other countries.
6. Delegate the responsibility for managing the Learning Resource Center to the librarian who appears to be competent of the task, so as to progressively relieve the Director of Community Health Resources of the supervision of this center so that she may devote more time to field support.
7. Conduct a survey of former participants in U.S. and overseas workshops to establish the impact on present performance which MAP training and educational activities have had. This could be accomplished through a relatively simple format mailed to all traceable participants. New opportunities for training may be revealed through this process.
8. Design standardized semiannual and annual report forms in order to systematize reporting from the field. The evaluation team found that MAP gathers information from the field through letters, short reports, telephone conversations, etc. As MAP project activity expands it will benefit from a more formal data gathering method that consolidates the information on a regular basis, using the project tracking system.

5.3.2 Recommendations for MAP Field Staff

The evaluation team recommends that the Ecuador staff should consider the following:

1. Request the establishment of a position for Assistant Field Representative in Ecuador. The evaluation team observed that even with the transition period which provides two full-time professionals, there is more demand for services and consultations than present staff can handle. In this connection, the administrative workload should be examined to determine whether an administrative assistant is also needed to relieve professional staff of routine office duties.
2. Emphasize the usefulness of the Project Tracking System in consulting sessions with affiliated agency representative and community-level managers. It is a useful instrument for monitoring and evaluating projects and should be available as a routine project management tool to all who are involved in project implementation.
3. Anticipate the need for additional technical support in the areas of non-formal education and training methodologies to complement the considerable technical expertise of the incoming field representative.

One way to accomplish this objective is to recruit a person with these skills as the assistant field representative. Another way would be to hire on an ad hoc basis a consultant preferably who resides in Ecuador to assist the field representative with these areas.

4. Consolidate the repeated experience gained in delivering community level skills training, such as for letter-writing and co-op management, by preparing training manuals in such subjects which can then be used by non-MAP trainers to further promote the knowledge and skills developed by MAP. MAP would thus be relieved of repetitive training tasks but could still serve from time to time as a resource for those trainers using these manuals.
5. Seek additional opportunities for cooperation and coordination of effort with Ecuadorian government health authorities at central and provincial levels, because of expressed concern by these authorities that they be kept better informed by private agencies of their health work in Ecuador.
6. Focus health project resources on specifically selected health needs in Ecuador. The evaluation team suggests that one priority should be water and sanitation, in view of the preponderance of disease in Ecuador attributed to the lack of these services. This focus is timely, given the considerable expertise which the new field representative brings to the Ecuadorean operations.
7. Continue to use the commodity distribution service of MAP as an incentive to affiliated agencies to participate with MAP in developing primary health care projects. The team views with concern that there has been some thought of diminishing this activity. Commodities, appropriately channeled, are a vital complement to delivery of health services at the community level.
8. Incorporate into project designs such educational activities and leadership roles that will enhance the status of women as full participants in the development process. It was clear to the evaluation team that indigenous women were conspicuously absent from positions of leadership and even membership in local associations.

The evaluation team also recommends for the consideration of the MAP's field representative in Haiti:

1. Accelerate the development of small projects in primary health care by those agencies which have already become sufficiently motivated as a result of the MAP educational effort. These agencies include Mennonites, International Child Care, Missionary Church, and World Team. The feedback through interviews with representatives of these agencies in Haiti indicates a clear acceptance and interest in moving ahead with primary health care and community outreach projects.

2. Activate the involvement of MAP in the newly formed Haitian Association of Voluntary Agencies, which requires now MAP's good offices to improve coordination and collaboration with medical missionary groups.
3. Seek opportunities for more contacts with Haitian government health authorities to improve cooperation in the health field between missionary agencies and the government.
4. Improve links with the USAID mission personnel so that they will be more aware of MAP's resources and activities and potential to assist AID in carrying out health strategies of mutual interest.
5. Diversify training activities beyond the current annual workshop. For example, look for opportunities for on-the-job training or in-service training for health workers at their own agencies. These training sessions could be problem-specific and not general indoctrination of workers to primary health care philosophy.
6. Improve communication among the agencies affiliated with the Haiti Health Fellowship through a more systematic production of the newsletter which now appears too sporadically. This newsletter could be used more effectively as a forum for the exchange of program experiences among these agencies.

5.3.3 Recommendations for AID

Recognizing the strategic position of MAP in relation to a considerable source of health service in the developing world, i.e., the medical missionary agencies, the evaluation team recommends that AID:

1. Continue to provide financial support to MAP on a matching grant basis with provisions for increasing project activities in community-based health and for focussing project activities on selected countries.
2. Facilitate whenever possible MAP's access to USAID staff, governmental authorities and other major PVOs working in-country, with the aim of using MAP to help improve coordination of missionary health activities with official public health services. This will assure that the considerable resources of the missionary groups are channeled towards national strategies for primary health care.
3. Disseminate the reports and evaluations of MAP's project developments to other similar PVOs working toward adoption of primary health care services.
4. As MAP's pilot efforts with affiliated agencies become major programs, encourage AID missions to consider providing additional funding through such devices as the OPG mechanisms and help affiliated agencies to obtain additional resources from other donors such as UN

agencies. (The OPG granted by USAID Ecuador to HCJB Is illustrative of this point.)

5. Consider when appropriate MAP's regional offices as a channel for funding of other agencies' small projects because of its proven degree of accountability, and its status as a U.S. based PVO. (FEPADE in Bolivia, for example, could successfully implement AID funded projects, but is not eligible except through agencies such as MAP for AID support.)

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PROTOCOL - INTERVIEWS WITH PARTICIPANTS IN WORKSHOPS

NAME:

AGENCY:

Brief description of agency and participants' jobs:

1. How did you learn about the workshop?

2. Why did you decide to participate?

3. Did the course fulfill your expectations?

4. How would you rate the workshop in terms of:

	1	2	3	4	5
a) didactics					
b) group discussion/interaction					
c) content					
d) audio visuals					
e) lecturers					
f) time allocation					

5. Follow-up

Contact with MAP after the workshop
(Did they call you, did you call them?)

6. Relevance to job/agency?

a) What have you done since the workshop?

b) What projects or activities have you or your agency developed as a result of the workshop?

c) What impact has the workshop had on your agency?

7. Rate level of skill acquired in community health

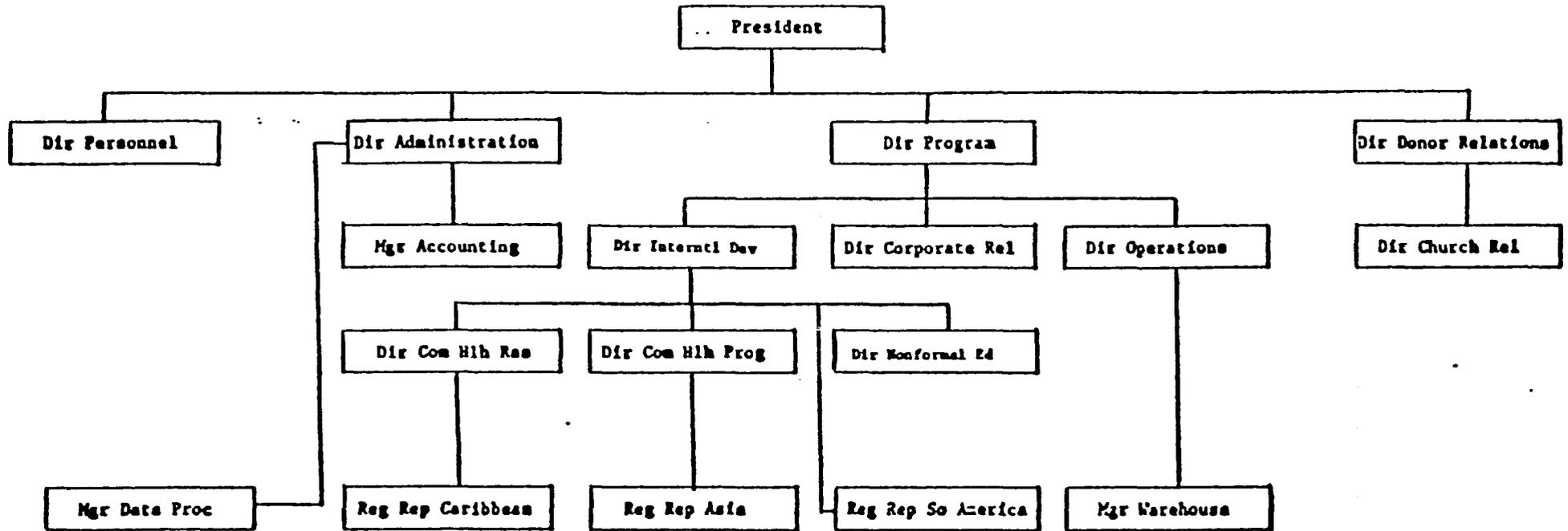
	1	2	3	4	5
a) need assessment					
b) fund raising					
c) understanding of development issues					
d) education/training skills ...					
e) program/project evaluation...					

8. Recommendations to MAP for future workshops?

9. What would happen if MAP stopped its community health program?

APPENDIX 2

ORGANIZATIONAL CHART



APPENDIX 3

PROJECT CRITERIA for SELECTION OF SMALL PROJECTS

1. Local Participation. Projects should have a high degree of local participation in the decision-making process during the planning, implementation and evaluation periods, particularly in the identification of problems and the solutions that best fit the community's needs and values.
2. Resource Commitment. Projects should have a local resource commitment equal to or exceeding that being requested from external sources (such as MAP's Small Project Fund). These may be expressed in kind rather than cash (such as land, labor, equipment, materials, etc. that have a monetary value).
3. Project Management. Projects should be capable of being managed and controlled by the local community organization responsible for implementing the project activities. If this condition does not exist, a specified time period should be outlined showing how soon this capability can be achieved.
4. Technology. Projects should be technically feasible, or utilize technology that is appropriate to the needs and understanding of the local people. This may necessitate an educational component not just to demonstrate the use of but to insure an understanding of the new innovation.
5. Beneficiaries. Projects should be designed to benefit the poorest of the poor, or the low income groups in the community.
6. Social Change. Projects should be designed to achieve social gains that will enhance self-image, provide opportunity to make choices, gain access to needed resources on favorable terms, impose self-discipline, encourage creativity, and other conditions recognized by people as vital to the development of their human potential and the achievement of their aspirations for a better life.
7. Objectives. Projects should clearly state the objectives (planned outcomes) and the activities to be carried out to achieve them. Assessment of the actual versus the planned outcomes will thereby become part of the basis for the self-operated evaluation system.
8. Coordination. Projects should complement and not oppose the efforts of other organizations. Mutually agreed development goals with national, regional, and local organizations should be sought.

MAP Small Project Fund
Mandatory Criteria

Title _____ No. _____

Rate the project for all criteria using the rating code.
Include explanatory comments for all *mandatory* criteria.
For the *important* criteria, comment only on those you
feel require clarification.

Rating Code
0= unmet
1= partially met
2= fully met

	<u>Ratings</u>
1. Beneficiaries are among the most disadvantaged people in the developing world.	
2. Through participation in this project, they will personally experience God's love for them.	
3. Through this project, they will have greater access to and participation in health care services and development programs.	
4. This project reflects the priority concerns of the beneficiaries, themselves; i.e. they have participated fully in project decisions.	
5. This project proposal grew out of MAP consulting relationships.	

Important Criteria

A. Programmatic Criteria

1. Local resource commitment--equals 50% of budget.
2. Local management capability is commensurate with the project requirements.
3. Technology is appropriate to local people.
4. Desirable social change from local perspective is probable.
5. Objectives and activities are clearly stated.
6. Project is compatible with government and other private efforts.

B. Administrative Criteria

1. Project impact is health related.
2. MAP funded segment can be fully implemented within one year.
3. MAP project funds will be fully disbursed within a 12 month period.
4. MAP funds will be utilized as a loan rather than grant.
5. Financial ceilings for particular "levels" not exceeded.
6. Alternate funding sources are inappropriate or unavailable.

Project
Rating

--

MAP Representative _____

Date (mo/day/year) _____

81

APPENDIX 4

Agencies with whom MAP has worked in South America to-date.

1. U.S. Government Agencies

- a) AID
- b) U.S. Embassy
- c) Peace Corps

2. Private Voluntary Organizations

- a) HCJB
- b) Berean Mission
- c) World Vision
- d) World Neighbors
- e) Luke Society
- f) Gospel Missionary Union
- g) Summer Institute of Linguistics
- h) Missionary Church
- i) OMS International
- j) DESEC (Catholic)
- k) Caritas
- l) German Peace Corps
- m) Lutheran Church
- n) Apostolic Church
- o) Lombard Mennonite Church
- p) Scholl Foundation
- q) TEAR Fund
- r) Trinity Church Grants Foundation

3. National Agencies or Associations

- a) Gospel Missionary Union National Church Association
- b) EAE - Evangelica Asociacion Del Ecuador
- c) Shuar Association
- d) AIPSE - Asociacion Indigena Evangelica del Pueblo Shuar
- e) AIEB - Asociacion Indigena Evangelica de Bolivia
- f) AIEC - Asociacion Indigena Evangelica de Chimborazo
- g) AIET - Asociacion Indigena Evangelica de Tunghuragua
- h) AIECH - Asociacion Indigena Evangelica de Cotopaxi
- i) NFCI - National Federation of Christian Indians
- j) COMBASE - Bolivia
- k) FEPADE - Bolivia
- l) AEM - Andes Evangelical Mission
- m) Tunghuragua Indian Association
- n) Pastaza Indian Association
- o) Morano Santiago Indian Association
- p) University of Bolivia
- q) Accion Social - Bolivia
- r) PACTO
- s) Catholic University of Ecuador

4. National Government of Ecuador & Government of Bolivia

- a) Ministry of Health - Ecuador
- b) Ministry of Agriculture
- c) Provincial governments - Ecuador
- d) Ministry of Health - Bolivia
- e) Provincial governments - Bolivia

APPENDIX 5
MAP EVALUATION

List of Persons Interviewed

A. At MAP Headquarters, Wheaton, Illinois

Staff

1. Larry Dixon, President
2. Calvin Williams, Director of Programs
3. Robert Morgan, Director of Operations
4. Guy Condon, Director of Resource Development
5. Gordon Comstock, Director of Finance and Administration
6. William Senn, Director of International Development
7. Merrill Ewert, Director of Training and Non-formal Education
Regional Coordinator for Africa
8. Howard Searle, M.D., Director of Community Health, Reg. Coordinator for Asia
9. Jeannette Thiessen, R.N., Director of Community Health Resources, Regional
Coordinator for the Caribbean
10. Ken Konig, Director of Corporate Relations

Board Members

1. Jean Moorehead, Ph.D.
2. Franklin Fowler, M.D.
3. Brent Cameron

U.S. Workshop Participants

1. Sharon Brinker, R.N.
2. Richard Johnson, M.D.
3. Sally Allen, R.N.
4. Luella Lowen, R.N.
5. Chris Palacas, M.D.
6. Felton Ross, M.D.
7. Charles Rhoades, M.D.
8. David Bosscher, M.S.DO.
9. Ann Irish, M.D.
10. Steve Pavik, M.D.

Cooperating Agencies

1. J. J. Franzen, International Child Care
2. Jack Robinson, Missionary Internship
3. Edgar Stoetz, Overseas Programs, Mennonite Central Committee
4. David Hilton, Chief Medical Officer; Lardin Gabas, Nigeria
5. Donald Miller, Director of Program, Compassion International
6. Peter Kehler, Secretary for Asia, General Conference Mennonite Mission
7. Richard Jacobs, Conservative Baptist Foreign Mission Board

8. Donald Stilwell, Project Coordinator, Sudan Interior Mission Candidate Secretary
9. Michael Pocock, Candidate Secretary, The Evangelical Alliance Mission (TEAM)
10. Ted Ward, Non-formal Education Center, Michigan State University
11. Leonard Triggy, Secretary for Africa, Conservative Baptist Foreign Mission Board
12. June Salstrom, Assistant Candidate Secretary, TEAM

B. Bolivia

1. Wilfrain Hinojoza, Director, FEPADE
2. Guillermino Tercero, M.D. Medical Director FEPADE
3. Marina Padilla, Nurse, FEPADE
4. Rodrigo Villa, Administrator, FEPADE
5. Maxima Cadirna, Community Health Promoter
6. Susana Hidalgo, Community Health Promoter
7. Lucio Galindo, Community Health Promoter
8. Ladislao Diaz, Community Health Promoter
9. Silvia Cadima, Community Health Promoter
10. Alicia Lopez, Community Health Promoter

C. Ecuador

1. Richard Crespo, MAP Regional Representative (out-going)
2. Robert Moore, MAP Regional Representative (in-coming)
3. Pascuel Torres, MAP Cooperative Management Consultant
4. Berta Albuja, MAP Secretary
5. Abelardo Bombon, Community Organizer Cotopaxi Province
6. Emilio Yañez, President, San Ignocio Commune, Muladillo, Cotopaxi
7. Carlos Tipanhuano, Parents Association, San Francisco
8. Valerio Tobaza, Community Secretary, San Ignocio
9. Leopoldo Astudillo, Villager
10. Mario Dolores Tipanhuano, Villager
11. Segundo Mañay, Manager, Saving and Loan Cooperative, Cotopaxi Indian Assoc.
12. Thomas Hunt, Peace Corps Volunteer, Salcedo
13. Segundo Toalomso, Quichua Leader, Tungurahua Province
14. Jose Mario Pilamonga, President, "Nueva Vida," Palugsha Tungurahua
15. Basilio Malan, President, Chimborazo Indian Association
16. Jorge Vinon, Radio Station Manager, Chimborazo Indian Association
17. Luis Mendoza, Secretary, Chimborazo Indian Association
18. Marcelo Chuqui, Saving & Loan Coop Manager, Chimborazo
19. Roberta Hostetter, Gospel Missionary Union Nurse
20. Karen Westra, Luke Society Nurse
21. Philip Westra, Luke Society Agriculturalist
22. Mariano _____, Agriculture Facilitator
23. Pascual _____, Agriculture Facilitator
24. Jose Rimache, Health Auxiliary Majipamba, Chimborazo
25. Antonio Caguano Health Promoter, San Vicente; Iguacuna, Chimborazo
26. Tomas Roldan, Member Credit Committee, Chimborazo Indian Association
27. Luis Catani, Health Auxiliary, Makuma, Morona Santiago
28. Pedro Shimbi, Health Auxiliary, Makuma
29. Frank Drown, G. M. U. Missionary, Makuma
30. Marie Drown, G. M. U. Missionary, Makuma
31. Esteban Cacepa, Shuar Association

32. Wilson Moscoso, M.D. Intern with MOH in Makuma
33. Steve Nelson, HCJB Missionary doctor, Shell
34. Eduardo Sotomayor, Representative Heifer Project, Quito
35. Gene Brown, ASDELA consultant
36. Sara Risser, Director of Community Development, HCJB
37. Susan Ingram, Short-term Missionary, HCJB
38. Roger Rimer, Director, Health Care Division, HCJB
39. Judy Sevall, HCJB Missionary, C.D. Department
40. Jon Sevall, HCJB Missionary, C.D. Department
41. Martha de Desrosieres, Peace Corps Health Program Director, Quito
42. Jose Castro, Director, Rural Health, MOH, Quito
43. Patricio Barriga, Director Rural Training Program, Ministry of Agriculture, Quito
44. Martha Kreimer, H.C.J.B. Missionary nurse, Bolivar Province

D. Haiti

1. Samuel Birkey, MAP Regional Representative
2. Kathy Birkey, MAP secretary
3. John Hamnay, Administration Grace Hospital, Port-au-Prince
4. Marie Bellande, Head Nurse Grace Hospital
5. Dr. Cayemittes, M.D., Grace Hospital
6. Dr. Champagne, M.D., Grace Hospital
7. Dr. Exume, M.D., Grace Hospital
8. Dr. Severe, M.D., Grace Hospital
9. Dr. Marie Georges, M.D., MPH Grace Hospital
10. David Olson, Administrator, Grace Hospital
11. Jo Ann Dalessandro, Pharmacist, World Team, Cayes Clinic
12. Bernice Johnson, Head Nurse, World Team, Cayes Clinic
13. Dr. Severe, Director, Cayes Clinic
14. Charannes Jeune, Director, World Team, CD Program
15. Hubert Morquette, Medical Director, Lumiere Hospital, Bonne Fin
16. Gary Barker, Missionary M.D., Lumiere Hospital, Bonne Fin
17. Douglas Howe, Pharmacist, Lumiere Hospital
18. Peggy Crismond, Medical Technologist, Lumiere Hospital
19. Ary Bordes, Chief, Division of Family Hygiene, M.O.H.
20. M. Blanchard, Ministry of Planning
21. Joanne Everes, World Team nurse, Cayes
22. Ron Everes, World Team, missionary
23. Joy Sawatzky, Mennonite missionary
24. Walter Sawatzky, Mennonite missionary

E. AID - Mission Officers

1. Sonia Aranibar, Population and Training Officer, AID-Bolivia
2. John Sambrielo, Director, AID-Ecuador
3. Ken Farr, Health Sector Chief, AID-Ecuador
4. Vince Cusumano, Rural Development Sector Chief, AID-Ecuador
5. Angel Diaz, Assistant Director, AID-Ecuador
6. Ann Fitzcharles, PVO office, AID-Haiti
7. Sue Gibson, Population Officer, AID-Haiti
8. Jerry Russell, Health Program Officer, AID-Haiti

APPENDIX 6

INTERVIEW PROTOCOL - AGENCY ADMINISTRATION

1. Describe the work of your agency?
2. When did you first come in contact with MAP? For what purpose?
3. What is your perception of MAP's work?
4. What has MAP done for your agency?
5. Who made the first approach: MAP or your agency?
6. What future cooperation do you expect from MAP?
7. How has your contact with MAP influenced your agency's health philosophy?
What concrete activities/projects have emerged as a result of the connection with MAP?

APPENDIX 7

Example of Small Project Reporting System
for the
Palugsha Housing Project

Documents attached

Pre-project Identification Form

Project Design Frame

Project Budget (original)

Project Budget (revised)

Correspondence re change in Budget

Model Home Drawing

Project Recommendation (to Project Selection Committee (PSC))

Memo to Larry Dixon (Larry served as Chairman of the PSC at that time)

Letter Indicating Project Approval

Project Tracking System: Project Development Chart for 3 evaluation periods

Completion Report

Follow-up letter giving overall observations on the community and
project activities that were inter-related, such as,

Palugsha Agricultural Credit Project

Tungurahua Savings & Loan Association Project

Palugsha Housing Project

Tungurahua Management Training Project

Pre-project Identification Form

Date 24 January

Country Ecuador

Project Title (location/nature) Palugsha Housing Improvement Pilot Project

Mission agency and contact person:

NONE

National agency and contact person:

Asociación Indígena Evangélica de Tungurahua
(Christian Indian Association of Tungurahua)

Segundo Toalombo, President

Background and overview:

This is the same group for whom MAP granted an Ag. loan. Last October a delegation came to me wanting to know if MAP could help them with a housing improvement project. I told them I would check into it with them. I did not realize the degree to which I had committed myself until we began discussing the possibility of a project. My presence in the community to discuss the matter lead people to begin making drawings of how they wanted to improve their homes.

The indirect beneficiary of this project is the Quichua Association, the same recipient of the Ag. loan. But the direct beneficiaries are not necessarily the same people as those who received the Ag. loan in that home loans are not limited to those participating in the Ag. project. This would be one more service provided by the Association to people in need.

The basic idea of the project is to make a loan to the association for housing improvement. The association will then administer the loan, which will become seed money for them to widen the service to other areas as their capital grows. A credit committee has been created within the Association and is already receiving training and will have consulting services from Gene Braun's group. Among the criteria which have been established is that loan applicants will be expected to have saved 10% of the needed amount before a loan will be granted. The credit committee will be equipped to handle the savings.

The pilot project has two phases. Phase one is concerned primarily with the physical aspect. The type of structure thought to be best will be tested. Together we have decided to try using a metal structure with cement walls. The metal frame and the roofing can be installed in less than a day. The home owner would then put up his own walls. (Local people will also be trained to put up the metal structure) The frame and roofing will cost just under 34,000 Sucres, \$1,236; cement block for the walls, doors and windows etc come to around \$200. The house measures 6 X 9 meters. If this structure proves to be appropriate, the project would move into phase II. If not the project would be redesigned

and resubmitted for funding.

Phase II concerns the organizational/social aspect. This has to do with the ability of the Association to handle home loans. After long hours of discussion we agreed that the Association needed to gain experience in managing home loans before it committed itself to a large number of loans. Thus in this phase loans would be made for building 3 or 4 more homes and allow the Association to test their procedures and their ability to manage home loans. This will involve a great deal of experimentation to find procedures that are simple to manage and yet effective. In the long run it will be even more important that the Association have the management ability than the fact that a few homes would be built.

MAP's role in stimulating Ag. production will be a source of additional income for the community's economy which will facilitate securing and paying back loans.

Many people have a great interest in this project. They recognize the hazard to their health that their present homes are, and in general are anxious to improve the quality of their living environment.

Investigation

Date Completed

a. Means of investigation

Personal visit on three occasions to discuss plans.
Consult with a local builder and HCJB engineer.
Consult with metal structure expert.
Investigate Loan Association procedures in Quito.

b. Beneficiaries

4-6 families initially; the Association and 500 families in Palugsha over time as the loan facilities grow.

Quichua Indians.

c. Apparent needs

People now are living in adobe huts with poor sanitary conditions. Most houses have 2 or 3 rooms divided by curtains. Here and there a cement block house has been erected, but most people are too poor to build under present conditions. Present houses have no facilities for washing nor do they have latrines.

d. Possible solutions/program activities

Make loans available, starting with the most needy. The first category are those who are so poor that they must still live with their parents; second, those who have unimproved houses. Start by building one house, if this works out satisfactorily, build 3 of 4 more. The Association credit committee has already begun to receive training.

e. Health Relatedness

Houses will resist earthquakes, improve home sanitation. People will be shown how to build latrines along with their homes.

f. Existing or potential community organization

The association will manage the project and get the credit for providing the service. Loans will be given on an individual basis.

g. Local resources available

Applicants will have to save 10% (3,400 Sucres) of the cost of the loan before being granted a loan, they will provide all the labor and purchase cement blocks from their own funds. Someone has recently begun to make cement blocks in Palugsha.

h. Recommendations/next steps

Build a model house. On the basis of this experience finalize plans for loans for 3 or 4 more families to build homes. Once the model proves to be successful, make contact with World Vision and/or Bread for the World to provide seed capital for further loans.


MAP Representative

Evaluation Plan

RESOURCES

ASSUMPTIONS

Approval from authorities

Report from Association president

Model house built. Revisions on building plans and budget completed.

Observation by MAP rep.

Plans submitted to MAP rep

Program Plan

INTENDED OUTCOMES/BENEFITS	ACTIVITIES
<p>That people's living condition improve such that homes can be kept clean and sanitary and secure from earthquakes.</p> <p>That the Association have experience in building one home in order to determine actual costs, appropriate materials, etc.</p>	<ol style="list-style-type: none">1. Draw plans for a model home (done 12/79)2. Get approval from appropriate authorities.3. With Mr. Coello do a final check on getting supplies to Palugsha.4. With Mr. Coello, build a model house.5. Work on trial runs of loan procedures and continue training credit committee.

MAP Project Budget Outline

Historical

Initiation Date February 1980
 Budget Date February 1980
 Currency _____

Country Ecuador
 Title Palugsha Home Improvement Pilot Proj
 Exchange 27.5/1

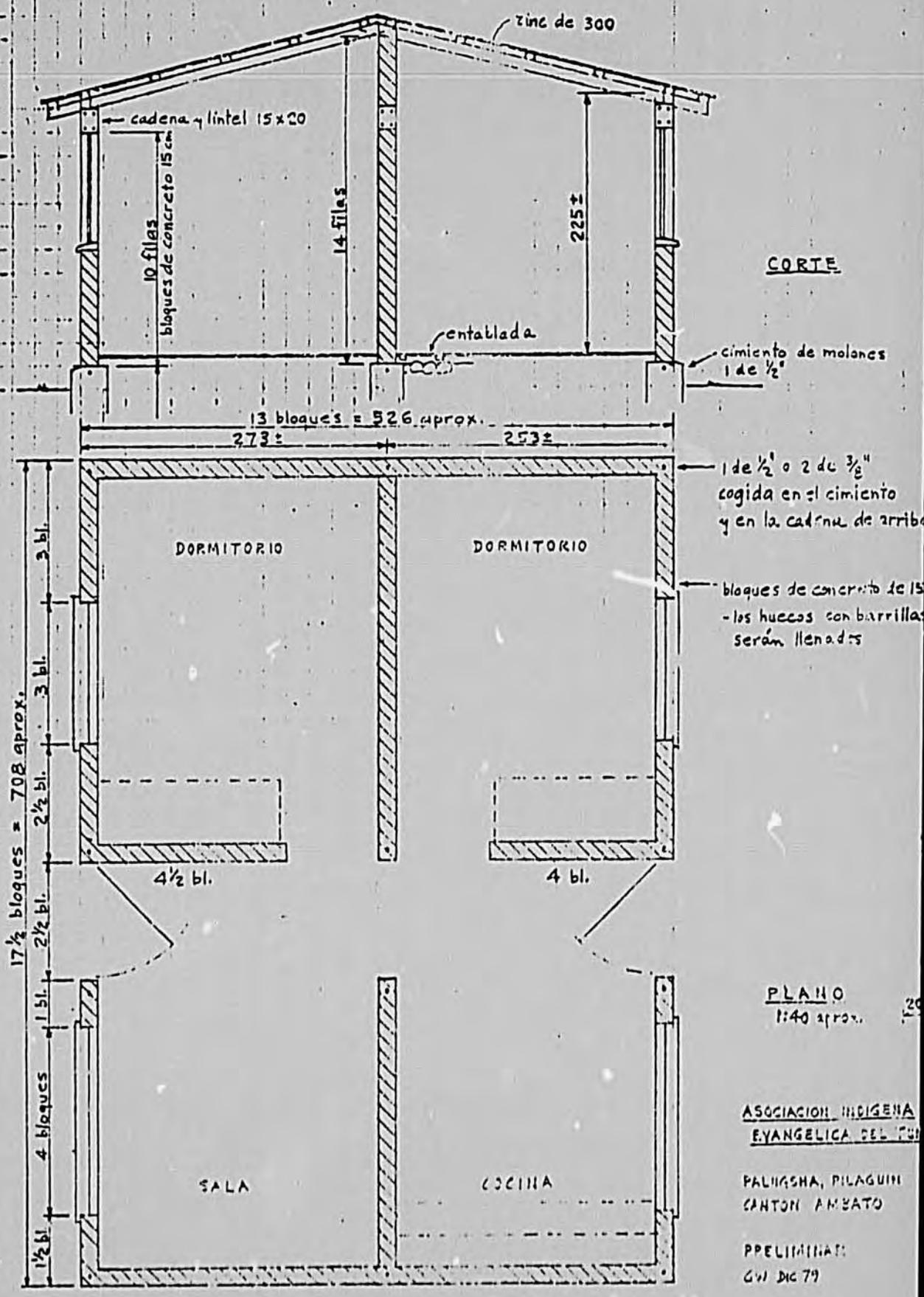
EXPENDITURES:

SOURCES

Recurring Costs:	SOURCES				Status and Date of Funding Plan
	A Reg. Off.	B Community	C SPF III	D	
Salaries and local labor		80,000			Status codes: R = Requested C = Committed Source/Status/M A R <u>4,350</u> C <u>1,450</u> B R _____ C <u>100,000</u> C R <u>122,400</u> _____ D R _____ C _____
Salary related expenses					
Travel	1,800				
Supplies					
Training					
Office expenses					
Facilities, operating expense					
Equipment, operating expense					
Shipping costs					
Consultative services	4,000				
Miscellaneous					
Capital Expenditures:					
Facilities		20,000	122,400		
Equipment					
Others (Savings)					
Administrative Costs					
Inflation factor					
TOTAL	Local	5,800	100,000	122,400	S/ 228,200
	U.S. Dollars	<u>211</u>	<u>3,636</u>	<u>4,450</u>	<u>\$ 8,297</u>

R. Crespo
 Regional Director

14



5.26 meters by 7.08 meters



INTERNATIONAL

APR 1 1980

Acesoría en Manejo de Atención Primaria
Casilla 8184
Quito, Ecuador

#1304

Mr. Don Miller
Map International
Box 50
Wheaton Illinois
60187

Dear Don:

The purpose of this letter is to bring you up to date on the Pulugsha housing project. The model house has been completed. The people are very pleased with the model house. The metal frame and the roofing are put together in a matter of hours. Putting up the wall is then only a matter of a few days.

As a result of this experience with the model house the following recommendations are made. It is recommended that the loan pertain to the total cost of building the house, not just the cost of the metal structure and the roofing. The total cost for the model house was S/. 50.000. With a 10% down payment a loan of S/. 45.000 is needed. It proved unrealistic to expect a family to have S/. 10.000 available for completing the house after the model structure and roofing were erected. It is recommended that the amount MIAIP loans to the Association be change to S/. 135,000. This would allow the construction of the houses with loan of S/. 45.000 each. With the rate of the exchange at S/. 28, to one dollar, an additional S/. 5.400 is needed. In dollars this translates to a budget increase of \$ 193.

I expected that you will let me know when these recommendations are approved.

Blessings,

Ricardo Crespo
Regional Director

RC/ba



MAP INTERNATIONAL

April 25, 1980

Mr. Richard Crespo
Casilla 8184
Quito, Ecuador S.A.

P.O. Box 50, Wheaton, IL 60187
Offices: 327 Gundersen, Carol Stream, IL
Cable: MAPINC
Phone: (312) 653-6010

Dear Dick,

RE: PALUGSHA HOUSING PROJECT #1304

The Project Selection Committee took an action in response to your letter requesting an increase in the Palugsha Housing Project budget of \$193. The decision was to add a 10% contingency item in the budget. That means the total amount approved is \$4895. And that is the maximum that can be spent without a complete resubmission of the project. That actually allows more than the \$193 which you requested. That action was taken in order to allow for any additional fluctuations that you might encounter. However, it should be stressed that the \$4895 is a maximum figure not to be exceeded.

RE: SMALL PROJECT CONTINGENCY ITEM

In making the above decision which was specific for the Palugsha Housing Project the Committee made a general decision that future projects should have a contingency item included in the budget presentation. A fixed percentage will not be set. The Regional Director should recommend and justify a reasonable dollar figure for the contingency item.

As far as MAP is concerned, when a project is approved the entire budget including the contingency item is approved for funding. From the Regional Director's point of view, however, he is free to disburse only that part of the budget that does not include the contingency item. If it is necessary to dip into the contingency item, the Regional Director should communicate first with his supervisor explaining why that is necessary. Your supervisor will be able to authorize that without going to the Project Selection Committee.

This procedure was established in order to allow a fair amount of flexibility within a project. As long as the intended outcome of the project is retained, minor flexuations even in program will be allowed as long as the costs stay within the total amount allocated including the contingency. If for any reason a project must back off of the major intended outcome, or if any fluctuation would cause a budgetary increase beyond the approved contingency, then the project should be rewritten and resubmitted to the Project Selection Committee for approval.

OFFICERS: Chairman, Jack V. D. Hough, MD, Oklahoma City, OK; President, J. Raymond Knighton; Vice-Chairman, C. Everett Koop, MD, Philadelphia, PA; Secretary, P. Kenneth Gieser, MD, Wheaton, IL; Treasurer, Franklin Fowler, MD, Richmond, VA.
DIRECTORS: Martin H. Andrews, MD, Oklahoma City, OK; Ralph Blackma, MD, Grand Rapids, MI; Edwin W. Brown, MD, Indianapolis, IN; Gustav A. Hemwall, MD, Chicago, IL; Donald Johns, MD, Grand Rapids, MI; Bruce MacFadyen, MD, Philadelphia, PA; O. G. Praschma, M.C.L., Frankfurt, W. Germany; Everett Van Reken, MD, Oak Park, IL; Robert F. Wildrick, D.D.S., Castro Valley, CA

April 25, 1980

Richard Crespo letter continued:

I will try to explain these things verbally to Tim so that if you have any questions he might be able to clarify them. I hope I've been able to be clear enough that you won't have a whole lot of questions. I feel the procedure described above will not be restrictive, but rather freeing for our regional staff.

Very truly yours,

Donald Miller
Director
International Development

DM/mah

cc: Bill Senn

9/1

Project Recommendations

1. Would you recommend that this project be approved?

yes

no

other (elaborate)

2. Explain the reason for your recommendation.

Palugsha is a turned-on community that is taking initiative to act on its needs. At the same time the people are open to guidance from our Regional Director.

This project will contribute to the overall health of the community by helping people have more adequate shelter and sanitation.

I have some questions which can be answered in due course:

- (1) Who will select the first four families to receive loans for a new house? How will they be selected?
- (2) How certain is it that the house will be acceptable when it is built?
- (3) What are the prospects for continuing funding. Is it certain enough that it is safe to proceed. (It would not be good to raise expectations with a pilot project, then not follow through.)

Don Miller 2/19/80
Reviewer Date

Don
1304

MEMO TO: Larry Dixon

DATE: February 19, 1980

FROM: Don Miller

re: Palugsha Housing Pilot Project

Attached is a Level III project proposal Dick is submitting for MAP funding.

This has grown out of extensive interaction between Dick and the Association. It is the same Association that is implementing an agricultural development project with MAP funds approved earlier. Actually, housing was their primary desire. Because of Dick's influence, however, they moved first on the agriculture project. This shows their responsiveness to Dick's relationship.

Here are a couple facts that may not jump out at you:

- (1) Palugsha residents have taken part in earlier training sessions Dick has held which included representatives from other Indian communities too.
- (2) Loans will be repaid to the Association. The money will be used for subsequent development loans in Palugsha.

The committee asked that my recommendation be circulated 24 hours after the first papers are circulated.

May I suggest the following procedure for committee members:

- (1) Read through the documents in order. Look particularly at the PDF and Criteria Form. (The Pre-Project Identification Form is mainly historical.)
- (2) Write your own rating in the far right column of the criteria form.
- (3) Complete the Recommendation Form and bring it to the committee meeting. These will be filed in the Small Project Fund file.

Don
DM:ka

enc.



Don
1304

March 24, 1980

MAP INTERNATIONAL

P.O. Box 50, Wheaton, IL 60187
Offices: 327 Gundersen, Carol Stream, IL
Cable: MAPINC
Phone: (312) 653-6010

Mr. Richard Crespo
Casilla 8184
Quito, Ecuador
South America

Dear Dick:

re: Palugsha Housing Improvement Pilot Project
Project Number 1304

The Project Selection Committee met on February 25 to review this project proposal. The project was approved without modifications. I expect \$4450 to be disbursed to your Gary Wheaton account on April 3. I will notify you when the disbursement is actually made.

Please note the number assigned to this project--1304--and use that number when referring to transactions related to this project.

Very truly yours,

Donald Miller
Director
International Development

DM:ka

cc: Ray

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MAP Project Tracking System

Project Development Chart

Title Palugsha Housing Improvement-Pilot No. 1304

Date activities began 2/80

Date	1/80	1/81	10/81					
ANTECEDENTS								
Project mo.	1	12						
A Concept Formation	0	3	2					
B Design and Evaluation	1	2	2					
C Funding	0	3	3					
Total	1	8	7					
PROJECT ACTIVITIES								
D Community Education	0	2	2					
E Community Services	1	2	3					
F Support Services	1	2	3					
Total	2	6	8					
BENEFIT CONTINUATION								
G Local Organization	3	3	3					
H Local Participation	3	3	3					
I Adequacy of Mechanisms	2	3	3					
Total	8	9	9					
BENEFIT GROWTH								
J Adoption of Practices	1	2	3					
K Local Resource Commitment	2	3	3					
L New Activities	0	3	3					
Total	3	8	9					
Overall Total	14	31	33					
PROJECT REACH								
M Total Communities	1	1	1					
N Total Population	500	500	500					

162

COMPLETION REPORT

REC'D FEB 4 1982

Project No.- 1304 Palugsha Housing Improvement
October, 1981

I.- Outcomes and Activities

The intended outcomes of this project were that people's living conditions improve such that homes can be clean, sanitary and secure from earthquakes, and that the Association have the ability to manage and grant home loans. The project intended building a model home and then agree with the community on a final design for improved homes. The funds for these would be channeled through a savings and loan cooperative. In fact this project provided the incentive for creating a savings and loan cooperative.

The model home was built using an earthquake resistant metal structure manufactured by a local company. The model home was built at the cost of S/. 50.000,00 which was the same as the cost projections recommended by the people in Palugsha. Interestingly enough after the model home was constructed people were able by experience to understand the implications of such a large debt; they realized it was too expensive and that their original projections were unrealistic. Consequently the project was modified to provide loans for home improvements rather than constructing new homes. This proved to be a better plan because it allowed people to build at a more realistic cost and it allowed more people to benefit from the amount of loan money available.

II.- Indicators

1. Model home built successfully at or below projected cost to the satisfaction of the residents.

Outcome

A model home was built at projected cost according to a design presented by the residents.

- a. Loan procedures successfully tested in trial runs.

Outcomes

The creation of the S and L cooperatives including the creation of bylaws, bookkeeping systems, and credit forms and procedures.

2. Credit committee able to process a grant loan overall.

Outcome

The credit committee was able to do this 18 months after the project started. The credit committee now does process and grant loans without the presence of a consultant. Nevertheless a consultant does continue to visit on a regular basis to supervise their activities and do on-the-job-training. With the initial grant of U. S. \$4863 a total of eight loans were made. The pilot house cost U. S. \$1,700; the loans for home improvement (seven loans) ranged from U. S. \$276 to U. S. \$690.

III Project Worth

As a result of this project a S and L cooperative now exists. This coop. provided the model for the creation of cooperatives in two other provinces. Recently a fourth Indian Christian Association in another province has asked for MAP assistance in creating a S. and L cooperative there.

This small project allowed MAP and the people in Palugsha to test the idea and the kind of assistance. It was on a small enough scale that one: people were forced to think realistically; two: the amount of money was a manageable size.

Now that the functional systems are in place, the S and L has gained experience and credibility and it is seeking further capitalization grants to increase the amount of capital available that would allow them to make loans to more people.

IV Lessons Learned

The major lesson learned was that plans for these kinds of projects need to be broken down to their simplest component and carefully tested along the way. When the community first approached MAP about a project they already had a system of mutual aid for building houses carefully planned out. They were ready to go ahead with the constructions of 20 houses. In every respect except one it gave the appearance of being an ideal project, the kind that a funding agency finds in one out of 50. A major funding agency would have jumped at the opportunity to assist people who had everything so well thought out. The one factor that had not been taken into consideration was the lack of prior experience in assuming a debt to the degree required to buy new houses. Not having a concrete idea of what it meant to have a debt of U. S. \$1,700, people thought that they could handle it.

There was a great deal of resistance to the recommendation that the project begin by just building one house and then by testing the loan system with 3 or 4 additional homes. Finally people agreed to a 3 phase plan that would first build a model home; second, test loan procedures with 3 or 4 additional homes and third; make loans available on a wider scale according of the degree of interest. The consequences of doing it this way have been mentioned above.

FINANCIAL REPORT

Palugsha Housing Improvment

No.- 1304

February 1980-October 1981

	Budgeted	Spent
Labor- Community	\$ 2,909	\$ 2,980
Loan Fund		
Community	727	3,000
MAP	4,863	4,863
	<u>\$ 8,499</u>	<u>\$ 10,843</u>

Note: As of October 1981, 14 housing loans have been made and a total of \$205,048 loaned.

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INTERNATIONAL

Asesoría en Manejo de Atención Primaria
Casilla 8184
Quito, Ecuador

OCT 27 1981

October 21, 1981 /32

Mr. Bill Senn
P. O. Box 50
Wheaton ILL 60187
U. S. A.

Dear Bill,

Just a note to bring you up-to-date on the Palugsha Agriculture project that MAP funded over a year ago. Pascual has continued to advise the Nueva Vida farmer group. They have just finished harvesting the potatoe crop for this year. Their credit needs were supplied by the Savings and Loans Cooperatives in Tungurahua.

The year before our involvement with this farmer group their yield was on a ratio of 5 units harvested for 1 unit planted. In 1980 after MAP supplied the group with a revolving fund and Pascual advised them in crop management the yield was 8 to 1. If you recall one of the problems last year was that the group did not have a good management system. The group and Pascual agreed to work together this year in crop and organizational management.

Pascual returned from his last trip to Palugsha thrilled at the fact that the yield this year is on a ratio of 15 to 1 ! and as they reviewed the management system for keeping of man hours etc., it was satisfying to see how they had kept the record straight, minimized their losses (in fact there are none) and repayed each farmer to their satisfaction. They also had a little ceremony for repaying this loan back to the cooperative.

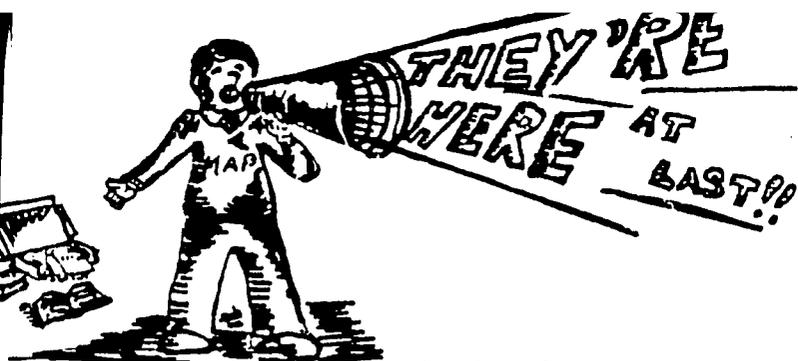
Pascual feels a tremendous sense of accomplishment in the fruit of all his patient labors over the last two years. It is also exciting to look back and see our hopes for this group realized in the sense that they now have access to credit which is managed by Indians and the knowledge needed for land and organizational management. It is satisfying to see how this group continues to progress with only a one time investment by MAP for agriculture input and then an approximate investment of U. S. \$60 a month for training and supervision. MAP was able to limit it self to the one time capital investment. The rotating fund is working.

It takes a while for some of our project involvements to mature. It is exciting to begin to see some solid and lasting outcomes. We will report this on the project tracking system.

Blessings,

Ricardo Crespo
RC/ba

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APPENDIX 8
A MINI RESOURCE LIBRARY
FOR
CHRISTIAN HEALTH DEVELOPMENT WORKERS

We recommend the following fourteen books and seven articles as key resources for Christian health development workers.

BOOKS

Billington, R. (Ed.) Health has many faces. London: Edinburgh House, 1978.

Bryant, J. Health and the developing world. Ithaca, N.Y.: Cornell University Press, 1969.

Castel, H. (Ed.) World development: an introductory reader raising basic questions of social justice and challenging some common myths. N.Y.: MacMillan, 1971.

Contact special series no. 1. The principles and practice of primary health care. Geneva, Switzerland: Christian Medical Commission, April 1979.

Ewert, M. Humanization and development. Akron, PA: Mennonite Central Committee, 1975.

Hilton, D. Health teaching for West Africa. Monograph #1. Wheaton, IL: MAP International, 1981.

Janzen, J.M. The development of health. Akron, PA: Mennonite Central Committee, 1977.

Littrell, D.W. The theory and practice of community development; a guide for practitioners. Columbia, MO: University of Missouri, 1977.

Olson, B.E. Bruchko. Carol Stream, IL: Creation House, 1973.

Perkins, J. Let justice roll down. Glendale, CA: G/L Regal Books, 1976.

Sinclair, M. Green finger of God. Exeter, Devon, Great Britain: Paternoster Press, 1980.

Srinivasan, L. Perspectives on nonformal adult learning: functional education for individual, community and national development. N.Y.: World Education, 1977.

Stoesz, E. Thoughts on development, rev. ed. Akron, PA: Mennonite Central Committee, 1977.

Werner, D. Where there is no doctor: a village health care handbook. Palo Alto, CA: Hesperian Foundation, 1977.

SELECT READINGS FOR MINI RESOURCE LIBRARY

- Alexander, J. Beyond development. The Other Side, justice rooted in discipleship. Philadelphia, PA: Jubilee Inc. February-March, 1980. 7p
- Atkins, T. What is health? Keynote message at MAP International, International Convention on Missionary Medicine. 1978. 15p
- Isley, R.B., Sanwogou, L.L., and Martin, J.F. Community organization as an approach to health education in rural Africa. International Journal of Health Education, Supplement to Vol. XXII, No. 3, July-Sept. 1979. 9p
- Miller, D. Thoughts on program evaluation. Unpublished paper. MAP, 1978. 13p
- Newell, K.W. Health by the people (last chapter). Health by the people. WHO, 1975. 13p
- Robinson, J.F. Theologizing about development. Unpublished paper. MAP, 1980. 8p
- Trollope, D.H. The importance of planning and management skills in the effective implementation of development projects. CORAT Newsletter #1. Oct. 1979. 2p

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Attn: Jeannie Thiessen

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An annotated bibliography for Christian health development workers is available. A copy will be included in your Mini-Library. If you are not ordering a set, write today for your free copy of the bibliography only.