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**THE SECTION 416 PROGRAM IN PERU**

October 1987

**AN EVALUATION REPORT**

by

**JOYCE M. KING**  
(Peru, September 14-26, 1987)

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## FOREWORD

Development Assistance Corporation (DAC) is pleased to submit this report on the 416 Program in Peru. The report is based on the work of DAC consultant Joyce M. King who reviewed the program in Peru and Washington.

DAC is grateful to USAID/Peru and USAID/Washington's Bureau for Food for Peace and Voluntary Assistance/Office of Program, Policy and Management for the excellent support received during the assignment.

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## EXECUTIVE SUMMARY

Section 416 foods have been used in Peru since Fiscal Year 1983 initially to replace a Title II Government-to-Government school feeding program. 36,414 tons have been approved under 416, 98% of it for the school feeding program sponsored by the Ministry of Health. (The other 2% constituted a grant of 770 tons to CARE in FY 1984 for emergency feeding.) The 416 program has been managed satisfactorily by USAID and the Ministry of Health PAC office (Programa de Alimentacion Complementaria) though reporting has been a major weakness. The present USAID structure and staff offer an excellent setting of combined feeding, health and population programs, for an MCH program.

Under the 416 program, an average of 7,000 tons of milk and butteroil had been distributed annually to largely school beneficiaries until 1986 when new priorities were established by the MOH. A 1984 nutrition study focused attention on the most vulnerable population groups, under six year old infants and children, and pregnant and lactating women, noting that 38% of Peruvian preschool children were chronically malnourished and 10% of them severely stunted, underweight, and at high risk of severe illness or death. By March 1987, the MOH had issued Guidelines to the field making the two nutritionally vulnerable categories sole program beneficiaries.

As a result, the MOH program has become high priority among USAID feeding activities and the need for an assured commodity supply and multi-year planning should be recognized and formalized by including the program under USAID Title II activities. To do so will require a cooperating sponsor. The USAID is hopeful of selecting a new voluntary agency for this purpose, one with health orientation and expertise. It is recommended that AID/W be responsive to this program transfer and a possible request to increase temporarily Title II levels.

The Ministry of Health PAC office would be receptive to and is much in need of a technical assistance boost. The program has great potential in the community organization already accomplished, the existing field staff of nutritionists, health workers and promotoras, the wide base of operations in all 23 Health Departments in Peru, and in coverage which could reach half of the malnourished population. However, to achieve measurable nutritional and health impact, program components need strengthening, particularly in the areas of management, training, and education of mothers. Achieving them will require substantial inputs of human and material resources. A careful inventory and projection of needs should be carried out as early as possible, most profitably by the prospective cooperating sponsor.

## I. INTRODUCTION

### A. Method, Context of Overall Section 416 Evaluation.

This evaluation attempts to serve two perspectives:

- That of AID/Washington--the Peru program in the context of worldwide Section 416 activity; and
- That of USAID/Lima--the 416 activity in the context of the total Peru food and country program.

Peru was selected as one of the case study countries (along with Mexico, Tunisia and Chile) because it has been a major recipient of regular Section 416 and because it is a poor country with few resources available to the infrastructure through which the 416 foods have been channelled. Peru's program has also been highly milk-dependent. Since FY 1983, Peru has received a total of 36,414 metric tons of Section 416 foods, 87% of it Nonfat Dry Milk.

In the context of country activity, it was soon apparent to the evaluator that the type of program being carried out currently with Section 416 foods was in a highly vulnerable status under this part of PL 480. Only one of the 416 programs--the emergency Disaster feeding activity undertaken by CARE in 1983--was of a temporary, one-time nature (and totally suitable for Section 416 programming). The other three 416 grants which continue into the present have been used to sustain permanent institutional programs in Peru: school feeding, and preschool and MCH programs. Current beneficiaries are high priority, nutritionally vulnerable segments of the population. The programs are administered by the Ministry of Health. Needs were never expected to be short-term or temporary. Quite the contrary, the foods have been and will continue to be the key program resources, and their presence needs to be assured and planned on a multi-year basis. Thus, this report is also concerned with the future of the program per se and how it might fit in the USAID food strategy.

### B. The Approach.

USAID had arranged a program which included visits to the office in the Ministry of Health responsible for Section 416--the Programa de Alimentacion Complementaria (PAC), the Supplemental Feeding Program; to the National Office of Food Support (ONAA), which is responsible for the warehousing and transport of food and also coordinates a very similar program to that of PAC with WFP foods; to the Foreign Affairs Office of the Ministry of Health and to selected Health Departments. Three Health Departments (UDEs) out of 23 in the country were visited during the two week country visit: Lima, Cajamarca and Cuzco. These were thought by USAID to be representative of UDEs in the country though wide variability in UDE quality was also

acknowledged. Thus the extent to which broad generalizations can be made from the brief field work is limited. During visits to the UDEs, all personnel dealing with the Section 416 program were interviewed, as well as clients, villagers and health personnel working in the five health posts and centers and in the three comedores visited.

### C. The Country Setting.

Peru's earlier economic progress has regressed over the major part of the last two decades. The country moved from the eighth most developed country in Latin America to 16th. Only Haiti, Honduras and Nicaragua now have lower incomes than Peru. These last years have been witness to major political and economic upheaval; a military coup; natural disasters; failure of a major development experiment; drop in fishmeal exports; strained confidence for investors as attempts are made to nationalize the banks; and a land distribution scheme which did not generally benefit the poor.

Farmland availability and fertility are declining. The effects of the rigorous and variable climate have taken their toll. Agricultural production is in stagnation, with the Peruvians depending increasingly on imported foodstuffs (though the agricultural sector accounts for 40% of the labor force and constitutes a substantial share of export earnings.) Over 60% of the economically active population is unemployed or underemployed, earning less than the minimum wage (\$65 a month). Real wages have decreased, and the World Bank notes, in what it considers to be an underestimate, that six million Peruvians (out of 20 million) are living in absolute poverty while another 3.5 million are relatively poor.

Its earlier progress is noteworthy in other statistics: literacy is high; 72% of the adult population can read and write. But, life expectancy is 57.2 years, and infant mortality rate is 100/1000. 50% of all deaths occur in under-five-year-olds. Nutritional deficiencies are direct or contributing causes in 57% of these deaths. Less than half of the population has access to potable water. 9% of newborns are below normal birthweight (2.5 kg.). The Ministry of Health is responsible for all health centers and most health centers and posts, but less than one third of the hospitals. Other organizations that provide health services are Social Security (IPSS, Instituto Peruano de Seguridad Social), charitable societies, cooperatives and the military. 33% of the population does not have access to health facilities; many of these persons depend on local healers. Children die of diseases and infections they might have survived had nutrition been adequate and had preventive health been widely offered.

New data from the 1984 National Nutrition and Health Survey indicate that three fourths (3/4) of a million families live in households having at least one malnourished child. The number of children under six years of age with chronic malnutrition

exceeded one million. About a quarter of a million children are severely stunted and underweight for their ages, and at high risk of severe illness or death. Rural areas, especially the Sierra, or mountain regions, are brutally affected. The study notes that even the worst groups in the urban areas are better off than the best groups in the rural areas, and that the Sierra child is almost four times more likely to be malnourished than the Lima child. Three out of every four children living in the Sierra are chronically malnourished.

#### D. USAID Strategies.

The USAID views current levels of food assistance primarily as contributing to the objective of alleviating the malnutrition described above, but also considers that assistance as an important factor in stabilizing financial structures. Food assistance figures prominently in the Peru country program constituting some 70% of the FY 87 budget. Actual and projected amounts of assistance are shown below for FY 86, 87 and 88:

(\$000)	TABLE D-1		
	FY 1986	FY 1987	FY 1988
Total PL 480	\$41,900	\$50,148	18,152
Title I	\$20,000	25,000	10,000*
Section 416	13,959	17,800	
(Sugar Quota)	(5,500)	(10,800)	
(Regular)	(8,459)	(7,000)	
Title II	7,952	7,348	8,152
DA	17,587	14,500	14,200
ESF	7,000	5,000	10,000
Total Assistance	\$66,487	\$69,648	?

\*An additional \$10 million requested.

Title I, at an average level of \$20 million annually, increases the supply of wheat, rice and other foodstuffs in the country. The local currencies from Title I are an important element in financing the distribution of Title II food by the voluntary and GOP agencies, as well as in financing agricultural projects. The voluntary agencies also receive DA financial assistance through OPGS amounting to some \$400,000 annually and through the monetization of Title II commodities.

In accordance with the findings of the recent nutrition survey, USAID has been encouraging PVOs and the Ministry of Health to move progressively into the rural areas and to give priority to MCH programs for the most vulnerable populations.

In its feeding programs, the USAID Mission also gives priority to Food for Work programs. Two voluntary agencies have dealt almost exclusively with Food for Work programs, CARE 100% and CWS, 90%. Foods reserved for MCH categories out of the

programmed totals for each voluntary agency or government program during the three Fiscal Years 1986, 1987 and 1988 are as follows:

Table D.2

Agency	FY 1986	FY 1987	FY 1988
ADRA	5%	17%	27%
Caritas	27%	23%	23%
CWS	6.7%	10%	16%
CARE	-	-	-
MOH, Section 416	-	72%	-
Total	14.8%	27%	22%

Source: Appendix Tables I.D-1 and I.D-2; Food for Development Office, Lima, Peru.

ADRA has doubled its MCH program during each of the last Fiscal Years, while Caritas has continued at about the same rate. While a comparative year is not shown for the MOH 416 program, it is noteworthy that in FY 1985, only 4% of the beneficiaries were in priority categories, preschool children, mother/child units or Pregnant/lactating women, while 72% are in those categories today. (A distinction is made between MCH (mothers, P/L and children; other child feeding; and preschool institutional feeding.)

The Table below shows that the Title II and Section 416 overall volume and value peaked in 1983, declined through 1986 and increased in the last two years. Section 416 is presented as a Fiscal Year figure but as explained in the next section, covers other than 12 month time segments, normally longer ones.

TABLE D-3

Total Metric Tons, Title II, Disaster Relief and Section 416.

FY	Title II	Section 416	Disaster/Relief	Total
FY 1981	54,132	-	-	54,132
FY 1982	40,146	-	-	40,146
FY 1983	40,220	17,309	48,882	106,411
FY 1984	42,390	3,599	-	45,989
FY 1985	30,366	9,595	-	39,961
FY 1986	37,590	-	-	37,590
FY 1987	42,509	6,766	-	49,275
FY 1988*	<u>43,320</u>	-	-	<u>43,320</u>
Totals	280,587	37,269	48,882	366,738

Total Value (\$000), Title II, Disaster Relief, and Section 416.

FY 1981	\$27,519	-	-	\$27,519
FY 1982	20,558	-	-	20,558
FY 1983	18,661	1,904	18,342	38,907
FY 1984	17,073	397	-	17,470
FY 1985	9,847	1,055	-	10,902
FY 1986	9,876	-	-	9,876
FY 1987	6,723	7,000	-	13,723
FY 1988*	8,152	-	-	8,152

\*FY 1988 figures are from the FY 88/89 Action Plan; earlier Fiscal Years were compiled by FFD, USAID/Lima. See Appendix Table I.D-3.

USAID has traditionally supported its feeding programs from other PL 480 sources, notably Title I, and Title II and Section 416 monetization programs.

Appendix Table I.D-4 shows the amount of Title I provided to the different voluntary agencies beginning in FY 1980; PAC is to be a first-time recipient of Title I funds in FY 1988.

Agency	FY 1980-87 incl.	FY 1988 projected	Total
ADRA/OFASA	\$1.6 million	\$1.3 million	\$2.9 million
Caritas	5.9 million	1.4 million	7.3 million
CWS/SEPAS	1.0 million	.2 million	1.2 million
PAC	-	1.0 million	1.0 million
Totals	8.5 million	4.0 million	12.5 million

Appendix Table I-D-5 shows the Title II and Section 416 monetization support either made available to the different programs from the August 1986 sale of Section 416 wheat or to be made available from the August 1987 sale of Title II wheat. The amounts reserved for the food programs amount to 2.7 million:

August 1986 Section 416 wheat sale:	875,000
August 1987 Title II wheat sale:	\$1.8 million

Amounts available to the different agencies were/are as follows:

Agency	Aug 1986	Aug 1987	Total
ADRA/OFASA	500,000	662,000	\$1.2 million
Caritas	110,000	231,000	.34 million
CWS/SEPAS	225,000	501,000	.72 million
CARE	-	438,000	.44 million
PEA(former PAC)	40,000	-	.04 million
Totals	\$875,000	1,832,000	\$2.7 million

Caritas has been the major recipient of Title I and monetization funds with nearly \$8 million over the nine year period. ADRA received half that amount, and the other agencies, lesser amounts.

PAC (or PAE the initials for that agency earlier) failed to use the \$40,000 designated for it from the August 1986 wheat sale, due to lack of prompt action. The \$1.0 million Title I support to become available in January 1988 will be used mainly for improving logistics with a small amount (1%) reserved for program implementation.

## II. SECTION 416 PROGRAMS

### A. Magnitude of Program.

Section 416 foods--milk, butteroil and on a one-time basis, processed cheese--have been programmed in Peru under three grants to the Ministry of Health and one agreement with CARE over the past four years. A summary of tonnages, beneficiaries and estimated time frames for use of the food follows:

<u>FY</u>	<u>MTs</u>	<u>No. Each Type Beneficiary</u>	<u>Grantee</u>	<u>Est. Period Consumption</u>
1983	19,273	3,605,000	MOH	Sept 1983-May 1986
1984	770	100,000	CARE/Emerg.	July 1984-sev. months
1985	9,600	3,660,000	MOH	May 1986-July 1987
1987	6,766	630,798	MOH	Oct 1987-Dec 1988

See Appendix Table II.A-1 for additional details characterizing these grants.

It should be noted that beneficiaries were not in fact "selected" or programmed in years prior to FY 1987. The numbers shown on the FY 1983 and 1985 grants represent the estimated number of school children (about 3 1/2 million) plus some preschool children and mothers. At times more than two million children received a token ration, sometimes as little as two kilograms a year.

As elsewhere in the world, Section 416 in Peru has not been programmed on a fiscal year basis. A clearer picture of consumption rates is gained by noting the average monthly amount used during the periods covered under the first two MOH grants, viz.

FY 83	19,273	MTS	32 months	616.5	MTs/month
FY 85	9,600	MTS	14 months	685.7	MTs/month

In fact FY 1985 stocks were not totally depleted at the time of the September 1987 evaluation; thus the total months covered was closer to 15-16 and the average monthly tonnage consumed, more like 620 MTs per month.

## B. Target Populations.

According to the Plans of Operation submitted for the three Section 416 programs administered by the Ministry of Health from FY 1983 to the present, a transition toward increasingly more vulnerable children and population groups has been occurring, as follows:

Grant Year	Percent of School Children	Percent of Inst. Preschool Children	Percent of MCH (<5, Mothers & P/L)
FY 1983	97		3
FY 1985	96	3	1
FY 1987	0	26	74

Also, see Table II.A-1.

To understand how the program worked in the non grant years and the extent of fluctuation, depending on availabilities and beneficiaries covered, it is useful to look at the distribution data, and to review at least two years prior to the first Section 416 program. The Table below shows there was some, even considerable residual stocks from earlier programs in Calendar Year 1981. It picks up (See as Source: Appendix Table I-D.1) with the delivery of 11,600 tons of food delivered in FY 1981 under a Government to Government Title II program for school feeding. The Table below, II.B-1 shows the effect of different beneficiary levels and the effect of different food availability levels. In this Table, only the first two MOH Section 416 grants are included. These extend over the period beginning in September 1983 through the end of 1986. (Part of CY 1987, through July, was also covered but is not considered because data for the full year are not available.)

Table II.B-1

### Title II/Section 416 Foods Available to MOH Availabilities, Distributions and Average Annual Rations

Year	Kilos of Food Available	Kilos of Food Distributed	Number of Beneficiaries	Available Kilos Per Beneficiary
1981	13,884,481	7,647,662	2,133,334	3.58
1982	9,756,692	5,953,504	1,224,831	4.86
1983	4,692,000	2,650,000	1,007,223	2.63
1984	13,388,416	11,388,416	2,021,983	5.51
1985	3,586,307	3,292,431	1,095,940	3.00
1986	9,399,451	8,489,285	762,982	11.12

Source: MOH/PAC, Margarita Perez et al, FDD/Consultant, September 1987.

(See Appendix Table II.B.1)

Average tons distributed annually over the six years are 6,570. Beneficiary levels averaged 1.4 million. Wide variations in ranges, however, are more significant than averages. Amounts available ranged from nearly 14,000 tons down to a quarter of that. While the beneficiary level but doubled in 1984, distributions were augmented more than five-fold. Rations ranged from 3.0 kilograms in 1985 to nearly four times that amount, 11.12 kgs, in 1986.

If we extrapolate the percentages of beneficiaries programmed to the beneficiaries actually receiving food, the numbers would look as follows for the six years. These figures represent the best information available at the national level and constitute the PAC Beneficiary report on Section 416 from the program beginning through Calendar Year 1986.

#### Report on Title II/Section 416 Beneficiaries

Based on Extrapolated Data Provided by PAC  
September 1987

(Rations necessarily Averaged)

CY	Kg. Per Child PA	School Children	Preschool Children Institutional	MCH (<5, Mothers, Pregnant/Lactating)
1981	3.58	2,133,334		
1982	4.86	1,224,831		
1983	2.63	977,006	30,217	
1984	5.51	1,961,324	60,659	
1985	3.00	1,052,103	32,878	10,959
1986*	11.12	462,682	100,000	200,000

\* It is assumed that some effort was made in CY 1986 to move into more preschool and MCH programs, but this is an estimate only. Samplings of field data taken during the field work in September 1987 indicated that during calendar year 1987, the programs were being increasingly restricted to preschool and MCH populations, up to 80-90% in the areas sampled.

Available data indicate that the foods received were distributed to beneficiaries as intended though the foods lasted longer than planned and rations were considerably smaller than envisaged. PAC records of food distributions compare with the amounts delivered under the two grants plus the FY 1981 Title II Government-to-Government program as follows:

CY	Metric Tons of Food Distributed	Source	Metric Tons of Foods Allocated
1981	7,647.7	FY 81	
1982	5,953.5	GTG Title II	11,600
1983	2,650.0		
1984	11,136.3	FY 83 Sec. 416	19,278
1985	3,292.4		
1986	8,489.3	FY 85 Sec. 416	9,600
Balance at end CY 1986	910.2		
-----		-----	
Totals	40,079.0 MTs		40,478 MTs
-----		-----	

Beneficiaries are spread throughout the 23 Regions of Peru and are programmed as follows in the current year:

Health Department	Number of MCH/<5, P/L	Number of Preschool in Centers	Total Beneficiaries	Percent/Total
Amazonas	10,907	3,981	14,888	2.4
Ancash	38,616	13,552	52,168	8.3
Cajamarca	26,255	36,850	63,105	10.0
La Libertad	18,450	24,950	43,400	6.9
Lambayeque	15,045	20,730	35,775	5.7
Piura	19,406	25,803	45,209	7.2
Tumbes	2,730	3,758	6,488	.6
Callao	3,716	12,307	20,753	3.3
Lima	10,930	15,093	26,023	4.1
Ica	10,172	14,047	24,219	3.8
Ayacucho	18,226	25,170	43,396	6.9
Huancavelica	8,109	11,197	19,306	3.1
Junin	22,504	31,091	53,595	8.5
Huanuco	16,579	22,894	39,473	6.3
Pasco	5,678	7,840	13,518	2.1
San Martin	3,411	11,615	20,026	3.3
Arequipa	11,318	14,649	25,967	4.1
Apurimac	6,340	11,000	17,340	2.7
Cusco	12,548	16,800	29,348	4.6
Madre de Dios	1,615	2,230	3,845	.6
Puno	7,315	9,572	16,887	2.7
Moquegua	3,331	4,599	7,930	1.3
Tacna	3,591	4,958	8,549	1.4
Total	266,017	364,781	630,798	99.9

Source: Operational Plan for Grant 527-7/605-00, signed in August, 1987.

The food programmed is to be delivered at three different ration levels to pregnant/lactating women, to under five year old children, and to preschool children attending daycare and other educational centers. Dry rations are to be provided to mothers who constitute 16% of beneficiaries and to under fives, who are 26% of the beneficiaries. Supplements to on-site feeding are provided to the remaining 58% of the beneficiaries, the preschoolers in educational centers. A focus of the new program is establishing and constructing community kitchens (comedores) organized by women's clubs to provide an efficient cooking and feeding center using pooled material and human resources. Operated by a small number of mothers on a rotating basis, the comedores increasingly include eating areas which are also social centers in which other activities can and do take place. In some instances the comedores are community kitchens with a family feeding orientation. Also because school teachers assist with the comedores and other community activities, school children tend to be included. In other instances, there are no eating areas and the cooked food is taken home (and shared with other family members). The PAC Office is providing money to help with comedor construction and at the same time encouraging the concept of mother/child feeding.

#### C. Technical Adequacy of Food and Related Components.

The Ration. The programmed Section 416 ration has been intended as a partial supplementary one--i.e. the GOP agrees to purchase local foods (usually cereals and/or pulses) to deliver with the US-donated food. Together, they are to meet 30% of the nutritional requirement.

During the years studied above, it was noted that the amount of milk and oil delivered to recipients ranged from 1.9 kilograms in 1981 to 11.12 kilograms in 1986. Since more data were available for Calendar year 1986, we studied the nutritional value of food provided that year.

In Calendar Year 1986, the following foods were distributed (according to PAC records reviewed in September, 1987):

7,338,536 kilograms of USG milk powder  
1,130,749 kilograms of USG butteroil  
2,348,088 Kilograms of GOP cereals, pulses, and sugar

Total: 10,837,373 kilograms of food. This was distributed to 762,982 beneficiaries (no breakdown of mothers, preschool and other under fives was available). The average food received per beneficiary was 14.2 kilograms per year, 1.18 kilograms per month and 39.5 grams daily.

Based on the proportions shown above, the daily grams are made up of:

26.8 grams of milk (68%)  
4.1 grams of butteroil (10%)  
8.6 grams of cereals, pulses, sugar (22%)

For convenience, the 8.6 grams are assumed to be 4.0 grams of split peas, arvejas secas, 4.0 grams of quinua (an altiplano cereal) and 0.6 grams of white sugar. This daily ration would provide (1):

Calories  
164                      Proteins  
11

This is considerably less than the project objective of meeting 30% of recommended daily allowances (RDA), which would be the following:

	30% of RDA Calories	30% of RDA Proteins
Gestating /Lactating	800	21.3
6-59 month old infants/children	420	7.5

N.B. 100% for P/L: Calories, 2400; Protein Grams, 71;  
100% for 6-59 months olds: Calories, 1400; Protein Grams, 25.

The programmed rations for the FY 87 MOH Section 416 program and their nutritional value in relation to meeting the RDA have been computed as shown in the following two Tables.

Table II.C.1  
Programmed Rations, FY 1987

	I n    G r a m s					
	Mothers		. < 5 yr olds		Preschool*	
	Per Day	Per Mo.	Per Day	Per Mo.	Per Day	Per Mo.
Milk	60	1800	25	750	25	500
Butter oil	27.5	825	3	90	3.5	70
Cereals	150	4500	50	150	50	1000
Sugar	-	-	16.7	500	16.7	334
Total	237.5	7125	94.7	2841	95.2	1904
		7.1 Kg		2.8 Kg		1.9

\*The preschool ration is for 20 days per month only; others are for 30 days.

---

(1)

	Calories	protein grams
per 100 grams		
NFDM	363	35.9
Butteroil	876	.3
Arvejas secas	336	24.6
Quinua	377	11.84
Sugar	387	-

Source: Title II 480 Commodity Reference Guide, INCAP and Peru Food Composition Tables.

Table II.C.2  
Nutritional Value and Percent of RDA

	Calories	% of RDA	Prot.Grams	% of RDA
Women, Preg/Lact	1029	38%	33.5	36%
Children <5	371	27%	12.9	29%

These rely on the following Government inputs of cereals/pulses and sugar to accompany the 416 milk and butteroil, computed on an annual basis to facilitate comparison with past performance.

	i n M e t r i c T o n s			
Beneficiaries	Milk	Butteroil	Cereals/Pulses	Sugar
101,383 P/L	2189.9	1003.7	5474.7	-
164,634 <5	1481.7	177.8	3210.4	987.8
364,781 Pres.	2188.7	306.4	4377.4	1418.3
Totals	5859.4	1487.9	12862.5	2406.1
Percentage of Ration Programmed	26%	6%	57%	11%
Comparison with CY 1986 Percentage Delivered	68%	10%	<u>32%</u>	

The point of significance here is that in order to reach project objectives--supplying 1/3 of daily nutritional requirements-- 68% of the ration must be provided by the PAC Budget. The 15,269 metric tons of food needed for the FY 1987 program can be expected to cost approximately six times the amount provided in Calendar Year 1986. That cost was calculated at I./34.8 million. (PAC/FFD/Consultant, September 1987). The Government portion then for the new program might cost I./227 million, far in excess of any reasonable expectations.(1)

(1)

The 1987 Government budget for PAC is I/.76 million, of which I/.57.2 is for Goods and equipment and I/.18.8 for Services. I/.50.3 million (66%) has been designated for the purchase of local food. By September 1987, the Government had sent to the Regional Health Departments 53% of the annual budget, or I./40 million of which I./26.7 million were designated for the purchase of local food. The total budget for 1988 will be increased by 35%, bringing it to I./103 million, with I/.78.million for Goods. At the 1987 rate, the amount for local foods would be about I/.68 million.

Choice of Commodity. A realistic assessment of what the Government can contribute would seem to be the soundest starting place for deciding on the optimal U.S. input for the future. The second decision is whether or not the program should be a Title II activity (and whether that is feasible). In all cases, it is clear that a milk-replacement commodity is essential.

USAID believes that a corn-based product would be desirable, either Corn-Soya-Milk (CSM) or the new product corn soya masa flour of which samples have been requested for trial. This might be particularly suitable in light of the low percent of carbohydrate ingredients currently available to the ration supplement. Butteroil acceptance has been a problem in Peru almost from the outset. Cases of premature rancidity, short-shelf life and unacceptability of taste and fragrance were well documented in CARE's evaluation of 416 programs printed in May 1985.

Field staff found the varied rations difficult to manage. In at least one Department, the recommended rations were ignored and all beneficiaries given the same amount of whatever food was available. When dry rations are being distributed to eligible mother/plus children units, it seems pointless to designate the different individual rations now programmed. Rations change from year to year (depending on availabilities) and ideas do not become fixed in the minds of handlers as to who gets what (and why), nor the concept of what may be sufficient to have a health impact. Many of these problems stem from lack of fiscal year programming procedures for the Section 416 program and commodity uncertainties inherent to the program.

Technical Components. While Government commitment is impressive (attempting to match food despite the shortfall, designating funds for the encouragement of comedor construction), there are serious budgetary obstacles to carrying out this program adequately: lack of sufficient ration, vehicles, gasoline, maintenance, per diem, and child-weighing scales. Staff at the regional level, already in short supply and often caught between regional and national tasks, usually lack time, mobility and sometimes the training to carry out the necessary organizing, promotora training, and monitoring needed. The nucleus in the field is the Nutrition Unit of the UDE, staffed by a Nutritionist-in-charge who heads the PAC Department program. She has several nutritionists and promotoras (depending on the size of the Department and, possibly resources allocated to it) who work both in the Departmental capital and outlying areas. There appears to be a tendency to work nearby, which is easily justified by the lack of money for travel expenses. Though many forms exist on paper, such as supervisory checklists, little system prevails. The exception is an unnecessarily complicated reporting system which could easily be turned into a management tool and used to report nutritional status and other health data on program beneficiaries.

Some beginnings have been made. Charlas, informal talks on health and nutrition subjects, are given by promotoras and some children are weighed regularly (usually in health facilities). There is awareness about the need for immunizations and many of the mothers interviewed knew how to prepare oral rehydration solution. USAID under a 219 grant provided several hundred thousands of dollars in 1985-86 in the form of two years of technical assistance to the Ministry, in the supplying of 1500 infant- and child-weighing scales, growth charts and educational materials, and for the support of regional-level training. Seminars were held in which intersectorial nutritional planning was emphasized.

The extent to which these USAID inputs have contributed to the present MCH program is probably considerable. Apparently no evaluation was made of the 219 program, and there exists at present no generalizable knowledge about the status of the Ministry's MCH activity.

Ideally PAC beneficiaries receive necessary immunizations, check-ups, growth monitoring, nutritional education and medical care. Home visits are made to ensure proper use of the foods and an opportunity to educate mothers on a one-to-one basis. Family gardens, animal-raising projects, and small income generating projects are also encouraged. Mothers clubs most commonly are the focal point for these activities and for the community comedores.

In fact, community organization work, the selection and training of promotoras, growth monitoring, and the core elements of an MCH activity need attention. Few communities have their own scales, perhaps 15-20%. The practice is to borrow scales for periodic weighing. Some health posts and centers collect data on nutritional status; others weigh children and record the information in notebooks. The focus of womens' clubs appears to be on the economics of community life, with little if any emphasis on the health of their vulnerable groups.

When the nutritionist auxiliary goes to the community, she may be very well motivated and have excellent links, but lack systematized work plans. Coverage of her area is usually impossible statistically (one example: 100 communities).

The village promotora is almost always from the village, has been trained by the Education Ministry, works two or three days a week and receives very little pay (from the MOH). Though her job is prestigious, she normally does not stay very long. Thus the selection and training process is continuous for the Departmental nutritionist staff). What appears to suffer most is effective outreach.

The key management problem begins at the Ministry level. Limited communication with the field has devastating effects on morale in this type of "vertical" program. The field staff visited felt they did not have support (through visits and other communication) nor assistance in carrying out guidelines which periodically changed rather drastically their programs. Their PAC role was not sufficiently delineated for them, or by them, to permit running the PAC program satisfactorily in their Departments. This very valuable cadre of field people seemed urgently in need of encouragement and assistance, and for the most part constituted a committed staff with potential for developing a higher quality MCH program.

D. Management: Reporting; Available Personnel.

Management of the PAC program has been shaky at times, but adequate in meeting the requirements of Section 416. Most serious was a two year delay in administrative attention to dispose of 6,000 bags of NFDM (137 MTs) which were torn and humidity-affected upon arrival in Peru and which remained rotting in warehouses before appropriate action was taken last year.

The PAC staff of eight includes two doctors as Director General and Executive Director, a nutritionist, a statistician and four accounting and administrative officers, adequate to formulate policy and carry out management of the program. However, this staff also has lacked the resources to travel and has failed to meet with and guide Departmental staff as required.

Though adequate data were available in the national PAC Office from the field, no reports on distributions and beneficiaries were submitted to USAID during the last years of Section 416 activity. Because reporting to date has been incomplete, USAID has not had a clear picture of how many beneficiaries were being reached under the 416 program, nor with what ration intensity, which signal many of the problems that could be identified and solved with field monitoring. USAID in a letter dated April 1986 reminded the MOH of reporting requirements, and noted that "under earlier agreements we have not received the information in its entirety and consequently we have not been able to submit it to our Washington office."

In mid-July 1987 the MOH furnished a partial report of activity during calendar year 1986. It did not show beneficiary numbers or amounts of food delivered to them. No followup was sent by USAID to obtain the additional information.

This problem has been corrected. The USAID 416 Project Officer and the evaluator worked closely with the PAC staff to bring all records up to date and to clarify to the PAC staff what USAID requires for its reporting to Washington. This report and other supporting documents in the FFD Office constitute the required data on food utilization since the first FY 1983 approval.

The entire reporting system needs to be reviewed with an eye to simplification. There should be a single consolidated report from the Departments which provides an adequate picture of food received during the period, opening and closing inventories, numbers of beneficiaries reached by category and the amounts of USG and GOP foods received by each. At the moment this information is not collected and analyzed together, and little or no emphasis has been placed on knowing what "rations" are. Rather reports are made on the number of rations (which we have noted to be highly variable).

The field staff complained rightfully that the forms are developed without awareness of their needs.

### III. PROGRAM IMPACT/COVERAGE.

Ration dilution in the past makes it extremely doubtful that the food has had an impact on the nutritional status of program beneficiaries. However the incentive value of the food in bringing families into contact with health facilities has probably resulted in improved health status.

The principal role of the feeding programs seems to be that of promoting community organization, the establishment of women's clubs, building of community kitchens, and have brought health services to communities that would not otherwise have been exposed to them.

The program in the past though of diluted ration intensity and less targeted than planned for the future, did reach all Departments or Areas, and it is estimated here, has been reaching 2,500-3,000 communities in the country. (This is based on data gathered in Cusco and Cajamarca where there were usually 20-70 women in a club, and an average of 200 beneficiaries per club; in smaller agglomerations, there was one club in the community.)

The potential of the program is large, now that the focus is on MCH and increased attention to on-site feeding through the construction of comedores. (Comedor food though sometimes shared with school children, e.g. and untargeted family members gets to the vulnerable on a more regular basis--some each day--than take-home rations which run out after two or three "bread bakings" or days of use in the family pot.)

The FY 1987 program is expected to reach half a million infants and children under five years of age. Based on an estimate of

2.6 million Peruvian children from 6-59 months of age and a 38% chronically malnourished rate (Nutrition Institute study), there are one million needy children. The MOH program could reach nearly half of them. Caritas and ADRA are programming nearly 200,000 MCH which can be estimated at 140,000 6-59 months old infants/children. The ONAA/World Food Program/PAT-PAMI is reportedly reaching 75,000 beneficiaries of which an estimated 50,000 may be under six year olds.(1) With coordinated planning, these projected or ongoing programs might reach 75% of the malnourished population. In fact, some of the programs are clustered around Lima and the geographical spread not as even as preferred thinking would have it. The time is ripe for a country-wide assessment to determine the extent of outreach from each of these activities with emphasis on the potential of this MOH program.

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(1) Interview, ONAA, September 1987. The current WFP three-year program runs from 1974-1977 and provides 15,672 Metric tons of food, or 5,224 annually. An estimated 75,000 beneficiaries in five Departments (Cusco, Cajamarca, Puno, Ancash and Lima-Callao) through 338 women's clubs receive 5.7 kilos each of food monthly (considerably more than the voluntary agency programs--ADRA provides 3.9 kilos, Caritas 3.3 kilos--and the programmed MOH average ration is 3.0 kilos). This program pays the village promotoras with FFW, 31 kilos of food per month. Coordination appears to be nearly non-existent at the national level, but is satisfactory in the Regions. The Nutrition Unit of the UDE sometimes works actively with PAT-PAMI (Programa Alimentaria Materno-Infantil (Cajamarca) or work with the ONAA-hired nutritionists/auxiliaries who are program directors in the regions (Cusco). ONAA food deliveries are not through the health facilities but direct to the communities and a year's supply is usually provided.

#### IV. RECOMMENDATIONS

##### A. Washington.

1. Recognizing that Section 416 commodity availability and ability to foresee commodity cutoffs are beyond AID's control:

- That AID should provide special assistance to countries whose programs are necessarily in transition because of the non-availability of milk under 416, giving priority to MCH programs in poorer countries with high rates of malnutrition; and

- That AID be receptive to requests for increased Title II levels in the poorer countries and when milk or other commodity-specific programs are at a logical, but unexpected, juncture for graduation to Title II.

Such approvals might be limited to temporary periods during which adjustments could be made to restore earlier Title II levels.

2. AID/W should remind USAIDs of minimal reporting requirements under Section 416 as a stimulus to more effective USAID monitoring and ability to analyze 416 program impact.

3. That AID/W give priority, in the scheduling of 416 evaluations, to similar MCH or permanent, institutional, high priority feeding programs such as the Peru program.

4. That based on the Peru example, (institutional programs with limited resources and lacking strong existing infrastructure) FVA anticipate the need to provide technical assistance along with 416 food resources.

##### B. USAID.

1. That the present Ministry of Health MCH and preschool program should be assured continuity and commodity availability under Title II and be given the priority status of Title II MCH programs in Peru; that if the USAID agrees, a cabled plan to undertake this action be forwarded to AID/W indicating the Mission intention to present its rationale in the next CDSS.

2. That under Title II soybean oil be substituted for butteroil and that CSM, corn soya masa flour and cornmeal be considered for inclusion by the USAID; that a larger U.S. portion of the ration be given if GOP budget constraints prohibit their adequate contribution so that the supplementary ration meets an agreed minimal level, 30% of the RDA or other amount agreed by Health and USAID technical staff.

It is recommended that in the short term (during the FY 1987 program to begin shortly), USAID consider the possible need for additional cereals to make up for the expected shortfall in GOP inputs. This might be in the form of whatever cereals are available under 416 with some of the Government budget normally used to buy cereals used to pay processing costs.

3. That voluntary agency sponsorship be sought immediately, preferably a private sector agency that has good relations with the Ministry of Health, that can offer health and community development expertise along with food handling capability.

4. That the USAID should make a decision about the development potential of this program and plan for overcoming present deficiencies with USAID financial and human resources. It is recommended that this decision be favorable based on: investments to date in community organization and formation of clubs and comedores; coverage potential and wide base of operations; Ministry of Health need for technical assistance; and the potential of existing cadres (MOH nutritionists, auxiliaries and promotoras in the field.

5. To determine program development potential and to facilitate realistic planning, it is recommended that an in-depth assessment be made of the MOH program and the effectiveness of outreach efforts in other MCH programs be made:

- at the central MOH level to assess personnel and budgetary capability, the potential for collaboration with a health-oriented voluntary agency, to study the reporting/monitoring system, and annual planning methods with attention to guidelines and geographical criteria of selection and emphasis; and

- at the Departmental level, to make an inventory and projection of available and required human and material resources, with attention to foods that have been available in recent years to the program and actual budgetary allocations received, Nutrition Unit staff time availability for PAC and negotiating potential for increasing that time, program estimates of attainable communities and beneficiaries for multi-year planning/phasing; transportation and supervisory needs for current and future programs; teaching and child survival supplies and materials available and needed; and feasible selection criteria for communities and beneficiaries.

Such an assessment and projection would most usefully be carried out by the private sector agency selected as cooperating sponsor so that the knowledge gained is fed back into actual programming.

6. That USAID should monitor the 416 program more closely, checking reports now available with actual field activity, and continue to work with PAC statistical and administrative staff in assuring the timeliness and completeness of future reports to USAID. USAID should engage in detailed review with the PAC Office as to how Title I might liberate MOH transportation funds, e.g. for urgent needs such as the purchase of more local foods, gasoline, maintenance and per diem for supervisory/teaching work.

7. That USAID assist the PAC staff in establishing workable and adequate rations to be delivered to the two categories of preschool children in institutions and mothers and children in health establishments and community comedores. Educational materials and messages are needed on proper use of milk (mixed with cereals) for lactose intolerance and on realistic uses of the butteroil that is enroute (sauteing cereals before adding water; frying potatoes; adding to milk-based soups).

Appendix Table 10.1

COMMODITIES ORDERED TO VOLS IN ACCORDANCE WITH ANNUAL ESTIMATE REQUIREMENTS (A.E.R.)  
FISCAL YEAR 1981/1987

P.L. 480 Title II	Fiscal Year 1981			Fiscal Year 1982			Fiscal Year 1983			Fiscal Year 1984			Fiscal Year 1985			Fiscal Year 1986			Fiscal Year 1987		
	MT	US\$ (000)	Benef (000)																		
<b>CS/CARFAS</b>	-	-	473	-	-	473	-	-	434	-	-	473	-	-	407	-	-	398	-	-	405
Flour	5,287	2,174	-	5,046	2,206	-	8,400	3,229	-	5,046	1,645	-	4,977	1,543	-	7,076	1,851	-	13,640	2,346	-
Cornmeal	2,772	1,109	-	2,646	1,058	-	2,334	822	-	2,646	749	-	2,050	437	-	-	-	-	-	-	-
Rice	4,165	2,058	-	4,177	2,063	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgur	5,689	2,088	-	4,838	1,993	-	4,270	1,443	-	4,838	1,640	-	4,035	1,073	-	5,442	1,263	-	-	-	-
Wheat	2,500	2,785	-	2,482	2,765	-	2,207	2,423	-	2,482	2,450	-	2,041	1,845	-	1,518	1,451	-	1,083	712	-
GM	2,429	1,380	-	2,318	1,222	-	1,999	1,033	-	2,318	1,089	-	-	-	-	-	-	-	-	-	-
Oats	-	-	-	-	-	-	-	-	-	4,177	1,959	-	-	-	-	-	-	-	-	-	-
WHEAT	-	-	-	-	-	-	-	-	-	-	-	-	1,141	126	-	3,375	317	-	3,720	409	-
	22,222	11,684	473	21,507	11,367	473	19,270	8,950	434	21,507	9,532	473	14,241	5,024	407	17,411	4,939	398	18,443	3,467	405
<b>AFRICA/AFSA</b>	-	-	143	-	-	143	-	-	143	-	-	120	-	-	112	-	-	180	-	-	161
Flour	2,008	906	-	1,891	673	-	2,112	822	-	4,348	1,417	-	4,354	1,350	-	5,576	1,461	-	-	-	-
Bulgur	2,119	873	-	2,006	636	-	2,112	714	-	2,133	631	-	1,916	510	-	6,631	1,538	-	-	-	-
CSM	1,990	1,017	-	2,467	1,259	-	1,926	996	-	3,528	1,166	-	-	-	-	-	-	-	9,346	1,729	-
Oats	2,871	1,008	-	1,731	801	-	2,419	1,190	-	-	-	-	-	-	-	-	-	-	-	-	-
Wheat	737	821	-	1,131	1,166	-	759	832	-	773	763	-	773	645	-	372	356	-	349	229	-
WHEAT	219	119	-	624	255	-	249	105	-	182	22	-	250	25	-	1,427	157	-	1,372	151	-
WFB	1,691	845	-	-	-	-	1,926	900	-	-	-	-	-	-	-	-	-	-	-	-	-
Cornmeal	-	-	-	2,097	688	-	2,112	741	-	1,711	433	-	1,988	417	-	-	-	-	-	-	-
	11,575	6,189	143	11,947	5,458	143	13,615	6,360	143	12,675	4,981	120	9,171	2,947	112	14,006	3,512	180	11,057	2,109	161

Quantities Assigned to Volgs in Accordance with Annual Estimate Requirements (A.E.R.)  
Fiscal Year 1981/82

P.L. 480 Title II	Fiscal Year 1981			Fiscal Year 1982			Fiscal Year 1983			Fiscal Year 1984			Fiscal Year 1985			Fiscal Year 1986			Fiscal Year 1987			
	MT	US\$ ( 000)	Benef (000)	MT	US\$ (000)	Benef (000)	MT	US\$ ( 000)	Benef (000)	MT	US\$ (000)	Benef (000)										
<u>ONS/SEFAS</u>	-	-	25	-	-	26	-	-	29	-	-	-	-	-	-	-	-	-	-	-	-	-
WED	20	10	-	19	13	-	-	-	-	-	29	-	-	27	-	-	-	44	-	-	-	42
CSM	28	17	-	26	14	-	39	20	-	27	13	-	25	6	-	-	-	-	-	-	-	-
Bulgur	691	285	-	685	262	-	644	218	-	764	246	-	717	191	-	-	-	-	-	-	-	-
Flour	691	122	-	685	308	-	1496	583	-	763	249	-	1525	473	-	-	-	-	-	-	-	-
Cats	782	438	-	775	434	-	-	-	-	877	249	-	-	-	-	2,730	715	-	2,668	459	-	-
Rice	691	387	-	-	-	-	-	-	-	762	249	-	-	-	-	-	-	-	-	-	-	-
Wheat	165	184	-	164	183	-	181	199	-	181	172	-	176	159	-	-	-	-	-	-	-	-
MPDM	24	13	-	23	287	-	20	2	-	34	4	-	32	4	-	83	79	-	97	64	-	-
Orzmeal	-	-	-	685	274	-	655	231	-	-	-	-	724	154	-	340	37	-	354	39	-	-
	3,092	1,456	25	3,062	1,795	25	3,035	1,253	29	3,408	1,070	29	3,199	987	27	3,153	831	44	3,119	562	42	
<u>CANE/BEHU</u>	-	-	60	-	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rice/Cats	1,374	687	-	884	442	-	1,007	495	35	1,011	182	42	712	130	33	2,665	480	35	2,748	495	25	
Wheat/SEB	1,374	687	-	884	442	-	1,188	584	-	1,263	227	-	1,954	356	-	-	-	-	-	-	-	-
Orzmeal/ W. Flour	1,374	550	-	885	354	-	1,053	370	-	1,263	356	-	-	-	-	-	-	-	-	-	-	-
CSM	1,236	772	-	795	497	-	842	419	-	1,010	475	-	869	207	-	-	-	-	-	-	-	-
Wheat	285	318	-	182	203	-	210	230	-	253	250	-	217	196	-	89	85	-	92	60	-	-
MPDM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	266	29	-	274	30	-	-
	5,643	3,014	60	3,630	1,938	60	4,300	2,090	35	4,800	1,490	42	3,752	889	33	3,020	594	35	3,114	585	25	

Quantities Assigned to Vlogs in Accordance with Annual Estimate Requirements (A.E.R.)  
Fiscal Year 1981/1987

P.L. 480 Title II	Fiscal Year 1981			Fiscal Year 1982			Fiscal Year 1983			Fiscal Year 1984			Fiscal Year 1985			Fiscal Year 1986			Fiscal Year 1987			
	MT	US\$ (000)	Benef (000)																			
<u>GOVT TO GOVT</u>																						
(Salud Pública)	-	-	500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rice	2,400	1,176	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
cuts	2,000	852	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GM Inst.	2,000	974	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bolivar Fortif	2,000	506	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vspol	400	395	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IFIM	2,600	1,174	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	11,600	5,166	500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>TOTAL</u> P.L. 480 Title II	54,132	27,519	1,201	40,146	16,876	702	40,220	18,661	641	42,390	17,073	664	30,366	9,817	579	37,590	9,876	657	35,743	6,723	633	
<u>SECTION 41c</u>																						
(School Feeding Program)	-	-	-	-	-	-	17,309	1,904	-	2,812	310	-	9,595	1,055	-	-	-	-	6,766	7,000	-	-
(CARE/Reid)	-	-	-	-	-	-	-	-	-	787	87	-	-	-	-	-	-	-	-	-	-	-
<u>TOTAL</u> Section 41c	-	-	-	-	-	-	17,309	1,904	-	3,599	397	-	9,595	1,055	-	-	-	-	6,766	7,000	-	-

Commodities Consigned to Vlays in Accordance with Annual Estimate Requirements (A.E.R.)  
Fiscal Year 1981/1987

P.L. 480 Title II	Fiscal Year 1981			Fiscal Year 1982			Fiscal Year 1983			Fiscal Year 1984			Fiscal Year 1985			Fiscal Year 1986			Fiscal Year 1987				
	MT	US\$ (000)	Benef (000)																				
<u>DISASTER RELIEF</u>																							
CBS/CARFIAS	-	-	-	-	-	-	40,905	15,496	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AITA/CFASA	-	-	-	-	-	-	2,978	1,074	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CBS/SEIYS	-	-	-	-	-	-	1,973	688	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CARE/Berú	-	-	-	-	-	-	3,026	1,084	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>TOTAL</u>	-	-	-	-	-	-	48,882	18,342	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Disaster Relief	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>GRAND TOTAL</u>	54,132	27,519		40,146	16,876		106,411	38,907	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Appendix Table I.D. 2

VOLAGS FLEDING PROGRAMS BY PROGRAM CATEGORY

Agency/Category	1988						1989						1990								
	Commodities (MT)						Commodities (MT)						Commodities (MT)								
	Milk	Oil	Wheat Flour	Rice	TOTAL	Resipients ('000)	MFIM	Oil	Flour	Bulgar	Rice	TOTAL	Resipients ('000)	MFIM	Oil	Flour	Bulgar	Rice	TOTAL	Resipients ('000)	
<b>I. ADRA/CIASA</b>																					
1. Mother and Child Health (MCH)	1,224	204	2,850	-	4,284	102.0	540	90	-	1,260	-	1,890	45.0	192	-	-	480	-	672	24.0	
2. O-Child Feeding	115	-	-	-	679	9.4	105	-	-	525	-	630	8.7	165	-	-	525	-	690	6.7	
3. Food for Work	45	318	2,794	-	3,157	131.0	710	239	-	7,164	-	8,119	99.5	1,062	354	5,310	5,510	-	12,996	147.5	
4. MCH/FF Women	30	-	100	-	130	1.8	90	15	-	420	-	525	7.5	-	-	-	-	-	-	-	
	2,310	523	12,607	-	15,860	245.2	1,451	344	-	9,369	-	11,164	160.7	1,359	354	5,310	6,315	-	13,339	180.2	
<b>II. CRS/CARITAS</b>																					
1. MCH	1,440	180	2,520	-	4,140	90.0	1,440	-	2,520	-	-	3,960	90.0	1,080	360	1,440	1,440	-	4,320	90.0	
2. Pre-School Feeding	270	135	810	-	1,215	30.0	270	-	810	-	-	1,080	30.0	270	135	810	1,440	-	1,485	30.0	
3. O-Child Feeding	720	360	1,800	-	2,880	60.0	720	-	1,800	-	-	2,520	60.0	720	180	1,800	-	-	2,700	60.0	
4. Food for Work	1,218	406	8,118	-	9,742	225.5	1,218	-	8,118	-	-	9,336	225.5	1,179	590	2,752	2,752	-	7,273	218.4	
	3,648	1,081	13,248	-	17,977	405.5	3,648	-	13,248	-	-	16,896	405.5	3,249	1,265	6,802	4,462	-	15,778	398.4	
<b>III. CWS/SEPAS</b>																					
1. MCH	180	30	420	-	630	10.3	90	15	210	-	-	315	7.5	60	-	150	-	-	210	7.5	
2. Pre-School Feeding	12	-	60	-	72	1.1	10	-	48	-	-	58	0.8	13	-	63	-	-	76	1.5	
3. O-Child Feeding	12	-	60	-	72	1.1	10	-	48	-	-	58	0.8	13	-	63	-	-	76	1.5	
4. FFW	288	96	2,880	-	3,264	44.6	235	78	2,349	-	-	2,662	32.6	244	81	2,445	-	-	2,770	33.9	
	492	126	3,420	-	4,038	57.1	345	93	2,655	-	-	3,093	41.7	330	81	2,721	-	-	3,132	44.4	
<b>IV. CARE Peru</b>																					
1. FFW	343	114	-	3,429	3,886	50.0	262	87	-	-	2,617	2,966	36.0	254	85	-	-	2,538	2,877	35.0	
<b>GRAND TOTAL</b>	6,793	1,844	29,635	3,429	41,701	757.8	5,706	524	15,903	9,369	2,617	34,119	643.9	5,192	1,785	14,833	10,777	2,538	35,125	658.0	

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APPENDIX TABLE  
I.D. 3

Commodities Consigned to VOLAGS in Accordance With Annual Estimate Requirements  
(A.E.R)  
Fiscal Year 1981/1987

<u>Summary</u>	<u>PL 480</u>	<u>Title II</u>	<u>Section 416</u>		<u>Disaster/Relief</u>		<u>Total</u>	
	<u>M.T.</u>	<u>US\$</u> (000)	<u>MT</u>	<u>US\$</u> (000)	<u>MT</u>	<u>US\$</u> (000)	<u>MT</u>	<u>US\$</u> (000)
FY 1981	54,132	27,519	-	-	-	-	54,132	27,519
FY 1982	40,146	20,558	-	-	-	-	40,146	16,876
FY 1983	40,220	18,661	17,309	1,904	48,882	18,342	106,411	38,907
FY 1984	42,390	17,073	3,599	397	-	-	45,989	17,470
FY 1985	30,366	9,847	9,595	1,055	-	-	39,961	10,902
FY 1986	37,590	9,876	-	-	-	-	37,590	9,876
FY 1987	35,748	6,723	6,766	7,000	-	-	42,509	13,723
	280,587	110,257	37,269	10,356	48,882	18,342	366,738	135,273

ARJ.  
9/23/87

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Appendix Table I.D. 4

BUDGET FL 480 - TITLE I USED BY VILAGE  
 FY 1980-88  
 (US\$)

Fiscal Year	Official Average Rate of Exchange I/.	OFASA	CARITAS	SEPAS (1)	PAC	TOTAL Ministry of Health
1980	0.288	-	496,292	236,111		732,403
1981	0.427	221,311	969,398	85,948		1,276,657
1982	0.697	210,904	480,631	123,386		814,921
1983	1.628	104,423	408,886	92,138		605,447
1984	3.458	159,630	722,961	115,674		998,265
1985	11.243	93,302	679,356	73,824		846,482
1986	13.942	134,199	977,335	106,226		1,217,760
1987	13.942	717,257	1,147,612	131,688		1,996,557
1988	19.400	1,288,660	1,443,300	257,730	1,030,930	4,020,620
TOTAL:		2,929,686	7,325,771	1,222,725	1,030,930	12,509,112

(1) CWS/SEPAS ALSO INCLUDES NATIONAL FOOD SUPPORT OFFICE (CNSA) AND FORESTRY AND FAUNA NATIONAL INSTITUTE (INFOR/PRAA).  
 THE PROPOSED BUDGET FOR SEPAS TO 1988 WILL BE ASSIGNED TO THE NEW PVO THAT WILL ADMINISTER PRAA.

Drafted: AGUIERREZ/vvt  
 09/25/87

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Appendix Table I.D. 5

OTHER SOURCES OF SUPPORT (TITLE II AND SECTION 416)  
FOR FEEDING PROGRAMS IN PEA

I N S T I T U T I O N	D A T E S	Donation Agreement		Estimated Value (US\$-000)	Budget Assigned from PAC	Observation
		Product	Quantity ('M)			
1. Ministry of Economy and Finance	August 11, 1986	Whole Grain Wheat	40,756	(1) 4,890	(3) 40	Section 416
2. Ministry of Economy and Finance	August 14, 1987	Whole Grain Wheat No.2, "Hard Red Winter"	14,655	(2) 1,832	(4) -	PL 480-Title II

- (1) The breakout of this amount is: Ministry of Health US\$875 (OFASA, US\$500; SEPAS, US\$225; CARITAS, US\$110; and PEA, US\$40). Ministry of Agriculture US\$2,215; Ministry of the Presidency US\$1,200; and other US\$600.
- (2) Funds from this account will be limited to the reimbursement of expenses incurred in FY 88 by: ADRA/OFASA, US\$662; CARE, US\$438; CARITAS, US\$231; SEPAS (Replacement), US\$501)
- (3) This amount was not used by PAC because they did not submit their request to the Ministry of Economy and Finance.
- (4) It is expected that funds for PAC from Section 416 Monetization is the most appropriate support to the Program.

Drafted: FFD: AGutiérrez: \_\_\_\_\_

09/25/87

## Appendix Table II.B. 1

416 AGREEMENTS IN PERU  
1983-1987

INSTITUTION	Product (MT)				Estimated Value (\$000)	Dates			Number of Benefic.
	NFDM	Butter Oil	Pro-cessed Cheese	TOTAL		Date of Signature	Arrival at Ports	Available To Program	
1. Ministry of Health	17,526	1,752	-	19,278	17.5	March 29, 1983	1983-84	July 1983	3,605,000
2. CARE/Perú (1)	500	-	270	770	3.5	June 4, 1984	July 1984	July 1984	100,000
3. Ministry of Health	8,500	1,100	-	9,600	7.2	September 9, 1985	March 1986	May 198	3,660,000
4. Ministry of Health	5,296	1,470	-	6,766	7.0	August 14, 1987	September 1987	October 1987	630,798
<b>TOTAL</b>	<b>31,822</b>	<b>4,322</b>	<b>270</b>	<b>36,414</b>	<b>35.2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

(1) For emergency use, especially in zones of Puno, Piura and Tumbes.

Drafted: FFD:AGutiérrez:Vv.

09/25/1987

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Appendix Table II.B. 2

DISTRIBUTION OF COMMODITIES  
 FINANCED BY AID UNDER SECTION 416  
 1980 - 1985  
 IN KILOS

YEAR	RECEIVED (a)	AVAILABLE (b)	ANNUAL DISTRIBUTION (c)	ANNUAL BALANCE (d)=(b-c)	BENEFICIARY (e)	ANNUAL PROGRESSs (f)=(c/b)	AV. AM'T RCVD PER BENEFICIARY (g)=(e/c) KLS
1980	3,921,689	8,823,684	5,459,856	3,363,828	2,856,467	67.0%	1.91
1981	10,483,742	13,884,481	7,647,662	6,236,819	2,133,334	55.0%	3.58
1982	3,134,724	9,756,692	5,953,504	3,803,188	1,224,831	61.0%	4.86
1983	3,390,000	4,692,000	2,650,000	2,042,000	1,007,223	56.0%	2.63
1984	11,338,014	13,388,416	11,136,298	2,252,118	2,021,983	83.0%	5.51
1985	1,334,189	3,586,307	3,292,431	293,876	1,095,940	92.0%	3.00
1986	9,069,652	9,399,451	8,489,285	910,166	762,982	90.3%	11.12

Drafted by: FFD:AG:vvt  
 09/29/87

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## Appendix B

### LINEAMIENTOS GENERALES PARA LA EJECUCION DEL PROGRAMA DE ALIMENTACION Y NUTRICION

El Programa de Alimentación y Nutrición, funciona en el ámbito del Departamento de Cajamarca, en coordinación con otros programas de Salud, así como con los sectores comprometidos y logrando la participación activa del pueblo, mediante las organizaciones (club de madres, asociaciones de padres de familia, etc.).

El Programa prioriza al grupo materno-infantil y en el presente año amplía su cobertura de atención al paciente del Programa de Tuberculosis y su Familia.

Para la ejecución del programa, es necesario :

A. Priorizar comunidades de bajo nivel socio-económico, debiendo tener en cuenta para la selección los siguientes aspectos :

Información sobre cada niño :

- 1.- Sexo.
- 2.- Tamaño de la familia (cuantos niños ha tenido la madre).
- 3.- Estado de la salud familiar (número de niños muertos en la familia, si hay algún miembro de la familia enfermo).
- 4.- Ocupación de la familia (tipo de trabajo que hace cada uno).
- 5.- Alimentación del niño (tipo de leche que toma el niño, alimentos que come, número de veces al día).
- 6.- Salud del niño (si ha tenido alguna enfermedad).
- 7.- Inmunizaciones (ver si está vacunado el niño, tipo y número de dosis).

El trabajador de salud debe observar a la comunidad y contestar a las preguntas como las siguientes :

- 1.- Cuál es el nivel de las familia más pobres y las pudientes de la comunidad ?
- 2.- Quién es el dueño de las tierras ?
- 3.- Tienen acceso fácil al agua potable para tomar y lavar ?
- 4.- Cuáles son las creencias y las costumbres sobre los alimentos en cuanto se refieren a la salud y a las enfermedades ?
- 5.- Cuál es la influencia de los cambios climatológicos y de las estaciones sobre :

Acceso al agua.

Alimentos.

A la salud.

La situación económica de la comunidad.

Esta información se puede conseguir empleando :

- Observación cuidadosa.
- Conversaciones (informes con miembros de la comunidad, encuestas, etc)

Después de analizar los aspectos anteriormente indicados, se priorizará la selección de acuerdo a las respuestas de las siguientes

SELECTION  
CRITERIA  
FOR  
COMMUNITIES

preguntas :

- 1.- Con que facilidad se pueden realizar diferentes actividades, entre el trabajador de salud y los miembros de la comunidad ?
  - 2.- Con qué facilidad se pueden alcanzar los recursos necesarios ?
  - 3.- Son importantes las soluciones para la comunidad ?  
(Preguntar las opiniones de los líderes).
  - 4.- Que importancia tiene la solución para el trabajador de salud ?
- B. Acciones de promoción, protección y rehabilitación nutricional a la madre y al niño.

B.1 Acciones de promoción, se realizará utilizando las organizaciones de base formales e informales (profesores, personal de salud, clubs de madres, asociaciones de padres de familia, alumnos, grupos organizados de la comunidad, etc.).

B.2 La capacitación en los diferentes niveles, se debe realizar en coordinación con otros sectores, impartiendo conocimientos básicos de alimentación, nutrición, salud.

B.3 La orientación en alimentación, nutrición, salud, a la población beneficiaria y comunidad en general se realizará teniendo en cuenta los siguientes pasos :

1º Reflexionar sobre las necesidades y hacer una lista de ellos, esto se logra haciendo que consideren con cuidado sus problemas recientes.

Aunque se enfocarán los problemas de salud, anime a la gente a mencionar otros problemas y preocupaciones que también se relacionan con la salud o el bienestar.

2º Considerar la importancia relativa de los distintos problemas que ha enumerado el grupo.

Para esto se debe hacer un esquema y que el grupo discuta que tan común y que tan grave creen que es cada problema.

3º Decidir las prioridades de lo que se va a tratar en el curso.

4º luego clasificar en 3 campos de estudio :

- . Preventiva.
- . Curativa.
- . Comunitaria o social.

B.4 Utilizar para la capacitación material de enseñanza y las diferentes técnicas educativas como :

- . Carteles, láminas, franelógrafos.
- . Sociodrama.
- . Comedias, teatro.
- . Títeres, etc.

B.5 La difusión en educación alimentaria y nutricional, se realizará a través de todos los medios de comunicación masiva.

B.6 Mediante las demostraciones serán promocionados en su producto -

ción, transformación, preparación y consumo.

B.7 El desarrollo de actividades productivas y sociales se hará a través de la instalación de huertos, granjas, pequeñas industrias, comedores materno-infantil.

Intercambio de experiencias a través de las ferias, exposiciones, con cursos los que permitirán dinamizar las acciones de alimentación y nutricional a nivel local.

B.8 Protección nutricional.

El grupo materno-infantil y el paciente de TBC y su familia, recibirán las raciones de complementación alimentaria.

La selección de beneficiarios para el grupo materno-infantil, se hará teniendo en cuenta los siguientes criterios :

SELECTION OF  
BENEFICIARIES

Grupo de madres de alto riesgo:

- 1.- Mujer de bajo peso o mal nutrición al inicio de la gestación.
- 2.- Mujeres que han ganado muy poco peso (menos de 6 kg) durante la gestación.
- 3.- Mujeres que han quedado embarazadas con un tiempo menor de 6 meses después de un parto.
- 4.- Gestantes menores de 15 años.
- 5.- Mujeres con más de 5 hijos.
- 6.- Mujeres que han dado a luz a niños con peso menor de 2.5 kg.

Lista de los niños con riesgo de caer con malnutrición :

- 1.- Niños que no toman leche materna.
- 2.- Niños con menos de 2.5 kg. al nacer.
- 3.- Mellizos o gestación múltiple.
- 4.- Niños que tienen un orden de nacimiento alto, o sea a partir del quinto, sexto niño en una familia grande.
- 5.- Niños en una familia donde un hermano mayor haya muerto durante el primer año de vida.
- 6.- Niños con enfermedades, particularmente con sarampión, tosferina diarreas repetidas, especialmente durante los primeros meses de vida.
- 7.- Niños provenientes de familia pobre.
- 8.- Huerfanos o niños con solamente uno de los padres.
- 9.- Niños cuya curva de peso no sube.
- 10.- Niños cuidados por otro niño mayor.
- 11.- Niños con defectos congénitos, ejemplo labio deforme.

B.9 Rehabilitación nutricional :

Para efectuar esta acción es necesario realizar en coordinación con los otros programas de salud, las actividades propias como tratamiento adecuado y oportuno visita domiciliaria, control frecuente de peso, talla, evaluación del desarrollo.

Responsabilidad :

Es responsabilidad del personal de salud ser el principal contacto--

del sistema de salud con la comunidad y ejecutar las siguientes actividades :

- 1.- Seleccionar comunidades de menores ingresos económicos y mas precarias condiciones de vida.
- 2.- Reforzar las organizaciones de los clubs de madres existentes.
- 3.- Captación de madres y niños utilizando los parámetros propuestos, organizarlas en club de madres, según el reglamento.
- 4.- Promover en las comunidades seleccionadas, conjuntamente con otros sectores y la comunidad, el comité local de desarrollo y una comisión de alimentos y nutrición, para asumir los compromisos que le corresponde.
- 5.- Remitir al Area de Salud, la copia del acta de información de los clubs de madres, con los siguientes datos :  
Relación de beneficiarios (madres gestantes y en período de lactancia).  
Relación de niños de 6 meses a 5 años con los siguientes datos : edad, talla y peso.
- 6.- Indicar la distancia entre el establecimiento de salud y la localidad donde funciona el club de madres, vías de comunicación, tiempo empleado.
- 7.- Remitir el cronograma de actividades a realizar en cada club.
- 8.- No debe sobrepasar la formación de más de 3 clubs de madres por Establecimiento de Salud, a fin de realizar las actividades de salud, así como hacer una adecuada supervisión y evaluación por comunidad.
- 9.- En la selección de comunidades, se debe tener en cuenta que no estén percibiendo beneficio de otras instituciones como ONAA (PAT - PAMI) CARITAS, CEPAS, y otros.
- 10.- Promocionar la creación de comedores materno infantil, los mismos que con la participación de los clubs de madres, será el núcleo donde se integran las acciones.
- 11.- Proporcionar reuniones de coordinación y participación con los organismos a nivel local.
- 12.- Recepcionar, almacenar, controlar y distribuir los alimentos a los clubs de madres, con participación del promotor de salud y autoridad de la comunidad beneficiaria y estos a su vez distribuirán a los beneficiarios mensualmente.
- 13.- Remitir mensualmente informes cualitativos y cuantitativos a la Unidad Dptal. de Salud.
- 14.- Mantener estrecha coordinación con el Programa de Alimentación y Nutrición (PAN).
- 15.- Evaluación del Programa en cada club.
- 16.- Realizar la evaluación nutricional de los beneficiarios del PAN, en los Establecimientos de Salud, comedores, clubs y Centros de

Educación, para lo cual se utilizará el carnet de crecimiento y desarrollo del Puesto de Salud.

17.- Para la entrega de los alimentos a los CEI y PRONOEIS, se harán a través de los Centros de Educación Inicial y Programas no Escolarizados de Educación Inicial, para lo cual es necesario formar el Comité de Alimentación y Nutrición, los mismos que serán integrados por los padres de familia, quienes se encargarán de la recepción control y distribución de los alimentos, los cuales deben ser integrados a los niños de manera preparada y bajo ningún motivo se les dará en crudo.

Para la recepción de los alimentos, es necesario la presencia de :  
Director del CEI y Coordinadora más la animadora del PRONOEI.  
Miembro del Comité de Alimentación de los padres de familia.  
Autoridad local.

18.- Dar atención integral de salud a los beneficiarios, paralelamente a las acciones de alimentación y desarrollo comunal.

19.- Realizar la distribución de alimentos a los beneficiarios del Programa de TEC, en coordinación con el personal encargado del Programa y demás personal de Establecimiento.

20.- Tener en cuenta que las actividades productivas en su inicio serán financiadas con el presupuesto RAN, teniendo a su autofinanciamiento progresivo.

21.- Dar énfasis dentro de las acciones de educación alimentaria y nutricional, al consumo de alimentos de producción local, lactancia materna e higiene de alimentos.

#### Funciones del personal que trabaja directamente con el F.A.N.

En el Centro y Puesto de Salud, el encargado del Programa de Alimentación y Nutrición es el responsable de la programación, ejecución, control, supervisión y evaluación de las acciones de alimentación y nutrición en coordinación con el equipo multidisciplinario y sectores con la activa participación de la comunidad.

#### 4.1 Funciones específicas :

Elaborar el programa a nivel local con participación de la comunidad y de acuerdo a los recursos disponibles.

Participar en el diagnóstico de alimentación y nutrición.

Realizar las acciones de protección y promoción nutricional.

Participar en los comités de desarrollo local constituido por los líderes de la comunidad y representantes de los sectores.

Recepcionar, almacenar y distribuir los alimentos a los clubs de madres (comunidad) y centros de educación.

Cumplir las directivas emanadas en el presente documento.

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## Appendix C

Organizations and Representatives Visited during Field Work

Place	Organization Visited	Visit	Persons Interviewed and Title
Lima	Programa Alimentación Complementaria (PAC), Ministerio de Salud	9/14/87	Dr. Emilio Picoón Reátegui Director General. Equipo Técnico.
Lima	Unidad Departamental de Salud (UDE), Lima Ciudad	9/15/87	Dr. Guillermo Contreras Director Departamental UDE Lima. Equipo Nutricionistas.
Lima	UDE Lima Este - Hospital No. 19 Hipólito Unzué	9/15/87	Dr. Víctor Pino de la Sota Director Departamental UDE Lima Este. Nutricionistas.
Lima	Oficina Nacional de Apoyo Alimentario (ONAA)	9/16/87	Lic. Alfonso Chung, Director Técnico Lic. Gustavo Mendoza, Director General Apoyo Alimentario.
Lima	Dirección General Cooperación Externa del Ministerio de Salud	9/16/87	Lic. Víctor Lora Reyes, Director Cooperación Externa
Cajamarca	UDE de Salud de Cajamarca	9/17/87	Dr. Diego Tejada Goycochea, Director de Evaluación, Supervisión y Auditoría. Nutricionista Coordinadora, Directores de Planificación y Logística.
Cajamarca	Centro de Salud (CS) Ichocán - Provincia de San Marcos	9/18/87	Pacientes del Centro de Salud
Cajamarca	C.S. San Marcos, Provincia de San Marcos	9/18/87	Nutricionista Coordinadora PAC y Enfermera C.S.
Cajamarca	Jardín de la Infancia No. 82 de Namora	9/18/87	Prof. Nibia Grau Aliaga, Directora J.I. Autoridades Comunales
Cajamarca	Puesto de Salud (PS) Namora	9/19/87	Sra. Carmen Zelada, Enfermera P.S.
Cajamarca	C.S. Chilete, Prov. Contumaza	9/19/87	Dr. Javier Amado Morales, Director C.S. Personal del C.S. Encargado del Programa PAC
Cajamarca	C.S. Tembladera, Prov. Contumaza	9/19/87	Srta. María Elena Quiroz, Nutricionista PAC
Cuzco	UDE y Hospital Apoyo (H.A.) Cuzco	9/21/87	Dr. Genaro Laynes Chauca, Director UDE Cuzco; Dr. Carlos Vásquez, Director Ejecutivo UDE Cuzco; Dr. Julio César Vargas Trujillo, Jefe de la Unidad de Servicios Periféricos Cuzco; Nut. Luz Dueñas Alvarez, Coordinadora Equipo Nutricionistas PAC

Organizations and Representatives Visited during Field Work

Place	Organization Visited	Visit	Persons Interviewed and Title
Cuzco	Comedor Club Madres Anta, Prov. Anta	9/22/87	Presidenta y Miembros Club de Madres Anta. Equipo de Nutricionistas y Promotores UDE Cuzco-Autoridad Comunal (Tnte. Gobernador)
Cuzco	Comedor Club de Madres y Jardín Infancia Conchacalla, Prov. Anta	9/22/87	Presidenta y Miembros Club de Madres Conchacalla. Autoridades educacionales del Jardín y Educación Primaria
Cuzco	Centro Educativo (CE) 50574-51/E	9/22/87	Directora CE y Personal Docente del Plantel. Equipo de Nutricionistas y Promotoras del PAC-Cuzco

## Appendix D

### PERSONS CONSULTED

#### AID/Washington

Ms. Hope Sukin-Klauber, FVA/PPE.  
Mr. J. P. Perry, FVA/LAC  
Ms. Judy Gilmore, FVA/LAC.  
Ms. Sam LaFoy (TDY Peru August 1987)  
Mrs. Maureen Arredondo (ex-FFD/USAID/Lima)  
Mr. Peter Bachrach, Consultant, Planning Assistance.  
Mr. Robert Queener (telephone)  
Mrs. Gladys Frazier, FVA.

#### USAID/Lima

Mrs. Linda Lion, Human Resources Director  
Mr. George Daldino, Food for Development Director  
Mr. Alfredo Gutierrez, Project Manager  
Mr. Armando Rodriguez, Program Specialist  
Ms. Eliane Karp, Evaluation Specialist.  
Ms. Karin McFalland, Program Assistant.  
Mrs. Joan LaRosa, Health Officer.

#### Ministry of Health

Dr. Emilio Picon Reategui, Director General of PAC.  
Lic. Olga Diaz, Chief of PAC Feeding program.  
Adm. Cesar Izique, Administrator.  
Lic. Margarita Perez, Statistics Chief.

#### Health Department of Lima

Dr. Guillermo Contreras, Director of Lima Health Department,  
Lic. Martha Cruzado Rbotti, Nutritionist, Coordinator, Lima City Health Dept.  
Lic. Soledad Luna, Nutritionist of Santa Rosa Supporting Hospital.  
Lic. Carmen Urbine, Nutritionist of General Hospital, Lirayzo.  
Mr. Benjamin Silva Meza, Planning Director  
Dr-Chief, San Luis Health Center.  
Mrs. Martha Guarda, Coordinator of San Luis Health Center.  
Mrs. Isabel Zugbe Arroyo, PAC Program promoter.  
Dr. Victor Pino de la Sota

#### Health Department of East Lima

Dr. Victor Pino de la Sota, Director of East Lima Health Department.  
2 nutritionists.

#### ONAA Office National de Apoyo Alimentaria, National Office of Food Support.

Mr. Gustavo R. Mendoza Taramona, Director General.  
Eco. Alfonso Chung Luzan, Technical Director.

#### International Cooperation, Ministry of Health

Mr. Victor Loro.

#### OFASA/ADRA

Pastor Dwight Taylor, Country Director of Adventists.

Cajamarca Health Department and Environs

Dr. Diego Tejada Goycochea, Director of Supervision, Evaluation and Accounting.

Dr. Alfonso Niño Guerrero, Director of Planning.

Sr. Ruben Chong Rengito, Director of Logistics.

Lic. Marcia Davila Ruiz, Nutritionist

Lic. Aida Malaver de Lopez, Nutritionist-Coordinator.

Sra. Pilar Arjas Abanto, PAC coordinator, San Marcos Health Center.

Sra. Nibia Grau Aliaga, in charge of Kindergarten, Namora.

Srta. Carmen Zelada, nurse in charge of Health Post, Namora.

Dr. Javier Arnado Morales, Director of Chilete Health Center, Contumaza Province.

Lic. Marielena Quiroz, Nutritionist in Tembladura Health Center, Contumaza Prov.

Enf. Zoila Zamora Teran, Tembladura Health Center, Contumaza Province.

Cuzco Health Department and Environs

Dr. Genaro Laynes Chauca, Director of the Cuzco Health Department.

Dr. Mauro Sanchez, Director of Auxiliary Hospital No. 1, Cuzco.

Dr. Carlos Vasquez, Executive Director of Health Department.

Dr. Julio Cesar Vargas Trujillo, Chief of the Unit of Outlying Area Services, Cuzco.

Lic. Luz Dueñas Alvarez, Nutrition Coordinator, Head of PAC Program.

Lic. Elisa Segura Diaz, Nutritionist in charge of Outlying Areas.

Srta. Haydee Obando, Promotora, Outlying Areas Team.

Srta. Tomasa Galdos, Promotora, Outlying Areas Team.

Srta. Doris Cucñas, Promotora, Outlying Areas Team.

Srta. Rosa Vasquez, Promotora, Outlying Areas Team.

Srta. Luzmila Tapia, Promotora, Outlying Areas Team.