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CHRISTIAN REFORMED WORLD RELIEF COMMITTEE

**Second Annual Report
of the
Three Year Matching Grant
with
United States Agency for International Development**

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-- EXECUTIVE SUMMARY --

In this mid-course report, special attention is focused on the review and analysis of project results by country, and the review and analysis of headquarters support functions.

The results expected to be achieved in the three-year program are:

In Bangladesh, the development of 160 local groups, 32 central committees, and possibly a regional organization which will assist 1,921 families. Child malnutrition rates will be reduced from 70% to 50%, and incomes will be increased by \$17 per family.

In Belize, the development of seven committees and cooperatives and as many as two regional organizations which will assist 400 refugee and impoverished farm families. Child malnutrition rates will be reduced from 57% to 20%, and incomes will be increased by \$100 per family.

The actual results for 1989-90 are as follows:

- Bangladesh** - Crop production/technical assistance
73 cooperatives functioning
1,667 families being served
Income increased from \$271 to \$274.60 per family
- Technical Assistance to Women
48 cooperatives functioning
784 families being served
Income increased from \$271 to \$275 per family
- Malnutrition
48 cooperatives functioning
320 children in program
Malnutrition reduced to 151 malnourished
- Literacy
700 participants
549 passed a basic literacy test
- Northern Belize** - Agriculture
5 community groups functioning
253 families being served
Income increased \$91.50 per family

Executive Summary -- continued

- Health
5 community groups functioning
154 children in program
Malnutrition reduced in 39 of the children

Valley of Peace

- Agriculture
1 cooperative functioning
108 families being served
Income increased \$75 per family

Health

3 community groups being formed
94 children in program
Malnutrition reduced to 44 malnourished

Headquarters Grand Rapids continued to be strongly oriented toward the function of supporting field operations. An intensive planning workshop was conducted in Belize leading to renewed interest in the formation of a national board, the hiring of a national director, and coordinators for the agriculture and health programs. In Bangladesh, also, positive steps have been taken toward local ownership, control and sustainability.

The Health Consultant Team, made possible through the cooperative agreement with U.S. AID, has provided CRWRC with helpful observations and conclusions. The result is primary benefits of increased mother participation and healthier children.

CRWRC desires to make the health consultation and training more broadly available. It will be highly beneficial to spread the good things that have resulted from the health consultant project to other program areas.

CRWRC requests that U.S. AID make the consultation and training more broadly available to existing CRWRC programs, projects and fields, as well as making health consultation and training more widely available throughout the organization.

CRWRC specifically requests of U.S. AID that it allow CRWRC to expand the existing Matching Grant program to at least one more project.

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I. BACKGROUND TO GRANT AND PROJECT CONTEXT

Purpose, Approach, and Special Capability

Concern for a world-wide ministry of relief and development within the membership of the Christian Reformed Church dates back to relief efforts following World War II. As early as 1950 the governing body of the Christian Reformed Church considered the advisability of appointing a denominational diaconal committee to coordinate the work of mercy within the denomination and to provide the diaconates with an overall picture of the needs of the poor. Between that date and the eventual formation of CRWRC in 1962, the Christian Reformed Church addressed itself to numerous tragedies, both domestic and overseas, including the loss of property and 5,000 lives in Japan as the result of Typhoon Vera in 1959, and the hardship and suffering that was an aftermath of the Korean War. The growing denominational concern and involvement in the Korean relief effort led to the formation of CRWRC in 1962, to administer that growing ministry and coordinate worldwide relief efforts for the Christian Reformed Church of America.

In the early 1960's, disaster relief and aid to refugees was the primary outreach of CRWRC. The late 1960's and early 1970's gave way to direct service involvement through agriculture projects, feeding programs, literacy projects, adoption programs, and programs for the handicapped. In the later 1970's, development became the approach to the world's problems. The early 1980's has seen the refinement of development to include an emphasis on developing key skills for self determination and the establishment of independent organizations on the local and national level. From this progression in relief and rehabilitation CRWRC has developed an approach to "development," which has become an overall strategy to develop the ability of selected groups of people to identify and respond appropriately to their major problems and opportunities, thus enabling them to function independently. CRWRC, then, focuses its non-emergency efforts toward the strengthening of existing organizations. This is accomplished by helping them identify and remove the restraining factors: a lack of resources; and a lack of management skills. Thus, development linkages knit CRWRC staff to national partner organizations which employ national staff, who capacitate local organizations and empower the poor.

Circumstances Which Gave Rise to the Matching Grant Request

BANGLADESH

A major goal of the Bangladesh project is the improvement of the health status through educational programs, literacy training, and primary health care. Kitchen gardens and improved agricultural practices will be introduced. The funding provided by the U.S. AID grant has enabled CRWRC to address the problems of poor health practices, high poverty, high rates of unemployment due to lack of employment opportunities, high illiteracy, lack of group cohesiveness among the poor, apathy among the recipients, and a lack of credit availability to the poor families.

The essence of the problem is to build and strengthen national partner organizations and train national staff so that they can develop local committees and groups that will be able to independently carry on projects aimed at reducing poor health practices, high poverty, high rates of unemployment, high illiteracy, and a lack of cohesiveness among the poor.

In order to accomplish this task, CRWRC needs to place expatriate staff in position to build and strengthen the partner groups. Local resources are utilized extensively, such as vaccination programs, family planning programs and village health assistants. Through the funding provided by U.S. AID, CRWRC has been able to provide the necessary training in primary health education, water consultation, income generation, and literacy.

BELIZE

CRWRC has operations in two areas of Belize. In the northern district of Corozal it provides agriculture and health/nutrition services through community organizations. In an area known as the Valley of Peace, CRWRC is working with refugees at the request of the government of Belize to assist settlers increase their basic food supply, improve family nutrition and income, reduce malnutrition, and assist in the growth of a literacy program.

Again, the essence of the problem is to build and strengthen national partner organizations and to train national staff so that they can develop local committees and groups that will be able to independently carry on projects aimed at reducing the causes of poverty.

To accomplish this, CRWRC employs farmers as promoters and fosters group decision making via a non-formal education methodology. The need is to develop a committee structure for continuing success and sustainability.

As is the case in Bangladesh, the need for organizational management and training expertise is evident. The U.S. AID grant has provided the needed financial assistance to provide training in primary health education, income generation, and literacy.

II. PROJECT METHODOLOGY

The cooperative agreement between U.S. AID and CRWRC states as the program goal, to eliminate some of the causes of poverty in Belize and Bangladesh. The purpose of the agreement specifically states, "to assist the recipient to improve the quality of life of the rural poor in Bangladesh and Belize."

The results expected to be achieved in the three-year program are described as follows:

"In Bangladesh, the development of 160 local groups, 32 central committees, and possibly a regional organization which will assist 1,921 families. Child malnutrition rates will be reduced from 70% to 50%, and incomes will be increased by \$17 per family.

In Belize, the development of seven committees and cooperatives and as many as two regional organizations which will assist 400 refugee and impoverished farm families. Child malnutrition rates will be reduced from 57% to 20%, and incomes will be increased by \$100 per family."

BANGLADESH

Implementation Plan

Expatriate staff train and supervise national staff who in turn form local groups of 20 or less target people. In the Bangladesh program men and women are not in mixed groups. Each group learns essential skills as well as leadership and how to build trust and equality within the group. Individuals find security and motivation in the groups. The groups receive simple organizational training along with planned coordination of their resources, including labor, skills, equipment, and finances. (See Appendix 1, Implementation Chart, for detail.)

Women's programs -- These programs train participants in income-earning skills such as embroidering, mat and cap making, knitting, palm fiber hand-weaving, tailoring, jute rope making, tree seedling production, rice processing, and kitchen gardening. Participants, through a savings fund, offer credit to their own members. They also receive instruction in literacy, preventive health care, nutrition, and sanitation.

Landless and nearly landless families -- These families are helped by organizing them into groups which develop into cooperatives. Participants take a basic literacy and social awareness course and are encouraged to start a savings and investment fund. They also receive training in the skill areas required for a group investment project of their choosing. One of the program's main objectives is to develop unity and trust among the members. Eventually, these cooperatives become members of newly-organized, larger groups called "Central Cooperative Committees." The CCCs enable cooperatives to get institutional credit for larger projects or small businesses.

Marginal farmers -- Through a network of field offices CRWRC's programs reach marginal farmers. Bengali staff at each office select farmers according to need; help them secure loans to buy irrigation pumps, fertilizer, seed; and teach them improved farming practices.

Gender accomplishments -- Because of the cultural situation of women in Bangladesh, the program responds to their needs in ways which provide opportunities which are otherwise unavailable to women in Bangladesh. But for the same reason this must be done by carefully

developing a separate women's program. Women also benefit from the men's program as it increases family resources.

BELIZE

Implementation Plan

The focus of the Belize program is on institution building. Because of limited resources prior to the U.S. AID funding, project innovations were largely unsupported and unassimilated. The implementation plan is to allow for the advancement of participants from the status of recipients to the status of owners.

Institution building -- The part-time salaried and voluntary promoters at the Belizean staff level are currently forming their own Belizean organization which is to be operational by 1992, the phase-out date of CRWRC. This national organization will continue to meet the needs of their people. The selection has been made for the position of director, coordinator of health, and coordinator of agriculture. A board composed of no less than five persons is currently being formed.

Planning workshop -- During October, 1990, CRWRC conducted a planning workshop with the Belizean staff. The workshop was designed to encourage the promoters to formalize plans to continue their work with community groups under an organizational structure that will replace CRWRC after the phase out. In this workshop the group formulated the following statement of their two-year goals:

To be able to provide health education and agriculture education in order to develop the country of Belize and to introduce new technology for the improvement of both the social and economic standards of Belizean people; to help groups implement development that will benefit all members of the community; to facilitate the spiritual and physical development of people in need; to assure that there are human and material resources available to carry on development work

in communities, to develop means of mutual support among the promoters so that they can continue their work in the communities.

The group then formulated three goals for the first year of their plan:

- To organize so as to be able to sustain the program within the resources available;
- To assure that the organization has enough capital to carry on its work; and
- To train people in such a way that they can transmit their skills to others.

III. MONITORING AND EVALUATION

CRWRC monitors the results of the Bangladesh and Belize programs on a regular basis by means of its Management Information System. This system requires monthly input from each field on the progress being realized for each objective. In addition, each field reports on a semi-annual basis the progress being made toward institution building. Specifically, this device measures a group or institution's progress in gaining the skills needed to carry on sustainable development independently.

So that U.S. AID is kept aware of the program progress and difficulties encountered, CRWRC has submitted, and will continue to submit the M.I.S. report and the semi-annual reports for each program year.

There was no need to make alterations in the planned monitoring procedures. They were fully implemented as planned.

During August and September, 1990, a mid-year evaluation was completed of the Bangladesh and Belize programs. The evaluation teams were led by Dr. John Montgomery from Harvard University.

In the report to U.S. AID, Dr. Montgomery states:

"Progress toward goals of Cooperative Agreement -- All provisions of the Cooperative Agreement are on track. The detailed goals developed by the Christian Reformed World Relief Committee (CRWRC) for the country activities supported by AID have been converted to country programs, and the degree of goal attainment, recorded in annual and semi-annual reports, has been, in the judgment of this team, satisfactory. Field evaluations have been frequent and, for the most part, comprehensive.

Performance and Effectiveness in Belize and Bangladesh -- Benefits delivered to farmer groups and refugee communities have been identifiable and are recognized by the intended beneficiaries.

The degree of institutional sustainability is still in doubt in both northern and southern projects in Belize, and alternative approaches to their continued usefulness and viability, are under review. Prospects for institutional adaptation in the country will constitute the major concern for the future of the program, which is scheduled for phase-out in 1992.

Both Bangladesh sites show evidence of group institutionalization and mounting activity. The establishment of a national board is under way to assume responsibility after CRWRC's support has been withdrawn."

IV. REVIEW AND ANALYSIS OF PROJECT RESULTS BY COUNTRY

The program goal of the Cooperative Agreement between U.S. AID and CRWRC is to eliminate some of the causes of poverty in Bangladesh and Belize. The purpose of the agreement is to assist the recipient "to improve the quality of life of the rural poor people in Bangladesh and Belize."

As stated earlier in this report, the results CRWRC expects to achieve in the three-year program are as follows:

- In Bangladesh, the development of 160 local groups, 32 central committees, and possibly a regional organization which will assist 1,921 families. Child malnutrition rates will be reduced from 70% to 50%, and incomes will be increased by \$17 per family.

- In Belize, the development of seven committees and cooperatives and as many as two regional organizations which will assist 400 refugee and impoverished farm families. Child malnutrition rates will be reduced from 57% to 20%, and incomes will be increased by \$100 per family.

We now can review the results as of the second year of the Cooperative Agreement against the three-year expectations.

BANGLADESH

The cooperative agreement between U.S. AID and CRWRC includes a project in Bangladesh known as the SoShiKa project. SoShiKa is derived from the organizational name, Somobaya O Shikhkha KarjoKrom, meaning cooperative and education program. This project is located in the Jamalpur District of Bangladesh, hence it is sometimes referred to as the Jamalpur project.

Specific Outputs Achieved

Targets set for the second year of the cooperative agreement have been nearly met or exceeded in the areas of health, literacy, and income generation. This has been realized in both the men's and the women's programs. During the past year, six field assistants were added to the program. A national has assumed the position of director of the women's program.

Four specific objectives were agreed to for the SoShiKa project for the second program year:

Objective 1 - To increase the income of 1800 families from \$271 to \$275 annually by increasing crop production and technical assistance to the men.

Objective 2 - To increase the income of 645 families from \$271 to \$275 per family by offering technical assistance to the women.

Objective 3 - To reduce malnutrition among 219 children of 235 families from 177 malnourished to 142 malnourished children.

Objective 4 - To increase literacy of 700 family members. Of these illiterate persons, 420 will pass a basic literacy test.

Results for the Second Program Year

Objective 1 - The end of the year results account for 73 cooperatives serving 1,667 families. The average annual income increase per family is reported to be \$3.60.

Objective 2 - The results for the end of the year account for 48 cooperatives serving 784 families. The average annual income increase per family is reported to be \$4.00.

Objective 3 - The end of the year results account for 48 cooperatives serving 320 children and reducing malnutrition affecting 169 of these children.

Objective 4 - The end of the year results account for 700 participants in the program of whom 549 passed the basic literacy test.

ANALYSIS

Objective 1

Skill Rating Scores

Code: +1 = not functioning
+2 = dependency
+3 = cooperative
+4 = consultative
+5 = independent

Skill	Target	Actual
Technical	3.0	1.5
Management	3.0	2.5
Financial	3.0	3.0
Community Control	2.9	1.5
Linkage	2.7	1.5

There are skill rating scores available on every cooperative group, analyzed in detail for their functioning in a number of areas. The skill rating scores above relate to the ShoShiKa Board. The board is difficult to evaluate, primarily because it is dominated by one or two personalities. The board has still to gain members, establish criteria for board membership, terms of service, and learn more about development. The relationship between CRWRC staff and the board has been "rough" at times but very productive. The SoShiKa board, for instance, has insisted on hiring and supervising staff at an early stage when CRWRC expatriate and national staff thought that this responsibility should be theirs.

Objective 2

The field reports that the means of measuring objective two are unclear. Part of the problem is determining what is being measured: is it profit from cooperatives' activities only; individual profit from co-ops and related ShoShiKa work; a total or some combination of personal and co-op income? In the past the information from the project was utilized in a formula made to fit CRWRC planning documents. Staff are struggling to define meaningful key indicators of income. The most attractive proposal to date is to just measure per member co-op income and do an annual baseline analysis of community overall wellbeing defined in broader terms. This community indicator would be evaluated annually. It is obvious that a \$4.00 increase in income as an objective is not very helpful. For one reason such a small increase may be difficult to measure. A second reason is that there are too many other variables that make it impossible to attribute an income increase or decrease directly to the ShoShiKa work.

Objective 3

A key ingredient of the U.S. AID and CRWRC Cooperative

Agreement is the health consultant component.

During the past year, three of the health consultants, Ary Vreeken, Peggi Vander Meulen and Paul Ippel conducted health seminars in Bangladesh. The field reports that it is exciting to see the impact of implementing the recommendations of these consultants. The results are good. Village women understand the "Road to Health" cards and are regularly weighing their children.

Objective 4

Nothing is more exciting, the field reports, than to see adults and young people sit under the stars with kerosene lamps learning to read and write. No longer do these persons sign their names with an "X" or thumb print, displaying ignorance. Now a person writes his/her name with pride and dignity. Yet, it is fairly obvious that a follow-up literacy course is going to be necessary to maintain literacy skills anywhere near 50%. Also, the linkage between becoming literate and the economic/social/spiritual benefit has to become stronger.

BELIZE

The cooperative agreement between U.S. AID and CRWRC includes projects in Northern Belize and a refugee project known as the Valley of Peace. The focus of the projects in Northern Belize is to increase the basic food supply of participating families, to develop alternative cash crop and income generation ideas, to reduce malnutrition, and to strengthen the organizational base at village Belizean staff levels. The staff serving these projects are thus working in two very different settings separated by some three hours of driving over difficult roads.

Specific Outputs Achieved

Northern Belize

Four specific objectives were agreed-to for the Northern Belize project for the second program year:

Objective 1 - To assist 225 families to increase their

basic food supply by increasing corn production from 800 lbs/acre to 1,600 lbs/acre; bean production from 400 lbs/acre to 600 lbs/acre; vegetable produce from \$0 to \$130 per family; and soybean (for home consumption) from 0 to 50 lbs/family.

Objective 2 - To develop alternative cash crop/income generation ideas such as soybean, poultry, cottage industries, etc., under the above budget. Also, to experiment with ways to increase sugar cane yields. (Sugar is the traditional cash crop in the region.)

Objective 3 - To reduce the malnutrition among 160 children or 90 families by improving the nutritional status of at least 40 (25%) children by one degree.

Objective 4 - To strengthen the organizational base at village and Belizean staff levels.

Results for the Second Program Year

Objective 1 - The field reports that 70 families achieved increasing corn production, and that 50 of the families surpassed the goal by 800 lbs. per acre. Bean production was achieved by 100 families. Soybean production is not available as the planting is scheduled for fall, thus harvest figures are not available. For home gardens, 60 families did not achieve the overall goal, but specific objectives were achieved in training sessions, planning and follow up, and production of 6 lbs. of potatoes for each pound of seed planted.

Objective 2 - The field reports that 74 farmers from 6 communities attended fertilizer training sessions.

Objective 3 - A total of 154 children of 84 families

participated in weigh-in days during the year. The field reports that this brings us very close to the numerical goal of 160 children of 90 families. Of these 154, 41 children from 16 families participated for the first time, indicating continual new interest in the program in spite of drop-out of some previous participants.

Objective 4 - Due to the extended cane season and stable prices of the cane, many of the farmers have placed less emphasis in diversification. The groups at the local village are very difficult to get together for training. Three villages have elected working committees, each of which is working at different levels of independence.

However, as noted earlier in this report, the part-time salaried and voluntary promoters have decided to form their own Belizean organization to continue to meet the needs of their people after CRWRC phases out in 1992. A national director has been appointed, as well as nationals to fill the positions of coordinator of health and coordinator of agriculture. A board is currently being formed.

Long range planning has taken place on the field by CRWRC home office staff. A board and its workers is now nearly in place. Extensive training to the newly-formed board as well as staff will take place.

ANALYSIS

Skill Rating Scores

Code: +1 = not functioning
+2 = dependency
+3 = cooperative
+4 = consultative
+5 = independent

Village Groups

Skill	Target	Actual
Technical	3.0	3.0
Management	3.0	3.0
Financial	2.5	2.0
Community Control	3.0	2.0
Linkage	3.0	3.0

Promotor Team

Skill	Target	Actual
Technical	3.5	3.5
Management	3.5	3.5
Financial	2.0	2.0
Community Control	3.5	2.5
Linkage	3.5	3.5

Valley of Peace

Five specific objectives were agreed-to for the Valley of Peace for the second program year:

Objective 1 - To assist 150 families to increase their basic food supply by increasing corn production from 800 lbs/acre at a cost not to exceed \$8,250.

Objective 2 - To assist 150 families to improve family nutrition and income via soybean, fruit trees, home gardens, grain storage, animal projects, etc.

Objective 3 - to reduce the malnutrition among the 248 children of 159 families by improving the nutritional status of at least 11 (25%) out of the 43 malnourished children by at least one degree.

Objective 4 - to foster the growth of local development

groups such as the agricultural cooperative, the village health committee, and women's groups.

Objective 5 - To assist the growth of the literacy program already in effect in the Valley of Peace.

Results for the Second Program Year

Objective 1 - Co-op members are practicing improved methods (velvet bean and no burning). They are noticing results, increased production and lower costs. Much better income is anticipated due to grain drying and storage facilities. Fifty families participated in the corn production for an average of 4 acres per farmer. Goal achievement is expected.

Objective 2 - Twenty-two mothers participated in the garden initiative, 10 families planted small soybean parcels, and 35 families participated in the livestock project. Eighteen mothers were successful at harvest; the soybean harvest was not complete at the time of this report. The livestock project continues to be popular and is going well. Members meet almost monthly and 5 new committees were formed.

Objective 3 - From January through July a total of 94 children from 79 families participated in the child monitoring program. In August a master list of malnourished children was developed showing 50 children from 47 families (44 in first degree and 6 in second degree malnourishment). Thirteen of these families are participating in the agricultural program also.

The overall summary data shows continued improvement with 86% of normal weights now compared to 78-82% in 1989. The accuracy of this comparison may be questionable due to the considerable decrease in sample size.

Two new health promoters have completed their training and have expressed their willingness to cooperate with CRWRC in visiting families of malnourished children in order to encourage them to continue follow-up care and in teaching in the mother's groups.

Objective 4 - The Agricultural Co-op is improving on their work plans. The group meets more regularly and is sharing the workload among its members. Participation, however, by all members is still a weak area for the leaders and the Co-op. A livestock committee has recently been formed for the purpose of managing the livestock project. The Health Committee has not been functional and new members are now being brought into the group. Two women's groups have been meeting with the possibility of 3 more groups.

Objective 5 - CRWRC staff has begun to collaborate with two primary school teachers in literacy. The field reports that after 2 weeks of classes there are 25 participants in the program.

ANALYSIS

Skill Rating Scores

Code: +1 = not functioning
+2 = dependency
+3 = cooperative
+4 = consultative
+5 = independent

Agriculture Co-op

Skill	Target	Actual
Technical	3.5	3.5
Management	3.5	3.0

Financial	4.0	3.0
Community Control	3.0	2.0
Linkage	2.5	2.5

Livestock Committee

Skill	Target	Actual
Technical	2.0	2.0
Management	2.0	2.0
Financial	---	---
Community Control	2.0	2.0
Linkage	3.0	3.0

Women's Groups

Skill	Target	Actual
Technical	2.0	2.0
Management	2.0	2.0
Financial	---	---
Community Control	2.0	2.0
Linkage	2.5	2.5

In the mid-term evaluation, Dr. John Montgomery noted:

CRWRC is in constant -- daily and nightly -- contact with Belizean beneficiaries, including both the promotores and group leaders and individual farmers and their families. Staff members occasionally accompany the promotores on their rounds, and they meet the group leaders and board members every week or so. The staff is well informed about the history and the needs of the people with whom they are working. We found that their personal knowledge extends far beyond the reports listing field achievements.

The mid-term report goes on to state:

The most important contribution CRWRC

will bequeath on its departure in 1992 is almost certainly the trained and dedicated promotores who will be qualified to carry on the work of extending technical knowledge to farmers and villagers.

V. MANAGEMENT: Review and Analysis of Headquarters/Support Functions

The first annual report submitted to U.S. AID detailed the headquarters support functions. Those functions continued to be provided during the second year of the three-year cooperative agreement with U.S. AID. For this annual report we will concentrate on the training and technical assistance provided by headquarters aimed at the accomplishment of the specific objectives for the second year time period.

Long Range Planning Workshop

The week following the mid-term evaluation of the Belize program, CRWRC's Planning Coordinator conducted a planning workshop on the field. Staff requested that a workshop be held so that the national staff (promotores) would be encouraged to formalize a plan for continuing their consultation to the community groups, and so that they could determine their vision of the organizational structure that will replace CRWRC when phase-out occurs.

The aim of the workshop was to lead the group through a process whereby they could determine where, organizationally, they want to be within two years, what they determine should be their reason for a continuing existence, what problems they will need to resolve, what barriers must be overcome, and what strategy alternatives are available to them.

In dealing with the reason for existence the discussions led to the following summarized responses:

- To be able to provide health education and agriculture education in order to develop the country of Belize and to introduce new technology for the improvement of both the social and economic standards of the Belizean people.

- To serve communities by helping groups to implement development that will benefit all members of the community.
- To facilitate the spiritual and physical development of people in need.
- To assure that there are human and material resources available to carry on development work in communities.
- To develop a means of mutual support among the promotores, so that each promotor can continue his/her work in the communities served.

The workshop participants then formulated a mission statement reflecting the group responses as follows:

For the love of God to us and our love for Him, we desire to serve the communities and members of the communities by means of teaching and learning in agriculture, health care, and literacy for the betterment of their lives.

The group next proceeded to work through a situational audit by: analyzing the expectations of outside interests (community boards, program participants, and other interested agencies); inside interests (staff, promotores, and funding sources); and by the capabilities (strengths and weaknesses) of the overall organization. The responses were placed in categories and prioritized. From the list, a set of problem statements was developed reflecting the major obstacles that need to be resolved in order to realize the agreed-to mission statement.

The problem statements were prioritized, and three goals were formulated:

Organization

To form an organization within the Belizean context that can sustain itself within the resources available from the in-country program.

Finance

To assure that the organization will have sufficient capital to carry on its work.

Training

To train people in health care, agriculture, literacy, and spiritual values in order that they can train others.

Three major needs were identified for which strategies must be developed as the Belize program moves toward phase-out:

Community Groups -- Currently, there are six community groups in the program. Five of these groups have been established in Northern Belize. One is located in the Valley of Peace. A second group is being reorganized in the health care area.

The aim of CRWRC's consultation approach is to develop the community groups to a stage of independent functioning. The means of determining the community group's progress toward independence is to measure their mastery of five skill areas: technical skills; management skills; financial skills; community control skills; and holistic ministry skills.

Of the six groups, three have developed to a board-structure stage. The groups are generally at a dependent to a cooperative-functioning level. In other words, the groups can only function with the assistance of the promotores.

A strategy needs to be developed for continuing consultation to the community groups as they develop toward independent functioning.

Organizational Structure -- The program in Belize operates in two regions: the Northern programs; and the Valley of Peace. No formal structure exists for regional organization of the community groups, or for an umbrella organization for the program as a whole.

A strategy needs to be developed for forming an organizational structure.

Financial Base -- The Belizean program depends upon its financial resources from funds provided by CRWRC and grants awarded by U.S. AID that are channeled through CRWRC. The program has virtually no other support base.

A strategy must be developed for securing a dependable funding base.

Progress Made

The participants in the planning workshop decided to concentrate on the organizational goal. The field reports that a national director has been selected to head the organization. National coordinators have been hired for the agriculture and health programs. A governing board of at least five members is now being formed.

Decisions have been made to continue the operation of the Belize program as it will need to be administered after CRWRC withdraws its support. That means staff are now utilizing public transportation, rather than relying on CRWRC vehicles; are staying in the communities they service, rather than traveling back and forth from their homes, and are seeking linkages with other groups in the country that can furnish expertise in areas of need.

The promoters are committed to continuing their services to community groups and participants after CRWRC phase-out takes place. They are dedicated to their tasks and perceptive to expectations and needs in the communities.

Health Care Consultants

A team of four trainers/consultants has been active in strengthening the health and institutional development aspects of the work in Bangladesh and Belize. CRWRC has utilized their expertise to also strengthen CRWRC programs in other locations.

During the second year of CRWRC's cooperative agreement with U.S. AID, these consultants have provided the following training and consultation to Belize and Bangladesh as part of the cooperative agreement, as well

as being utilized at CRWRC expense in other programs.

Bangladesh -- Ms. Peggi Vander Meulen made a field trip to Bangladesh in February, 1990, for the purpose of conducting a training workshop on nutrition and growth monitoring for national staff; to make an assessment of health programs and make recommendations for improvement; and to review the SoShiKa women's program, assessing progress made in implementing Mr. Paul's recommendations of an earlier trip as well as suggesting new steps for improvement.

Bangladesh -- During May, 1990, Mr. Ary Vreeken traveled to Bangladesh for the purpose of assessing the current water problems in selected areas where SoShiKa members work; conduct a water and sanitation training seminar for SoShiKa staff; and meet with Bangladesh agencies who work in water and sanitation for SoShiKa members.

Belize -- Ms. Karen Westra made a second visit to Belize to review the current health program operated by CRWRC in the Valley of Peace and the Northern projects; and to conduct two training workshops on non-formal adult education (as relates to health) in both of the areas.

Bangladesh -- In September, 1990, Mr. Paul Ippel made a second visit to Bangladesh for the purpose of conducting a workshop for CRWRC staff on organizational development and primary health care; to conduct a workshop on board development and primary health care for the SoShiKa board; and conduct workshops on health care for other CRWRC projects in Bangladesh.

Other CRWRC Programs -- In addition, CRWRC utilized the team members at its expense to provide similar training and consultation in the Dominican Republic and Honduras.

Another benefit that has evolved from the health consultant team is a newsletter for CRWRC staff who are involved in health programs, either directly in CRWRC programs, or as advisors to national organizations. The intent is to provide information for "generalists" who need to give advice to partner groups regarding their health programs, as well as for "health experts." It is hoped that the newsletter will serve as a forum for discussing

issues in health care and to present new technical developments. The intention is to exchange ideas, resources, experiences and problems among CRWRC health staff, to keep staff posted on new developments that may affect their programs, and to stimulate thought and discussion.

The reports cited above have been either sent to U.S. AID, or will be made available.

The health consultant team, that has been made possible through the cooperative agreement with U.S. AID, has provided CRWRC with helpful observations and conclusions, leading to primary benefits of increased mother participation and healthier children. Typical participant responses to the workshops request more training, especially on how to go about working together in promoting health towards a "real community transformation," where people can truly express their needs without fear. Follow-up training is another frequent request.

In the mid-term evaluation, Dr. John Montgomery summarized Headquarters Grand Rapids as strongly oriented toward the function of supporting field operations rather than justifying its own independent existence. Staff members, on describing their own experience, listed most frequently of all functions that of rendering personnel services to the field, including not only recruitment but also training, advice and information, and dealing with personal problems of field staff.

VI. FINANCIAL REPORT

The following pages 24, 25, and 26 contain the financial report on the U.S. AID/CRWRC Cooperative Agreement for the second program year.

The second annual year financial period is May 1, 1990 to April 30, 1991. The following financial report is for the period of May 1, 1990 to November 30, 1990.

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YEAR TO DATE
 VARIANCES

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BUDGET ELEMENTS	ANNUAL BUDGET			YEAR TO DATE BUDGET			YEAR TO DATE ACTUAL			OVER/(UNDER) SPENT	
	5/01/90 - 4/30/91			5/01/90 - 11/30/90			5/01/90 - 11/30/90			ACTUAL - BUDGET TOTAL	VARIANCE/ BUDGET %
	AID	PVO	TOTAL	AID	PVO	TOTAL	TOTAL	AID	PVO		
BOTH PROGRAMS											
Salaries and Fringes											
5 Project staff at 100% of time	62,842	19,184	82,026	36,656	11,190	47,846	49,141	37,605	11,536	1,295	2.7%
2 Intern staff at 100% of time	9,000	9,000	18,000	5,250	5,250	10,500	14,263	7,132	7,132	3,763	35.8%
1 Intern staff at 100% of time	0	0	0	0	0	0	0	0	0	0	ERR
20 National staff at 100% of time	26,550	8,250	34,800	15,486	4,812	20,298	9,935	8,383	1,632	(10,363)	-51.1%
4 Consultants at 25% of time	25,200	25,200	50,400	14,700	14,700	29,400	17,404	8,703	8,703	(11,996)	-40.8%
Total Salaries and Fringes	123,592	61,634	185,226	72,092	35,952	108,044	90,743	61,743	29,003	(17,301)	-16.0%
Administrative Support (includes salary, fringes and general departmental costs)											
Foreign Director at 9% of time	10,236	14,787	25,023	5,971	8,626	14,597	12,216	5,078	7,138	(2,381)	-16.3%
2 Regional Directors at 20% time	8,600	8,600	17,200	5,016	5,016	10,032	20,603	10,302	10,302	10,571	105.4%
2 Field Directors at 55% of time	9,182	9,182	18,364	5,356	5,356	10,712	12,153	6,077	6,077	1,441	13.5%
Total Administrative Support	28,018	32,569	60,587	16,343	18,998	35,341	44,972	21,457	23,517	9,631	27.3%
Travel											
To field	3,291	3,291	6,582	1,919	1,919	3,838	2,050	1,025	1,025	(1,788)	-46.6%
From field	1,670	1,670	3,340	974	974	1,948	2,056	1,028	1,028	108	5.5%
In-country	4,638	4,638	9,276	2,705	2,705	5,410	3,517	1,759	1,759	(1,893)	-35.0%
Consultant Travel	5,000	5,000	10,000	2,916	2,916	5,832	6,365	3,183	3,183	533	9.1%
International	2,317	2,317	4,634	1,352	1,352	2,704	1,246	623	623	(1,458)	-53.9%
Total Travel	16,916	16,916	33,832	9,866	9,866	19,732	15,234	7,618	7,618	(4,498)	-22.8%
Vehicle Costs	0	14,950	14,950	0	8,720	8,720	15,426	0	15,426	6,706	76.9%
Housing Costs	0	31,400	31,400	0	18,316	18,316	9,862	0	9,862	(8,454)	-46.2%
Field Office Costs	0	25,996	25,996	0	15,163	15,163	20,027	0	20,027	4,864	32.1%
Capital Expenses	0	15,500	15,500	0	9,041	9,041	2,778	0	2,778	(6,263)	-69.3%
Training Costs	6,000	6,000	12,000	3,500	3,500	7,000	6,463	3,232	3,232	(537)	-7.7%
Consultant Training	7,000	7,000	14,000	4,004	4,004	8,168	878	439	439	(7,290)	-89.3%
Direct Project Costs											
Mother/child education	7,388	7,388	14,776	4,310	4,310	8,620	10,223	5,112	5,112	1,603	18.6%
Sanitation	2,000	2,000	4,000	1,167	1,167	2,334	237	119	119	(2,097)	-89.8%
Food Production	25,670	21,430	47,100	14,974	12,500	27,474	22,583	12,162	10,422	(4,091)	-17.8%
Income Generation	4,688	4,688	9,376	2,734	2,734	5,468	12,030	6,015	6,015	6,562	120.0%
Total Direct Project Costs	39,746	35,506	75,252	23,185	20,711	43,896	45,073	23,408	21,668	1,177	2.7%
Evaluations	15,000	15,000	30,000	8,750	8,750	17,500	10,599	5,300	5,300	(6,901)	-39.4%
Indirect Costs	22,728	24,892	47,620	13,257	14,520	27,777	26,118	12,466	13,652	(1,659)	-6.0%
Expected Budget Cuts	(9,000)	(9,000)	(18,000)	(5,250)	(5,250)	(10,500)	0	0	0	10,500	-100.0%
TOTAL BOTH PROGRAMS	250,000	278,363	528,363	145,827	162,371	308,198	288,185	135,663	152,522	(20,025)	-6.5%

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BUDGET ELEMENTS	ANNUAL BUDGET			YEAR TO DATE BUDGET			YEAR TO DATE ACTUAL			YEAR TO DATE VARIANCES	
	5/01/90 - 4/30/91			5/01/90 - 11/30/90			5/01/90 - 11/30/90			OVER/(UNDER) SPENT	
	AID	PVO	TOTAL	AID	PVO	TOTAL	TOTAL	AID	PVO	ACTUAL - BUDGET TOTAL	VARIANCE/ BUDGET %
BANGLADESH											
Salaries and Fringes											
1 Project staff at 100% of time	19,755	5,351	25,106	11,523	3,121	14,644	13,597	10,699	2,898	(1,047)	-7.1%
Intern staff at of time	0	0	0	0	0	0	0	0	0		
Intern staff at of time	0	0	0	0	0	0	0	0	0		
15 National staff at 100% of time	18,300	0	18,300	10,674	0	10,674	6,671	6,671	0	(4,003)	-37.5%
2 Consultants at 25% of time	12,600	12,600	25,200	7,350	7,350	14,700	11,073	5,537	5,537	(3,627)	-24.7%
Total Salaries and Fringes	50,655	17,951	68,606	29,547	10,471	40,018	31,341	22,907	8,435	(8,677)	-21.7%
Administrative Support (includes salary, fringes and general departmental costs)											
Foreign Director at 5% of time	2,712	7,263	9,975	1,582	4,237	5,819	4,514	1,227	3,287	(1,385)	-22.4%
Regional Director at 20% of time	4,502	4,502	9,004	2,626	2,626	5,252	10,162	5,001	5,001	4,910	93.5%
1.5 Field Directors at 40% time	6,631	6,631	13,262	3,868	3,868	7,736	8,131	4,066	4,066	395	5.1%
Total Administrative Support	13,845	18,396	32,241	8,076	10,731	18,807	22,807	10,374	12,434	4,000	21.3%
Travel											
To field	2,166	2,166	4,332	1,263	1,263	2,526	2,050	1,025	1,025	(476)	-18.8%
From field	1,420	1,420	2,840	828	828	1,656	862	431	431	(794)	-47.9%
In-country	888	888	1,776	518	518	1,036	1,081	541	541	45	4.3%
Consultant Travel	4,000	4,000	8,000	2,333	2,333	4,666	5,596	2,798	2,798	930	19.9%
International	692	692	1,384	404	404	808	832	416	416	24	3.0%
Total Travel	9,166	9,166	18,332	5,346	5,346	10,692	10,421	5,211	5,211	(271)	-2.5%
Vehicle Costs	0	5,200	5,200	0	3,033	3,033	2,590	0	2,590	(443)	-14.6%
Housing Costs	0	20,850	20,850	0	12,162	12,162	4,284	0	4,284	(7,878)	-64.8%
Field Office Costs	0	15,596	15,596	0	9,097	9,097	10,740	0	10,740	1,651	18.1%
Capital Expenses	0	6,000	6,000	0	3,500	3,500	167	0	167	(3,333)	-95.2%
Training Costs	2,200	2,200	4,400	1,283	1,283	2,566	1,424	712	712	(1,142)	-44.5%
Consultant Training	3,500	3,500	7,000	2,042	2,042	4,084	656	328	328	(3,428)	-83.9%
Direct Project Costs											
Mother/child education	4,121	4,121	8,242	2,404	2,404	4,808	10,153	5,077	5,077	5,345	111.2%
Sanitation	0	0	0	0	0	0	0	0	0		
Food Production	22,420	18,100	40,600	13,078	10,604	23,682	16,664	9,202	7,462	(7,010)	-29.6%
Income Generation	3,938	3,938	7,876	2,297	2,297	4,594	10,274	5,137	5,137	5,600	123.6%
Total Direct Project Costs	30,479	26,239	56,718	17,779	15,305	33,084	37,091	19,416	17,676	4,007	12.1%
Evaluations	7,500	7,500	15,000	4,375	4,375	8,750	8,968	4,484	4,484	210	2.5%
Indirect Costs	11,235	12,305	23,540	6,553	7,178	13,731	12,984	6,197	6,787	(747)	-5.4%
Expected Budget Cuts	(5,000)	(5,000)	(10,000)	(2,917)	(2,917)	(5,834)	0	0	0	5,834	-100.0%
TOTAL BANGLADESH BUDGET	123,500	139,903	263,403	72,004	81,606	153,690	143,485	69,629	73,856	(10,209)	-6.6%

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BUDGET ELEMENTS	ANNUAL BUDGET			YEAR TO DATE BUDGET			YEAR TO DATE ACTUAL			YEAR TO DATE VARIANCES	
	5/01/90 - 4/30/91			5/01/90 - 11/30/90			5/01/90 - 11/30/90			OVER/(UNDER) SPENT	
	AID	PVO	TOTAL	AID	PVO	TOTAL	TOTAL	AID	PVO	ACTUAL - BUDGET TOTAL	VARIANCE/ BUDGET %
BELIZE											
Salaries and Fringes											
2 Project staff at 100% of time	43,087	13,833	56,920	25,133	8,069	33,202	35,544	26,906	8,638	2,342	7.1%
2 Intern staff at 100% of time	9,000	9,000	18,000	5,250	5,250	10,500	14,263	7,132	7,132	3,763	35.8%
1 Intern staff at 100% of time	0	0	0	0	0	0	0	0	0	0	0%
5 National staff at 100% of time	8,250	8,250	16,500	4,812	4,812	9,624	3,264	1,632	1,632	(6,360)	-66.1%
2 Consultants at 25% of time	12,600	12,600	25,200	7,350	7,350	14,700	6,331	3,166	3,166	(8,369)	-56.9%
Total Salaries and Fringes	72,937	43,683	116,620	42,545	25,481	68,026	59,482	38,836	20,568	(8,624)	-12.7%
Administrative Support (includes salary, fringes and general departmental costs)											
Foreign Director at 7% of time	7,524	7,524	15,048	4,389	4,389	8,778	7,782	3,851	3,851	(1,076)	-12.3%
Regional Director at 20% of time	4,098	4,098	8,196	2,390	2,390	4,780	10,441	5,221	5,221	5,661	118.4%
Field Director at 50% of time	2,551	2,551	5,102	1,488	1,488	2,976	4,022	2,011	2,011	1,046	35.1%
Total Administrative Support	14,173	14,173	28,346	8,267	8,267	16,534	22,165	11,083	11,083	5,631	34.1%
Travel											
To field	1,125	1,125	2,250	656	656	1,312	0	0	0	(1,312)	-100.0%
From field	250	250	500	146	146	292	1,194	597	597	902	308.9%
In-country	3,750	3,750	7,500	2,187	2,187	4,374	2,436	1,218	1,218	(1,938)	-44.3%
Consultant Travel	1,000	1,000	2,000	583	583	1,166	769	385	385	(397)	-34.0%
International	1,625	1,625	3,250	948	948	1,896	414	207	207	(1,482)	-78.2%
Total Travel	7,750	7,750	15,500	4,520	4,520	9,040	4,813	2,407	2,407	(4,227)	-46.8%
Vehicle Costs											
	0	9,750	9,750	0	5,687	5,687	12,836	0	12,836	7,149	125.7%
Housing Costs											
	0	10,550	10,550	0	6,154	6,154	5,578	0	5,578	(576)	-9.4%
Field Office Costs											
	0	10,400	10,400	0	6,066	6,066	9,279	0	9,279	3,213	53.0%
Capital Expenses											
	0	9,500	9,500	0	5,541	5,541	2,611	0	2,611	(2,930)	-52.9%
Training Costs											
Consultant Training	3,000	3,000	7,600	2,217	2,217	4,434	5,039	2,520	2,520	605	13.6%
	3,500	3,500	7,000	2,042	2,042	4,084	222	111	111	(3,862)	-94.6%
Direct Project Costs											
Mother/child education	3,267	3,267	6,534	1,906	1,906	3,812	70	35	35	(3,742)	-98.2%
Sanitation	2,000	2,000	4,000	1,167	1,167	2,334	237	119	119	(2,097)	-89.8%
Food Production	3,250	3,250	6,500	1,896	1,896	3,792	5,919	2,960	2,960	2,127	56.1%
Income Generation	750	750	1,500	437	437	874	1,756	878	878	882	100.9%
Total Direct Project Costs	9,267	9,267	18,534	5,406	5,406	10,812	7,982	3,992	3,992	(2,830)	-26.2%
Evaluations											
Indirect Costs	7,500	7,500	15,000	4,375	4,375	8,750	1,631	816	816	(7,119)	-81.4%
Expected Budget Cuts	(4,000)	(4,000)	(8,000)	(2,333)	(2,333)	(4,666)	0	0	0	4,666	-100.0%
TOTAL BELIZE BUDGET	126,420	138,460	264,880	73,743	80,765	154,508	144,700	66,034	78,666	(9,816)	-6.4%

VII. LESSONS LEARNED

At the beginning of this second annual report to U.S. AID, we stated that CRWRC's approach to development is an overall organizational strategy to develop the ability of selected groups of people to identify and respond appropriately to their major problems and opportunities, thus enabling them to function independently. CRWRC, therefore, focuses its efforts toward the strengthening of existing organizations by helping them identify and remove the restraining factors, a lack of resources and a lack of management skills. Thus, development linkages knit CRWRC staff to national partner organizations which employ national staff, who in turn capacitate local organizations and empower the poor.

In an article titled, "On the Nature of Development and Planning," Russell L. Ackoff stated:

"Development, contrary to what many believe, is not a condition or a state defined by what people have. It is a capacity defined by what they can do with whatever they have to improve their quality of life and that of others. Therefore, development is possession of a desire for improvement and the ability to bring it about. It is more a matter of motivation and knowledge than it is of wealth."

In the mid-term evaluation, Dr. John Montgomery summarized the evaluation team's conclusions:

"CRWRC has rightly placed 'sustainability' high on its agenda. It has defined the concept in terms of institutional survival after CRWRC's withdrawal from a project, and has included financial viability and organizational perseverance as indicators. It has developed a series of criteria it believes permit it to predict 'sustainability,' and to measure progress toward that end. It has maintained a fierce determination not to create a dependency relationship with the organizations it has created and supported."

The lessons learned from the programs in Belize and Bangladesh, under the cooperative agreement with U.S. AID, are that in order to assure the sustainability sought after, emphasis needs to be placed on providing program recipients with meaningful information, expert instruction, personal motivation, and the resources needed so that groups can effectively plan for themselves.

In the case of Belize, CRWRC reported in its first annual report that efforts at forming a regional organization were unproductive. This factor was very much on the minds of the evaluation team that conducted the mid-term evaluation. As a result, a block of time was devoted following the mid-term evaluation to work through a planning process with the Belizean promoters and expatriate staff. Effective development planning must be participatory. Effective development planning must be done by the recipients themselves.

The result of that approach and the lesson learned, is that the Belizean staff have now developed a long range plan that is theirs. They have ownership in it as well as the recipients to whom the service is provided. National leadership has replaced expatriate staff on the director level, the coordinator positions in agriculture and health care, and a governing board of nationals is now being organized.

In the Bangladesh program, we can cite the same lessons learned. In the past year, six new national field assistants were added to the program. The earlier issue of finding competent field level staff has been resolved through active board involvement and links with other organizations. At the top management level, a national has assumed the position of leading the women's program.

The benefits of the Health Consultant Program has been an encouragement of local ownership of project activities, an increase in CRWRC's networking with existing national and local organizations in the countries where the projects are functioning, and has encouraged local group participation in goal setting and evaluation. The Health Consultant Program has provided new ideas for monitoring program and participant progress. It has encouraged CRWRC toward more integrated primary health care programs, has increased staff competence through intensive training

activities, and has improved teaching techniques utilized by local staff. The program has helped staff identify what it is that contributes to the success of health projects.

Nancy Ten Broek, CRWRC health worker in Bangladesh, summarizes the results as follows:

"In October, 1990 an integrated program providing nutrition education and growth monitoring was begun in Loxmirchar union. This is taking place at the rural clinic and being assisted by the government health workers. So far its been highly successful to the point we are saying 'why didn't we try this sooner?' The community comes monthly for growth monitoring. Current SoShiKa group members are assisting with the weighing and the mother education. This approach will be expanded to Sripur union."

VIII. RECOMMENDATIONS

From the lessons learned, CRWRC concludes that as an organization it could improve the utilization of existing national resources, such as training programs.

CRWRC further concludes that practices, such as starting organizations and then searching for local ownership, tendencies, such as seeking rapid results rather than waiting for the "process of development to take hold," and policies, such as maximal use of local resources, influence the type of health programs CRWRC becomes involved in.

At the CRWRC Regional Directors' Meeting, held November and December, 1990, the participants concluded:

CRWRC would like to make the consultation and training project more broadly available. Let's do what it takes to spread the good things that this project has done. In preparing the "second annual report" for U.S. AID, an attempt should be made to expand the health consultant

program to other projects and fields as well as make health consultation and training more widely available throughout the organization.

In view of these conclusions, and the progress being made on local control of the Belize and Bangladesh programs which will reduce the expenditure level of the Cooperative Agreement between U.S. AID and CRWRC, the following recommendations are submitted to U.S. AID:

1. That CRWRC should expand the existing U.S. AID Matching Grant program to at least one more project.
2. That CRWRC should make the consultation and training more broadly available to existing CRWRC programs, projects and fields, as well as making health consultation and training more widely available throughout the organization.

IX. ATTACHMENTS TO ANNUAL REPORTS

Appendix 1 -- Chart depicting the CRWRC implementation plan

Appendix 2 -- Health Consultant Newsletter - October, 1990

Attachments 1(c) -- PVO Project Reporting Information

- Bangladesh
- Belize

C R M R C MATCHING GRANT PROPOSAL to U.S. A.I.D.

Chart Depicting the CRMC Implementation Plan

TIMEFRAME:	PRE-GRANT IMPLEMENTATION	YEAR ONE (89/90)		YEAR TWO (90/91)		YEAR THREE (91/92)	
		Inst. Bldg.	Proj. Activities	Inst. Bldg.	Proj. Activities	Inst. Bldg.	Proj. Activities
HEADQUARTERS: with all 2 projects:	<ul style="list-style-type: none"> •Select additional ex-pat staff. •Orient staff to final plan. •Completion of Leadership Dev. Prog. •Conclusion of tactical planning. 	<ul style="list-style-type: none"> •Supervision of project: planning, implementation, & evaluation. 	<ul style="list-style-type: none"> •Technical Ass't. by consultant to projects. •Primary health care workshops (2) 	<ul style="list-style-type: none"> •Supervision of project planning, implementation & evaluation. 	<ul style="list-style-type: none"> •Technical Ass't. by consultant to projects. •Primary health care workshops (2) 	<ul style="list-style-type: none"> •Supervision of project: planning, implementation. •Participate in concluding A.I.D. evaluation. 	<ul style="list-style-type: none"> •Technical Ass't. by consultant to projects. •Primary health care workshop (1)
REGIONAL: ASIA LATIN AMERICA		<ul style="list-style-type: none"> •Conduct Instit. bldg. workshops •Annual Audit •Prepare semi-annual analys. 	<ul style="list-style-type: none"> •Supervision of proj. implementn •Implementation of field level Ldship Dev. Prog. 	<ul style="list-style-type: none"> •Conduct Instit. bldg. workshops •Annual audit. •Prepare semi-annual analys. 	<ul style="list-style-type: none"> •Supervision of proj. implementn •Implementation of field level Ldship. Dev. Prog. 	<ul style="list-style-type: none"> •Conduct Instit. bldg. workshops •Annual audit. •Prepare semi-annual analysis 	<ul style="list-style-type: none"> •Supervision of proj. implementn •Implementation of field level Ldship Dev. Prog
FIELD: At all 2 project locations:	<ul style="list-style-type: none"> •Inst. Building agreements with partner org. •Get baselines. •Hiring of nat'l. staff. 	<ul style="list-style-type: none"> •Insts. set measure-able goals, field tactics. •Formation of community groups. 	<ul style="list-style-type: none"> •Identify childrn. •Develpt. of comm. level monitng. sys •Impl. of priority activities: -Monitor children's hltb by gro. charts -Mother/child education, e.g. (rehydration, breast feeding) -Clean water/ sanitation. -Improved nutrition •Literacy training (in Bangl.) •Group savings 	<ul style="list-style-type: none"> •Selection & training of counter-parts. •Training&suprvs. of health wrks. •Beginning of formation of central coop. committees. 	<ul style="list-style-type: none"> •Refine community level monitng. system •Impl. of priority activities: -Monitor childrn's hltb. gro. charts -Mother/child education, e.g. (rehydration, breast feeding) -Clean water/ sanitation. -Improved nutrition •Literacy trng. (in Bangl.) 	<ul style="list-style-type: none"> •Partner agencies and local committees in charge; •CRMC staff in consultation role. 	<ul style="list-style-type: none"> •Mid-proj. eval. (end of US AID support) •Continuation of priority and effective activities.
BAHGLADESH(x)		<ul style="list-style-type: none"> •Group training in: LOCAL CONTROL MANAGEMENT HEALTH AGRICULTURE, FINANCE 					
BELIZE(y)	<ul style="list-style-type: none"> •Continued developm. of small farm resource center. 	<ul style="list-style-type: none"> •Board training in: LOCAL CONTROL MANAGEMENT HEALTH AGRIC. FINANCE 					

APPENDIX 1

APPENDIX 2

ISSUES IN PRIMARY HEALTH CARE

October 1990

Book Review

A New Agenda For Medical Missions D. Merrill Ewert, Editor; MAP International Monograph, 1990. Reviewed by Grace Tazelaar.

"This is a book for practitioners, written by practitioners." "The purpose of this book is to share the lessons learned in health development and to stimulate further reflection in order that we may all more effectively serve the Kingdom of God through health development." These two statements from Dr. Merrill Ewert's Introduction begin the journey to explore the issues faced in Christian health development today.

Dr. Tony Atkins continues by addressing the basic question "What Is Health?" in the second chapter. He discusses the Western view of health and its inadequacies, the WHO classic definition, the African view in which "health is a very spiritual matter", and the Biblical view. In discussing the role of the church he asks "What makes Christian medical work distinctive? Is it simply secular work performed by Christians?" He suggests that training may need to cross the specialist barriers, to be interdisciplinary and to include medicine, psychiatry, social psychology and pastoral theology. A Biblical view of health includes death. "One of the marks of the truly whole person is that one is able to die in a state of harmony with others and with oneself and with one's God."

Dr. Davin VanReken continues the journey with a review of the history of medical missions which he says has gone through three stages - doing, teaching, and enabling. Dr. W. Henry Mosley provides the "Principles of Community Health". He concludes "Health in a family or community is measured not only by the improvements in physical or biological parameters but also by the degree to which they have grown in initiative, autonomy, and self reliance." Dr. Roy Shaffer, one of the founders and promoters of community-based health care in East Africa, presents his view of "Community-Based Health Development".

The major portion of the safari is spent in dialogue with practitioners of health development. This takes place through the presentation of case studies. Dr. Dan Fountain leads off with a presentation of the Vanga program in Zaire. Dr. Peter Boelens reminds us that health development principles are applicable in the United States by presenting the Cary, Mississippi, program. Linking evangelism with health development in a project in Uganda is described by Stan Rowland. Pakisa Tshimika explores the complementary roles of hospitals and community health through the Kajiji, Zaire, program. The issue of control and influence is addressed by Meredith Long through a case study of LAMB Hospital

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in Bangladesh. Dr. Richard Crespo looks at MAP International's experience with the Quechua Indians in Ecuador. Dr. Dan Kaseje concludes the case studies with his presentation of the Saradidi community health program in Kenya.

Each case study gives the background of the project, some issues that arose, and some lessons learned. Many of the issues and lessons are of a practical nature - the role of village health committees, integration with government health services, the involvement of village doctors and traditional birth attendants, and the payment of village health workers. Others are more philosophical - what is the relationship of health development to evangelism? how much control and influence should a program exert over a community?, the conflict that arises between donor agency needs for results and the process of enabling communities through health development. Most agree that health development requires a long term commitment because it is based on establishing trusting relationships and because behavior change is a slow process. Also, the need for economic development along side health development is becoming more evident in the quest for self-sufficiency.

Dr. David Hilton of the Christian Medical Commission begins the conclusion of the journey with "The Future of Medical Missions". He says "community-based health care is a much better vehicle for evangelism than hospitals and clinics". As for the role of Christian health professionals, he sees the need for Christians to "infiltrate the decision-making levels of government and business as well as medical professional organizations to raise the issues of justice" and "to move from being body mechanics toward being facilitators of healing". Dr. Jose Miguel de Angulo from Colombia continues this theme in his chapter "The Church Empowered". He writes, "If we want to really proclaim Gospel, we must seek creative ways to deal with unjust social and economic structures."

Dr. Ewert brought the journey of this book to an end by writing "The task of building better models and more effective strategies for health development is an on-going process of reflection and action. We must learn from what we have done and act upon what we have learned. Together, we can learn what it means to be the people of God, promoting health in wholeness throughout the world."

The monograph was produced in conjunction with MAP's 12th International Conference on Missionary Medicine held in June 1990. In addition to its purpose of sharing lessons learned in health development, it also serves as a good introduction to health development for those who are just entering the field. The questions at the end of each chapter provoke thought and discussion for both the novice health development worker as well as the veteran. I was challenged by the book to think about how I define health; what is my philosophy of health development; who is it that I am serving - God? the poor? the development organization? Truly the book has achieved its objective to get me to reflect on my own experience and that of others and to act on what I have learned and to share it with others.

Neonatal Tetanus

Information from the following article is presented for several reasons:

- 1) Based on the statement that "neonatal tetanus is now viewed as a barometer of the health status and well-being of mothers and newborns", individual projects or communities might consider using the tetanus rate among newborns as an adjunct health indicator.
- 2) To present the new recommendations for doses and scheduling of tetanus immunization for those programs carrying out vaccination campaigns.
- 3) To encourage programs without tetanus vaccination projects to consider beginning regular immunizations (following the WHO's Expanded Programme on Immunization guidelines, preferably coordinating with government or other existing programs).
- 4) To review the need for health programs to work closely with traditional birth attendants.

Excerpts from The Control of Neonatal Tetanus by Robert Steinglass (Senior Technical Officer at the Resources for Child Health), published in "Mothers and Children: Bulletin on Infant Feeding and Maternal Nutrition", Volume 9 Number 1, 1989

A priority objective of primary health care is the reduction of morbidity and mortality in children below five years of age. Neonatal Tetanus (NNT) is responsible for up to 50 percent of neonatal (newborn) and 25 percent of infant mortality in developing countries. The World Health Organization estimates approximately 750,000 NNT deaths occur annually.

NNT has been a neglected disease. Routine disease surveillance systems in most developing countries detect only a small fraction of cases of neonatal tetanus. Approximately 60 retrospective house-to-house NNT mortality surveys in 35 countries throughout Asia and Africa have documented NNT mortality rates which are 20 to 50 times higher than are routinely reported. Fatal for 9 out of 10 babies who contract it, NNT is probably the most under-reported lethal infection in the world.

NNT is more of an environmental hazard than it is a communicable disease. It is caused by an infection with tetanus bacillus due to unsterile methods of cutting or dressing the umbilical cord. The first sign of NNT is the inability to suck when the baby is a few days old. This is due to muscular spasms initially of the lips and mouth, which then develop throughout the body, often accompanied by generalized convulsions. Death usually occurs

before the child is 10-12 days old. (NB: Not mentioned in the article - tetanus is an extremely painful way to die).

NNT is now viewed as a barometer of the health status and well-being of mothers and newborns. Each case of NNT reflects multiple failures of the health system.

As a result of the WHO endorsement of a resolution calling for the elimination of NNT, policies and NNT control strategies are undergoing review in many countries.

NNT is completely preventable by means of two complimentary strategies: ensuring hygienic practices during and after delivery, and ensuring that women have received sufficient immunizations with tetanus toxoid (TT) vaccine to protect their newborns.

Many countries have programs aimed at training traditional birth attendants (TBAs) in the "three cleans": clean hands, clean surface for delivery, and clean cutting and dressing of the umbilical cord. China has nearly eliminated NNT using this strategy.

In areas where a high proportion of births are delivered at home by TBAs, training TBAs should be considered a long-term strategy for NNT control.

In the short term, immunization of women of childbearing age is the most immediate way to reduce NNT mortality. Protective levels of antibody in the mother assures protection for the newborn. Dramatic reductions in NNT have been documented in Indonesia, Haiti, Mozambique and Sri Lanka following TT immunization efforts.

Despite the availability of a very inexpensive, heat-stable and safe vaccine with near 100% efficacy after the correct number of doses, coverage of pregnant women with two or more doses of TT is only about 25% in developing countries. This lags far behind the WHO estimate of infant immunization coverage (66%) in virtually every developing country.

The WHO schedule for TT vaccines is shown below. The standard recommendation used to be two doses for adult women - this will protect children born in the first three years following immunization. However, the currently recommended five doses will protect all deliveries throughout the woman's childbearing years. Ideally, women entering their childbearing years should have already received five doses of TT. The prevailing belief that two doses of TT are sufficient must be changed.

Overly restrictive TT immunization policies are still in effect in many countries. Some countries limit TT to pregnant women between the fifth and eighth months of pregnancy, even though WHO recommends that TT be given as soon as possible during pregnancy. The target group should include girls and women who have never been pregnant and women who are between pregnancies.

Some programs demand a minimum number of women be present for vaccination before a TT vial is opened. WHO has determined that it is cost effective to open a vial even if only one woman is to be vaccinated. A durable immunization card should be provided.

There is no global blueprint for NNT control. Targeting TT to pregnant women is an appropriate strategy in areas where attendance at prenatal clinics is high. In other communities it may be more effective to immunize school-age girls before they reach childbearing age. In Indonesia, compulsory TT prior to marriage registration has been implemented successfully.

Immunizations can be given anywhere women gather: at prenatal clinics, family planning clinics, child immunization centers, schools, nutrition centers, mother education groups, social clubs. Involve key people - traditional birth attendants, teachers, religious leaders, etc. - in NNT education and prevention.

TT IMMUNIZATION SCHEDULE FOR WOMEN

<u>Dose</u>	<u>When to give TT</u>	<u>Percent Protected</u>	<u>Duration of Protection</u>
TT-1	at first contact or as early as possible in pregnancy	None	None
TT-2	at least 4 weeks after TT-1	80	3 years
TT-3	at least 6 months after TT-2 or during next pregnancy	95	5 years
TT-4	at least 1 year after TT-3 or during subsequent pregnancy	99	10 years
TT-5	at least one year after TT-4 or during subsequent pregnancy	99	for life

(Source: "Update: Neonatal Tetanus, WHO, Geneva, September 1988)

VITAMIN A GIVES CHILDREN NEW LEASE ON LIFE, United States
Information Service "News", Washington, February 12, 1990

Giving children in developing countries a chance to live to healthy adulthood can be as easy as giving them a high dose of vitamin A, according to a medical researcher.

Speaking at a symposium in Washington for health care specialists recently, Dr. Alfred Sommer of Johns Hopkins University in Baltimore, Maryland, said that studies conducted in African and Asian countries over the past seven years demonstrate that giving children a large-dose vitamin A capsule every four to six months will prevent blindness and also reduce infections from which children often die.

It has been known for nearly a decade, he said, "that the most important cause of childhood blindness around the world, with perhaps half a million children going blind every single year, is vitamin A deficiency." Vitamin A deficiency is recognized as a widespread problem in Africa and Asia.

The new information that has become available only recently, he said, "has to do with other effects of vitamin A deficiency. What we now see is that if we supplement children's vitamin A status, not only will they have a lower risk of going blind, but they will grow taller; they will gain more weight; they will have less anemia; and they will have fewer infections and a lower likelihood of dying."

Five studies have been done in Africa and Asia that have specifically looked at the impact of vitamin A on child survival. They show that "giving vitamin A seems to reduce the mortality rate among young children by 35 to 55 percent."

Earlier studies disregarded longevity because they focused on the prevalent eye disease, xerophthalmia, which was believed to be caused by measles. Yet most of the measles blindness is actually mediated through vitamin A deficiency. (Children often are close to vitamin A deficiency; measles further promotes deficiency of vitamin A, precipitating permanent blindness).

Scientists recognized that by giving children vitamin A they could not only prevent blindness, but reduce the deaths associated with measles.

With the new findings of greater longevity for children through vitamin A, Dr. Sommer believes that even ministries of health (or health programs) with extremely limited budgets will be able to afford a new emphasis on vitamin A supplements.

When vitamin A deficiency was seen as purely a problem of blindness, ministries would point out that a third or half of their children were dying before the age of six, and ask how they could

divert money from their limited resources just to prevent blindness in children.

Now that it turns out that vitamin A supplementation can reduce child mortality, it becomes "affordable...the least expensive, most practical way to cut down those death rates as a central part of the maternal-child health program."

Vitamin A pills or capsules are inexpensive, but distribution can be a problem. Vitamin A could be delivered along with immunizations. Another answer is educating people to eat vitamin A rich foods that are available - or at least get the children to eat them. Still another idea that has worked at the national level is fortifying a food that people regularly consume with vitamin A (as was done in Indonesia with monosodium glutamate).

NB: For more information on vitamin A deficiency and vitamin A capsule distribution programs, contact Helen Keller International, 22 West 17th. Street, New York, NY 10011, USA, or the Ministry of Public Health in your country of service, or other blindness prevention organizations.

Do The Benefits of Breastfeeding Outweigh the Risk of Postnatal Transmission of HIV Via Breastmilk?, Kennedy, Fortney, Bonhomme, Pott;s, Lamptey, Carswell; "Tropical Doctor", January 1990 Volume 20, Number 1 (excerpts)

Conflicting recommendations have been offered about whether HIV-positive mothers should breastfeed (ie, mothers who are infected with the AIDS virus). The World Health Organization advises women in developing countries to breastfeed regardless of HIV infection; the Centers for Disease Control, targeting American women with access to safe bottle-feeding supplies, recommends that HIV-infected women not breastfeed, to avoid transmitting HIV to infants who may not yet be infected. The British recommendations are similar to CDC's.

Since there is a strong precedent for US infant feeding practices to be imitated in developing countries, a model was constructed to estimate infant mortality if the CDC admonition for HIV-positive mothers not to breastfeed were upheld in less developed settings.

In summary, the infant mortality associated with HIV infection acquired through breastfeeding is estimated to be lower than the mortality associated with the diseases of infancy that would result if breastmilk were withheld. The higher the infant mortality rate, the greater the difference between the estimated death rates.

Studies in various countries have found that bottle-fed babies have 2.5 - 5.0 or more times the risk of dying (from any cause) before the age of 12 months than breastfed infants. In this study, an increased risk of 3 times was used.

For calculation purposes, a maternal HIV infection rate of 10% was used (that is more or less the average infection rate in Africa). The overall infant mortality rate was calculated at 10%. The probability of transmitting HIV by breastmilk was estimated to be 5% (although the transmission rate is more likely 1%).

Using the above rates, out of 100,000 newborns, 30,000 deaths could be expected if all the children were bottle-fed and they were not HIV infected. If all the children were breastfed, and 5% were infected with HIV as a result, there would be only 14,000 deaths. This is the most conservative difference in death rates.

If an infant mortality rate of 15% is used, and the risk of dying from bottle-feeds is 5 times higher than for breastfed children, and the rate of transmitting HIV through breastmilk is only 1%, the difference in death rates becomes much more striking. Deaths due to HIV acquired through breastfeeding could be as low as 1,000 per 100,000 newborns, while estimates of additional deaths from bottle-feeding range up to 75,000.

The majority of HIV-positive mothers live in about 10 African nations. Unfortunately, these are precisely the countries that stand to suffer the most from advice to withhold breastfeeding.

Because of the huge numbers of deaths that can be prevented through breastfeeding, even in countries with high HIV infection rates, and because it is almost impossible to test mothers for HIV before and after delivery, mothers in developing countries should be encouraged to breastfeed as usual. This is also true for developing countries with low HIV infection rates.

**PVO PROJECT REPORTING INFORMATION
ON AID SUPPORTED PVO PROJECTS**

OMB No 0412-0630
Expiration Date: 03/31/80

FOR OFFICIAL USE ONLY

PVO Type	Project Number	
Appropriation	Level	
Country Code	Fund Type	Technical Code
Project Officer	Key 1	Key 2

PROJECT INFORMATION (PRIMARY)

Name of Organization CRWRC		Grant/Contract Number OTR-0158-A-00-9079-00
Start Date (MM/DD/YY) 5/1/89	End Date (MM/DD/YY) 4/30/92	AID Project Officer's Name Marylee McIntyre

AID OBLIGATION BY AID-FY (\$000)

FY	AMOUNT	FY	AMOUNT
1989	\$250,000		
1990	\$250,000		
1991	\$250,000		

LOP

Activity Description

Create and reinforce a set of developmental linkages that will allow the recipient to stimulate the emergence of sustainable and independent local -- and possibly regional -- organizations in Bangladesh.

Status

Second year activities have been implemented and initial results are reported on.

COUNTRY INFORMATION (SECONDARY)

Country Bangladesh	Location in Country (Region, District, Village) Jamalpur District
PVO Representative's Name Roy Berkenbosch	Local Counterpart/Host Country Agency SoShiKa

COUNTRY FUNDING INFORMATION (\$000)

YEAR	1989	1990		
AID \$	\$63,367	\$69,629		
PVO \$	\$69,365	\$73,856		
INKIND				
LOCAL				
	\$132,732	\$143,485		

**PVO PROJECT REPORTING INFORMATION
ON AID SUPPORTED PVO PROJECTS**

OMB No 0417-0530
Expiration Date: 03/31/89

FOR OFFICIAL USE ONLY

PVO Type	Project Number	
Appropriation	Level	
Country Code	Fund Type	Technical Code
Project Officer	Key 1	Key 2

PROJECT INFORMATION (PRIMARY)

Name of Organization CRWRC	Grant/Contract Number OTR-0158-A-00-9079-00
Start Date (MM/DD/YY) 5/1/89	End Date (MM/DD/YY) 4/30/92
AID Project Officer's Name Marylee McIntyre	

AID OBLIGATION BY AID-FY (0000)

FY	AMOUNT	FY	AMOUNT
1989	\$250,000		
1990	\$250,000		
1991	\$250,000		

LOP

Activity Description

Create and reinforce a set of developmental linkages that will allow the recipient to stimulate the emergence of sustainable and independent local -- and possibly regional -- organizations in Belize.

Status

Second year activities have been implemented and initial results are reported on.

COUNTRY INFORMATION (SECONDARY)

Country Belize	Location in Country (Region, District, Village) Valley of Peace & Northern Belize
PVO Representative's Name Albert Zantingh	Local Counterpart/Host Country Agency only local cooperatives

COUNTRY FUNDING INFORMATION (0000)

YEAR	1989	1990		
AID \$	\$61,637	\$66,834		
PVO \$	\$67,507	\$78,666		
INKIND				
LOCAL				
	\$129,144	\$145,500		