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EVALUATION OF INCAP/ROCAP PROJECTS: ORT, GROWTH MONITORING, AND NUTRITION EDUCATION PROJECT (596-0115) AND TECHNICAL SUPPORT FOR FOOD ASSISTANCE PROGRAMS PROJECT (596-0115)

by

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Joyce King, PROPAG Team
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This evaluation was carried out for ROCAP under IQC PDC-0262-I-00-7150-00.

JSI

JOHN SNOW, INC.

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SUMMARY OF THE MID-TERM EVALUATION OF ORAL REHYDRATION THERAPY (ORT) AND TECHNICAL SUPPORT FOR FOOD ASSISTANCE PROGRAMS (PROPAG)

I. INTRODUCTION

A. PURPOSE

Because both programs share the common goal of reducing infant mortality and undernutrition, the evaluation was designed to study simultaneously lessons learned in the Oral Rehydration Therapy, Growth Monitoring and Education Project, 596-0115, (called the ORT Project) and in the Technical Support for Food Assistance Programs Project, 596-0116 (called the PROPAG Project). Funded by the Regional Office for Central America and Panama (ROCAP), the projects are being implemented by the Institute of Nutrition for Central America and Panama (INCAP), a regional research institute of the Pan American Health Organization (PAHO), one of whose purposes is to promote the capacities of member countries to solve their food and nutritional problems. Under the two Projects, INCAP is to provide technical assistance to member countries (public and private sectors) for the planning and execution of child survival activities -- oral rehydration, growth monitoring and nutrition education -- and feeding programs.

It was anticipated that the evaluation would not only provide a report on current project status, but also assess INCAP's institutional performance and capability for implementing both the ORT and PROPAG projects, and provide assistance in the formulation and design of follow-up ROCAP-INCAP collaborative activities that would integrate selected components of the two projects. Specifically, the Scope of Work laid out three objectives: 1) to evaluate the progress and effectiveness of the two projects and recommend steps that should be taken to maximize their future impact; 2) to analyze the extent to which the projects contributed to the institutional strengthening of INCAP and the evolution of INCAP'S institutional goals and capacity to assist member countries now and in the future; and 3) to begin defining, beyond the life of the projects, future collaboration between INCAP and ROCAP toward resolving maternal/child health, nutrition and food needs in Central America.

B. EVALUATION SETTING

This is the second of two interim evaluations for both of the ORT and PROPAG projects. In the first ORT Project evaluation, made in 1986, the authors recommended: strengthening the internal administration system of the Project; reinforcing the technical assistance provided to Health Ministries in member countries; tightening coordination among the components; emphasizing quality rather than quantity in the activities; establishing priorities for project activities with greater focus on the private sector; and the promotion and quality control of oral rehydration salts. The ORT Project evaluators also recommended that the general systems of health management should be more the responsibility of the large bilateral AID-supported health programs in each country.

The first PROPAG Project Evaluation, made in 1987, recommended that: INCAP experiment with full-time facilitators in the member countries; PROPAG mobilize the support and assistance of the PVOs; research be more intimately linked with project needs; available research results be exploited for

project ends and ROCAP and INCAP redefine the research component before initiating further work; the quantity and quality of training materials, especially audio-visuals, be increased; more documents be translated into Spanish; and a basic user information evaluation be conducted. Finally, the 1987 evaluator recommended that Operations Research be strengthened and applied efficiently to PROPAG problem-solving.

C. ORGANIZATION OF THIS SUMMARY

This summary is based on the findings, observations, conclusions, and recommendations included in three main reports, which are appended and labeled as follows:

I. Evaluation of the Oral Rehydration Therapy (ORT), Growth Monitoring (GM), and Nutritional Education (NE) Project
II. Evaluation of the Technical Support to Feeding Programs (PROPAG)
III. Organizational Evaluation of INCAP's PROPAG and ORT Projects

The three reports are summarized and/or synthesized in the present summary. The format used herein follows the Original Scope of Work objectives, and is outlined as follows:

Objective One: Status of the Projects and Recommended Steps to be Taken; Effect of INCAP's Internal Organization on Projects; External Relationships; Use of External Assistance.

A. Status of the ORT Project
B. Status of the PROPAG Project
C. Internal Organization
D. External Relationships
E. Use of External Assistance

Objective Two: INCAP's Institutional Development.

A. Institutional Strengthening as a result of the Two Projects
B. Scientific and Financial Sustainability Relative to Projects and to Future
C. INCAP Needs for Future for Effective Promotion of Health Policies, Planning, Coordination and TMGs.
D. Perception of INCAP's Institutional Capability by International Community
E. Effect of Perceptions on Future Strategy

Objective Three: Indicated Steps for Future Collaboration Between INCAP and ROCAP.

II. METHODOLOGY

A. TEAM COMPOSITION AND TIME FRAME

John Snow, Inc. provided teams to evaluate two ROCAP-funded projects: Oral Rehydration Therapy, Growth Monitoring and Nutrition Education (ORT/GM/NE) 596-0115; and Technical Support for Food Assistance Programs (PROPAG) 596-0116, as follows:

1. ORT/GM/NE:

Dr. Abraham Horwitz, Director Emeritus of the Pan American Health Organization. Overall Team Leader.

Dr. Francisco Mardones, Professor of Maternal Child Health, INTA, University of Chile.

Ms. Clara Olaya, Communications Advisor.

Dr. James Heiby, PRICOR Project Manager and Operations Research Specialist, AID/Washington.

2. PROPAG:

Dr. David Nelson, Nutrition Planner. PROPAG Team Leader.

Mr. James Noel, ex-Regional Director for Central America, Catholic Relief Services.

Ms. Joyce King, Nutrition and Feeding Evaluation Specialist.

An eighth member, Ms. Joyce Osland, Organizational Development Specialist, worked with both project evaluation teams. Accompanying and assisting the teams throughout the briefings and field work were two technical advisors for the projects, Dr. Melody Trott (ORT) and Mr. Joe Coblentz (PROPAG).

The team members met for three days in Washington, DC in early May 1989 to study the Scope of Work which had been developed jointly by ROCAP and INCAP (Attachment 1), background documents, and for briefings. In Guatemala City, the evaluation teams were provided further briefings by INCAP and ROCAP staff.

The evaluation teams and INCAP staff jointly prepared tentative field data collection instruments. The evaluation teams traveled to El Salvador, Costa Rica, Honduras, and Guatemala between May 10 and May 30 to observe the principal activities and programs and to meet with key government and private sector health and feeding program staff.

During the country visits, The Organizational Development Specialist interviewed central INCAP managers, administrators and project personnel, as well as delegates and PAHO staff.

Upon return to INCAP on May 31, the teams drafted preliminary results and recommendations for review by INCAP staff. On June 1 and 2, three workshops were held (one for each project and one for cross-cutting organizational issues) to discuss and refine the tentative team reports. The main documents were then assembled in July and August, final transactions prepared, and the Executive Summary submitted with the documents in September 1989.

B. FIELD APPROACH

While the two evaluation teams traveled together, they used different methods to evaluate the status of each of the projects. PROPAG prepared a development sequence model with nine stages of advancement against which progress for the separate Technologies, Methodologies and Guidelines (TMGs) could be applied and a regional synthesis extracted. Attributing advances in applying the different TMGS to INCAP was usually clear, except in the case of Costa Rica where national capabilities were so advanced. It is important to note here that no other donors are providing the types of technical assistance that INCAP is offering in support of national food programs.

The ORT team, on the other hand, had a longer, more complex list of TMGs to assess. In addition, there are multi-donors involved in MCH/Child Survival activities in the Central America Region. Attribution of Project effect was therefore more difficult for the ORT Project Team, and they often had to be content with noting progress of the different MCH components in general.

Both teams agreed that the Projects were still at the stage of TMG transfer with little effect yet at the health center or at the food distribution level. Therefore, the teams were not in a position to judge impact. In any case, it was not feasible, given time constraints, to make an adequate survey of individual local-level activities. Thus, the evaluation teams were unable to identify the more concrete "bridging" elements necessary for a future, integrated ROCAP-INCAP project.

III. FINDINGS AND RECOMMENDATIONS

OBJECTIVE ONE: **STUDY OF THE PROJECTS AND RECOMMENDED STEPS TO BE TAKEN; EFFECT OF INCAP'S INTERNAL ORGANIZATION ON PROJECTS; EXTERNAL RELATIONSHIPS; USE OF EXTERNAL ASSISTANCE**

A. STATUS OF THE ORT PROJECT

Overview: The results and recommendations are taken from ORT Project Team Evaluation (PART I) and from Annexes thereto labeled and entitled, ANNEX I, Summary Tables of the TMGs status by Country, and ANNEX III, Summary of comments on Operations Research Proposals by Country.

1. General Status of the Project

a. Findings

The ORT Project is well into the implementation stage. With 19 months left to the Project Completion Date, December 1990, 80% of the activities in the Logical Framework have been completed.

The ORT Project has 54 TMGs, an average of 55% of which have been transferred to the four project countries (Salvador, 27; Costa Rica, 24; Honduras, 30; Guatemala, 37). The individual country programs vary widely, based on needs which are influenced by other donor activities, public sector priorities, and the INCAP Country Representatives' interest, capabilities and workload.

INCAP's activities are almost universally viewed as positive by local counterparts; contributions of the project are apparent throughout public and private sector MCH activities, and show that INCAP has been responsive to local and national programs, sometimes at the expense of program coherence. Despite the positive image of the Institution in project countries, however, there has been no real estimate of the effect or impact of the project, nor is this possible at the current time. This is due to several factors: 1) the diversity of country programs; 2) the interventions promoted under the project are two numerous, 3) INCAP's strategy of collaborating with other donors obscures the role which they play in country programs; and 4) time constraints for the evaluation did not permit assessment of Project effect on the local health center.

b. Recommendations

During the last 1 1/2 years of the Project, INCAP should assess impact of the TMGs in place, and emphasize those which are the most effective.

INCAP should review the interventions currently in use and reduce the number to include only the most effective TMGs. This should be done using methods developed through the project, including evaluation, Operations Research, KAP studies and the RAP techniques. Emphasis should be on consolidating gains and perfecting the use of the most effective TMGs. INCAP

should also focus on improving TMG sustainability, transferability and effectiveness, and should emphasize transferring these to other countries.

A detailed status report on the TMGs by country is included as Annex I.

2. Plans and Strategies

a. Findings

INCAP has provided planning assistance and strategy development to national Child Survival programs for the last four years. An important aspect of these activities has been the coordination of international donor assistance for these activities, including PAHO, UNICEF, and others. Most of this coordination assistance has been in the public sector and has not included, as part of the national planning effort, activities supported by AID bilateral Child Survival programs.

INCAP's own in-country programming also emphasizes participation in coordination efforts which may have principal funding from PAHO, UNICEF or, in some cases, the local USAID Mission. This tends to obscure the strategic role which INCAP often plays in major planning exercises. The Institute's public profile is further reduced by the responsive, rather than proactive, mode of its in-country work, and the location of the INCAP project representative, the country delegate in the PAHO/OPS Offices (except in Guatemala) where they often have responsibilities within the PAHO MCH program.

b. Recommendations

INCAP should: review the national planning process which has been developed in light of experience from the last four years and recommend adjustments, use applied and Operations Research where possible to improve cost effectiveness and program responsiveness, and, in the final 1 1/2 years, move toward more concrete actions.

INCAP should strengthen the Project's in-country presence by eliminating the current non-Project activities of the INCAP country delegate and expanding the in-country team with other INCAP professionals.

INCAP should decentralize its planning assistance, giving greater emphasis to field activities. INCAP professionals should be located in regional health services to work directly on perfecting SILOS models.

INCAP should assist country programs to strengthen the relationship between national Child Survival plans and regional/local programming.

INCAP should improve coordination with AID bilateral programs and/or AID contractors, and include AID Missions in the INCAP planning process for activities at the country level. This is important because the Project Amendment foresees greater USAID participation in improving management systems of health services, especially in El Salvador, Guatemala and Honduras.

3. Information Systems

a. Findings

INCAP has made important contributions to the development and maintenance of regional and national health information systems. Data on problems and program results in Central America are collected and periodically updated through a national and regional database on MCH and nutrition, using good, reliable indicators. The ORT project has also provided for data collecting activities which have greatly enhanced existing knowledge on morbidity and mortality, and on the availability of MCH resources and services. In addition, INCAP has developed and refined excellent methodologies for specialized studies and surveys, representative sampling and qualitative data collection and analyses. To date, however, this information is not systematically channeled to enhance decision-making within the health infrastructure. Except in Costa Rica, there are no effective systems which permit both the flow of information from communities to regional and then to central levels, with feedback and opportune utilization of data.

Methodologies have focused on the public sector, but are also needed by NGOs. INCAP has historically placed greater emphasis on the technical elements of data collection rather than on the use of health information as a management tool.

b. Recommendations

INCAP should lead the way in the encouragement of optimal data utilization for both administrative and technical decision making by member governments.

While continuing to gather essential data through special studies, such as those sponsored by PAHO, UNICEF, and AID, increasing emphasis should be on the development of national information systems as planning and management tools.

4. Human Resource Development

a. Findings

Manpower training is the most important activity for fulfilling the Project's objectives in the medium and long term. INCAP has developed a number of methodologies and participated in direct training for improving the training of health professionals at universities, hospitals, public health facilities and in the community. However, many of these efforts are still in the formative stages. Training materials have been developed and, in some cases, are in wide use, but few have been rigorously evaluated. INCAP has also promoted and supported a large number of short-term courses and workshops, particularly at the national level. These respond to locally determined need, but are generally not part of a larger, sustained effort.

The potential of the program to integrate teaching with service delivery has not been realized. Supervision of trainees is erratic on the part of the Ministries of Health and the Universities.

b. Recommendations

Using a process-impact model, INCAP should evaluate the Human resources training that has been carried out under the Project to determine the extent to which the training is utilized, whether for service delivery, education or research, and the return for expended resources.

INCAP should obtain external assistance for the review and design of manpower training activities, especially for reviewing INCAP's graduate courses. Peer review should be used for evaluating training materials.

INCAP should introduce state-of-the-art teaching technologies at the Institute and hire staff trained in those technologies, leaving behind direct training in public health care.

INCAP should formulate and education strategy with the participation of all INCAP specialists; define complete educational programs/plans in member countries with follow-up and evaluation; consolidate the process of continuing education with a view to promoting the development of local health systems; introduce Operations Research into the training of human resources for MCH; and strengthen the supervision of students in teaching/service programs.

INCAP should reduce the current number of courses, workshops, seminars and other educational efforts and plan them around a long-term strategy which has defined objectives.

INCAP should give greater emphasis to providing assistance for training human resources in the private sector, including both health care providers-professionals, technicians and auxiliaries -- and the NGOs.

Finally, INCAP should cooperate in the teaching and other activities of the Central American Health Association.

5. Health Education and Communications

a. Findings

Health and nutrition education are priorities in the member countries that need models for developing national plans for health education and communications support. Current work in this area is traditional and its effectiveness is unproven. INCAP has pioneered the development of the anthropological techniques for the study of communities, one of which is the Rapid Assessment Procedure (RAP). It has been tested and found effective by trained health personnel. However, it has not yet been routinely used in the field nor has it been applied to the development of health and nutrition messages.

Opportunities for using mass media need to be assessed. For example, some of the member countries have enacted legislation authorizing free mass media time for the transmission of health and nutrition messages. Existing adult literacy programs are potential channels for health education materials such as one already available called "What Every Mother Should Know".

Ministries lack an industrial memory due to frequent personnel turnovers, and the incoming staff are often unaware of the educational services and programs INCAP has provided in the past and continues to offer.

b. Recommendations

INCAP should give priority to education and communication activities for mothers in the fields of health and nutrition by developing models for member countries that can be adapted and transformed into programs. Their wealth of anthropological research and techniques should be exploited for the development of appropriate messages to change health and nutrition knowledge and behavior of mothers.

A systematic study of mass media potential in the member countries should be made, including a review of relevant legislation offering free time for health messages. Such legislation should also be promoted where it does not exist. Existing channels to the target population should be considered, such as the adult literacy project. University talent in Faculties of Art, Design and Communication should be tapped for planning, creating, and producing educational materials for mass media that might otherwise be too costly for the Project.

INCAP should develop an information and education strategy, and prepare materials which describe the INCAP program in order to provide this information to incoming leaders in Health Ministries to keep them up-to-date on what the Institute can provide.

6. Information Dissemination

a. Finding

The demand for INCAP's scientific and technical information exceeds the supply in the region. During country visits, both public and private sector representatives expressed appreciation for materials received and always wanted more information. INCAP's quarterly bulletin, ASI, is particularly well received and thought by many to be an under-exploited information/education channel.

b. Recommendations

An increased budget item for scientific and technical materials should be allowed and a survey made to determine additional needs for dissemination of these materials, especially ASI. Consideration should be given to upgrading INCAP's quarterly bulletin and publishing two additional issues annually.

INCAP should explore new ways of publicizing its research findings and program models, such as videos, cassettes, and other documentary vehicles.

7. Operations Research

a. Findings

Although Operations Research (OR) is still at a formative stage at INCAP, knowledge of it is rapidly increasing. INCAP is aware of its usefulness for

the remaining life of the project. Health authorities have recognized the need to support and expand this area. Experience in INCAP and countries in the region is limited and formal training is hardly developed; there exist no methodologies or published findings.

A number of published reports describing OR proposals have been developed in member countries and need refinement, as suggested in the OR Technical Critique Annex, I-ORT-B Summary of Comments on Operations Research Proposals, by Country.

b. Recommendations

INCAP should use OR maximally in evaluating child survival service delivery for the kind of problems that can be handled with simple small-scale, rapid and low-cost studies. Especially appropriate are studies of supervision, growth monitoring of under-fives, and similar problem-solving situations.

INCAP should continue to work with external technical assistance to train INCAP professionals and to initiate OR methodologies in member countries for the improved delivery of services and for expanded coverage.

INCAP should assume an active role in Operations Research with a view to becoming a center of OR regional expertise in the future and therefore capable of offering potentially saleable services to the different organizations of the region to include USAID, Ministries of Health, and PVOs.

B. STATUS OF PROPAG

Overview: The Project Team report, PART II (PROPAG), is the source for the Results and recommendations noted in this section. Detailed status reports on the TMGs in each country are provided in the body of the main report under Findings.

The Technical Support for Food Assistance Programs Project (PROPAG) was signed in 1985. However, because of organizational and other difficulties, some of which were beyond Project control, full operation was not achieved until 1987. Consequently, the TMG development and application process is still incomplete, even in Costa Rica where it is most advanced. The PROPAG team considers the most significant achievements to date to be:

- the use of Operations Research to improve feeding program organizations and functions; and

- the development of an effective, technically-competent, multi-disciplinary team at INCAP headquarters and in the field, capable of coherently developing TMGs.

A large investment has already been made in strengthening INCAP's capacity to improve food assistance programs, a capacity that is probably unique not only in Central America but in the rest of the world. TMGs have been developed in the various countries and are being successfully applied to over half a dozen food assistance programs in the region. The team concludes

that the end-of-project status at the Output and Purpose levels probably will be achieved by project end.

1. TMG Status and Relative Progress

a. Findings

The TMG development process in the CA countries follows a pattern of identifiable stages: consciousness raising; advocacy; proposal; development draft; review; adoption or sanction; implementation or dissemination; and monitoring, evaluation and follow-up. Placing the TMGs on this spectrum provides an analytical base for checking progress to date and a reasonable prediction as to future developments and approximate timing. All of the TMGs observed in the field fit into the sequence, allowing comparison within and between countries. While the pattern is the same for each TMG, local circumstances, especially economic and political conditions, affect quality and timeliness of outcomes. Costa Rica has developed more TMGs further than the other countries, and Guatemala and El Salvador are midway. Honduras is just beginning the process, both in number of TMGs and in the degree of development, and without special emphasis, it will be shortchanged among member countries in receiving benefits from the TMG development process. El Salvador and Guatemala also may not complete the process in the 18 months remaining in the project. It appeared unlikely that the final step in the process, Evaluation and Follow-up, would be reached by a majority of the TMGs by the Completion of Project Date.

The TMG development process is most apparent at the central ministry level, which the team had sufficient opportunity to observe (which was not the case at the local level). The outstanding TMG transfers described in the country reports include: Operations Research for improving the school feeding (and shortly health) programs in Costa Rica; the information system in El Salvador (SIPAG) which will provide a data flow covering 90% of the country's food programs; overhauling the logistics system of Guatemala's central food handling agency, the National Restructuring Committee (CRN); and the restructuring of Guatemala's School Feeding program to include the use of food technology.

The team found that the TMG development could not be separated easily from the transfer process as requested in the Scope Of Work. Indeed, the collaborative development of TMGs in each country is the strategy for TMG transfer and application, and the Team believes that this strategy is appropriate and effective.

b. Recommendations

PROPAG should reinforce efforts in Honduras to close the gap between the fewer TMGs and early stages of progress there, as compared with the other three countries, by developing an innovative, decentralized strategy to deal with the special conditions which exist in that country. This should include special attention to information gathering on current Food Assistance Program (FAP) operations, costs and performance to orient the new government. To advance on a broader front, PROPAG should also get involved with new institutions (e.g., universities, autonomous institutes, PVOs) and work at regional and local levels. Given the short time remaining (1 1/2 years to

Project Completion Date), PROPAG should assign a full-time country delegate in Honduras.

The TMG development and transfer strategy described above should be promoted and given credit by write-up and publication in scientific journals with worldwide circulation, such as the American Journal of Clinical Nutrition.

2. Local Level Impact

a. Finding

Impact at the local or feeding center level is only just beginning to be felt, even in Costa Rica where the process is most advanced and is evident in the school feeding program. If effects are to be evident by the end of the Project, PROPAG will have to give attention to the problem of how funds are to be obtained for implementing the desired activities in the Food Assistance Programs (FAPs). PROPAG staff (and advisor) have tended to consider this beyond the preview of the Project.

Food Assistance Program effectiveness measures have only begun to be defined. Thus, achievement of Project purpose cannot be fully established, despite significant progress in TMG development, transfer, and application. There is the risk of considering the TMGs ends in themselves unless a way is found to measure progress toward achieving the Project Purpose itself (i.e. improving the feeding programs). Some ideas are provided in the PROPAG Project Evaluation Report and a PROPAG/ROCAP working paper has been drafted to address this issue.

b. Recommendations

Attention should be given to deciding strategies for actively seeking funding for FAP improvements, including the closer liaisons and information exchanges with USAID Missions and other funding/collaborative groups recommended further on.

Indicators should be developed and tested to verify FAP effectiveness and a tracking system should be designed and implemented with in-country Delegates' participation.

Tracking should not only include where projects are in terms of quality and magnitude, but how much they cost. Delegates should begin to give attention to costing out FAP programs. PROPAG would have to provide assistance in devising systems for data collection and the food handling agencies should be asked to cooperate.

3. Need for Integrating ORT and PROPAG

a. Finding

Achievement of the project Goal seems predicated on synergistic interaction between PROPAG and ORT Projects. However, there has been very little interaction of this nature. Effective complimentarity between the projects is needed in order to achieve the Goal.

b. Recommendation

Until the end of the current projects, an ad hoc committee of PROPAG and ORT Project staff should develop joint activities to ensure that MCH food aid is fully integrated with growth monitoring and nutrition education activities minimally, and optimally with oral rehydration therapy activities and other Child Survival and safe motherhood strategies as well.

4. Community Participation

a. Finding

PROPAG and host country government staff have identified the major obstacles to more effective community participation and have recognized the importance of promoting this vital underpinning, but have not yet developed concrete, practical strategies and plans for problem-solving in partnership with communities. In addition, PROPAG has not taken advantage of the experiences available in this area.

b. Recommendation

The entire area of community participation should be developed and promoted jointly by PROPAG and ORT Project staff, and the expertise of PVOs should be sought and exploited fully.

5. Scientific Rigor for Service Areas of INCAP

a. Finding

The "service" areas of Technical Cooperation, Human Resources, Information Dissemination and Management do not rigorously apply scientific principles and research methods, especially Operations Research, to their own development. The Institute would be strengthened if "service" areas were dynamically and systematically developed on a par with Research.

b. Recommendation

INCAP should seek scientific excellence in the development of Training, Information Dissemination and Technical Cooperation methodologies and materials.

C. THE EFFECT OF INCAP'S INTERNAL ORGANIZATION ON PROJECTS

Overview: Information for this section comes from PART III, the organizational evaluation. Internally, INCAP's organizational strengths include a clear sense of mission; a dynamic and effective leadership; good top-down communication; autonomy for innovation and achievement of work goals; room for and encouragement of innovation; staff dedication to work; good work relationships; effective teams functioning; and self-evaluation by the Institute and by project staff. Its weaknesses are: dual authorities built into the organizational matrix; a need for stronger coordinating functions in the matrix; problems at the joints where functional groups meet (pressure

points); an imbalance between the needs of CA countries and INCAP's strategy; and a lack of understanding and/or concern and compatibility between INCAP's philosophy and donor requirements/projects.

1. Organizational Structure

a. Finding

INCAP's matrix structure has been carefully developed and advantageously permits effective innovation, multi-disciplinary work, staff collaboration and efficiency of supervision, time and technology. However, its innate dual authorities result in conflicting demands and indirect supervision. One of the most pressing project problems is that the country delegates serve two supervisory units, Technical Cooperation and the ORT/PROPAG Project. The problem is compounded by the lack of clear job descriptions and the definition of qualifications needed. This situation obscures ROCAP's view of project activity and causes tensions between ROCAP and INCAP.

b. Recommendations

Lessen the negative effects of the structural matrix, which meets many other management needs appreciated, by INCAP by clarifying the job descriptions of employees, especially those of the on-site country delegates, and develop selection criteria to reflect the qualities and skills that have been found most useful for the delegates (lobbying, consulting, coalition forming, group facilitating), ensure their orientation on available INCAP services, and their balanced perceptions and compliance requirements with respect to principal donor partners (USAID Missions, ROCAP, PAHO), facilitate and systematize administrative guidance, particularly with regard to handling requests for technical assistance from member countries.

To resolve the problem of dual authorities for the country delegates, three suggestions are offered: 1) continue the current arrangement with delegates serving Technical Cooperation but add responsibilities in that division for coordinating all in-country activities, including those under the ORT and PROPAG Projects; 2) place primary supervision of the delegates in the hands of the ORT and PROPAG Project Managers, a move that would foster tighter consolidation of the Project work, with Technical Cooperation serving as Advisor; and 3) maintain the current arrangement but revrise the delegates' job descriptions to reflect the agreement of ROCAP and INCAP. This central issue should be resolved between INCAP and ROCAP as early as possible.

2. Assuring Coordination

a. Finding

INCAP's organizational structure has caused little coordination difficulty except for occasional complaints of knowledge transfer failure (e.g. latest research findings left out of educational materials) and the similarity of effort without collaboration (anthropology and education, ORT). An assumption of the matrix is that all staff participate in the four basic functions of research, education, technical cooperation and information dissemination (and therefore under the Projects, can serve competently in member countries as trainers, consultants, researchers and communicators).

Such training and competence were not uniformly evident to the team during the country visits, although the feedback was largely positive.

b. Recommendation

The coordinating function can be strengthened by: providing all staff with a basic orientation/training; setting standards and criteria for excellence; designing and implementing impact evaluation systems; disseminating information on new developments; and assuring technical supervision.

3. Pressure Points

a. Findings

Organization stress areas within INCAP which detract from project work and require attention are communications between administrative and operational staff, and bottlenecks in the general paper flow and at the computer center for ORT researchers. The current centralized administration does not seem to be the most appropriate for INCAP's needs; project staff complain about cumbersome paperwork, lengthy delays and unnecessary concern with routine procedures. On the other hand, they have not all learned and appreciated administrative procedures that permit satisfactory accountability. The computer center is under heavy demand and lacks a full-time supervisor.

b. Recommendations

Professional liaisons between administrative and operational staff have improved communications and should be continued. Administrative procedures should be streamlined with the possible help of an external efficiency expert; experiments in decentralization might be undertaken; training/orientation about administrative requirements should be provided to project staff; support staff should be increased as required; and the need to resolve conflicts quickly should generally be recognized.

An integrated approach and matrix structure require an accounting and control system that can easily assign charges to different donors or accounts and still provide donors with reports of where their funds are being spent.

D. EXTERNAL RELATIONSHIPS

Information in this section comes from all of the reports.

1. INCAP-ROCAP

a. Findings

The INCAP ROCAP relationship is complex and inevitably changing with the June 1989 departure of the ROCAP Project Manager who has long-standing ties and extensive knowledge of INCAP and its cultural context. In the future it will be necessary that more people from both INCAP and ROCAP work on assuring a productive relationship. Two stress areas in the relationship are: the lack of fit between INCAP's philosophy of an integrated approach to

health/nutrition and what INCAP and PAHO perceive as vertical projects sponsored by ROCAP; and INCAP's dual constituency (PAHO and AID).

INCAP follows PAHO's lead in attempting to focus on target technical areas with an integrated effort, convinced that this approach is more productive in CA than AID's project, or vertical, approach, which is seen as potentially "deforming" for the Health Ministries and carried out at the expense of larger institutional goals. INCAP sees benefits in dealing with overall family health and in a broader range of services provided by available manpower which enhances institutional credibility. ROCAP is constrained by its own internal requirements and policies to work through the vehicle of projects, and to assure exclusive benefits for the project from personnel paid thereunder. Frictions then surface as to who is in control.

b. Recommendations

ROCAP and INCAP must talk out and seek creative solutions to the difference in philosophy so that key players in the two projects are not bogged down by conflicting expectations. A new job description for the delegates which is agreeable to both agencies has been suggested as a useful starting point.

2. INCAP-PAHO

a. Findings

INCAP was founded 40 years ago by PAHO and while its financial dependence on PAHO was reduced in the early 80s, the Institute continues to rely on PAHO/Washington for technical and programmatic supervision and to channel their activities through the PAHO offices in the member countries which support INCAP staff operating in the country. However, major INCAP financial support now comes from the two ROCAP projects and carries with it expectation of project commitment to ROCAP for INCAP staff and compliance requirements not yet fully clear to INCAP. Indications that INCAP is not yet adequately receptive to ROCAP/AID's needs are: failure to supply the required quarterly reports; circumscribed use of the technical advisors assigned to the projects; and the unresolved issue of project staff continuing to work on non-project activities.

The close relationship between INCAP and PAHO has a direct effect on the ROCAP projects. Benefits are that PAHO offices have facilitated the INCAP delegate's presence in the country by providing the point of entry and administrative support. Disadvantages are that the delegate acts as PAHO "staff" which, when added to other INCAP functions, diminishes time available for ROCAP project activities. The likelihood of establishing positive INCAP project-USAID Mission relationships is lessened (AID and PAHO are often distant and the delegate already identifies more readily with PAHO).

b. Recommendations

Dialogue between the two agencies must resolve these issues immediately. The need to meet USAID reporting requirements should be honored and a solution found by top management for helping delegates to prepare both tri annual (for PAHO) and quarterly (for ROCAP) reports. If INCAP continues to reject full use

of the technical skills of the advisors and ROCAP opts for project managers rather than technical advisors, then ROCAP should recruit the appropriate management skills and agree with INCAP on direct working relations with the director and project heads rather than with project staff. Written agreements should be drawn up so that continuity is ensured despite personnel changes, keeping in mind that mutual respect and goodwill are more important than the agreements.

Delegates can be made less dependent on PAHO offices for support (e.g. by providing the Honduran delegate with a secretary). The technical advisors can play a more aggressive role as liaison between the INCAP delegates and USAID Missions. Once INCAP and ROCAP have agreed upon the delegates roles, they should then include PAHO in further discussions and clarifications.

3. INCAP-USAID Missions

a. Findings

Relations between INCAP delegates and USAID Missions depend mainly on the political and collaborative skills of the delegate and/or the personal relationship between the PAHO Representative and USAID. Thus, there were few problems in Guatemala and Costa Rica, but there are difficulties with the INCAP/ORT representatives and the Salvadoran and Honduran USAID Missions.

USAID Missions in member countries feel left out of the Projects thought they support them. This is a serious omission as their support becomes increasingly important, especially for the PROPAG activities which are nearing the field implementation stage where it will be necessary to find the means to carry out local-level activities which the Project does not provide.

b. Recommendations

The content of the above recommendation also applies in this instance. Further, INCAP and ROCAP should orient project staff, especially the delegates but also consulting staff, on the importance of good relationships, emphasizing that future projects require the approval of these Missions which might also support in-country activities being developed. Delegates should have training, supervision and evaluation/feedback regarding their relationship to the USAID Missions.

When INCAP and ROCAP have negotiated the core issues raised here, USAID Missions should be visited and plans presented to improve future communication and coordination. ROCAP should undertake advocacy with the USAID Missions to facilitate better understanding of mutual benefit.

4. INCAP-International Agencies

a. Findings

The international agencies initially perceived INCAP to be unaware of field realities, but this image is changing as INCAP's reputation in applied research becomes known and understood in the member countries, and as INCAP assumes a pivotal role as catalyst in inter agency coordination and national planning. INCAP's standing is quite well established with the World Food

Program which has already requested the Institute's help in operational matters, is considering other collaborative work, and whose food handling problems have been best understood by INCAP. Some of the private agencies have noticed with INCAP under the ORT Project, but few of the bilateral food aid sponsoring agencies have had any collaboration with INCAP. The NGOs have a very favorable impression of ORT project staff, but there has been limited contact with the PROPAG project staff. This is unfortunate, since the PVOs, with their long history of confronting and resolving logistical problems, might work successfully with INCAP in identifying practical solutions, especially in leading the way to improved community participation.

b. Recommendation

INCAP should work more closely with the NGOs as a separate channel from that of the Health Ministries and one that is more likely to ensure local impact. INCAP should recognize the two-way learning potential with the NGOs and capitalize on PVO experiences as well as learn from their literature.

5. INCAP-Member Countries

a. Findings

INCAP has successfully worked with the ministries in member countries, improving its reputation in applied areas and gaining credibility. The central problem has been to achieve the delicate balance between satisfying demands and establishing a coherent organizational strategy. The user ministries have not been the easiest clients to serve. INCAP has attempted to be responsive to country needs while building a strategic focus, an effort especially important now for assessing and consolidating gains made in the projects to date and for charting courses for the remaining time.

b. Recommendation

INCAP should develop clear criteria and procedures for handling country requests for technical assistance. To encourage specificity and clarity of purpose, request forms should be developed, and delegates should participate in making the requests. In addition, new disciplines, such as food handling, should get the needed impetus to create markets for their services. Finally, the number of required approvals should be reduced and the planning process should be monitored.

E. USE OF EXTERNAL ASSISTANCE

Overview: The findings and recommendations in this section were drawn from the ORT and PROPAG Project Team Reports, from the Organizational Development Report and from the Cross-Cutting Evaluation Questions Report. The ORT and PROPAG project teams noted different degrees of need and satisfaction with regard to external assistance.

a. Findings

The ORT team concluded that the external assistance provided to the project has been highly satisfactory and should be continued over the life of

the project and in a continuing project. Under the present agreement, technicians are permitted to work at INCAP only, not in member countries.

The PROPAG team found that INCAP did not make full use of the TA resources available to them which could have more quickly improved its institutional capacity for the new areas in which it has had to move with PROPAG activities.

The Organizational Development Report notes that INCAP still has an inherent tendency to scientific self-sufficiency which restricts the search for new expertise outside the Institute (see further discussion under Objective TWO, A).

b. Recommendations

The ORT team noted the following areas requiring external assistance at present and in the future: Operational Research; information systems analysis; Lot Quality Assurance Sampling; cost-effectiveness analysis; program administration; human resource training evaluation; modeling of integral maternal care for MCH; methodologies for transferring technology and; design of policies and methods for assuring food security. INCAP should also send staff to institutions specializing in these subjects. The present arrangement for use of TA should be revised to permit technicians to work in the recipient member countries as needed.

PROPAG and OD Reports recommend that INCAP actively seek outside expertise, experience and resources in researching and implementing alternative solutions for food, feeding and nutrition problems. Of particular relevance would be the systematic convening of peer review teams in all technical and coordination areas.

OBJECTIVE TWO: INCAP'S INSTITUTIONAL DEVELOPMENT

Overview: The major sources for this section are the main reports, III-Organizational Development and IV-Cross Cutting Questions, though supporting statements are also found in II-PROPAG. While this section contains the core discussion on INCAP's institutional development, comments are also interspersed in the preceding sections under Objective One, C (Internal Organization) and E (Use of External Assistance). The content is more often in the nature of observations, with occasional specific recommendations.

A. INSTITUTIONAL STRENGTHENING AS A RESULT OF THE TWO PROJECTS.

a. Findings

INCAP's human resource capacity has grown significantly over the past few years. During the life of the two projects, the Institute has progressed rapidly through a learning curve, acquiring practical experience slowly at first and finally displaying a good deal of expertise in new non-health fields within a short period of time, allowing INCAP to establish a reputation in applied work in the countries.

The staff has increased their knowledge of health and nutrition problems in the Regions and personnel have been augmented and diversified in the process. The Project activities have greatly broadened the Institute's capability, especially:

- the work of preparing and transferring TMGs;
- systematizing and refining the transfer of integrated technical assistance;
- intensifying technical cooperation with Health Ministries;
- giving it an integrated style in terms of technical and financial resources;
- avoiding vertical focus and duplication of technical assistance;
- improving coordination with international bilateral and multilateral agencies who work in development in the Region;
- the training and specialization of their own personnel for the project tasks;
- preparing methodologies for improving management and handling of food programs;
- stimulating a process of multi-sectoral planning and development of adequate processes;
- mobilizing human resources among and within countries for special activities, improving the quality of food services;
- and learning the process of transferring food technologies to the public sector and industry for the good of the programs.

INCAP still retains vestiges of its original "organizational culture" centered on basic nutrition research and traditional relationships with Health Ministries which may not be the best vehicle for multi-sector technology transfer. The Institute also tends to place too much emphasis on academic credentials and extensive research over experience and short-term problem-solving research.

In sum, the projects have greatly enhanced an applied science image for INCAP in new fields of expertise. The projects have improved and consolidated the Institute's organization and capacity to assist member countries in improving their MCH, nutrition and feeding programs.

b. Recommendations

The Institute should now analyze where they are within each discipline, probably with the help of outside technical experts, and decide what they need to do to attain excellence in each one. The concept of peer review, long valued in basic research, should be applied to the other new disciplines; external experts could be invited in to review and critique their annual or semi-annual activities. INCAP should look outward to keep abreast of innovations and for TA in areas most needed: consulting skills, groups facilitation, team building, organization development, evaluation, managing innovation, and grant writing for applied projects.

INCAP should identify what aspects of their organizational culture will promote or hinder their strategy for the 1990s and if necessary, establish new norms to promote the new mission.

B. SCIENTIFIC AND FINANCIAL SUSTAINABILITY RELATIVE TO PROJECTS AND TO THE FUTURE

a. Findings

The type of new knowledge acquired by INCAP and the technical expertise developed with the two projects has substantial potential demand. Using this capability to show cost-effective returns, INCAP could not only improve the services themselves but become self-sustaining in the process. Technical assistance is the greatest potential asset among the different INCAP capabilities.

In the long term, INCAP can take a leadership role in improving services under the two projects, especially in the area of Operations Research, a powerful instrument for identifying and treating common problems that arise in service delivery. By keeping careful data on concrete improvements in service delivery, however modest, INCAP has a chance to establish a positive feedback link. Convincing success stories from technical interventions can provide standards that may motivate Ministries to take similar actions by obtaining more technical assistance.

Thus, the Evaluation team sees INCAP in a strong position to sell its services, especially the new TMGs and expertise, to other organizations, notably the NGOs. Other possible clients are USAID Missions, Health Ministries, and international agencies. This would require a more pronounced INCAP receptivity to the concept, staying attuned to where donor money is being directed and having an entrepreneurial, outward-looking unit that seeks funding and markets for INCAP's services. INCAP's present Board composition is not likely to serve this objective well.

b. Recommendation

INCAP should consider expanding its Board of Directors to include more than Ministers of Health. The Institute should begin looking for other markets to buy INCAP's services, do a needs assessment, and have trained staff available for this purpose.

C. INCAPs NEEDS FOR FUTURE FOR EFFECTIVE PROMOTION OF HEALTH POLICIES, PLANNING, COORDINATION AND TMGs.

a. Findings

Given current budget levels for social sectors, Central America is likely to continue having nutrition, food supply and maternal and child health problems. Even in Costa Rica where concern with infant development begins with a woman's pregnancy, current efforts must be sustained and policies of ensuring household-level food security sought. In such a setting, INCAP will need to increase and diversify its professional structure, reinforce its organization and administration and intensify assistance to member countries. Health plans need to be brought up-to-date and objectives must be set out according to the different countries' needs and priorities. As a result, INCAP will need to strengthen its professional capability in maternal health,

epidemiology, specialized training and communications. Thus new TMGs will be formulated and new transfer techniques learned.

In the period ahead, INCAP should put a major focus on the local center level, on the implementation of health and feeding programs, on the improvement of delivery and coverage using OR maximally to solve problems and by providing professionals to the member countries. INCAP should work in close association with the international public and private agencies that are emphasizing this approach, particularly WHO, PAHO, USAID, UNICEF, UNFPA and the PVOs. The objective is the establishment of integrated local health systems that are in the hands of its users who participate in its creation and management. INCAP can perfect models and systematize this process. Combining the ORT and PROPAG projects can serve as a valuable future vehicle for strengthening local health systems and education programs. INCAP's role should involve:

- designing programs,
- applying TMGs,
- improving the quality of services,
- devising simple information systems for local decision-making,
- using Operations Research,
- training of staff and education for mothers on improved health and feeding practices.

It is hoped that an extended, integrated project will be approved, with INCAP developing the professional capacity to formulate policy, plans and programs for food security, coordinating the different agencies and including specific TMGs. Advances made in the PROPAG project for better use of the distributed foods should be applied to the new activities. A delegate would need to be assigned to each country.

D. PERCEPTION OF INCAP's INSTITUTIONAL CAPABILITY BY THE INTERNATIONAL COMMUNITY

a. Findings

Along with its growth in institutional strength in the development of the two projects, INCAP has achieved greater stature in the eyes of the international community. Both in its ability to work efficiently on practical non-laboratory problems and in the research carried out in connection with the projects, INCAP has gained recognition. With the support of Health Ministries, INCAP has promoted better coordination among some of the international agencies cooperating in MCH and nutrition programs. Consensus has been obtained on the content and application of TMGs, and INCAP's image and visibility have grown with its institutional strengthening under the projects.

b. Recommendations

Aside from the recommended emphasis above, particularly concerning expertise in Operations Research, the different areas of institutional capability all need to be applied to Region health and feeding problems. In the long term, it seems likely that the development of human resources to apply the priority TMGs will have the greatest impact.

F. THE EFFECT OF PERCEPTIONS ON FUTURE STRATEGY

a. Finding

The projects have greatly widened INCAP's areas of capability from its earlier biomedical focus to the delivery of services in the field. Member governments will need help for the foreseeable future. A regional institution can offer both highly specialized knowledge which is also practical for smaller national bodies, and there is the advantage of applying experiences to other similar problems in the region. Yet, with the purpose of obtaining funds from other donors and from national health and food services, INCAP should give priority to demonstrating the concrete impact of Project activities on the quality and delivery of services.

OBJECTIVE THREE: FUTURE COLLABORATION BETWEEN INCAP AND ROCAP

Overview: Sources for this section are the two main Project documents, the I-ORT and II-PROPAG Project Team Reports, and the IV-Cross-Cutting Evaluation Questions Report.

Other aspects of INCAP-ROCAP collaboration are discussed under Objective One, C. Internal Organization and D. External Relationships.

A. COLLABORATION RELATIVE TO THE ON-GOING ORT AND PROPAG PROJECTS

a. Findings

The ORT Project team agreed that no impact in terms of reduced rates of mortality or morbidity can be expected given the project implementation interval to that of two and a half years. However, concrete actions can be expected to result from work carried out but will require more specific programs than have yet been undertaken (e.g. effective information systems; training of auxiliaries; and community education based on participatory research).

The PROPAG team concludes that a large investment has already been made in strengthening INCAP's capacity to improve food assistance programs, a capacity that is probably unique not only in Central America but in the rest of the world.

Time constraints during the Evaluation period did not permit the local level observation and analysis of existing components and needs necessary to suggest precise ways in which the two projects might best be integrated.

b. Recommendations

The ORT project should be continued beyond the termination date to permit the further stages capable of leading to the project goal of reduced mortality in under-five children, and should be complemented by and integrated with PROPAG.

PROPAG project continuity should be assured after December 1990 in order to complete the TMG transfer process already under way, to provide time to evaluate effects on the FAPs, and to permit completion of an innovative, potentially transferable, capability. At the end of the PROPAG project, a single integrated project should be developed to achieve regional food, health and nutrition objectives, including food security at the national, community and family levels.

A field survey of feeding programs and ORT centers should be a part of future planning for an integrated project.

B. LONGER-RANGE CONSIDERATIONS

Observations. INCAP might work with ROCAP in assuring food supply at the household level, or what the Bank has termed food security, that is "access for all people, all of the time, to sufficient food for an active healthy life". This emphasis is closely related to mother/child health and nutrition because the households with high malnutrition rates are those to be targeted in a household food security program. If INCAP were to work in this area, they would again have to expand their expertise, and would have to define the basics for such a project, develop the necessary components, develop the methods and techniques, and would probably require international specialists.

Another area of collaboration favored by some is to transform INCAP into a Public Health School for Central America and Panama. The need is clear: a population of 25 million that is rapidly increasing, a rate of health problems typical of the developing world, and a need for preventive health training. On the other hand, the present area of emphasis, nutrition, is of equal importance in the area. A more important disqualified for this option is the fact that a School of Public Health is being organized in Costa Rica. INCAP could instead contribute generously with research, publications and post-graduate experience, and could collaborate with the school on applied and Operational Research projects.

PART I

EVALUATION OF THE ORAL REHYDRATION THERAPY (ORT), GROWTH MONITORING (GM), AND NUTRITION EDUCATION (NE) PROJECT

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ORT/GM/NE PROJECT - EXECUTIVE SUMMARY

In its Scope of Work, the Evaluation Team identified three main areas for the examination of INCAP's work in fulfilling the objectives of the ORT/GN/NE and PROPAG Projects: (1) the Technologies, Methodologies, and Guidelines (TMGs) prepared by the Institute and their degree of transfer and adaptation in the countries; (2) the organization and administration of the Institute in facilitating Project execution; (3) cooperation between INCAP and ROCAP, USAID Missions in the countries, and other international, multilateral, and bilateral organizations that collaborate in child survival and in maternal and child care.

A separate report has been prepared on the PROPAG Project, in addition to another one in which the latter two areas (1 and 2 above) are analyzed. The present Executive Summary refers exclusively to the ORT/GM/NE Project.

During the month of May 1989, four members of the full Evaluation Team made a retrospective and prospective evaluation of the activities of the ORT/GM/NE Project during the fourth year of its execution. As a result of the abundant and valuable information provided by the Director of INCAP and the professionals responsible for the Project, and observation visits to the four countries it serves, the Team was able to assess the activities already carried out--and those still not completed--in relation to the objectives. The First Evaluation Report, prepared after 21 months of activities, was also of great value. It recommends strengthening the internal administration systems, improving coordination between the components, establishing an order of priorities for the activities to be carried out, and intensifying the analysis thereof.

Based on the Logical Framework, the record shows that INCAP has implemented 80% of the actions and expects that the remaining 20% will be carried out during the remaining 19 months of the Project.

The Team pointed out that what is involved in this instance is an evaluation of processes, but not of effects or impact, which in any case reveals the diligence of the Institute in carrying out its task with respect to the goals and objectives agreed upon. Based on the information analyzed, the Team was able to recommend actions for the two next years and to justify the need for a new Project that would integrate ORT and PROPAG and contribute to improving the health of mothers and children in Central America to an even greater extent.

With reference to transfer of the TMGs, a comparative analysis was made of the status in each of the four countries (see Annex I). This includes observations on one of the series on how to extend their use or improve their effect. In addition, the Report presents a summary of findings and conclusions for each country. It singles out the TMGs that have the broadest application and the greatest impact, as well as those that have not yet been implemented by the Governments. It is recommended that a study be made of methods for transferring the TMGs by means of Operations Research for the purpose of determining those whose effectiveness has been proven or of producing others that are even more effective. Based on the experience gained to date, it is suggested that the most widely used TMGs should be identified and gradually applied in regional and local health services.

In its visits to the countries the Evaluation Team was able to verify that INCAP has made a place for itself in the community of international agencies that cooperate in child survival programs, thanks to its specific contributions to development of the Projects. The Institute is recognized and respected by the Governments and its collaboration is sought.

This Report presents specific recommendations for each component of the Project. Some of the ones of greatest importance are mentioned.

A. RECOMMENDATIONS

1. National Plans and Strategies for Child Survival

With reference to the National Plans and Strategies for Child Survival, the Evaluation Team recommends that the Institute review the methodology and planning process in light of the four years' experience, and that it propose necessary adjustments to the model being employed to the Ad Hoc Committee and the Focal Group.

The Evaluation Team supports INCAP's intention to place some of its professionals in the regional health services as a means of cooperating directly in the formulation and development of programs for local health systems. This is consistent with the policy of the Governments.

2. Information Systems

With respect to Information Systems, it is recommended that INCAP:

- focus its cooperation on using the information for technical and administrative decision-making;
- study the bases for a national health information system and maternal and child nutrition system for El Salvador, Guatemala, and Honduras;
- cooperate on improving management capability in the health services by means of training and Operations Research;
- strengthen the evaluation of processes and impacts relative to the Project and measure the cost-effectiveness of the actions taken.

3. Development of Human Resources for Maternal/Child Care Programs and the ORT/GM/NE Project

Concerning the Development of Human Resources for Maternal/Child Care Programs and the ORT/GM/NE Project, it is recommended to:

- evaluate the training activities that INCAP has developed by means of a model that differentiates processes from effects;
- request advisory services from experts in education, and to introduce the most advanced technologies in the Institute's education and training systems;

- formulate an institution-wide education policy with the contribution of all the staff members of INCAP specialized in this area;

- review the strategy of supporting a large number of courses, workshops, seminars, and other forms of education related to Project activities;

- give greater emphasis to advisory services in the training of human resources from the private sector, including the suppliers of health services and NGO staff members;

- strengthen the supervision of students in the programs for integration of teaching and service;

- introduce Operations Research on manpower training in maternal and child health to make it more efficient and less costly.

4. Education and Communication in Health

Concerning Education and Communication in Health, the Team's recommendations are to:

- develop models for the formulation of a health education and communications policy that the Governments could adapt and transform into programs;

- design a strategy to incorporate anthropological techniques that have been formulated and tested by INCAP into the development of education and communications programs and into decision-making in planning for maternal and child care;

- conduct a systematic study of the mass media and the techniques thereof in terms of form, style, and frequency, and their possible application as a means of improving the state of health and nutrition of mothers and children;

- establish formal relations with the universities with a view towards incorporating talent from schools of art, design, and communications as part of the integration of teaching and service and of the work-study program;

- promote legislation on the use of the communications media for health and nutrition programs;

- formulate an information and education strategy for new leaders so that they can assess the value of the methodologies generated by INCAP and the services it offers for decision-making by such leaders.

5. Dissemination of Scientific and Technical Information

Concerning the Dissemination of Scientific and Technical Information, the recommendations are to:

- examine this component and its methodologies in depth with a view to improving and extending the valuable service they provide;

- facilitate the acquisition of appropriate equipment and materials in order to expand this fundamental cooperation component of the Institute;

- carry out a planned study of the target audiences with a view towards giving INCAP's quarterly bulletin, ASI, the required dissemination and importance, reviewing its content and format, making the necessary adjustments, and, if possible, increasing the frequency of its publication again to six issues per issue;

- explore new ways of documenting the results of INCAP's research and programs through the use of videotapes, cassettes, documentaries, and other materials that can be used by journalists, radio and television broadcasters, and film-makers in the member countries and abroad.

6. Operations Research

With reference to Operations Research, recommendations are made to:

- concentrate efforts and resources in the remaining years of the Project's operation and any subsequent follow-up project, in view of: its critical importance, the need recognized by the health authorities, and the fact that this is an area of knowledge that is progressing rapidly;

- promote the development of research aimed at evaluating the quality of the child survival services and maternal and child care provided, and collaborate in identifying countries with concrete problems that are suitable for simple, small-scale, rapid, and low-cost studies. It is suggested that consideration be given to the functions of supervision, monitoring of child growth, and, in general, those areas that support the solution of problems. This research should have a single theoretical framework in order to facilitate the comparison of services and programs;

- consider the provision of external advisory services by qualified consultants for the purpose of training INCAP specialists and ensuring timely transfer of the methodologies to the countries with a view towards improving the quality of maternal and child health services and extending their coverage.

- collaborate in Operations Research aimed at improving the provision of services financed by various organizations in the Region, including USAID Missions and the NGOs. This could be a new source of resources for the Institute.

For the ORT/GM/RE Project as a whole, the Team recommends assigning higher priority to the process of "delivering services" of good quality and to the increased coverage of actions, inasmuch as they are the to success of the policies on child survival and maternal and child health care. With this in mind, studies should be undertaken on:

- the effectiveness and efficacy of educational programs;

- strategies for the extension of coverage;

- support services such as supervision, training, logistics, information systems, and evaluation. With regard to the last, greater emphasis should be given to the evaluation of effects and impact, as well as the cost of the actions taken.

B. CROSS-CUTTING EVALUATION QUESTIONS

For each of the three objectives of the evaluation, in order to enable ROCAP and INCAP to make key decisions for the two remaining years of the ORT/GM/NE and PROPAG Projects and to prepare the foundations for another project to continue to pursue these objectives, the Scope of Work included a series of basic questions, to which the Team has replied in Annex II.

In view of the greater complexity of the ORT/GM/NE Project and the fact that it has been in operation for a longer period of time, it is the subject of most of the observations; however, some of these observations may also be applied to PROPAG.

Objective 1 refers to the progress and the impact of the Projects. As is to be expected, the replies reflect the information received and the observations of the Team in the countries, and they coincide with the analysis of each component and the corresponding recommendations included in the text of the Report. We merely wish to point out that the Evaluation Team considers that the TMGs prepared by INCAP are important and appropriate, and their gradual application should continue in the countries until the outcomes and impact expected from the two Projects are produced. With this in mind, the Team suggests what the Institute should do during the next two years.

Objective 2 focuses on the contribution of the Projects to the institutional strengthening of INCAP and its ability to collaborate with the member countries in maternal and child health, food, and nutrition.

The opportunities for technical cooperation and financing for ROCAP are reflected in a long list of INCAP functional areas that have been consolidated or extended and which are identified by the Team in the Report. Observations are also made on the perceptions of the international, public, and private agencies regarding the contributions made by the Institute to child survival and food assistance programs. Another area examined is INCAP's potential, in the context of the Projects, for continually improving its scientific and technical capacity and seeking new sources of resources so as to attain its goal of self-reliance.

Objective 3 represents a long term view of the joint collaboration of ROCAP and INCAP with the Governments in order to satisfy maternal child, food, and nutritional needs in Central America.

I. ORAL REHYDRATION THERAPY (ORT), GROWTH MONITORING (GM), AND NUTRITION EDUCATION (NE) PROJECT: BACKGROUND AND EVALUATION METHODS

A. BACKGROUND INFORMATION

The principal objective of the ORT/GM/NE Project is to reduce infant mortality and serious undernutrition in Central America and Panama. In order to attain this goal, INCAP, as adviser to the Governments, should intensify the effective use of oral rehydration therapy, improve monitoring of the growth of children under 5 years of age and the practices followed in feeding them, and improve education in primary health care in the context of an integrated maternal and child health program.

The Project responds to INCAP's mandate from the Ministers of Health of Central America and Panama to cooperate in their programs on nutrition, primary health care, and child survival. The latter is also an important component of PAHO's initiative known as "Health, a Bridge for Peace."

The Technologies, Methodologies, and Guidelines (TMGs) developed by INCAP for fulfillment of the objectives of this Project have been designed for the purpose of strengthening the following processes in maternal and child health service delivery systems: planning, including the evaluation of actions and impact; information systems; human resource development; management of cases of acute dehydrating diarrhea; community education, which includes teaching health suppliers and beneficiaries by means of various communication strategies, operations and applied research, and dissemination of scientific and technical information in the countries.

In the five years encompassed by the Project, INCAP devoted approximately the first 18 months to promotion and planning the various components in Costa Rica, El Salvador, Guatemala, and Honduras. This phase was preceded by a process of selecting and orienting new professionals with specific experience, the development of TMGs and educational materials, organization of the information required by the countries, and the design of applied research.

The promotion and planning stage may be considered to be completed, and INCAP is now engaged in full development of the execution phase of the Project. In this phase the emphasis is being placed on the transfer and/or adaptation of specific TMGs for the various components of the Project for the purpose of improving the quality and increasing the coverage of essential primary care services in order to carry out the policy of child survival and the objectives of the Project.

B. FIRST EVALUATION OF THE ORT-GM-NE PROJECT

The first evaluation was carried out after the completion of 21 months of Project activities. The Evaluation Team confirmed that Phase 1 of promotion and planning had been completed and that the conditions existed for advancing to the execution phase. It was necessary, however, to strengthen the Project's internal administration systems, improve coordination between

its components, establish an order of priorities for the activities to be carried out, and intensify the analysis of these activities. The Evaluation Team recognized that, despite the increase in contributions for child survival from various external agencies, important work remained to be done by the Project and INCAP.

More specifically, the Evaluation Team recommended that INCAP intensify its functions of interagency coordination and strengthen its advisory services to the Ministries of Health relative to the Project through the delegates in the countries or the professionals in the Institute.

The report of the Team also stressed the need to strengthen the Institute's work by concentrating its activities in priority areas and improving the quality rather than the number of the actions taken. A series of recommendations was also made to improve the internal management and coordination of the components of the Project.

Information systems for decision-making and the programming of child survival activities by the Ministries--an area in which INCAP has solid experience--should, in the opinion of the Evaluation Team, be given even greater attention by the Institute. The Report pointed out sentinel areas and studies of conditions of efficiency in the health services, among other mechanisms, that contribute valuable information in this context. For the purpose of improving the quality of maternal and child care services, Operations Research for the solution of specific problems based on small samples that will produce widespread results at a low cost are a singularly important instrument that INCAP should develop in the sub-region. The Evaluation Team recommended that promotion of the growth of the children under five years should be a central topic.

In the opinion of the Team, INCAP should concentrate its efforts on certain project activities to which the international community that cooperates in the area of child survival does not provide sufficient attention. The focus is the private sector, the suppliers of health services--physicians, pharmacologists, nurses, nutritionists, lay midwives--and the efficient use of oral rehydration therapy. This work should be supplemented with the exchange of information and experiences on "social marketing" of ORT. In addition, quality control of the oral rehydration salts that are sold in the private sector should be promoted.

Finally, in the review of priorities for the Project components, it was suggested that greater emphasis be given to the evaluation of processes and impact, and to the availability and distribution of oral rehydration salts, giving special attention to the private sector. It was further recommended that the general systems of Project management should be more the responsibility of the large bilateral health programs financed by USAID in each country.

Because it relates to the purposes of the Second Evaluation of the ORT/GH/NE Project, it should be noted that at the Meeting of the Directors General of Health of Central America and Panama, which took place in Nicaragua in August 1987, it was specifically recommended: (a) to point out the importance of child survival activities in maternal and child health programs; (b) to focus greater attention on prenatal control of high-risk pregnancies;

(c) to include the participation of the private sector in the child survival strategies of the Ministries of Health; (d) to point out the importance of better information systems in the evaluation of processes and impact; and (e) to emphasize the primary function of health education in child survival.

The Project was amended in November 1987 to implement the recommendations of the First Evaluation, to eliminate duplication of activities, and to respond to the increase in contributions from the international community of agencies for child survival programs. The amendment also extended the Project to December 1990 and added $1 million to support the continuation and to cover the concomitant increase in costs.

INCAP has put the recommendations of the First Evaluation into practice, particularly those that have improved coordination of the Project components and the internal management of the Institute.

C. METHODOLOGY OF EVALUATION OF THE ORT/GM/NE PROJECT

This evaluation of the ORT/GM/NE Project was carried out during the fourth year of activities, in May of this year, when the Project was in full execution. As a result of the amendment mentioned above, it still has 19 months in which to make progress in achieving its objectives.

As is indicated in another part of this Report, the findings, conclusions, and recommendations of the Evaluation Team could be of value in the programming by ROCAP and INCAP of a new Project that would continue and extend the activities of the current Project in maternal and child care. The members of the Team assigned mainly to the evaluation of ORT/GM/NE made, as did those who studied PROPAG, a retrospective and prospective analysis of the actions carried out by INCAP regarding each component of the Project. Consequently, they were able to bring together sufficient, though incomplete, information to reply to the cross-cutting evaluation questions that the Scope of Work proposes concerning the three objectives of the Evaluation.

As a result of this analysis, the Evaluation Team has been able to identify the activities on which INCAP should concentrate its cooperation up to the end of the Project--that is, for the next two years. With regard to Objective 3, the Team lists what in its judgment should be the principal functions of INCAP over the long term in order to collaborate with other organizations in satisfying the maternal and child health, and food and nutritional needs in Central America.

Three very valuable contributions by the Institute facilitated the task of the Project Evaluation Team. The first involved providing quantitative details of the actions carried out in the various components since initiation of the activities based on the specifications in the Logical Framework. Briefly, it has been demonstrated that 80% of the actions have been put into practice, and it is expected that the remaining 20% will be carried out during the remaining 19 months of life of the Project. We reiterate that in the best of cases we are dealing with an evaluation of the actions carried rather than the effects of such actions. In the opinion of the Team, this is a useful exercise that shows that the Institute seeks to fulfill its functional commitments, which are directly related to the objectives of the Project.

The second contribution of INCAP that we wish to point out is the current state of the TMGs in the four Project countries. This document was of great value for the Team in its visit to the countries because it made it possible for the Team members to compare the respective contents and analyze the consequences of applying the principal TMGs with the responsible personnel and make recommendations on some of them. The Team was also able to determine the technologies that have still not been applied and to identify those that should have priority and whose use should be intensified with the collaboration of INCAP. The Team wishes to point out that in this review it was not possible to examine the quality of the TMGs in use, since such an effort would have required a special evaluation. However, we are confident that, given the experience of the Institute, the quality of the TMGs is acceptable for initiating the process of gradual application in each country. Experience will demonstrate how effective the TMGs are for the specific objectives and how they should be modified, if so required. The Evaluation Team recommends that in the future the TMGs be subjected to a process of peer review comparable to that used by INCAP in order to select basic and applied research proposals.

The third contribution of the Institute is the document entitled "Description of the Development of Support Activities for Maternal and Child Health Programs in the Central American Isthmus - INCAP, 1985-1989." Specific reference is made to the Project "Oral Rehydration Therapy, Growth Monitoring and Nutrition Education" (ORT/GM/NE). As the title indicates, a brief description is provided of the history of the Project, together with its specific objectives, the contributions of other international agencies, and a detailed description of the activities of each of the five components. This last element was of special usefulness for the Team in comparing its observations with the contents of the document and formulating the pertinent recommendations.

These three contributions, in addition to the numerous other documents that the members of the Team reviewed, and they enhance the presentations of the Director of INCAP as well as those of the professionals of the Division of Health and Nutrition on the Project components.

From the Scope of Work, the Evaluation Team identified the three principal areas of the evaluation: (a) the Technologies, Methodologies, and Guidelines prepared by INCAP for each component of the Project, and the extent of their transfer and adaptation in the countries; (b) the organization and administration of the Institute with a view to facilitating achievement of the objectives of the Project; and (c) cooperative relations between INCAP and ROCAP, the USAID Missions in the countries, and other international organizations, multi-lateral or bilateral, that collaborate in child survival and maternal and child care.

The latter two areas of the Evaluation are evident and are clearly expressed in the Scope of Work. They are analyzed mainly in Part III of this Report. Concerning the first area, the transfer of TMGs, the Evaluation Team considered that it represented the principal instrument in this stage of Project development for making headway in attaining its objectives. The TMGs are essential for formulating programs, inducing changes, controlling actions, and measuring impact. The fact that they have been formulated for each of the

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Project components--which largely coincide with the Coordinations of the Institute--facilitates examination and makes it possible to infer the degree of progress made and to identify the contributions of INCAP to child survival.

After a period of only two and one-half years under the execution phase, it is not possible to expect measurable results attributable to the Project in the reduction of morbidity and mortality of children under five years Concrete actions may nevertheless be expected that will ultimately contribute to that general objective. However, such actions require clearly defined programs; effective information systems; professionals and trained auxiliaries; community education methods that change knowledge, attitudes, and specific health practices; dissemination of scientific and technical information; and applied and operations research. Overall examination of the ensemble based on the TMGs transferred has allowed the Team to make an assessment of the status of the Project in the countries and to make general and recommendations for each component for the short and medium term.

D. COMPARATIVE ANALYSIS OF THE TECHNOLOGIES, METHODOLOGIES, AND GUIDELINES OF THE ORT/GM/NE PROJECT TRANSFERRED TO COSTA RICA, EL SALVADOR, GUATEMALA, AND HONDURAS

Annex I provides a comparison of the status of each of the 54 TMGs prepared by INCAP in the four countries the Project serves. As expected, the degree of transfer varies within and between each countries. In general, approximately 20 to 30 TMGs are part of this exercise, in which INCAP has not only served as a catalyst but has also provided direct technical cooperation through the delegates and professionals at Headquarters. It is without doubt a task that distinguishes the Institute in the international community of agencies concerned with maternal and child care. Furthermore, INCAP has achieved the consensus of the agencies with respect to the TMGs of greatest importance, which the Ministries of Health have accepted.

The expression "Does not apply" in the comparative analysis refers to specific technologies that were not transferred, or if they were, the work of the Institute was not fundamental in their application.

The Institute has traditionally carried out the process of transfer of knowledge and technologies by means of direct technical assistance; programs for academic or tutorial education and training; short sub-regional, national, or correspondence courses; and organized observation visits.

Among the promotion methods that INCAP uses are regional and country seminars, workshops, and working groups: direct technical cooperation; and analysis and presentation of useful information for decision-makers. They have served to formulate policies, plans, strategies, and intra- and inter-sectoral coordination mechanisms in health, food, and nutrition, which must necessarily include specific TMGs.

Thanks to ROCAP's investments in the execution of the ORT/GM/NE Project, the Institute has been able to apply these methods of promotion, transfer TMGs, and induce changes in the countries to variable degrees depending on the receptivity and available resources of the Ministries of Health and Education and the universities.

Given the rich experience of the Institute in the use of these systems, the Evaluation Team believes that it has applied them effectively, as is further demonstrated by the number and variety of TMGs transferred.

However, in view of the complexity of the transfer of knowledge and technologies, and inasmuch as other approaches may exist, the Team recommends an in-depth analysis of the transfers, an evaluation of the results of the TMGs most frequently used, Operations Research when required, and, as a consequence, a selection of the most efficient methods to guarantee the application and gradual use of the TMGs in the countries.

II. OBSERVATIONS OF THE EVALUATION TEAM IN THE COUNTRIES AND CONCLUSTIONS

The findings and conclusions of the Team in the four countries visited are presented to complement the comparative analysis on the transfer of the TMGs (Annex I). For each country those TMGs that the Team deems to be of greatest significance are highlighted. As is to be expected, many are the same for the different countries, which means that the Governments have given them priority and, therefore, that it is necessary to intensify their coverage and to measure their effects. In this regard, the work of INCAP may prove to be essential. One example is the use of certain TMGs at the local level in the local health systems. This involves a series of competing processes, among them: demonstrative actions; training of health personnel; ethnographic studies of knowledge, attitudes, and practices, especially of mothers; and Operations Research.

A. EL SALVADOR

1. Conditions in El Salvador at the Time of the Evaluation Team Visit

a. A political period of transition exists between two administrations of markedly different tendencies.

b. The health authorities were absent, i.e. the Minister and the two Vice Ministers. The PAHO Representative and the INCAP Delegate provided us with valuable information on the situation of the health sector and on the ORT and PROPAG projects.

c. Since 1980 the health budget has been reduced 40%. Of the funds available, 90% go to pay salaries. The health actions in the existing infrastructure are carried out with contributions from international and bilateral organizations, both public and private.

d. There has been a major turnover of staff at the Ministry of Health. This has resulted in a limited institutional memory concerning the Projects sponsored by INCAP and financed by ROCAP.

e. There is marked uncertainty concerning the social policy of the new Government, given its strong inclination to favor a market economy.

f. Given the existing situation, the USAID Mission recommended that we not visit regional and local health services in the country.

2. Observations on the Findings of the Evaluation Team in El Salvador and Conclusions

Of the 54 TMGs produced by INCAP, the Evaluation Team verified that 27 have been effectively transferred, mainly to the Ministries of Health and Education, and to the University. A group of 10 TMGs relate to the dissemination of scientific and technical information from INCAP publications,

which is deemed very valuable in all the countries but which nonetheless requires evaluation on effective use and, above all, real application of the knowledge acquired. The 17 remaining TMGs required an active process of transfer by INCAP by means of direct technical assistance, various educational activities, and the design and development of operations and applied research. Also, dissemination of scientific information would be important.

From the observations of the Evaluation Team it is possible to identify the contribution of INCAP to the application of the series of TMGs related to the various components of the ORT Project. Some merit specific mention--for example, the **Nutrition Survey done in preschool, school-age, maternal, and adolescent populations.** INCAP has collaborated in the design of the survey, training of the interviewers, and data collection and analysis. It also cooperated in designing the food consumption survey. It is hoped that the publication of the Final Report will involve contributions from other agencies, especially USAID/El Salvador and UNICEF.

Despite the political situation, a very active process of interaction between **teaching and service** activities was noted, induced by INCAP using an ad hoc methodology. Various schools of the University collaborate with the Ministry of Health to improve the services through the students' work. Nonetheless, problems remain in the areas of systematized and educational supervision on the part of the health personnel and university teaching staff. The actions taken by teaching personnel could be broadened through collaboration with the Ministry of Health in the areas of policy review, updating technical standards, design and development of research, and evaluation of the impact of health services.

In applying the methodology for organizing **Oral Rehydration Units**, the Evaluation Team observed the operation of the unit at the Department of Social Pediatrics, which comes under the Bloom Hospital and which includes El Cedro. The excellent technical and human quality in care for the mothers and the dehydrated children, as well as the educational innovations, are worthy of mention.

The **Child Survival Modules (CSM) for the health sector** are another methodology that INCAP has successfully transferred to El Salvador. The Team considers that, although they are not perfect, they are useful, and it recommends that they be updated as experience is gained.

The process of training to correctly interpret the CSMs should intensify on the basis of standards for this purpose. Their sufficient publication and distribution is also required, so that it can be put in the hands of all personnel.

INCAP cooperation with 52 non-governmental organizations (NGOs) that serve 10% of the country's population is also significant. The Evaluation Team verified the good relationship established and the recognition of the Institute's collaboration. It was recommended that processes regarding the health actions developed by the NGOs be evaluated.

Annual and sub-regional programming of the Child Survival component with INCAP's TMGs has brought an end to the situation of isolated efforts and dissociated projects, has improved the dialogue among and joint action of

various departments within the Ministry of Health, and has induced a consensus among the main technical and financial cooperative agencies on the use of the ORT Project methodologies.

The Evaluation Team observed that the INCAP Delegate divides his time between ORT Project responsibilities and other duties related to the maternal and child care program that PAHO sponsors. The current activities--and especially those of a new integrated project--already require exclusive full-time dedication, given their diversity and the need for extending the application of some TMGs to the local health services.

Relations between INCAP and the AID Mission must be systematized. Regular exchange of information on the ORT and other health and nutrition activities that both organizations carry out would be of mutual benefit.

A general conclusion on the activities of INCAP in El Salvador in the process of transferring TMGs is that, given the short time elapsed, the progress attained has been tangible. However, much remains to be done, basically by the Government, so that the technologies of lesser cost and greater impact will truly benefit the mothers and children exposed to the greatest risks of disease and death. INCAP has a major responsibility in selecting said methodologies and collaborating in their effective application.

B. COSTA RICA

1. Observations on the Findings of the Evaluation Team in Costa Rica and Conclusions

Costa Rica is a model in the developing world. It has a stable democracy, no army, and high levels of investment in human development; 27% of the budget is for education and 10% for health. The external debt, which is considerable, the service of the interest on the debt, and the structural adjustment policy thus far do not appear to have affected this social investment and the indicators that reflect it. The country has one of the lowest infant mortality rates and one of the lowest mortality rates for the 1-4 years age group in all of Latin America and the Caribbean. Children of low birthweight account for only 7% of all live births; this is largely a reflection of the nutritional status of pregnant women. Institutional deliveries account for 90% of all deliveries, and illiteracy is no more than 10%. Total malnutrition of children under 5 measured using the weight-for-age indicator is still 33%; however, most of this malnutrition is mild, and it is concentrated in the country's poorer cantons.

Of the 54 methodologies produced by INCAP, 24 have been effectively transferred to Costa Rica. This figure is surprising, given the major progress of the health sector in Costa Rica, particularly since 1972, with the resources from the Law of Dependents' Allowances. This law made it possible to extend coverage of the health services to more than 90% of the population. The malnutrition-infection complex--the principal health problem in the developing world--has been dramatically reduced in Costa Rica.

One area of INCAP collaboration that is being fully developed, and which may be extremely significant for Costa Rica and the other countries of the

region, is the formulation of a food and nutrition policy. An initial proposal has been prepared that should be subject to successive revisions; this process is coordinated by the Vice President for Social Programs. The Evaluation Team pointed out that the process should be concentrated on food supply and consumption in terms of a food security policy. This should be closely associated with actions for promoting health and preventing disease, including nutritional interventions.

The annual national, and sub-regional programming of child survival was observed; the Ministry of Health is using the methodology proposed by INCAP. At present priority is placed on local programming in the local health systems.

The study of **Conditions of Efficiency** in a sample of establishments of both the Ministry of Health and the Costa Rican Social Security Fund (CCSS), using the methodology proposed by PAHO, received the active collaboration of INCAP. The Evaluation Team suggested that it be supplemented by including all the health posts and centers that come under the Ministry, and emphasis was placed on the administrative processes and allocation of resources based on the information analyzed.

Some of the priority methodologies transferred by INCAP to other countries of the region are not being used in Costa Rica because they do not correspond to the progress attained in the health infrastructure. The sentinel areas are one example, because the Ministry has developed an excellent integrated health information and nutrition system at the local, regional, and central levels. The Minister of Health and the Director General of Health use the aggregate information for decision-making; this practice is very uncommon in other countries of the Americas. There is also feedback of the information to the local units where it originated. The Evaluation Team noted that in three regions, programming was done jointly for the services under the Ministry and the CCSS, an approach that should be generalized to the entire country.

With regard to the methodology for the control of child survival activities, given the rich data base that Costa Rica has, INCAP should offer this methodology to the Ministry of Health for its application.

Height censuses are carried out regularly in Costa Rica, together with other studies for evaluating the nutritional status of schoolchildren. This information supplements the social stratification index and is used for the vast school food program that the Government carries out with its own resources.

In preparing the **Maternal and Child Health Data Base**, sponsored by the Office of the Vice President for Social Programs, the INCAP methodology, called SIMAPS, is being used.

INCAP has also cooperated very actively on the formation and development of a **Food and Nutrition Surveillance System (FNSS)**, currently fully operational, from the local health systems up to the central level.

The audit of mortality in hospitalized children, based on a sample of 100, was carried out in Costa Rica using the methodology developed by Puffer

and Serrano. The methodology prepared by INCAP is simplified and thus can be applied to all the children who died, given the very low childhood mortality rates in Costa Rica today.

Based on the INCAP methodology, Reference Teaching Centers and Regional Teaching Units have been organized which serve as the basis for teaching and health service relations. This has been done at the Children's Hospital and the Carit Maternity Hospital. Among others, activities continue under a program for internships in pediatrics for general practitioners, nurses, and other professionals that include growth and development, ORT, EPI, and ARI.

At the Children's Hospital the Evaluation Team observed some cases of oral rehydration being cared for by the parents. The Unit there has been recognized as a WHO Reference Center for teaching professionals from Costa Rica and other countries of the region. Educators from the Children's Hospital have served as consultants in Nicaragua, Honduras, and Belize under the system of Technical Cooperation Among Developing Countries financed by the ORT Project.

Health campaigns on ORT and its components and other priority problems are carried out in the principal cities of the country with the collaboration of the Costa Rican Pediatric Association and involving the participation of physicians, nurses, and other personnel.

In the overall process of interaction between teaching and the health services, the cooperation of INCAP and PASCAP was cited for its efficiency.

Surveys have been carried out among teachers on their knowledge of food and nutrition. However, the Evaluation Team was not informed of any systematic process for facilitating interpretation of the content of primary and secondary school curricula along the lines of the model being developed in Honduras.

The Institute has cooperated on the design and financing of KAP ethnographic studies the on knowledge and use of oral rehydration salts, the results of which show a high rate of both knowledge and use.

In general, the dissemination of information produced by INCAP is effective in Costa Rica, and those who receive the various publications deem them to be useful. As in other countries, it is important to evaluate their use and application, whether in education, services, or research.

We reiterate that, given the enormous progress of the Costa Rican Government's health and nutrition programs, it is surprising that a significant number of TMGs produced by INCAP for the ORT Project are being applied with great efficiency, considering the quality and quantity of the health actions involved. INCAP should continue to monitor the health and food and nutrition problems that the Ministry of Health and the CCSS identify and to offer its specific cooperation, as well as to suggest applied or operation research that would be important for the country.

C. HONDURAS

1. Observations on the Findings of the Evaluation Team in Honduras and Conclusions

Thirty of the 54 TMGs transferred by INCAP to the Ministry of Health, the Ministry of Education, and the University of Honduras are in various stages of implementation in the country. Only four TMGs correspond to the dissemination of information; the documents are received regularly and are deemed to be very valuable.

Some of the TMGs transferred call for special comments. The evaluation of NGO health and nutrition programs is extremely important and should be extended. So far, the INCAP methodology has been applied to the Horizontes de Amistad Foundation and to Save the Children Fund, in cooperation with MSH and PAHO. In all the Central American countries the contribution of voluntary national and international organizations to maternal and child care has been significant. It is fundamental that these resources be included in the Ministry of Health's annual programming for maternal and child health and that the NGOs apply the methodologies and technologies that the Ministry approves for the entire country.

What has been done in Honduras in regard to the NGOs is important; however, it should be extended include a growing number of voluntary organizations. We do not know if there is an association in Honduras, like those in El Salvador and Guatemala, that would facilitate the technical cooperation of INCAP and other international agencies.

A contribution of great value made by USAID with MSH is the National Maternal and Child Health Survey (ENSMI), published in 1984 with the active participation of the Science and Technology Unit of the Ministry of Health. The Survey establishes a baseline of information that permits follow-up and evaluation of the programs in progress relative to aspects of maternal and child care. We understand that a new study is in the process of analyzing the data and the corresponding information.

A fundamental complement to prior research is the National Nutrition Survey carried out by the Ministry of Health with the cooperation of INCAP in the methodological design and analysis of the data, with financing from AID-MSH. This is an important source of information on food and nutrition in vulnerable groups. Both documents are essential for updating the policy and programs for the health and nutrition of mothers and children in the country.

The evaluation of schoolchildren's nutritional status, which includes the Height Censuses, has had INCAP's active collaboration. We were informed that the results are in the process of being applied. Those children with marked retardation of growth at 7 1/2 years reflect a history of chronic malnutrition as well as the ecological characteristics of the communities where they live. Usually their school performance is deficient, and they repeat grades or else drop out of school. For them, school feeding is indispensable. We know that one of the larger programs, if not the largest, run by the Ministry of Education, with the active collaboration of CARE, provides breakfast or lunch to 300,000 schoolchildren. We do not know the criteria used for selecting the students. The Evaluation Team recommends that

the ORT and PROPAG projects should be integrated for rational programming of the school feeding program.

A methodology of INCAP and AID-MSH that links together the Ministries of Health and of Education is currently being developed and may be of great importance. Its purpose is to orient the teachers in preschool and primary and secondary schools to adequately interpret the health and education contents in the corresponding curricula. It is initiated with a Rapid Assesment Procedure to determine the teachers' understanding of the health concepts and methods that they are supposed to teach, on order to correct their interpretation when called for. The Evaluation Team regards this methodology and the joint action of the two Ministries as an important approach, in the short and long term, towards promoting better health and food and nutrition practices in Honduras. In this regard, the Government is showing the way; the evaluation of this effort, with the cooperation of INCAP and MSH, may be extremely important for all the countries of the Region.

The Child Survival Modules are also an example of integrated collaboration between INCAP, USAID, UNICEF, and the Ministry of Health of Honduras. MSH prepared 11 modules for various child survival components. The Ministry of Health decided that these would be integrated using as a basis for the methodology prepared by INCAP, which is also accepted by MSH. Its application was financed by AID, UNICEF, and INCAP. However, more copies are needed in order to reach the community health services. A program for training in the adequate use of the modules is currently being prepared.

A very interesting application of the RAP methodology has been carried out in two communities in two regions of Honduras. Its focus is acute dehydrating diarrhea, the nutritional care of children with diarrhea, and ORT. It has been carefully designed and carried out with the supervision of professionals from the Ministry of Health. The collaboration of INCAP is needed to finish analyzing the data and to interpret the information. It is important to determine how culturally representative the communities are in terms of the characteristics identified by the RAP, so that the communications strategy constructed on the basis of these experiences can be used by larger groups in the region, or in the entire region.

INCAP has contributed to the development of a very active process of interaction between teaching and health services in Honduras. A Center for Teaching and Service Training, Implementing Teaching Units, as well as Regional Teaching Units, have been established that have oriented the human resources from different educational institutions in the solution of specific health problems. There is a Child Survival Commission, sponsored by the School of Medicine of the Autonomous University of Honduras and the Ministry of Public Health. The Commission is made up of high level staff from both entities. Among its accomplishments, it has contributed to updating the curriculum design of the programs in medicine and nursing, to preparing profiles of university programs and technical level study programs in the health area, and to formulating programs for training in maternal and child care, including food and nutrition, as well as in also administration.

The interaction between teaching and the health services is conceived of as a process that incorporates the student from the beginning of his or her career all the way to the production of health actions, which are considered

the fundamental basis of the educational process. The Evaluation Team believes that this approach is necessary but that it is far from being sufficient for a thorough effort of active cooperation between the University and the Ministry that will contribute to the common good. In commenting on the ORT project activities in El Salvador, we have made some observations on integrated interaction between teaching and the health services.

After analyzing the situation encountered, the Evaluation Team concluded that relations between the AID Mission and PAHO/INCAP could certainly be improved by an active dialogue between the two agencies aimed at establishing a regular system of information on the health and nutrition activities that the Government carries out with their cooperation. This exchange should include aspects relevant to the ORT Project.

The Evaluation Team believes that, as in the case of El Salvador, the INCAP Delegate should be devoted exclusively to the ORT Project, given the diversity and wide-ranging nature of the duties that this project now includes. PAHO should have an adviser specialized in maternal and child health for the programs that it sponsors in this fundamental field of health.

An overall view of the work involved in the ORT Project in Honduras indicates that in the relatively brief time since it was launched--no more than three years--a large number of TMGs produced by INCAP have been transferred effectively to various institutions of the Government. The process is still in its early stages, and it is off to a good start, given that in most cases it is still far from being effective and efficient in terms of the measurable care provided to mothers and children.

D. GUATEMALA

1. Observations on the Findings of the Evaluation Team in Guatemala and Conclusions

In Guatemala there has been a greater transfer of TMGs produced by INCAP compared with the other three countries that receive cooperation from the ORT Project. This situation is understandable, of course, given the larger population, accounting for 50% of the entire population of the four countries served by the Project. It is also understandable considering that Guatemala's health and nutrition needs are relatively more serious, extensive, and urgent.

From the valuable information available, it may be concluded that in the last decade the price of basic foods has increased markedly, as has the rate of unemployment. The minimum wage has remained stable and does not correspond to the pronounced increase in the cost of the basic market basket. The coverage of health services, already deficient, has not increased in proportion to the rise in population in the last 10 to 20 years, and the trend has been to give preference to curative more than preventive services. As a result, the nutritional status of mothers and children has deteriorated significantly. In the National Nutrition Surveys of 1965-66, 1978-82 and 1986-88 of the countries of Central America and Panama, the percentage of undernourished children among those under 5, using weight-for-age as the

index, is much greater in Guatemala. In the last such survey it was verified that more than 30% of the children have moderate or serious malnutrition.

In 1987 the Maternal and Child National Health Survey found that one-third of the children between 3 and 36 months of age had low weight-for-age (less than 2 standard deviations) and 57.8% had deficient height. The indigenous children were much shorter than the Latinos, and the highland population shows a greater prevalence of growth retardation than the population in other areas. Also, in general, rural dwellers live in worse conditions than those in urban areas. There is evidence that growth retardation coincides with a greater frequency of infections, and that such infections are of more prolonged duration. Also, growth retardation influences school performance and productivity.

Guatemala's serious health and nutrition situation justifies the ORT Project being comparatively more active in this country in regard to the transfer of TMGs. Of the 54 methodologies produced by INCAP, 37 are being developed by the Ministry of Health, the Ministry of Education, and the University of San Carlos. Of these, 31 have required the use of various technological transfer procedures that INCAP uses.

Some of the TMGs transferred deserve a special observation. The process of annual and subregional programming of Child Survival has been carried out regularly by the Ministry of Health. A by-product of this exercise has been improved coordination among the departments of the General Health Directorate.

The studies on conditions of efficiency proposed by PAHO and carried out by the Ministry of Health, with INCAP cooperation, have generated a process of self-instruction of community personnel using modules--updated and re-published with the assistance of INCAP--that include practices relating to the various components of the ORT project. This is an example of distant learning that requires effective supervision by trained health auxiliaries, or better yet, professional nurses.

The Operations Research on growth and development being carried out in Sacatepéquez merits special mention. It has been verified that very few mothers there are given an explanation of the meaning of the weight-for-age index and the curve that is recorded on the card. Analysis of the results should lead to an intensified effort to educate the mothers, which is essential. It will also improve the quality of care extended by the ORT Project.

The sentinel areas have been organized in Guatemala and are in effect. They correspond to the methodology proposed by INCAP. However, in the view of high-level personnel of the Ministry of Health, the information they deliver arrives late and is costly. They have created a new methodology that is called "Systematic Sampling Communities" based on a non-probabilistic sample derived from local parameters. This methodology brings together information that can be analyzed and applied in the short term.

There does not appear to be any consensus for a local programming system, which is the basis for the effective use of available resources for attaining measurable objectives for the ORT Project and maternal and child care. It also allows for active and informed community participation. A

common, simple, and effective methodology, approved by the Governments and the international and bilateral health agencies, would be of great value. It is recommended that PAHO and INCAP examine the methodologies that are utilized today and propose to the ad hoc Committee the one that is most appropriate.

The Integrated Child Survival Modules (ICSM) have been developed by the Maternal and Child Department in the Ministry of Health, with technical and financial cooperation from INCAP. They are geared to the country's auxiliary and technical personnel in rural health. Particularly notable in Guatemala is the careful system for personnel training and effective implementation of the Modules. "Minicaps" are carried out to introduce, in an organized way, the concepts and practices relating to the ORT Project, among other problems. The ICSMs are being used in 25 health areas.

Another valuable source of information comes from the Height Censuses of Schoolchildren. In Guatemala these censuses have been carried out by the joint action of the Ministries of Health, Education, and Economic Planning. The information has been incorporated in the SIMAP, another methodology for planning proposed by INCAP.

We were informed that there a **Maternal and Child Health Data Base** has been prepared based on the four sentinel areas. The information contained therein is no doubt valuable, but it is provisional, awaiting the implementation of an organized system of health and nutrition information. In any case, Guatemala has sufficient background on the health and nutritional status of mothers and children, as well as methodologies largely validated by INCAP, to guarantee greater efficiency in the use of available resources and those to be invested in the short and medium term. This observation is related to the recommendation of organizing a FNSS that delivers timely information at all levels of the health system.

An active process of **interaction between teaching and health services** is underway in Guatemala with the active collaboration of INCAP and PASCAP. It involves the participation of the School of Medicine and the Schools of Nursing and Nutrition. It is limited to the use of health services for training undergraduate students. It is an important initiative but requires the careful supervision of education specialists and personnel from the Ministry of Health.

The joint work of the University and of various Ministries, among them that of Health, includes broader fields that contribute to guiding and carrying out economic and social development.

As part of the foregoing process, and in direct relation to the ORT Project, an Oral Rehydration Unit (ORU) has been organized at the Roosevelt Hospital for the training of several university students; 22 departmental ORUs are planned.

The methodology of **Collaboration with the NGOs** developed by INCAP is being fully applied in Guatemala through an association that brings together 250 NGOs. They provide health and feeding services to 27% of the country's population, especially the rural population, both in population centers or scattered, as well as to persons living in peripheral communities on the

outskirts of cities. These institutions have initiated their collaboration with INCAP based on the ORT Project components.

A series of ethnographic studies (KAP and RAP) have been carried out to determine the interaction of suppliers and users of the health services. Some have been done in sentinel areas, while others have focused on pharmacy personnel. They are valuable; it is hoped that the information obtained will make it possible to improve the efficiency of the TMGs already in use or to develop others that are more appropriate.

The publications, bibliographical material, and other documents that INCAP disseminates are received regularly and are deemed to be of great value.

The inter-agency relations with AID-MSH, UNICEF, and others are fostered within a climate of mutual cooperation, to the benefit of the Government and the population.

III. SPECIFIC RECOMMENDATIONS CONCERNING THE ORT/GM/NE PROJECT

A. INTRODUCTION

The Evaluation Team verified an active process of Project execution as part of the child survival and of maternal and child care policy which had been catalyzed by INCAP in each of the countries visited. The work of the Institute is respected and considered to be of great value. A large number of high-level national health officials consider this work to be essential for the success of the Project.

The scope and diversity of the programs is particularly impressive and shows us that the Project is strengthening and extending INCAP's orientation toward direct cooperation with the Governments.

Although the Team recognized that the Institute has not yet completed the process of transferring and institutionalizing the TMGs, significant progress has been made, as may be seen by studying the situation in each country. This reflects solid knowledge of national realities and experience with maternal and child care problems on the part of INCAP professionals.

In the opinion of the Evaluation Team, the Institute has created a definite place for itself in the community of international agencies that collaborate in planning and conducting child survival and maternal and child care activities Its contributions, especially in terms of the instruments used to carry out the objectives of the Project, are recognized and sought by the Governments.

The recommendations are presented in the context of an analysis of the most significant accomplishments of the five components of the ORT Project as identified in the evaluation period, which was brief, considering their diversity. They are based on a theoretical framework that identifies the following elements of a system:

INPUTS - PROCESSES - EFFECTS - IMPACT

The term inputs refers to plans, strategies, and human, material, and financial resources **processes** are the activities carried out under the program **effects** are the products of the program and **impact** is the measurement of the changes in level of health that can be attributed, at least partially, to the program. The execution phase of the ORT Project has been concentrated on inputs and processes, which is justifiable in view of the relatively brief period of time that has elapsed since the beginning of the actions taken in the countries, the diversity of these actions, and the number of TMGs involved. **Nevertheless, the Team recommends that greater emphasis be placed on evaluation of the effects and impact as well as on the cost of the actions.** The evaluation process should form an integral part of all Project activities, as appropriate. The results will make it possible to correct actions under way, or the objectives, at the conclusion of each budgetary period.

The complexity of the Project and its components is evident. The progress that has been made is due to the high quality of INCAP's professional

resources. If the evaluation of processes and impact is added to this, even though the number of actions is reduced, the approach will continue to be complex. It is therefore essential to give the Institute's experts the freedom of action they need in order to apply their specialized knowledge in the best possible manner in the countries. Dual authority does not always favor this endeavor. The Team suggests a review of the current structure of the Institute with this criterion in mind.

The success of child survival and maternal and child care policies depends a great deal on delivering services of good quality and ensuring expansion of their coverage. The Evaluation Team recommends a higher priority for this process. With this aim in mind, studies are required on:

- the effectiveness and efficacy of educational programs;
- strategies for the extension of coverage;
- support services, such as supervision, training, logistics, information systems, and evaluation.

B. NATIONAL CHILD SURVIVAL PLANS AND STRATEGIES

As we pointed out, INCAP conducted an intense promotional campaign on the use of oral rehydration therapy, growth monitoring, and primary care education. At the same time it cooperated in the formulation of annual child survival plans for each country in the context of the national maternal and child health policy. For this purpose it proposed an ad hoc methodology that was used by the Governments.

The Evaluation Team recommends that the Institute review the planning process in light of the experience of the four years the Project has been in existence and that it propose whatever adjustments are called for to the Ad Hoc Committee and the Technical Focal Team. This review should include a study of the relationships between national plans and local programming of local health systems, as well as of information and evaluation systems.

As indicated elsewhere in the Report, the Team supports INCAP's intention to place some of its professionals in the regional health services in order for them to cooperate directly in formulating and developing programs for local health systems which are consistent with the policies of the Governments. In this way an attempt is being made to improve the delivery and quality of maternal and child care services by assigning priority to the objectives of the Project. Experience has shown that Operations Research on specific problems is a valuable instrument that takes these objectives into account--a responsibility that, it is hoped, will be fully assumed by INCAP. The concentration of efforts at the local level represents an opportunity to apply TMGs of proven effectiveness and to formulate others as warranted by prevailing circumstances. It facilitates the training of personnel and is conducive to health education in the communities and technical cooperation between professionals on specific problems. This component of the Project includes ethnographic studies on knowledge, attitudes, and practices (KAP), which are examined in another chapter of this Report.

C. INFORMATION SYSTEMS

INCAP has a periodically updated database on maternal and child health and nutrition at the regional and national levels. It includes the most reliable and valid indicators produced by research, and consequently, is a fund of knowledge about the natural evolution of the problems and the results of specific programs in the Central American Isthmus.

The ORT/CC/NE Project includes a set of methodologies for compiling information on health and nutrition. We wish to cite, in particular, the National Health and Nutrition Surveys, in which the contribution of the AID Missions in El Salvador, Guatemala, and Honduras was an essential component.

An enormous amount of data based on representative samples has been compiled and analyzed. Morbidity and mortality rates are much better known today, as are statistics on resources and services for mothers and children.

Also of practical value are: Evaluation of the Conditions of Efficiency in the Health Services, the model for which was prepared by PAHO; the Sentinel Surveillance Units in areas (communities) or sites (establishments)--a joint effort of UNICEF and INCAP; the School Height Censuses, designed to measure the nutritional status of schoolchildren; the Anthropological Studies, particularly the study based on the RAP methodology for identifying and modifying practices that affect health; Special Studies, including applied research relating to the Project; Information Systems on Health Services Delivery and Management, especially with regard to local health systems; and Systems for Evaluating Project Activity Processes and Impact.

This information, as a whole, constitutes a broad spectrum of valuable data for attaining the Project's goal of reducing morbidity and mortality in children under 5 in the region. However, in order to be truly useful, the data should be analyzed opportunely--by national professionals in the countries, whenever possible--and the information obtained should be used for decision-making at the various levels of the health infrastructure. The Evaluation Team is of the impression that this is not always the case, particularly in the local services.

As in Costa Rica, there should be a trend toward a national health and nutrition information system, characterized by a flow of data added to progressively, from the local services to the regional and central levels; the necessary feedback; and timely use for decision-making. INCAP cooperation for this purpose can be very valuable. Meanwhile, the various surveys and studies that we have mentioned--which have the support of the interagency Focal Team--should continue, with emphasis on utilization of the information.

Although the latest change under the Project indicates that the improvement of health services management systems, particularly in El Salvador, Guatemala, and Honduras, will increasingly come under the responsibility of the bilateral programs, with financing by USAID, the Institute nevertheless has an important task to carry out in this area. It consists of designing and testing new management systems that are more efficient than those traditionally employed, and also of incorporating

administrative principles and methods into programs for the training of national personnel and those who work in the NGOs.

In some of INCAP's cooperative activities in the field of information it is difficult to dissociate so-called technical elements from management elements. Two good examples of this are the Studies on Conditions of Efficiency of the Services and Sentinel Surveillance areas and units. It is to be hoped that the information obtained from them will generally be used to improve the quality of the actions taken and their results. The Team reiterates that INCAP should place greater emphasis on evaluating the effects and impact of the programs and the cost of the actions undertaken.

In summary, the Evaluation Team recommends that INCAP:

1. concentrate its cooperation on using the information for technical and administrative decision-making;

2. continue with surveys and other methods for the collection and analysis of information and, at the same time, study in each country--except in Costa Rica, where it already exists--the bases for a National Health and Nutrition Information System for mothers and children;

3. collaborate on improving the administrative capacity of the services, including budget and financing, operations logistics, and human and material resources, through training and research; and

4. strengthen the evaluation of proces nd impacts relative to the Project, and measure the cost-effectiv ess of the actions taken.

D. DEVELOPMENT OF HUMAN RESOURCES FOR MATERNAL AND CHILD CARE PROGRAMS AND ORT/GM/NE

In the opinion of the Evaluation Team, manpower training is INCAP's most important activity for fulfilling the Project's objectives in the medium and long term and for prolonging its effects over time. The Institute has had valuable experience in this field of human development. Most of the region's professionals working the field of nutrition were trained at INCAP and a significant number of them have completed graduate studies.

As a center of excellence, the Institute is the source of advances in scientific and technological knowledge in maternal and child care and nutrition for the countries of the region and for other countries of the Americas. Thus it has forged strong ties with the universities and other centers for the training of human resources. In this process, the basic and applied research it conducts, and its dissemination of scientific and technical information, including the ad hoc TMGs, are effective instruments for improving the quality of training for professionals and auxiliaries in the countries.

With reference to the Project, the Institute, associated with PASCAP, has made an important contribution to professional training, continuing education, and the preparation of educational materials as a part of the technical and administrative support it provides to various institutions.

The Institute has assisted the departments of pediatrics, obstetrics, and preventive medicine of the universities in updating maternal and child care curricula, which includes updating the Project's objectives and child survival policy and strategies. It has facilitated the advanced training of educators, promoted technical cooperation between professors in the countries, and modernized methodologies, techniques, and educational resources. This is a long-term academic undertaking aimed at ensuring that new generations of health professionals will be provided with better knowledge of the region's epidemiological realities and its priority problems.

Support for Continuing Education is more urgent, given the enormous need for training human resources at all levels of the health infrastructure in each country. Insufficient knowledge and experience has been detected in the clinical and epidemiological aspects of maternal and child care, in addition to weaknesses in administrative management of the services, modern teaching and learning methods, and research.

INCAP has cooperated in identifying and strengthening Teaching Referral Centers in each country. This consists of hospitals of high complexity or pediatric and obstetric services where professionals and technicians receive training in health. Such personnel constitute a permanent resource--that is, a focal point that is facilitated by the Institute's collaboration.

The Regional Teaching Units in the Health Regions also participate in teaching with a view to improving maternal and child care through the application of uniform methodologies.

The Units responsible for Oral Rehydration, Growth and Development, and Recovery of Undernourished Children in teaching hospitals apply the TMGs that are directly related to the objectives of the Project.

The Evaluation Team was able to verify that this series of educational processes relative to the Project is being developed in all the countries with varying degrees of intensity, as is shown in Annex I.

INCAP has also promoted or participated in the design and realization of numerous short-term training activities--courses, workshops, seminars, and the like--for the transfer of TMGs and other educational actions, as detailed in the Summary of Achievements under the Project.

Teaching and Service Integration, which brings together university and government actions in the area of manpower training, has been given particular attention by the Institute in all the countries served by the Project. The bases were established in a Sub-regional Workshop in 1987 with the participation of authorities from the Ministries of Health and deans and educators from schools of medicine, nutrition, and nursing in all the countries.

Through the course of its development, the integration of teaching and service promoted by the Institute has been geared to a work-study relationship--that is, learning by working and working by learning. In practice, students of various schools cooperate in the provision of preventive-curative care services. In principle, supervision should be

performed jointly by the personnel of the health units to which the students and educators are assigned.

According to information compiled by the Evaluation Team, such supervision, which is the responsibility of both the Ministries of Health and the universities, does not occur on a regular basis. It is urgent to review and correct this situation, inasmuch as supervision is essential for the proper training of human resources in health and nutrition.

Experience has shown that the care units to which students and educators are assigned improve the quality and even the quantity of the services they provide.

With regard to integration, the Ministries and the universities play cooperative roles for the common good, since they are broader in scope than the teaching-service relationship just described. The universities can provide valuable suggestions for the formulation of health policies and strategies, for the design of programs, for the updating of methodologies and technologies based on advances in knowledge, and for evaluation of the performance of the services and their impact in terms of the objectives defined. The work of the universities in epidemiological and social research can be of major importance.

The Ministries should participate in the teaching process, share in research activities, and at the same time provide health services to supplement coursework for students and graduates.

The Evaluation Team suggests that the Institute study the feasibility of extending the teaching-service relationship and adding other activities for the benefit of mothers and children to the responsibility of the universities and the Ministries of Health, as indicated.

Within the ORT Project, INCAP and PASCAP have also collaborated in reviewing the curricula of various health professions, the human resources database, and prospective studies of these resources.

With regard to the preparation of educational material, another joint task of INCAP and PASCAP, the Integrated Child Survival Modules, are of interest. These modules are reference guidelines for all maternal and child health activities concerned with child growth and development. Professionals from various departments in the Ministries of Health participated in preparing this material. In the process, a review was made of the standards in effect for maternal and child care, and inter-departmental coordination was promoted for their effective application.

The Integrated Modules are being used in Guatemala, El Salvador, and Honduras, based on training guidelines that call for expanded distribution of the Modules to all personnel in the regional and local services. In addition to their value as a training tool, they will also contribute to the design and development of messages through the mass media.

It is clear that the Institute has focused its manpower training activities with a view towards achieving the objectives of the ORT/GM/NF Project in the public sector. However, it has recognized the importance of

the private sector. During the two remaining years of the current Project and especially in any subsequent project, the Institute should prepare models and guidelines for the information of health suppliers in the private sector, and keep such information updated. Among such suppliers are physicians, nurses, midwives, nutritionists, pharmacologists, community health workers, and lay midwives. The Institute should also increase its cooperation with the NGOs in order to ensure that the objectives of the Project and the TMGs are being implemented in the local units.

The Evaluation Team was informed that "there is no history of evaluation in the educational programs of INCAP." Thus it appears that the time has come to design an appropriate methodology to measure the effectiveness of the Institute's manpower training. In the countries an evaluation should focus on using the knowledge acquired by the students in the areas of maternal and child care delivery, education, and research.

The Team recommends that the following steps be taken:

1. Examine and evaluate the human resources training activities that INCAP has carried out under the Project. For this purpose, it would be useful to design an evaluation model that differentiates processes from impact. It is important to determine the extent to which the knowledge acquired by the students is utilized in the areas of service delivery, education, and research, as required. It is also necessary to determine the effectiveness with which the Institute uses its resources in education and training.

2. Review the strategy of supporting a large number of courses, workshops, seminars, and other educational efforts related to the activities of the Project.

3. Formulate an institutional education policy with the contribution of all INCAP personnel specialized in this area.

4. Define complete educational programs in each country in order to strengthen priority maternal and child care areas, including those specific to the Project, in collaboration with national professionals. These plans should include methods of follow-up and evaluation.

5. Request the advisory services of education experts for the review and design of manpower training activities. These advisory services could be particularly useful in activities that involve the preparation of professionals--for example, in reviewing INCAP's graduate courses and, if necessary, modifying their design and curricula.

6. Introduce the most recent technologies into the Institute's educational process.

7. Place greater emphasis on advisory services for the training of human resources in the private sector, including both health care providers--professionals, technicians, and auxiliaries--and the NGOs.

8. Strengthen the supervision of students in programs for the integration of teaching and service, and extend supervision to other program

activities that the Ministries of Health and the universities can carry out jointly to improve the quality of maternal and child care at both the central and local levels.

9. Consolidate the process of Continuing Education in order to promote the development of local health systems.

10. Introduce Operations Research into the training of human resources for maternal and child health.

11. Cooperate in the activities of the Central American Public Health Association and in teaching in this field.

E. HEALTH EDUCATION AND COMMUNICATIONS

Until recent years, INCAP focused its efforts on educating health professionals and service providers in areas relating to food and nutrition. With the decision to actively work on transferring the results of its research, INCAP has developed certain TMGs in the field of health education and communications. According to the documents available and the information received, several of them, though valuable, do not function as an integrated process. Given the trend in Central America in maternal and child care policies and plans, priority should be given to education and communication activities for mothers in the fields of health and nutrition. INCAP could make an important contribution by developing models for the formulation of a policy of education and communication in health that the Governments could adapt and transform into programs.

1. Anthropology

INCAP has been a pioneer in the region in the development of anthropological techniques for understanding communities, having implemented the Rapid Assessment Procedure (RAP).

The Evaluation Team supports this approach as a basis for the preparation of plans and strategies for education, communication, and information. According to the Team's observations, these methodologies generate an immediate positive effect among the health personnel who have been trained in them, but they do not give it sufficient importance to include it as part of their regular duties.

Given that these technologies have been developed and tested by INCAP in various groups and specific communities, it is recommended that steps be taken to:

1. Design a strategy to incorporate the TMGs in the formulation of plans for education, communications, and decision-making.

2. Include within these methodologies one specific section devoted to the traditional means by which mothers receive and accept health information, plus another section on penetration of the mass media as a possible educational alternative.

3. **Disseminate the results of this research in professional journals and possibly apply them to plans in the areas of education and communications.**

2. Mass Media

The Evaluation Team verified that a systematic strategy for the use of the mass media in health education for mothers has not been developed within INCAP's education component. Since the mass media is an important influence in changing the knowledge and behavior of modern society, especially with regard to eating habits, it is recommended that INCAP undertake a systematic study of various media and the techniques they employ as they relate to form, style, frequency, and how they may be applied to improving the state of health and nutrition of mothers and children.

3. Use of Regional Resources

- Collaboration with the universities

Since the planning, creation, and production of educational materials for use by the mass media is excessively expensive if such materials are developed in private companies where the consumer pays for the costs, **it is recommended that formal relations be established with the universities in order to incorporate the talent available in schools of art, design, and communications as part of the integration of teaching and service and the work-study program.**

- Legislation on the use of the communications media for health campaigns and nutrition

In some countries of the region there are laws that permit the use of the mass media to transmit health and nutrition messages at no cost. **It is suggested that INCAP examine the situation and recommend to the Governments that they promote legislation with this purpose in mind.**

- Coordination with adult literacy programs

Inasmuch as the materials produced by INCAP, such as "What every mother should know," are the product of a process that analyzes the needs of the population and uses its own language in brief texts as a means of transmitting its messages, dissemination of such material could be coordinated with the various literacy programs in the region for adults, especially mothers.

4. Communications Strategy for Leaders

Although INCAP is a widely known institution in the scientific and technical circles of the region, lack of institutional memory in the Ministries due to staff turnover is one of the reasons why there is not sufficient awareness of the programs and services that INCAP offers the Governments.

It is recommended that INCAP develop an information and education strategy for new leaders in order to enable them to assess the value of the

methodologies generated by the Institute and the services it offers them for decision-making.

F. DISSEMINATION OF SCIENTIFIC AND TECHNICAL INFORMATION

The production and dissemination of scientific and technical information is one of the activities of INCAP that justifies its status as a center of excellence in the region. The Evaluation Team verified the great interest and broad acceptance of the publications, having gained the impression that a potential audience much larger than the present one exists at all levels.

It is recommended that INCAP make an in-depth study of this component and its methodologies with a view towards improving and extending the valuable service it provides. In order to implement this recommendation, it is fundamental for ROCAP to include a provision in its budget for appropriate equipment and materials, with the aim of supporting expansion of this fundamental area as part of the Institute's cooperation activities.

1. The ASI Bulletin

One of the most successful technologies verified by the Evaluation Team was the ASI Bulletin, an INCAP publication issued every four months. All the interviewees recognize it as a very useful and informative journal that is received regularly by a vast number of technicians and health workers. However, it is believed that this strategy is under utilized and that it should be recognized by INCAP as one of its most expeditious and dynamic technologies, since it represents the Institute in places where delegates and technicians are not often found.

It is recommended that full support be provided for the planned research on target audiences, with the aim of providing ASI with the dissemination and importance it merits, reviewing its contents and format, making the necessary adjustments, and, insofar as possible, stepping up its publication schedule to six issues per year.

It is also recommended that ASI be distributed separately from the package of bulletins with which it is usually sent, thereby differentiating it from INCAP's distribution of publications produced in other institutions.

2. Development of Strategies for the Dissemination of Scientific and Technical Information through the Mass Media

INCAP has experience in the exchange of scientific and technical information generated in the region. However, it is recommended that new forms of documenting the results of INCAP's research and programs be explored--videotapes, cassettes, documentaries, and other formats that can be used by journalists, radio and television broadcasters, and film-makers in the member countries and abroad.

G. OPERATIONS AND APPLIED RESEARCH

Although the Operations Research Program is still in the formative stage, it is an activity whose importance may be considered critical, therefore meriting special emphasis in the Project's remaining years of life. INCAP reported to the Evaluation Team that the health authorities have recognized the great need for supporting and expanding the actions taken in this area.

The ORT/GM/NE Project should receive substantial external assistance for the development of this program, since experience in Operations Research is still limited in both INCAP and the countries of the region. This is particularly important, since formal training has barely been developed, and the methodologies and findings of major studies have not yet been published. Nevertheless, this field of knowledge is progressing rapidly. The Project should benefit from whatever successes and failures are detected in order to develop its capability in Operations Research.

In view of the repercussions of the use of this methodology for the improvement of health services, it is recommended that INCAP employ the services of qualified consultants to train its own specialists and to obtain timely transfer of the methodologies to the countries.

INCAP should promote the development of studies to evaluate the quality of the services provided in child survival and maternal and child care and collaborate in identifying countries with concrete problems that are suitable for simple, small-scale studies that can be carried out rapidly and at low cost. Insofar as possible, such studies should have a single theoretical framework in order to facilitate the comparison of services and programs. INCAP could maintain a central database for this purpose.

The information accumulated in this preliminary investigation will make it possible to formulate a training strategy based on the effective transfer of specific methodologies both to academic institutions and to various levels of the infrastructure in the Ministries of Health, including program administrators.

In deference to the interests of the health services, Operations Research should include the functions of supervision, monitoring, and support for problem-solving. The Institute should develop a comprehensive research strategy for quantifying the amount of knowledge required in order to ensure the efficiency of child survival and maternal and child care services, including the quality of the care provided and the determining factors that are of importance in the region. It should also develop simple methodologies appropriate for routine use by local administrators.

It is suggested that INCAP disseminate information on local studies. With this experience, it could collaborate in Operations Research aimed at improving the delivery of services financed by various organizations in the region, including the AID Missions and the NGOs. This could be a source of new resources for the Institute.

Annex II contains the Evaluation Team's analysis of the proposals for Operations Research from various countries in the region.

The Evaluation Team heard presentations on applied research in the area of persistent diarrhea, in addition to studies on diets for cases of acute dehydrating diarrhea, and on the prediction of low birth weight. These are major problems in regard to the development of the ORT and PROPAG Projects. The Team was very impressed with the design and execution of these studies, and their results will be of special interest for current and future projects.

PART II

EVALUATION OF THE TECHNICAL SUPPORT TO FEEDING PROGRAMS (PROPAG)

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August 1989

EXECUTIVE SUMMARY

The INCAP/ROCAP project of Technical Support to Food Assistance Programs (PROPAG) was evaluated during the month of May, 1989 by a three-person, external team in close collaboration with the PROPAG staff. The purpose of this mid-term evaluation was to establish the degree to which food-assistance program (FAP) effectiveness had been improved at the field level. The evalaution Team visited the principal FAPs in Guatemala, El Salvador, Costa Rica and Honduras to assess the development, transfer and application of technologies, methodologies and guidelines (TMG) and appraise INCAP's working relations with governamental and non-governmental agencies.

Findings and conclusions were presented to INCAP authorities in a workshop and discussed at length. The principal findings were:

1. PROPAG has developed an effective, highly competent, multidisciplinary team which is coherently developing and applying TMGs in the region.

2. PROPAG has made impressive use of operations research to improve FAP orginazation and function in Costa Rica, El Salvador and Guatemala.

3. The TMG development process in the several countries follows a predictable sequence of some nine steps. All of the TMGs observed in the field can be fit into the sequence, allowing comparison within and between countries. The final step, Evaluation and Follow up, had not been reached by most of the TMGs; this area must be dealt with by PROPAG in the coming months.

4. The in-country TMG development process draws on INCAP expertise and local facilitation by the PROPAG Delegate. While the sequence is the same for each TMG, local circumstances affect quality and timeliness of outcomes. Costa Rica has developed more TMGs further than the other countries; Guatemala and El Salvador are somewhat behind and Honduras is just beginning the process, both in number of TMGs and degree of development. PROPAG will have to reinforce efforts in Honduras to close this gap.

5. The TMG development process is most apparent at the central ministry level (also the level most observed by the feam). Impact at the local or feeding-center level (at least in Costa Rica where the process is most advanced) is only just beginning to be felt. Mechanisms for community participation are unclear. PROPAG will have to learn how to facilitate this process and could profit from the wealth of experience in private voluntary organizations (PVO).

6. The AID Missions and PVOs in the various countries feel left out of the process and uninformed about PROPAG progress even though they agree with its objectives. For the most part, PROPAG has not established effective working relations with these agencies in detriment to its image and the generation of complementary resources to support the TMG process.

7. FAP effectiveness measures have not been defined. Thus, achievement of project Purpose cannot be fully established, despite significant progress in TMG development, transfer and application.

8. Achievement of the project Goal seems predicated on synergistic interaction between PROPAG and the ORT/GM/NE projects which does not exist. INCAP must ensure effective complementarity between the projects in order to achieve the Goal.

9. It seems unlikely that the TMG development process can be completed, especially in Honduras, in the 18 months remaining in the project.

10. The "service" areas of Technical Cooperation, Human Resources, Information Dissemination and Administration do not rigorously apply scientific principles and research methods, especially operations research, to their own development. The Institute would be strengthened if "services" were dynamically and systematically developed on a par with Research.

As a result of these findings and conclusions, the Team made the following recommendations:

1. That project continuity be assured after December 1990 in order to complete the TMG transfer process already underway and provide time to evaluate effects.

2. In the meantime, and until the end of the current projects, an ad hoc committee of PROPAG and ORT/GM/NE should develop joint activities to ensure that MCH food aid is fully integrated with growth monitoring and nutrition education.

3. That after the end of the current project, a single, integrated project be developed to achieve regional food, health and nutrition objectives, including food security at the national, community and family levels.

4. That PROPAG develop an innovative, decentralized strategy to deal with the special conditions which exist in Honduras. This should include special attention to information-gathering on current FAP operations, costs and performance to orient the new government. It should also include involvement with new institutions (eg. universities, autonomous institutes, PVOs) and work at regional and local levels. A full-time PROPAG Delegate should be considered, taking into account the project completion date.

5. That the entire area of community participation be developed and promoted jointly by PROPAG and ORT/GM/E and that the expertise of PVOs be sought and exploited fully.

6. That steps be taken to continually improve relations among USAIDs, ROCAP, INCAP and other donors, especially through:

   - information sharing (plans, reports)
   - identification and utilization of additional project support resources
   - participation in joint donor committees and consultations

- ROCAP undertakes project advocacy with USAIDS

7. That INCAP seek scientific excellence in the development of Training, Information Dissemination and Technical Cooperation technologies, methodologies and materials.

8. That INCAP actively seek outside expertise, experience and resources in researching and implementing alternative solutions for food, feeding and nutrition problems. Of particular relevance would be the systematic convening of peer-review teams in all technical and coordination areas.

9. That indicators be developed and tested to verify FAP effectiveness and that a tracking system be designed and implemented with in-country Delegates' participation.

I. BACKGROUND

A. THE REGION

1. Countries and Differences

The seven countries comprising the Central American (CA) region have a land area about the size of France and a population of 25 million, up from 8 million in 1950. Population density ranges from 580 per square mile in El Salvador to 88 in Honduras. Ethnic and language diversity is marked and geographic disparities are prominent. Insurgencies have created large areas of conflict with hundreds of thousands of refugees and displaced persons and destruction of physical assets and productive capacity. Major hurricanes and earthquakes have brought devastation to four countries in the last 15 years, wiping out infrastructure and dislocating tens of thousands of families.

The region's economies grew rapidly in the 1960s and early 1970s, sparked by favorable prices for principal exports, the protection and incentives of the Central American Common Market, and relative political stability. However, from 1980 to 1983, real per capita income declined an average of 4.3% per year and growth remained negative through 1987. This situation was only partly ameliorated by massive foreign aid infusions, lower oil prices and modest recovery of exports, benefits which are not uniformly distributed between the countries or among their populations.

2. Nutrition and Food Aid Situation

In spite of overall improvements in health indicators during the past 20 years, infant and child mortality rates in Honduras, Guatemala and El Salvador remain high (68-79/1000 and 6.8-15.5/1000, respectively,[1]). Furthermore, while nutritional status of children under five improved from 1965 to 1982 in Costa Rica and El Salvador, it deteriorated in Guatemala, Nicaragua and Panama.[2]

In response to the natural and man-made disasters in the region, food aid has grown greatly in the last decade. In 1987, the World Food Program supported 34 food-aid projects in the region with nearly 300,000 MT of commodities worth $149 million. Bilateral programs from the United States and Europe provide at least another 150,000 MT of donated food while concession sales double the volume.

B. THE INSTITUTE

1. History and Relation to PAHO

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1. Regional Development Strategy Statement, ROCAP/USAID, Guatemala, 1987.

2. Salud: Puente para la Paz. Pan American Health Org., Washington DC, 1987.

INCAP was founded in 1949 as a regional research institute of the Pan American Health Organization. INCAP's mission is to contribute to the development of the nutritional sciences, promote their application and strengthen the capacities of the member countries to solve their food and nutritional problems. Over the years, it has earned a reputation for high-quality, field and laboratory research in nutrition - biochemical, clinical and epidemiological. In the mid seventies, INCAP undertook to assist the CA nations in the identification and solution of their food and nutrition problems. In the early eighties, after a major institutional reorganization, financial dependency on PAHO was reduced and INCAP became more of a creature of its member countries.

The Board of Directors of INCAP is comprised of the Ministers of Health of the region while the Director and Financial Manager are PAHO employees. Technical and programmatic supervision is provided by the PAHO/Washington, Food and Nutrition Program office. INCAP's relations with the member countries are channeled, for the most part, through the local PAHO Representations which also provide administrative and financial services to short and long-term INCAP staff operating in the country. Project funds (AID and others) are administered by INCAP at its Guatemala campus and by the PAHO offices in the several countries. However, final accounting responsibility, including reconciliation of accounts between INCAP and PAHO offices, is vested in PAHO/Washington.

2. Applied/Extension Focus

Over the last fifteen years, INCAP has made mighty efforts to be more "responsive" to the needs of its member countries. This has taken the form of short and long-term technical assistance, training, surveys, information dissemination and policy guidance. The Institute has restructured itself to perform more effectively these functions, adopting a matrix structure to ensure consistent technical support and supervision across Division and project boundaries.

In an effort to identify and resolve problems associated with feeding programs operating in the region, in 1984, INCAP sponsored a regional study of technical assistance (TA), training and research requirements of some 60 food-assistance programs (FAP) operating in the region. As a result, INCAP proposed a five-year, $6.3 million project to improve the effectiveness of food-assistance programs (FAP) as a means of reducing malnutrition and infant mortality in the region. AID/ROCAP funded 80% of this project, through 1990.

C. THE PROJECT

1. Goal and Purpose

"The goal of the project is to contribute to the reduction of infant and young child mortality and improve nutritional status among high-risk populations in Central America (CA) and Panama. The purpose of the project is to improve the effectiveness of food assistance activities in the Central America and Panama region by helping to establish effective national coordination mechanisms and strengthening the technical, managerial and evaluation capabilities of the Nutrition Institute for Central America and Panama (INCAP) and national public and private agencies."

"The purpose will be accomplished by developing a regional support network to improve the effectiveness of food assistance programs, e.g. through better planning, coordination, targeting, management, project design and evaluation and integration of food assistance programs with other related development activities. The project responds to AID's world-wide initiatives to reduce malnutrition and infant mortality and specifically to the National Bipartisan Commission on Central America (NBCCA) report's recommendations."[3]

2. Background Phasing and Components

"More than 60 separate food assistance programs being carried out in the region, as well as refugee programs run by the UN High Commission for Refugees, constitute a very large quantity of resources and impact on over five million people or about 25% of the region's population. In 1983 over 200,000 metric tons of food were distributed by the 60 programs and the cost of food alone was in excess of $50 million. Funding planning levels in 1985 are at $90 million. Food donors, the national governments and implementing agencies agree on the need to increase the effectiveness of food assistance programs not only to handle the expansion but also in order to have a greater impact on malnutrition and infant mortality."

"A regional assessment of technical and training needs for food aid assistance carried out by INCAP in 1984 and a regional seminar to review the findings led to the development of the project proposed herein and agreement on the specific activities included in the project design. INCAP will carry out the project using a three-phase implementing strategy adopted from the lactation component of the Regional Nutrition Technical Outreach project which demonstrated its effectiveness for promoting national participation, planning and technology transfer. The implementation strategy is also expected to facilitate donor and PVO coordination and participation as well as dissemination of program experiences and research results on specific problems where more knowledge is needed."

"Phase 1: Promotion and Planning - The first 12 months of the project will concentrate on project promotion and planning. Draft guidelines for improving national strategies, country action plans, and the design and implementation of individual food assistance programs will be developed and submitted to regional technical task forces. INCAP will assist national teams to develop country assessment and planning documents for improving coordination and individual food assistance programs. Related institutional analyses and case studies will be carried out as well as research to provide the technical norms for maternal child feeding programs. A regional seminar held at the end of Phase I will review these materials and country action plans and will provide the basis to carry out Phase II of the project."

"Phase II: Implementation - The main thrust of this phase will be to help countries implement design, management, operations and evaluation guidelines developed under the project as well as use related research and assessment information and methodologies in order to strengthen individual food programs."

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3. Project Authorization, Technical Support for Food Assistance Programs, ROCAP, USAID, 1985.

"Phase III: Evaluation - This phase will take place simultaneously with the final six months of implementation under Phase II. Although project evaluation activities will take place throughout the life of the project, during this phase, national level programs will be evaluated to see if the overall purpose of the regional project to improve the effectiveness of food aid programs has been achieved. The regional approach and materials developed under the project will also be evaluated to see if they can be applied to other areas of the world receiving major food aid assistance."[4]

The project is composed of the following four components:

- Promotion, Planning and Coordination
- Training and Information Dissemination
- Technical Assistance Outreach
- Operations and Applied Research.

3. Evaluations

The project design envisioned three outside evaluations over the life of the project: the first after one year of implementation, the second at mid-term and the third or final evaluation at the end of the project. The first evaluation was postponed due to delays in project start up and was merged with the first mid-term evaluation which was conducted in mid-1987 by Community Systems Foundation. The summary of recommendations included:

"* ROCAP should allow the project to test the effectiveness of assigning full time 'facilitators' to one or more countries."

"* The project should use CARE, CRS and other PVO staff as consultants in field assistance and workshops, to take advantage of their practical experience and to mobilize their support for the project."

"* The project should link the research component more closely with the immediate information needs for improving country food programs, and take immediate steps to present and disseminate research results in ways most useful to consultants working with country programs."

"* The project should increase the quantity and quality of training materials, especially the use of audio-visual training materials in program activities."

"* Within the existing budget, more documents should be translated from English to Spanish."

"* An informal basic user information evaluation should be conducted before the formal evaluation."

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[4]. Op.cit.. p. 4-5.

"* ROCAP and INCAP should redefine the research component of the project, and should not initiate any new research until this is completed."

"* The project research team should increase its operations research skills so that these can be better integrated into other project activities."

"* In Costa Rica, the project should be further developed within an operations research framework."

"* The operations research project in Guatemala should be eliminated from the list of project activities since it is not appropriate for achieving project objectives and since there is no government support for it."[5]

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5. Evaluation of the Technical Support for Food Assistance Programs, Project 596-0116, INCAP/ROCAP. Community Systems Foundation, Ann Arbor MI, 1987.

II. METHODOLOGY

The Evaluation Team was assembled in Washington, D.C. on May 3, 1989 by John Snow Inc. according to the Scope of Work to evaluate two ROCAP-funded projects: Oral Rehydration Therapy, Growth Monitoring and Nutrition Education (ORT/GM/NE) and Technical Support for Food Assistance Programs (PROPAG). The Scope of Work was developed jointly by ROCAP and INCAP (Annex A) and required a participative evaluation process in which the Team played a facilitating role.

The ORT/GM/NE Team members were:

Dr. Abraham Horwitz, ex-Director of the Pan American Health Organization. Overall Team Leader.

Dr. Francisco Mardones, Professor of Maternal Child Health, INTA, Univ. of Chile.

Ms. Clara Olaya, Communications Advisor.

Dr. James Heiby, PRICOR Project Manager and Operations Research Specialist, AID.

The PROPAG Team was comprised of:

Dr. David Nelson, Nutrition Planner. PROPAG Team Leader.

Mr. James Noel, ex-Central America Regional Director, CRS.

Ms. Joyce King, Nutrition and Feeding Evaluation Specialist.

Ms. Joyce Osland, Organizational Development Specialist worked jointly with both project evaluation teams.

The Teams received three days of briefings in Washington from persons acquainted with the two ROCAP projects and studied INCAP background documents.

In CA, INCAP staff briefed the Team about the health, nutrition and economic situation in CA about the Institute's mission, operations and budget and about the relation of the two projects to INCAP strategic objectives. PROPAG project staff provided two days of overview information, after which the Team prepared tentative field data collection instruments, including interview guidelines and a survey questionnaire, which were reviewed by the PROPAG staff. A preliminary table of contents for the final report was also drafted and discussed with the INCAP Director and PROPAG personnel.

The Team observed PROPAG activities in El Salvador, Costa Rica, Honduras and Guatemala between May 10 and 30, applying the data collection instruments and systematizing findings in each country. Also during this period, the Organizational Development Specialist interviewed central INCAP managers, administrators and project personnel as well as Delegates and PAHO staff in the countries and prepared an institutional analysis. After returning to

INCAP on May 31, the Team drafted preliminary conclusions and recommendations for review by INCAP staff.

On June 1 and 2, three workshops were held (one for each project and one for cross-cutting, organizational issues) to discuss and refine the tentative conclusions and recommendations in order to prepare the draft report which was submitted to ROCAP and INCAP for final review in July.

III. FINDINGS

A. STAGES OF DEVELOPMENT OF TECHNOLOGIES, METHODOLOGIES AND GUIDELINES (TMGs)

After initial INCAP briefings, the Team postulated that the development of TMGs in support of food assistance programs (FAPs) would follow a general pattern with identifiable stages. This concept was discussed with the PROPAG team at INCAP during the initial briefing and was accepted for field testing and application. Field interviews in El Salvador and team discussions led to the following description:

a. Consciousness raising. This stage involves the discussion of feeding program problems in their historical and institutional context. The principal forum appears to have been the Sub-Regional Seminars on FAP, especially the one held in 1986.

b. Advocacy. There follows a period of discussion in the countries with political leaders and technical staff about the importance of the problems and the feasibility of their solution in the local context. Participation of national counterparts in the Sub-Regional Seminars probably facilitates this stage but the catalytic role of the INCAP staff and in-country Delegate seems to be the determining factor.

c. Proposal. From the discussions, a tentative proposal arises which is acceptable in principle to the political and technical spheres and frequently appears as a brief "profile" of a project or activity.

d. Development. The profile is developed technically by ministry staff persons, usually with the guidance and assistance of the INCAP staff and Delegate. This may involve data gathering, operations research or pilot testing to demonstrate technical, economic, social and political feasibility.

e. Draft. The fully developed proposal is presented in a draft document which may take the form of a decree, a manual, a training program, a systems design, etc.

f. Review. The draft is circulated to the appropriate decision-makers for study, comment and approval. The INCAP Delegate probably plays a pivotal role in the interpretation and projection of the proposal at the level of ministers and vice-ministers a d the conferring of international prestige and credibility to the proposal.

g. Adoption or sanction. The draft, once reviewed and approved, undergoes official sanction, often in the form of a ministerial accord or presidential decree adopting the TMG.

h. Implementation or dissemination. The TMG is referred to the appropriate technical or operational unit in the implementing ministry for its dissemination or execution. This may include publication and distribution to ministerial divisions, production of audio-visual materials, purchase and distribution of equipment, training, etc.

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i. Monitoring, evaluation and follow-up. This stage has been reached or undertaken for very few of the TMGs. The SIPAG in El Salvador appears to have reached the stage of INCAP disengagement even though the system appears only about 60% implemented and will require consistent follow-up to achieve full application. INCAP does not appear to have a clear understanding of the implications of this stage, probably because so few TMGs have reached a level of maturity which merits evaluation or consistent follow-up.

Virtually all of the TMGs developed to date can be fit into this sequence, their current status identified as to appropriate stage and a reasonable prediction made as to future developments and approximate timing (see Annex G).

B. COUNTRY OBSERVATIONS

1. El Salvador

El Salvador, despite its disruptive setting for project implementation (continuing violence, deterioration of agricultural and health conditions, high unemployment, frequent top-level changes in government leaders) has made significant progress during PROPAG life, particularly in conceptualizing and executing central policy planning and coordination that will facilitate overhaul of the food programs. However, because of delays related to the political situation, the country's FAPs are probably still at the "development" stage, with research being undertaken to understand better the constraints to improving food programs, but with significant progress toward improved management through an information system covering logistics of most government FAPs. With better continuity of leadership, El Salvador would be further along on the TMG spectrum. Even with time lost due to elections, El Salvador will probably have a well-functioning information system working in all Regions with better managed and monitored FAPs at the end of the project, even though many loose ends will remain as discussed below.

* Coordination Mechanism and Policy Formulation. While top-level institutionalization and coordination advanced smoothly in El Salvador, there have been delays in implementing the steps needed for an effective central food-aid policy. The interministerial Technical Secretariat on Food (SETA) coordinating group started to meet in 1986-87; by the end of 1987, they had produced a document in which all program sponsors participated. When the INCAP Delegate (who is a particularly skilled catalyst and promotor) arrived in early 1988, according SETA, he strongly supported ongoing efforts, assisting with each step, and was able to reach higher levels of government ensuring a more powerful institutional body. Ministry of Agriculture officials were not yet participating at the time of the evaluation visit, but it was pointed out that global food policy was not yet at issue for the group.

  At the time of the evaluation, SETA activities were on hold awaiting the formation of the new government. SETA members cited progress made toward achieving coordination among the food handling agencies whose activities and lists of beneficiaries are now shared with duplication avoided and an alleged reduction in per capita beneficiary cost. SETA

members were particularly aware of the duplication problem because of INCAP's in-country Household Food Consumption Study which revealed that 15% of FAP recipients were receiving rations from more than one program. SETA also cited the ease with which they were able to respond to the recent earthquake emergency.

* TMG Development. A case study was proposed in 1987 to improve feeding programs for displaced persons and refugees. While this problem is a high priority for the region, and for El Salvador in particular with an estimated half million refugees and displaced persons, the proposal has not been sufficiently refined to gain approval. The Team noted that it was extremely broad, requiring the collection of basic data which may be already available in the literature. Three drafts have been turned down by ROCAP due to insufficient focus. The INCAP Delegate has attempted to support the proposal but has not received technical assistance from INCAP. In the meantime, it appears that the refugee programs already have been "refocused" toward developmental goals rather than relief, so that the study may irrelevant. Peer review might have facilitated proposal development.

An INCAP operations research project undertaken in El Salvador is currently in final analysis. This highly relevant and overdue study on household consumption of foods, including donated foods, should contribute both to better programming of the food component of MCH programs as well as provide a base for the development of nutrition education modules which incorporate user concerns and constraints. Government agencies are now considering how to develop nutrition education modules in selected communities based on preliminary modules developed by the PROPAG training coordinator. This is an impressive joining of efforts utilizing INCAP-directed research. A further important result to come from the Home Consumption study is revision of the MCH guidelines.

The major INCAP technology that has been developed for the improvement of food programs and community development programs is the Information System (SIPAG). When fully implemented, it will cover most of the country's food programs which deliver some 40,000 tons of food to 750,000 beneficiaries. The initial study revealed some 136 steps in the food delivery system; the team which included INCAP central and in-country technicians reduced the steps (and forms) to 13 from port to regional warehouse. The information in the system comprises:

a) reception/movement/delivery statistics for all of the donated food arriving in the country and,

b) community profiles for DIDECO projects.

The system has been tested for viability and is being implemented in the Santa Ana and Central Regions. In-service training is near completion at the regional level with four of five three-week workshops carried out. The first acquainted regional staff on purpose and use of the various forms; the second checked staff use of the form in actual practice; and the third was an evaluation. An average of 40 persons attended each course, both administrators and field workers (promotoras sociales). Very little monitoring has been carried out to date. Four

INCAP staff members, plus the country Delegate, have been involved in SIPAG. The SIPAG system is to be applied to all WFP FAPs but the logistical system only will be applied to the refugee program. It will likely take a full year for the system to become completely functional in all five Regions. Data analysis will be incorporated during this period. There is Team consensus that INCAP assistance was invaluable, though yet incomplete with regard to full implementation.
A food logistics manual, not yet in final form though a clear priority, will be among the seven SIPAG tomes.

The first itinerant training in FAP management was given in June 1989 Participants were particularly pleased opportunity to get ideas from other projects in other countries through the regional fori. Interviews suggest that the quality of trainers varies, some excellent and others less able to facilitate. An overall training plan (rather than separate training activities) is yet to be developed. In the Team's judgment, this component seems to lag given its priority among technology transfers.

Finally, again because of the INCAP Delegate's ability to mobilize resources and move things along, other agencies have taken the lead or collaborated with INCAP to: refocus refugee program toward development goals with major USAID inputs in the form of technical support and materials; bring users together to plan the development of nutrition modules with community participation; and produce a videocassette with Italian funding.

* TMG Relevance. The Team considered the technologies appropriate and relevant except as noted with respect to the design of the case study for refugees and displaced persons. Developing the information system required considerable effort and was apparently far more complex than the project envisaged (28 systems were expected to be developed during the project life). While the methodology can, for the most part be transferred, there will be new problems in each new system.

* Future. The project is well on track in El Salvador despite the inevitable paralysis accompanying the change of government. Top-level decisions which affect such sensitive activities as the information system or Health Ministry norms will have to avait new government officials. Follow up on the information system is essential and the refugee case study proposal could provide useful data on best solutions.

* INCAP Technical Assistance. A heavy TA investment was made in El Salvador during 1988 and early 1989, about 40% of the total provided by PROPAG.

2. Costa Rica

Beginning with a 1986 government audit which called for major restructuring of Costa Rica's FAPs, TMG development has advanced to the implementation stage. Costa Rica has a traditional concern with bringing social and economic benefits to its population and many years ago accepted full responsibility for providing its own food for FAPs. While INCAP's role at the outset was clearly a strong supportive one, it must be noted that economic pressures in Costa Rica, including the diminished buying power of

food budgets, sparked the critical internal impetus to look carefully into the investments in the feeding programs. Costa Rica requested INCAP assistance to undertake operations research into constraints and solutions (IOPAG) for program improvement as early as 1985. Furthermore, a participant in a 1985 INCAP tutorial was became instrumental in the reformulation of the school-feeding program, PANEA.

By the time the INCAP Delegate arrived in May 1987, the first cycle of the process had been nearly completed with the three Ministries (Health, Education and Labor) agreeing to reformulate the health and school-feeding programs. Seven months later, by December 1987, initial diagnosis of institutional constraints had occurred and solutions were laid out. Costa Rica is now at the implementation phase of the second cycle, primed for training, education and dissemination. If this phase can be carried out efficiently with promotional support and minimal TA from INCAP, Costa Rican programs will have traversed the major TMG transfer stages, though not through local implementation as noted below. The Minister of Education has recently requested INCAP assistance in evaluation of the PANEA reforms.

* Stage of TMGs. Many TMGs moved forward with ease and required only cursory review and/or validation by INCAP advisors while others had frequent participation and collaboration, particularly the operations research model, diagnosis of operational problems and selection of solutions leading to the restructuring of the school feeding program (including the information system) and the MCH program to a lesser degree.

* TMG Relevance. The TMGs were for the most part relevant for Costa Rica with initial priority given to the Education Ministry over the Health Ministry due to strategic considerations.

* INCAP Technical Assistance. Among the CA nations, Costa Rica made the strongest demands on INCAP assistance. It was not prioritized by INCAP and clearly was not the nation most urgently requiring improvement of its FAPS. Because a generous share of INCAP's attention has been given to Costa Rica, other "needier" countries may be less advanced in TMG development if the project ends at the end of 1990. In 1986 and 1987 Costa Rica received 30.5% of the TA then provided to five countries, in 1988, 29%; and 24% in the first quarter of 1989. On the other hand, TMG development and knowledge of how to transfer TMG helped INCAP increase its own institutional capability and preparedness for other work. The question of how far down INCAP should go in individual countries is particularly at issue in Costa Rica because local, program-level implementation remains to be done even while other country priorities beckon. Is the development of methodology to train and to build institutional strength at local levels more important than bringing other countries up to some minimum central program capacity?

* Future. Using INCAP resources for an impact evaluation in Costa Rica may be unrealistic within remaining project time; the benefits of the investment have not yet been reaped at the implementation stage due largely to lack of resources, and the expected improvements within programs are just occurring--planning and redesign--or have not yet occurred--integration. Training, education, community participation and coordination should be the priorities for emphasis in the remaining

project period. By then, local program quality may have been brought to a point where it can be evaluated.

The current plan is not to extend the Delegate's time beyond December 1989, but the Team believes that an extremely important function at this juncture is to have a full-time promotor in order to get funding for the work needed and support future TMG application, especially at the local level. In addition, INCAP should continue to mobilize Costa Ricans to assist in helping other member countries. As in the other countries, future progress depends in large part on whether the necessary local or other donor resources can be mobilized, a "methodology" more basic than all the others.

3. Guatemala

Over the last few years, food assistance programs in Guatemala have been reaching over 2,000,000 beneficiaries, i.e. one fourth of the total population of 8,000,000. Obviously, the number of beneficiaries is not constant but it does mean that Guatemala is by far the largest recipient of food aid in CA (Annex D).

Guatemala FAP's received 38% of the PROPAG TA during 1986-87. In 1988, it received 23.5% and for the first quarter of 1989, 21%. In light of its over two million beneficiary level, INCAP's strategy to initially allocate the largest percentage of funds to Guatemala made good sense. Another valid consideration was that INCAP headquarters are located in Guatemala; therefore, PROPAG staff were better able to take quicker initiatives here than in the other countries because of their already extensive knowledge of the overall food/health/nutrition situation, of GOG ministries and of the FAP's themselves.

At the July 1986 Sub-Regional INCAP meeting in Antigua, Guatemala established the following priorities for future action under the PROPAG project:

a. Design a national food-assistance policy

b. Implement the policy through strategies and projects based on country needs with allocation of necessary resources

c. Create of a national policy coordinating mechanism.

d. Technical and administrative training for staff of the FAP's.

All of the above priorities are now in various stages of implementation; a national food-policy paper has been written but lacks official GOG approval; a strategy has been developed with Comite de Reconstruccion Nacional (CRN) but the final design for a package of solutions will not be completed until Jul. 1989; CRN exists as a national coordinating mechanism for the FAP's but formal sanction from the GOG is still pending; the WFP now considers CRN to be an effective agency and attributes much of its success to INCAP's assistance in courses, timely TA and operations research support.

* Stage of TMGs. The major TMG success of PROPAG in Guatemala has been the restructuring of CRN, originally established by the military to deal with the 1974 earthquake. INCAP operations research assistance to CRN under

PROPAG has been timely, sensibly sequential, well planned, and extremely useful in both practical and political terms. Through a one-year process of carefully staged INCAP courses, CRN staff has moved from an institutional "diagnosis" to a strategy and concrete action plan which is being implemented.

With INCAP technical assistance, an efficient logistic system has been designed and is in place down to local warehouse level; through the Ministry of Health, a technical working committee now exists with limited participation by CARE, CRS, CARITAS SHARE, etc. This committee is still rather informal and has achieved some coordination among programs but not any logistical coordination; a set of basic norms is being prepared but is not yet finalized; with participation from several PVO's, WFP and AID, a coordination document has been prepared but not approved or disseminated; the CRN information system has been computerized with the help of the WFP, and INCAP is presently providing assistance to redesign the system. Comprehensive assistance in Operations Research has been provided in food handling and storage, sale or disposal of damaged food, design of manuals, equilibrium moisture content of food, etc.

CARE, CRS and SHARE are the largest PVO's carrying out food assistance programs in Guatemala. Although not critical of INCAP, CARE and CRS are unclear about the PROPAG project. They have attended some of the PROPAG regional meetings and are open to more coordination with, and TA from, PROPAG. Good personal but informal relations exist between the PVO's and several INCAP/PROPAG staff members.

All three agencies could benefit from a closer relationship with PROPAG and with the ORT/GH/E Project, especially in terms of health/nutrition guidelines and methods to permanently graduate beneficiaries out of MCH and other programs. INCAP could help to design and coordinate a system among all food assistance agencies to accomplish this. At present SHARE has the closest relationship with INCAP which has provided good nutrition information and guidelines and also assisted in the design of a preventive, family-based health education module for use at community level within the municipality of Guatemala City. SHARE also would like INCAP to evaluate the module after implementation begins.

* TMG Relevance. In addition to CRN, other major FAPs have received PROPAG assistance in TMG development, including the MOH Department of Nutrition, the Division of Food and Nutrition (DANE) of the Ministry of Education and the Secretariat of Social Welfare. All four agencies feel that TMGs developed with INCAP assistance are highly relevant.

a. Department of Nutrition

This Department is understaffed with only five headquarters staff, three of whom are nutritionists. It is responsible for coordination of the supplementary feeding program of CARE (200,000 beneficiaries) and WFP (37,000) in the maternal/child health category.

INCAP has conducted two courses for top staff and eleven training sessions for operational personnel; also, one staff member was sent on a one-week trip to Colombia to observe supplementary feeding programs. In

the near future, INCAP will assist the Department to design and execute an evaluation of the CARE and WFP programs.

Even though the Department usually deals directly with PROPAG staff and not the country Delegate, staff are critical of the delay in negotiating INCAP/s assistance. Despite this observation, the Department of Nutrition considers PROPAG help in TA, training and nutrition materials as very positive. Staff emphasize the urgent need for continuous follow-up training from PROPAG.

b. Directorate of Food and Nutrition, Ministry of Education (DANE)

As an outcome of INCAP's agreement with the Ministry of Education, the TMG development process led to a restructuring of the GOG school-feeding program; DANE was officially established in April 1987 to manage the program. Its activities include the four areas of food/nutrition education, surveillance and evaluation, distribution of nutritious cookies and WFP food to public schools, and education in local food production.

DANE provides the above services to almost all of Guatemala's 8,600 public schools with a total population of approximately 1,300,000 students. PROPAG assists in the following:

- Preparation of annual plans
- Job description and performance plans
- Preparation of a data base system--not yet implemented
- Development of a nutritious cookie for the school lunch program; quality control system for artisan bakers and supervision of same.
- Development of a new pre-cooked mix to replace WFP milk now in short supply (still in process)
- Technological transfer of skills and knowledge through a series of 14 training courses at all levels within DANE.

c. Secretariate of Social Welfare (SSW)

Participation at regional and national meetings sponsored by INCAP has provided SSW staff with a broad knowledge and general criteria on health, nutrition and feeding programs. SSW also periodically receives useful information material from INCAP together with occasional TA for headquarters staff. Most importantly, PROPAG began to assist training of field staff of the 36,000 recipient MCH program in February of this year. They attach great importance to the continuation of this program and also want help in the formulation of region-specific recipes, the teaching of nutrition education at community level, and T.A. for their nutrition rehabilitation program.

* Future. USAID/Guatemala believes that INCAP has raised good questions at GOG level about the FAP's relation to agricultural policy, food security and overall costs of FAP programs. It further believes that INCAP's efforts to establish a unified growth monitoring system and to standardize norms and procedures will eventually be accepted and followed by all FAPs. Finally, INCAP is pressing the GOG to put up more of its own funds in support of the FAPs going beyond present support which is almost entirely limited to logistics.

Although USAID/Guatemala considers the PROPAG project to be conceptually sound, it still has some doubts about its effectiveness. The Evaluation Team believes more frequent personal contact by Project staff would improve USAID's perception of PROPAG's successes as well as limitations in implementation at field level which are mainly due to lack of sufficient resources at center level. Semi-annual reports from INCAP are not sufficient to give a total picture of project progress to USAID. For example, USAID does not seem to be aware of the many improvements noted above in the entire CRN operation.

4. Honduras

The relatively slow progress of project activities in Honduras in comparison with the other PROPAG countries in the region can be attributed to the same basic problem which all food assistance agencies must face; namely, lack of cooperation between GOH ministries and the highly individual management style of high level decision-makers. Against this backdrop, development of effective strategies and follow-up action plans by governments and donor agencies are delayed and frustrated.

Among the Honduran FAPs, one of the largest is the school-feeding program. CARE manages the logistical support for the Ministry of Education with financing by the GOH and USAID. Under this arrangement, CARE distributes food to some 300,000 school children. The INCAP delegate has only occasional and informal relationships with CARE, CRS and other PVO's. Therefore, their input to and collaboration with the PROPAG project are non-existent.

The WFP provides commodities for several GOH FFW programs in forestry, community development and infrastructure construction as well as for feeding refugees. It also provides food supplies to the National Board of Social Welfare which directly manages its own maternal-child distribution program.

There is no formal working group of international donor agencies in Honduras. However, relationships between agencies are amicable and communication is maintained through occasional meetings with the WFP acting as secretary for the group. USAID usually attends these meetings but the INCAP Delegate does not.

* Stage of TMG Development. TMGs, as such, have not been developed in Honduras. Under the Ministry of Planning, Coordination and Budget, a Coordinating Committee of GOH FAPs was established in 1987 to design and implement a food-aid strategy. Neither the Committee nor the resulting strategy document yet have official GOH approval. Neither USAID nor PVOs participate in Committee meetings and the INCAP Delegate rarely attends. The Committee has no funds or decision-making authority and agreements are not binding on participating agencies.

With TA from INCAP, the Committee prepared proposals over a year ago to evaluate school lunch, MCH & FFW programs. These evaluations, which more properly should be called assessments, have not been implemented, in part due to lack of funds - although the EEC apparently has recently agreed to provide approximately $48,000 to evaluate the school-feeding program over the next 3-4 months. Draft evaluation protocols probably will have to be revised because there are conflicting opinions about their design, length and complexity. If executed, these assessments would be the first real step in the TMG development process in Honduras.

The FAP Committee is supposed to coordinate its activities with those of the Directorate of Food and Nutrition, Ministry of Health. This Directorate was created by Congress almost a year ago to establish operational norms for feeding and nutrition programs. To date the Directorate has had little effective contact with the Coordinating Committee.

* TMG Relevance. Since TMGs have not been developed or transferred in Honduras, INCAP's support has been limited to training activities and sporadic TA. Owing to lack of funds, no follow-up or monitoring of participants at INCAP seminars or at itinerant training sessions has occurred. In fact, the FAP Coordinating Committee does not even maintain a list of such participants.

* INCAP Technical Assistance. USAID/Honduras has had very little contact with the project, either in writing or in person. USAID believes that regularly scheduled meetings with both ORT/GM/NE and PROPAG project staff would greatly ameliorate the present lack of communication and avoid conflict and confusion within GOH agencies receiving assistance from both INCAP and AID. For example, according to USAID/H, the INCAP Delegate is helping to develop an integrated child survival module for self teaching which may be different from the module USAID's contractor is advocating to the Ministry of Health.

The absence of a full-time PROPAG Delegate seems to be a major obstacle for communication with PVOs and USAID as well as for more sustained support of the Coordinating Committee.

C. STAGE OF TMG APPLICATION

The Team finds that most TMGs are in the Implementation stage in El Salvador, Costa Rica and Guatemala but that Follow-up and Evaluation are only beginning in a few. As of December 31, 1988, the PROPAG project was two-thirds of the way to the project completion date (PACD). By that date, the project had completed approximately 70% of the outputs foreseen in the Project Paper, as can be seen in the Table 1.

D. EFFECTIVENESS OF STRATEGIES FOR TMG TRANSFER AND APPLICATION

The Team found that TMG development could not be separated easily from the transfer process as requested in the Evaluation Scope of Work. Indeed, the collaborative development of TMGs in each country is the strategy for TMG

Table 1

PERCENT COMPLETION OF TECHNOLOGIES, METHODOLOGIES AND GUIDELINES BY PROPAG PROJECT BY DECEMBER 1988. INCAP, 1989.

I.	**PLANNING AND COORDINATION**	
A.	Technical Advisory Meetings	36%
B.	Sub-regional Technical Advisory Meetings	67%
C.	Sub-regional Seminars	67%
D.	Donor Agency Meetings	0%
E.	Ad hoc Technical Group Meetings	63%
F.	Guidelines and Manuals	77%
II.	**TRAINING**	
A.	Courses and Workshops	73%
B.	Observational Visits	100%
C.	Tutorials	75%
D.	Educational Materials	100%
III.	**TECHNICAL ASSISTANCE**	
A.	Man-months of Technical Assistance *	108%
IV.	**OPERATIONS RESEARCH**	
A.	Research Protocols	350%
B.	Operational Capacity	100%
C.	Intrafamily Food Use	100%
D.	Management of Food	100%
E.	Food for Work **	0%
F.1	Evaluate MCH Feeding **	0%
F.2	Information and Evaluation Systems	67%
F.3	Evaluation School Feeding **	0%
G.	Food Technology Transfer	100%
H.	Food Aid Program Statistical Update	33%
V.	**INFORMATION DISSEMINATION**	
A.	Sub-regional Documentation Center	100%
B.	National Documentation Centers	450%
C.	Informational Materials	105%

* Honduras received only 3% of total

** Activities planned for Honduras

transfer and application and the Team believes it is both appropriate and effective, worthy of publication in scientific journals.

Experience seems to demonstrate that TMGs are developed in the context of specific FAPs in individual countries. Once the effectiveness of a program is improved, the TMGs may be adapted to others in the same country and generalized into an overall food-aid policy by a coordinating mechanism, often created after the fact. The country-specific experience can then be transferred to other countries and finally regional guidelines drafted as is shown schematically:

A More Effective FAP
↓
ADAPTATION
↓
More Effective FAPs
↓
GENERALIZATION AND
CONCEPTUALIZATION
↓
National Coordinating
Mechanism and FA Policy
↓
REGIONAL
ADAPTATION
↓
Adaptation in Other
Countries and Generalization
into Regional Guidelines

The TMG development, transfer and application process is further supported by INCAP's matrix organization which provides technical supervision to the implementing Divisions. These support areas are: Technical Cooperation, Human Resource Development, Information Dissemination and Research. The Team believes that these areas could be strengthened using an operations research approach.

1. Technical Cooperation

The Technical Cooperation unit (TC) provides INCAP consultants to member countries, focusing primarily on the matching of scopes of work with INCAP professional talent. Much of the technical assistance is planned during annual meetings of TC with country representatives but sometimes TC mobilizes INCAP professionals to respond to unforeseen country demands, often at the expense of ongoing projects with prior resource commitments.

The Team found that the effectiveness of the Delegate seems to be determined only partly by professional qualifications to perform the tasks required, ie. what the job requires. At least as important is how the job is done. The following diagram shows this other dimension:

	WHAT	HOW
JOB	Objectives Tasks Security Training reqd.	Decisions Control Autonomy
PERSON	Experience Training	Preferences Styles

The Team feels that, to date, TC has not seen its function as the systematic development of how to provide effective technical assistance. If TC were to adopt this goal, it would begin to:

- evaluate the work conditions associated with each job,
- select advisors whose work style and preferences are best matched to those conditions, and
- help to develop in its advisors those personal styles, preferences and skills critical to effective consulting.

For example, INCAP Delegates use the following skills to perform their tasks:

- Negotiation
- Persuasion
- Consensus building
- Gather, analyze, interpret and provide information
- Locate and mobilize outside expertise
- Organizational analysis and development
- Organize and conduct meetings, workshops and seminars

All of these skills can be developed or enhanced through application of well-known techniques but only if INCAP realizes that these are essential for effective technical assistance.

In addition, TC would also have to develop institutional backstopping capacity to ensure advisors' effectiveness, including coordination of administrative and financial systems with PAHO to avoid communications obstacles and facilitate the timely liquidation of unspent obligations.

2. Information Dissemination

The Team was told that most technical documents were highly appreciated at the upper levels in all countries, that more would be welcomed, and that it would be useful to prepare simpler versions for other levels.

The Information Dissemination unit (ID) seems to be refocusing its mission from that of bibliographic distribution to developing a communications capacity which complements and enhances TC. The project design probably delayed this change of focus by fostering the assumption that traditional methods would suffice to publicize PROPAG achievements. In fact, the Team

finds that the full implementation of the TMGs developed under the Project will probably require the development of effective communications and popular education strategies and programs in each country.

This would require:

- Research capacity to carry out KAP surveys, focus-group and in-depth interviews with associated analysis and interpretation to assess the feasibility of proposed behaviors, identify resistance points and understand those KAPs which favor behavior change.

- Message design and testing to ensure effectiveness in changing knowledge, attitudes and practices.

- Development of communications strategies to assure effective message transmission, reception and comprehension. This includes graphic, audio and video design and a media plan.

- Capacity to quickly and efficiently produce and distribute print, audio and video materials to the media and monitor their effective dissemination/transmission.

- Ongoing evaluation to improve messages and media strategies.

3. Human Resources

The Human Resources Development area apparently has not been able to undertake systematic development of training and evaluation methodologies. For example, when new training methodologies are proposed, HR could apply research designs and experimental techniques to critically evaluate effectiveness and efficiency of alternative methodologies. Such a research proposal would make evaluation criteria explicit (more cost-effective, more democratic, favors women or the poor, etc.) and establish how the individual and combined impact of proposed changes would be measured. In short, INCAP would apply the same rigorous standards to the development of training methods that it applies to nutrition and food research.

The Team also found that INCAP-organized training, either central or itinerant, tends to be truncated when budget-strapped, local institutions cannot reproduce the courses for their operating personnel. The situation is further complicated when trained personnel leave their institutions as frequently happens, especially in Honduras. This is a major limitation to the cost effectiveness and long-term sustainability of human resource development by the Institute. Apparently, operations research methods have not been applied to this very important problem and as yet, no plausible alternative strategies have been developed.

4. Research

As the Institute has moved research out of the laboratory and into real-world applications and operations, including the three "service" areas discussed above, quality control by peer reviewed publications appears to have diminished. The Team feels that INCAP has not developed an alternative method to ensure that <u>all</u> of its endeavors will be as excellent as its traditional

research. This seems to be especially important in new disciplines which the Institute is adopting such as operations research.

E. EXTERNAL TECHNICAL ASSISTANCE

Even though the project design provided for the contracting of external technical assistance, INCAP seems to have felt that such was unnecessary. This seems to have led the Institute to ignore TA resources which could have been utilized to diagnose and improve its institutional capacity in those problem areas outlined above.

In this context, a regular peer review process can provide additional technical input to the design of TMGs and verification of their usefulness. Such reviews are a commonly accepted management practice whose purpose is to ensure the consideration of other relevant research and experience to avoid errors and to improve project implementation.

F. FOOD PROGRAM EFFECTIVENESS DEFINED

In both the Project Paper and the 1987 Amendment, the Verifiable Indicators on food program effectiveness are general; basically the project's expectation is that programs will be better planned, integrated, and targeted. Verification of those achievements is to be provided through evaluations. The Team believes that it would be useful to spell out more clearly levels of changes that may be occurring that are recognizable to the project personnel so that a built-in monitoring system could report to INCAP, ROCAP and USAIDs on what is being achieved. This has not been at issue so much in the past but as noted below, many of the technologies are affecting aspects of the programs and can be expected to do so far more in the remaining life of the project.

PROPAG and the Technical Liaison are well aware of the need for developing verifying indicators for specific programs, and have prepared a working paper on the subject. Three major conditions were set out, namely:

- a functioning coordinating mechanism;
- an adequate food aid policy and/or strategy;
- information that is made available to decision makers which results in responsibility to, and for, the programs.

The Team sees the first two as beyond the control of food program managers, while the third could begin with the program itself, and with the assistance of the INCAP Delegate. The availability of information means that awareness with regard to the program elements' cost and value, as well as program impact and/or effects, are brought to the attention of concerned Government Ministry (ies) through audits, cost studies, information on nutritional and/or market value of the foods, surveys, and operational research. Simplified annual or biannual status reports for each program could be prepared by the INCAP Delegates.

For example, current information assembled in November 1988 (Actualizacion del Estudio y Analisis de la Situacion de los Programas de Ayuda Alimentaria a Grupos-) could be used as a starting point; the rations,

tonnages, food values, and number of beneficiaries are provided for most programs. Not included is an estimate of costs for each program. Obtaining that information should be a priority, and for the interim, not a complex cost analysis but a simple working estimate arrived at by the Delegate and the food organization. INCAP could ensure uniformity of format by working up a form with the country representatives, the Technical Liaison and food agency representatives. The cooperation of USAIDs might be sought, with special effort on the part of INCAP's Technical Liaison to promote effective collaboration. USAIDs could ask the Title II PVOs to include these reports with annual requests for food aid (AERs).

In addition to the conditions described above, each program has "characteristics" which should also be assessed periodically:

- Does the program have an adequate design with realistic goals and purposes, measures of achievement?

- Is the program development-oriented? (Does food drive the program or is it an input among other components, and/or closely linked to other project components?) and

- Is it well managed?

Common problems in all of the above areas were identified in the 1984 INCAP study. Progress to date as summarized by PROPAG in May 1989 is principally in terms of national food aid policies and coordinating mechanisms, studies or operational research completed, and manuals prepared. It is suggested that subsequent assessments include indicators of progress for the food programs in each of the above three areas, and that they be developed along with a tracking system that could be developed by the Delegate, food program representatives, and the Technical Liaison.

For example, assessing the integrity of a FAP as a development program might include a checklist with room for comments on the desirable components:

Maternal Child Health Feeding Programs

COMPONENTS	EXAMPLES OF QUALITATIVE COMMENTS	
Food distribution/source External Donated-Government (F-ED, F-GP)_____	Arrivals F-ED delayed 2 months; budget shortfall resulted in reduced F-GP.	provided
Growth Monitoring (GM)_____	All children are being weighed quarterly.	
Nutrition/H. Education (NHE)____	Charlas given 15 minutes each month by x	
Medical Referral (MR) _____	Referrals made but families cannot carry out	
Check on immunization (CI)____	Staff know immunization schedules and check benef	

	health card, give advice
Community Participation (CP)____	Local health committees exist but have no relationship with FAP

A second example of components common to school feeding that might be included are food/sources (external-donated, community-donated, government-provided), promotion of agricultural production (school garden), maintenance of data for school performance evaluation (absence rate, dropout rate), data on nutrition status, nutrition education, role and effectiveness of community participation.

G. EFFECTIVENESS OF FAP

In its summary of achievements through May 1989, INCAP noted that it had affected 11 programs in the four countries, programs which would affect as high as 80% of total beneficiaries in FAPs for which data are available. A list of food programs in the four countries, with total beneficiaries and metric tonnage is included in the Annex D.

Clearly the few programs visited by the Team and the lack of depth possible in the limited time does not allow a thorough assessment of achievement. Rather, the Team tried only to establish rough country profiles comparing programs in relation to each other. The Team's observations often agree with those made in the November 1988 review mentioned above with some additional remarks. The team observed that:

- The planning and design of the Costa Rican MCH and SF programs have clearly been improved and the operations research methodology will be applicable to other programs; however resource constraints and the training, coordination and community involvement still stand in the way of full program implementation. The Team would expect models for FAP improvement to come out of the Costa Rica experience. Because the logistics system in Guatemala has such wide-reaching effects, a major management improvement is expected during the life of the project if the resources are effectively mobilized to carry out the needed changes, e.g. in local storage facilities. Similarly, in El Salvador, the information system can be expected to cover most of the food programs in the country by the end of the project if political constraints can be overcome. In Honduras the programs have not yet benefited and probably will not by the end of the project, judging by the time necessary to develop TMGs.

- For the most part, U.S. voluntary agency programs have been unaffected by INCAP efforts; an exception might be CARE and CRS Guatemala. Due to coordination at the technical level, the two agencies are working closely with the Nutrition Office of the Health Ministry to improve and unify MCH guidelines for selection and discharge of beneficiaries, for treatment of malnourished children and subsequent referral to FAPs, and for uniform growth monitoring. The programs themselves, however, cannot yet be said to be affected.

- INCAP has been working most closely with WFP and the cooperating government agencies, and these programs are closer to implementing

improvements. Up to this time, the team considers the most successful advances to be in logistics, information systems and, reformulation of design, while the guidelines, cost analyses, training and program integration components lag. Community participation is still largely a "myth".

The fact that the Team does not see significant effects on the programs themselves is not surprising nor in any way a negative commentary on PROPAG's performance. Two and a half years or less of full-blown activity to build capability and transfer THGs is simply not enough time to bring about changes in the FAPs, but the Team is convinced that the groundwork laid is relevant and appropriate, should be completed, and that positive effects can be predicted. Most food agencies who were knowledgeable of INCAP's efforts agreed that PROPAG progress in the food assistance area is highly impressive and increasingly responsive. Less clear in the project is how far INCAP can be expected to go when constraints come into play--resistance on the part of food agencies, lack of outside resources for essential activities, and according to the Technical Liaison, limitations placed on INCAP by governments. The Team is recommending follow-up to the large investment made to reorient and prepare INCAP so that the benefits to the programs themselves can be measured. The PROPAG capability in this respect is unique and of potentially far wider application.

H. COMMUNITY PARTICIPATION

Although THGs have been transferred quite successfully at the regional and national levels, project staff have not yet been able to design an effective strategy and action plan to achieve greater community involvement in project activities at the community level. Most INCAP documents appear to recognize that without a greatly increased and more effective community participation, it is unlikely that the project goal to reduce infant mortality and undernutrition will be met. They also recognize that movement toward the goal will probably not be sustainable over time unless national governments and external donors continue to provide expensive and extensive material and human resource support to the project.

The present lack of effective community participation can be attributed to:

- Passivity and lack of ownership by the community because of vertical, traditional management and decision-making;
- Inadequate knowledge of project objectives and goals by both community members and all but a few of local level staff;
- Forms, controls and instructions are too complicated, too lengthy and sometimes irrelevant to the tasks at hand;
- The exclusion of other community groups and local power figures in project activities means that many positive forces for change and support essential for success are not being tapped.

PROPAG and host country government staff have already identified the above problems and more. However, identification of problems must be

accompanied by concrete, practical strategies and plans to solve them in partnership with the entire community.

INCAP needs assistance on "how" to achieve and sustain greater community participation based on an equal partnership relationship. A first step would be to seek the active and programmatic collaboration of the PVO community, both national and international. A second step would be to recognize the need for a more frequent and more effective monitoring of activities at community level to be carried out jointly by community members and local project staff. Thirdly, INCAP should implement carefully sequenced training sessions for selected community members and local project staff to ensure that both groups fully understand all aspects of the project as well as the need to make constructive changes and timely adjustments as required during the implementation process. Training methodology and content should be a joint endeavor between PROPAG and the community.

I. INSTITUTIONAL RELATIONS

1. Relations with USAID Missions

The relationship between AID Missions and ROCAP has apparently consisted of transmission of INCAP reports to the Missions followed up by visits or telephone contacts by the ROCAP advisor to PROPAG. Feedback from the AID Missions appears to have been minimal.

The Team found that the PROPAG Delegates have established an occasional, and generally perfunctory, contact with one or more staff members of the AID Missions according to personal initiative. Such contacts are not included in the Delegates' scope of work nor are they part of INCAP's general policy guidelines.

Both ROCAP and INCAP have fallen short in assuring adequate contact between the INCAP Delegate and visiting TA with Missions. To some extent this has been due to oversight and neglect: oversight on the part of PAHO representatives who have not intended the omission and are willing to correct it; neglect on the part of ROCAP to assure sufficient advocacy of the project with Missions.

Though a major obstacle in attaining the project's purpose and goal is obtaining complementary funding, this "task" has not been identified as one for the INCAP Delegates. Partly for this reason, some of the benefits that might accrue from closer contact with USAIDs are not apparent: e.g. identification of available resources within USAID; the collaboration which potentially would help both agencies meet some mutual objectives such as making the food programs more developmental.

Finally, USAID might be helpful in identifying trainees among the voluntary agencies for example and in bringing collaborators with field experience into contact with INCAP.

2. Relations with PAHO

It appears that some procedures, guidelines, systems, etc., to coordinate the INCAP-PAHO relationship were established at initiation of the PROPAG

project. However, project implementation over the years has furnished new experiences which justify taking a fresh look at ways to improve the effectiveness of the relationship.

In El Salvador, the PROPAG Delegate is moving to the UNDP office while continuing to receive administrative support from PAHO. In Costa Rica, the PROPAG Delegate works in MOH officials and collaborates with the Ministry of Education which communicates directly with INCAP as does CRN in Guatemala. These innovations suggest that PROPAG needs more autonomy within countries than the traditional INCAP-PAHO relationship provides.

3. Relations with PVOs and Other Donors

a. PVOs

In general, the PVO community remains somewhat wary of INCAP but is open to, and sees the need for, more collaboration. This statement applies equally to PVOs in all four countries visited. PVOs realize that collective action has the potential to bring greater benefits than individual agency action. They also recognize INCAP's excellence as a provider of TA and training and as a source of scientific knowledge which could be directly useful to their own programs.

One of the three conditions postulated by PROPAG to be necessary for FAP effectiveness is that national food-aid coordinating groups have access to all information and experience necessary to carry out their mandate. For this reason, the PROPAG project design called for the active participation of national and international PVOs in these coordinating bodies. This position is reinforced in the Sanford Commission Report on Central America [6] which stresses the importance of NGO activities in promoting the growth of democracy in Central America. According to the Report, more than 100 international NGOs began to work in the region during the 1980s providing $200 million in assistance in 1987 alone. These international NGOs carry out their work through a rapidly expanding network of approximately 600 local community-based development agencies.

The Evaluation Team found little evidence that INCAP has formally or informally attempted to incorporate PVOs into the national coordinating bodies. This means that the over three decades' of experience in the PVO community in Central America in food assistance and allied primary health and community level socio-economic development programs has not been fully utilized. The potential benefits to INCAP and PROPAG of increased cooperation with PVOs are:

i) PVO "hands-on" experience in motivating and organizing community participation has direct relevance to the success of PROPAG activities. INCAP has little experience at this level and yet it is here where the eventual success or failure of PROPAG will be measured.

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6. Report of the International Commission for Central American Recovery and Development, Duke University Center for International Development Research, 1989.

ii) Information-sharing between PVOs and INCAP would improve the quality and shorten the design time of a wide range of INCAP forms, documents and systems, related to warehouse control, monitoring and evaluation, recipient eligibility requirements, analysis of local problems, constraints and solutions.

iii) Through national and local PVOs, international PVOs are presently carrying out a number of Child Survival and integrated development programs in Central America. Again, INCAP through more coordination could learn and apply much from the successes and failures of these programs. Especially in the past five years, the PVOs have become much more technical and have at their disposition considerable expertise in a host of food-related areas. Also, PVOs have begun to address the crucial issue of food security by developing strategies which foresee the replacement of imported donated commodities with locally produced foods. The CARE program in Costa Rica is a good example of this direction.

iv) Over the years, national governments have been uneasy about PVO control over food assistance programs in their countries. Since these programs usually are of significant coverage and volume and usually are directed to the most "at risk" population groups, their incorporation into national strategies and programs is essential to the eventual attainment of the overall goal of PROPAG.

v) An important side benefit of closer relationships with the PVO community would be improved relations between INCAP and USAID Missions since many of the international PVOs are in almost daily contact with the latter.

vi) An even more important benefit of a closer relationship with the PVO community relates to the importation, transportation and warehousing of food commodities and the enormous costs of same to both, the host country and international donors. At the present, there is not a single host government agency responsible for these mainly logistical tasks in any of the countries in the region. Such responsibilities usually are carried out either independently by each donor agency, or through a number of different government agencies, resulting in a costly, inefficient, and at times, even chaotic distribution system. If the PVO community, together with other international donors, could be convinced that by handing over these tasks to host government agency, they could still meet their own reporting and programming responsibilities, the overall cost of the food assistance program would be significantly reduced and efficiency increased.

INCAP could play a key role in helping countries to establish a single, highly competent port clearance and inland distribution agency. In fact, it already has considerable experience in assisting several FAPs in strengthening and modernizing their logistical system and in training staff. Host governments usually see the need for such a coordinating agency; however, historically the PVO community and some of the other international donor agencies have been unwilling to entrust this responsibility to a government agency because of past experiences with theft, damage and lack of control in final distribution; inadequate reporting and information; donation of supplies for non approved purposes; incompetent and untrained government agency staff.

b. Other donors

The Team believes that closer alliances with the World Food Program might uncover additional roles which that organization might play. For example, WFP regularly evaluates its food programs; INCAP could make these exercises of greater value to both agencies by asking to participate in their design and implementation. WFP is particularly aware of PROPAG's potential and is currently negotiating to contract INCAP technical assistance in an information system for Guatemalan projects and beneficiaries.

Further exploration is also needed of the fund of information available to such agencies as UNHCR since a number of CA food programs are for refugees and displaced persons. For example, an extensive operations research proposal to study refugee problems in El Salvador has had no apparent enrichment from the literature available in UNHCR or elsewhere. More specifically, a large meeting of technical staff involved in CA programs was gathering in Guatemala City during the end of May to present country by country assessments. The Regional UNHCR office had not thought of INCAP as an invitee. Closer relations and information exchanges would further the work of both agencies and perhaps save resources. Specifying the suggested frequency of contact to be maintained with key donor agencies by the in-country INCAP Delegate might be a first step to ensuring regularized contacts. In cases where the INCAP representative is not invited to donor agency meetings (Honduras), special efforts by INCAP through PAHO and USAID should be made.

IV. CONCLUSIONS

A. CURRENT STATUS OF PROPAG

The PROPAG project was signed in 1985; however, full operation was only achieved in 1987 and the TMG development and application process is still incomplete, even in Costa Rica where it is most advanced. The Team concludes that the most significant achievements to date are:

* the use of operations research to improve feeding program organizations and functions,

* the development of an effective, technically competent, multi-disciplinary team at INCAP headquarters and in the field, capable of coherently developing TMGs.

The Evaluation Review Workshop, held with Institute representatives concluded that the project had also made the following achievements:

* the integration of food aid in social development efforts in the region.

* the documentation of managerial processes in feeding programs.

* making food technology available to the community at large.

* creation of a wider vision and inter-sectoral dialogue on food and feeding matters.

* mobilization of national resources for feeding programs.

* a critical and constructive opening of government agencies toward feeding-agency counterparts.

* stimulation of integrated planning by government agencies.

* methodological development.

A large investment has already been made in strengthening INCAP's capacity to improve food assistance programs, a capacity that is probably unique not only in Central America but in the rest of the world. TMGs have been developed in the various countries and are being successfully applied to over half a dozen FAPs in the region. The Team was impressed with the general quality of most of these programs and concludes that the end-of-project status at the Output and Purpose levels probably will be achieved by the project completion date.

The different degrees of responsiveness of the CA countries to the TMG development process has drawn out the implementation period. Honduras is at the beginning of the TMG process; the other three countries have not completed the TMG process, especially at the local level, even though they have moved further along the spectrum, particularly Costa Rica. INCAP can probably shift

activities in favor of Honduras, especially with regard to TA and full-time, in-country assistance.

B. PROJECT DESIGN

Impact at the Project Goal level appears to be predicated on a synergistic interaction between the PROPAG and ORT/GM/NE projects which has not been observed by the Team: the projects do not share information and resources even though they exist side by side at the field level. Food is not seen as a resource for primary health care and growth monitoring but rather as an enticement to capture potential service users (the "gancho"). Until this link is made, goal achievement seems unlikely.

At the Project Purpose level, the link between national food-aid policy and coordination mechanisms with more effective FAPs is weak and perhaps unnecessary. Far more important, in the Team's view, is the integration of food aid with other social development programs. Indicators of this condition and others relating to more effective FAPs have not been made explicit by INCAP or ROCAP although much discussion has taken place around this subject. There is a tendency to consider the TMGs as ends in themselves without a clear connection to FAP effectiveness. At this time, no methodology exists for tracking progress in the different FAPS, which makes them all the more remote from Purpose achievement. Thus, the project still needs clear indicators of Purpose achievement, ie. FAP effectiveness.

The Team concludes that more time will be necessary for completion of the TMG development process, especially in Honduras, and for evaluation of impact in terms of FAP effectiveness.

C. INCAP ORGANIZATION AND FUNCTION

In spite of INCAP's well-deserved reputation as an excellent scientific institution, there seems to be a separation between areas considered to be "science" or "research" and those which are "service" oriented. While such a distinction may derive from INCAP's history and "basic" research tradition, the Team concludes that the Institute would be greatly strengthened if scientific principles and research methods were applied to the systematic development of these "service" areas and operations research to administration and finance.

Just as INCAP would not consider undertaking a biochemical experiment without fully reviewing the literature, so it should not assume that information and expertise in the applied sciences do not exist outside of INCAP. For example, many feeding programs are promoting gardens as a complementary source of food. UNICEF, FAO and the PVOs have decades of accumulated experience and analysis of problems, costs and benefits as well as potential solutions associated with community, school and home gardens. INCAP could have reviewed this literature and produced a summary monograph to guide the agencies proposing gardens. Likewise, "community participation" has been effectively achieved by many organizations around the world and major bodies of social development literature exist. INCAP does not necessarily have to learn first hand how to do community participation but rather could compile

documentation and tap outside expertise, especially in PVOs, before undertaking costly and time-consuming field work.

The viewing of INCAP's service areas as legitimate fields for scientific research and development would probably imply several changes in the functions of these areas. For example, the objective of Technical Cooperation might change from:

- the identification of technical assistance needs in the countries and the assignment and coordination of technical advisors, to include:

- learning how to develop and adapt technology in the countries.

Similarly, the objective of Information Dissemination might become (as appears to be happening):

- learn how to efficiently and effectively communicate in order to change knowledge, attitudes and practices in target audiences.

Finally, the Training Division's objective could include:

- learning how to transfer analytical, organizational and operational skills at institutional, program and community levels in the most cost-effective manner.

These changes in objectives would probably require the systematic search for experts in and outside the region (skills and knowledge data bank), extensive literature reviews, identification and research on outstanding regional successes, systematization of INCAP experiences, progressive refinement of the Delegates' role, identification and strengthening of consulting skills, development of research designs for testing new methodologies, rigorous evaluation designs, frequent, systematic peer review and publication in entirely new journals.

Finally, INCAP would apply operations research methodology to its own operations, including financial and administrative areas to resolve such problems as unliquidated obligations.

It is noteworthy that INCAP has ready access to external sources of expertise through the Planning Assistance contract as well as centrally funded AID projects such as PRICOR. The Team concludes, however, that the Institute has not taken full advantage of these during the life of the project.

Finally, the Team concludes that PROPAG objectives have sometimes been compromised by competing demands on project-funded personnel and that this has probably delayed implementation. The suggested redefinition of objectives from service to science might help to clarify lines of responsibility for Technical Cooperation and the PROPAG Manager with regard to project resource allocation. For example, Delegates would be viewed more as consultants and applied social scientists learning how to catalyze the TMG development process in each country rather than project-specific, technical representatives. Funding for them could be provided from several projects, their continuity could transcend projects and they would systematically share their learning with other Delegates and INCAP staff. (This would probably imply the need to develop institutional expertise in the applied social sciences, including

training, organizational development, social communications, participation and social development.)

D. IMAGE AND INSTITUTIONAL RELATIONS

1. Relations with USAID Missions

USAIDs have a poor understanding of INCAP and PROPAG, especially with regard to the in-country INCAP Delegates and the INCAP-PAHO relationship. USAIDs consider information sharing a minimum requirement from INCAP Delegates who are paid from an AID-financed activity. The Evaluation Team took initial steps to sensitize PAHO Representatives and the INCAP Delegates to this concern and received assurances that plans and reports would be provided to USAIDs.

Delegates are unaware of potential benefits to PROPAG which USAIDs can facilitate. Neither INCAP nor the Planning Assistance technical liaison see the search for resources outside the project as an INCAP role because the project did not foresee the need for developing a strategy to develop other resources (its only an Assumption). In fact, complementary resources are needed in training and follow-up. The Team concludes that INCAP must assure its counterparts' institutional interest and consequent resource availability as part of PROPAG's strategy with governments and other donors.

Improvement in relationships with USAID Missions might be achievable in a several ways:

a. Invitations to selected USAID staff to attend meetings of national food-assistance coordinating bodies. It is noted as well that the INCAP Delegate should be encouraged to attend as many of these coordinating committee meetings as possible.

b. Increased sharing of important documents, plans, initiatives, etc., with the AID Missions.

c. Frequent and regularly scheduled personal contacts with USAIDs by both the ROCAP technical liaison to PROPAG and the INCAP delegate.

Implementation of the above suggestions could enhance INCAP's image and increase knowledge within AID Missions about the PROPAG project. An improved relationship with AID Missions could also lead to identification and provision of additional financial, TA and other resources, both from AID's own development portfolio, as well as from other international donors. Furthermore, INCAP could contract services to AID Missions and other international agencies including: quality control, biochemical analysis and assays, survey expertise and operational capacity, pilot plant and food laboratories for process development, communications design and production, etc.

2. Relations with PAHO

The current relation of PAHO to the PROPAG Delegates lacks a fully standardized system of administrative and financial arrangements. This could perhaps best be accomplished through a meeting at INCAP headquarters with all

Delegates and PAHO Representatives and Administrators to establish more effective administrative procedures.

3. Relations with PVOs

The Evaluation Team concludes that INCAP could greatly benefit from closer relations with international PVOs experienced in food handling, logistics, storage and beneficiary selection as well as community development.

The Evaluation Team also believes that INCAP relations with national PVOs should be strengthened. There are many church and private agencies in each country which are providing a wide range of health, nutrition, food and community development services to target groups which are the "poorest of the poor". The Team has the impression that the modest cooperation that exists with the PVO community is directed more towards the international agencies than to national PVOs.

Finally, INCAP also could play an advocacy role with the PVO's on behalf of a single government agency to handle all aspects of entry and distribution of food down to regional or local levels. After almost three decades of food assistance programs in Central America, the time may be ripe for the PVO community to accept the concept of a single distribution agency--at least on initial, small and experimental basis.

V. RECOMMENDATIONS

1. That project continuity be assured after December 1990 in order to complete the TMG transfer process already underway and provide time to evaluate effects.

2. In the meantime, and until the end of the current projects, an ad hoc committee of PROPAG and ORT-GM-NE should develop joint activities to ensure that MCH food aid is fully integrated with growth monitoring and nutrition education.

3. That after the end of the current project, a single, integrated project be developed to achieve regional food, health and nutrition objectives, including food security at the national, community and family levels.

4. That PROPAG develop an innovative, decentralized strategy to deal with the special conditions which exist in Honduras. This should include special attention to information-gathering on current FAP operations, costs and performance to orient the new government. It should also include involvement with new institutions (eg. universities, autonomous institutes, PVOs) and work at regional and local levels. A full-time PROPAG Delegate should be considered, taking into account the project completion date.

5. That the entire area of community participation be developed and promoted jointly by PROPAG and ORT/GM/E and that the expertise of PVOs be sought and exploited fully.

6. That steps be taken to continually improve relations among USAIDs/ROCAP, INCAP and other donors, especially through:

   - information sharing (plans, reports)
   - identification and utilization of additional project support resources
   - participation in joint donor committees and consultations
   - ROCAP undertakes project advocacy with USAIDS

7. That INCAP seek scientific excellence in the development of Training, Information Dissemination and Technical Cooperation technologies, methodologies and materials.

8. That INCAP actively seek outside expertise, experience and resources in researching and implementing alternative solutions for food, feeding and nutrition problems. Of particular relevance would be the systematic convening of peer-review teams in all technical and coordination areas.

9. That indicators be developed and tested to verify FAP effectiveness and that a tracking system be designed and implemented with in-country Delegates' participation.

VI. FUTURE INCAP-ROCAP RELATIONS

A. INCAP's Role

1. OR in country health, nutrition and feeding program
2. Child Survival as integrated MCH through SILOs
3. Methodological research in communications and training
4. Delegates and inter-country technical assistance
5. Financial viability
6. Refocus paternalistic programs as partnerships between community and government

B. ROCAP's Role

1. Support regional centers of technological excellence
2. Achieve regional health and nutrition objectives
3. Optimize US resource investment
   a. Long-term sustainability
   b. Leverage other resources
4. Advocacy with AID Missions
5. Strengthen democracy in CA

C. Conclusions and Recommendations

1. ROCAP should support INCAP's 1,2,3 and 6 to achieve its 1,2 and 5
2. Reconcile ROCAP's 3 with INCAP's 5 considering project goals and purposes
3. Develop future programs involving AID Missions and PAHO

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PART III

ORGANIZATIONAL EVALUATION OF INCAP'S PROPAG AND ORT PROJECTS

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June 1989

EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

According to the Scope of Work, an organizational evaluation of the PROPAG and TRO projects was requested to analyze and make recommendations regarding: 1) the effects of INCAP's internal and external organization and relationships upon the projects; 2) the collaborative relationship with AID missions; 3) INCAP's administrative capacity; 4) INCAP's technical assistance needs; and 5) INCAP's image and potential sustainability in the future as a result of the projects. An organization development consultant was hired to help INCAP and ROCAP resolve the organizational issues that affect the projects and the relationship between the two agencies.

B. METHODOLOGY

The methodology used was a survey-feedback organization development approach (Neilsen, 1984). Over forty individuals were interviewed utilizing a series of open-ended questions. The interviewees were project staff at INCAP, Project Delegates working at the country level, INCAP senior management, ROCAP staff, and PAHO administrators.

The interviews were then content-analyzed to identify recurrent themes. These themes, along with recommendations on fairly straight-forward issues, and discussion questions on complex issues provided the content of the final workshop. The objectives of this workshop were 1) to raise the issues to a public level; 2) to allow both organizations to gain a better understanding of each other's requirements, positions and values; and 3) to encourage the formulation of joint INCAP-ROCAP solutions to improve the situation. The workshop did stimulate valuable discussion and led to joint recommendations.

C. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Internal Organization

a. Organizational Strengths and Weaknesses

Organizational Strengths:

- A clear sense of organizational mission
- A dynamic and effective leadership
- Good top-down communication
- Project staff are given the autonomy they need to innovate and achieve their work goals
- The structure permits innovation and is seen as helpful
- A sense of dedication to work
- Good working relationships
- Effective teams in some areas
- INCAP and the projects evaluate themselves, try to learn from their mistakes and make improvements

Organizational Weaknesses:

- Matrix structure creates problems among employees whose two bosses do not have good relationships or whose work has not been clearly defined
- The matrix's coordinating functions could be strengthened
- Problems at organizational "joints" where two functional groups meet (Pressure points)
- An imbalance between the needs of the Central American countries and INCAP's strategy
- A need for better understanding and attention given to the requirements of donors
- A lack of fit between INCAP's philosophy and donor projects

b. Organizational Structure

INCAP has a matrix structure that consists of three divisions: Nutrition and Health, Planning, and Agricultural Science and four coordinating functions: Research, Education, Technical Cooperation, and Information Dissemination. This structure it is the result of a major reorganization and careful thought by INCAP and other consultants. In part, it is a reaction to the independent fiefdom created by an earlier project. Its advantages are that it: 1) permits innovation and the multi-disciplinary work which contributes to creativity, 2) gives staff the freedom to seek out the internal expertise they need; 3) promotes collaboration and interaction; and 4) is a good use of supervision, time, and technology. The disadvantages of the current structure are that it causes conflict for a few individuals who a) work for two bosses who do not get along well or respect each other's goals; and/or b) have jobs that are not clearly defined. Some of the project delegates working in the countries fall into the latter category.

INCAP staff are satisfied with its structure and it fits their goals and strategies. However, its matrix makes it more difficult for ROCAP to see exactly what is happening in the projects. ROCAP is concerned that the project delegates are not supervised directly by the project heads. This situation is a source of tension between INCAP and ROCAP and of conflicting demands for the project delegates. The "cleanest" solution to this problem, which is not a simple issue, would be for INCAP to hire country delegates who would report to Dr. Noguera, the head of the Technical Cooperation, and coordinate all the other technical cooperation INCAP provides to the countries. The current project delegates would report to project heads. This would allow the project delegates to focus on consolidating project gains before the contract runs out. However, this is not a simple issue but rather one which needs to be discussed by INCAP and ROCAP.

RECOMMENDATIONS

- Strengthen the coordinating functions of the matrix by making the Coordinators responsible for the following tasks in their area:

  a. provide all staff with basic orientation/training
  b. set standards and criteria for excellence
  c. design and implement impact evaluation systems
  d. disseminate information on new developments/innovations
  e. provide technical supervision

- Resolve the issue of delegate supervision between INCAP and ROCAP.

- Regarding the country delegates:

  1. Define their role and the qualities and skills need to do the job (lobbying, consulting, establishing coalitions, facilitating groups, etc.).
  2. Establish clear selection criteria.
  3. Explain clearly that the job is funded by ROCAP money and will therefore necessitate certain obligations (reporting, evaluation, collaborating with technical advisors) to the donor.
  4. Thoroughly orient them to INCAP's services in all areas and disciplines and continue doing this in in-service training.
  5. Train them to perform the job of the project delegate and continue to do this in in-service training.
  6. Clarify their role with the PAHO Representative in their country.
  7. Provide supervision, ideally, from the head of the project.
  8. In addition to the general INCAP evaluation form, evaluate the delegates on the skills needed for the delegate job and their compliance with the ROCAP reporting system and whatever relationship with the local USAID mission that is agreed upon by the two organizations.
  9. Simplify the administrative procedures required of delegates and ensure that they have adequate administrative support
  10. Provide delegates with clear criteria for accepting/rejecting national requests for technical cooperation and train them to handle and reject these requests.
  11. Develop a form for the ministries to use when requesting technical cooperation which will help them to clarify their needs.

2. INCAP's Administrative Capacity

The Administration of INCAP is currently trying to become more agile and some problems may be eliminated by the planned computer system and the review of administrative procedures. The use of administrative liaisons with the projects has improved matters and should be continued. The current centralized administration does not seem to be the most appropriate, given INCAP's mission, its decentralized work groups, and its highly educated professional staff. There are complaints about cumbersome procedures and lengthy delays which impede the projects. Permission is required to carry out routine tasks rather than for exceptional requests only. On the other hand, not all project staff have learned the importance of respecting administrative procedures. Therefore, the relationship between administration and staff could be improved.

At present there are difficulties between the micro-computer center and the TRO project researchers that arises from heavy demand for the center's services and the lack of a full-time supervisor. An analysis of this situation is planned for the near future.

RECOMMENDATIONS

- Review and simplify all administrative procedures with input from the divisions; consider hiring an external efficiency expert.

- Focus administrative control on exceptions rater than on routine activities.

- Increase the number of secretarial staff on the TRO project.

- Train staff in basic administration and accounting for project management so they have more understanding and respect for the role of administration and for the need for budgetary discipline.

- Evaluate staff on their administrative and budgetary skills.

- Experiment and research the possibility of giving administrative/ budgetary control to project staff for their own area.

- Try to develop a climate in which administrative problems are quickly resolved an adversarial relationship between the two groups.

- Resolve the situation between the micro-computer center and the TRO researchers.

3. **Human Resource Capacity**

INCAP has apparently grown significantly in terms of its human resource capacity since the project began. INCAP is progressing through a learning curve with these projects since the applied focus is a new one for its staff, but they have gained a good deal of expertise in a short period of time. To fully realize the Center of Excellence concept for INCAP, every discipline needs to be at the cutting edge in its field and INCAP should be seen as the best source of knowledge in these areas. This means either hiring "the best and the brightest" or training people with potential, carefully establishing a reputation, and publicizing it. The projects have allowed INCAP to establish its reputation in applied work in the countries; now INCAP should analyze where it is within each discipline, probably with the help of outside technical experts, and what its needs to do to attain excellence in each one. The concept of peer review, long valued in basic research, could also be applied to INCAP's other disciplines. External experts could be invited in to review and critique its activities on an annual or semi-annual basis. INCAP seems to have taken good advantage of the external technical assistance it has received through the projects.

RECOMMENDATIONS

- Analyze each discipline to see if there is a fit between the human resources already at INCAP and what would be needed for the Center of Excellence concept.
- Encourage INCAP to look outward to keep abreast of innovations.
- Expand the concept of peer review to all disciplines
- Make available technical assistance in other areas that might be helpful for project staff and INCAP management, such as:

  - o Consulting skills
  - o Group facilitation
  - o Team Building
  - o Organizational Development

- o Evaluation skills
- o Managing Innovation
- o Grant writing for applied projects.

4. External Relationships

a. The INCAP-ROCAP Relationship

This complex relationship is obviously a crucial one for deciding upon future collaborative projects between the two agencies. The relationship between them seems to center around Elena Brinneman's (ROCAP's former GDO) long-standing and close ties to INCAP. Her imminent departure from Guatemala will require adjustments and more responsibility for making the relationship work on the part of both institutions.

At present, there appear to be two areas, elaborated in the following paragraphs, that are cause for concern in the INCAP-ROCAP relationship: A) the lack of fit between INCAP's philosophy of an integrated approach to health/nutrition and the vertical projects sponsored by ROCAP; and B) the need for more understanding and attention for donor requirements.

The Lack of Fit between INCAP Philosophy and ROCAP Projects

As a member of PAHO, INCAP also focuses on the "ejes" or target areas established by PAHO, rather than on a vertical project approach. This appears to be a significant trend in the region. To some degree, INCAP is already using on this integrated approach. This means that project staff occasionally do work outside the scope of project activities. When questioned about this, the staff defend the integrated approach, citing the following reasons:

- INCAP is a member of PAHO and must work on the target areas
- INCAP has to focus on the whole child and family
- INCAP's "niche" is to meet a wide range of country needs and this will lead to greater institutional survival
- the additional non-project activities gain credibility for INCAP which facilitates the accomplishment of project activities
- vertical projects cannot be allowed to "deform" the institution or work against larger institutional goals.

In contrast, ROCAP is constrained by its own internal requirements and policies to work through the projects. The question, both for the remainder of these projects and in discussing the possibility of future projects is, "How can the two organizations resolve what appear to be conflicting philosophies over approaches to development?" This difference in philosophy is usually manifested as a control issue between the two organizations. Until the basic assumptions on which both organizations are working become explicit and can be discussed , the tensions and complaints between them will continue to be interpreted as control issues and will harm their relationship.

INCAP's Dual Constituency

Since its inception, the Institute has been serving the governments of Central America and Panama. In relation to the TRO and PROPAG projects, INCAP must respond to the requirements of ROCAP. Organizations that are funded by other agencies live with the reality of a dual constituency. INCAP appears to have no difficulty focusing on the needs of the countries; project staff appear to be very hard-working and highly motivated employees with a strong sense of mission. However, there is less agreement and clarity within the organization concerning the need to satisfy ROCAP/USAID's requirements. There also seems to be a lack of understanding about ROCAP's obligations to USAID/Washington, the bilateral USAID missions, and their U.S. constituency. This observation is based upon three findings:

1) The failure of some country delegates to complete the reports that ROCAP requires and the lack of effective management action to date to correct this situation;

2) The pressure within the organization to use project staff for activities which do not fall precisely within project guidelines, although they are related activities which may well help the projects indirectly; and

3) The very circumscribed use of the technical advisors assigned to these projects.

RECOMMENDATIONS

- Set up meeting between ROCAP and INCAP to discuss these issues. The following questions could be used as a guideline for discussion:

  a. What is the future strategy of both organizations?
  b. What are the political realities which face both organizations?
  c. What does INCAP need from ROCAP to be effective?
  d. What does ROCAP need from INCAP to be effective?
  e. What do the two agencies have in common?
  f. Should the technical advisor role continue, and if so, how should that role be defined and how could they be better utilized?
  g. How could the two agencies work better together?

- Produce a written agreement on these and other important issues so that changes in personnel do not change the relationship between the two agencies.

- Bear in mind that a written agreement means nothing without mutual respect and goodwill.

- Increase the dialogue between the two agencies so that differences in opinion can be resolved quickly and the agencies can understand one another better.

- If ROCAP decides it really needs a controller rather than a technical advisor at INCAP, hire not a technical expert but a manager who: 1) has extensive experience as a project manager in Latin America, 2) has good managerial and interpersonal skills, and 3) will work with and through the director and project heads rather than directly with project staff.

- Discuss the feasibility of an intern position at ROCAP for INCAP staff members.

b. The INCAP-PAHO Relationship

The close relationship between INCAP and PAHO has a strong effect on the ROCAP projects. To some degree, the projects have benefited from this relationship, especially in helping INCAP establish their presence in the countries and in providing in-country support to the delegates. However, in some cases, the PAHO-INCAP tie has resulted in:

1) less delegate time available for project activities;
2) conflicting demands on certain delegates from the various institutions (PAHO, INCAP, ROCAP); and
3) Less likelihood of positive project-USAID mission relationships since some delegates identify more strongly with PAHO than with ROCAP and the PAHO-AID relationships are not that close in every country.

RECOMMENDATIONS

- Once INCAP-ROCAP have discussed and negotiated the delegate question and the other issues mentioned in previous sections, there should be a similar meeting with the PAHO Representatives to clarify what delegates can and cannot do.

- Explain to the PAHO Representatives the importance of good project relations with the local USAID missions and establish means to accomplish that goal.

- Remedy the situation concerning administrative support in Honduras by giving the delegate direct and sole control of his secretary.

c. The Relationship Between INCAP and The Bilateral USAID Missions

This relationship seems to depend largely on the political and collaborative skills of the individual project delegates and/or the relationship between the PAHO Representative and USAID. There seem to be no problems with this relationship in Guatemala and Costa Rica. However, there are difficulties with the TRO project and the Missions in El Salvador and Honduras.

RECOMMENDATIONS

- INCAP and ROCAP should educate project staff on the importance of good relationships with the bilateral missions and make it clear that future projects require the approval of these missions.

- After INCAP and ROCAP have discussed and renegotiated the issues identified in this report, there should be a meeting with the USAID missions and the delegates to clarify the form of communication and coordination that needs to occur within the countries.

- Delegates should receive training, supervision, and evaluation/ feedback regarding their relationship to the USAID Missions.

- The project technical advisors should take more responsibility in serving as advocates for these projects with the USAID Missions.

d. The relationship between INCAP and International Agencies

When the projects began, INCAP staff were occasionally perceived as a bit arrogant about their knowledge, but this perception seems to have changed for the better. There is no doubt that INCAP is an important catalyst and leader in the area of interagency coordination and national planning. This is a unique contribution that they are well placed to make. We did hear the complaint that USAID and ROCAP are not always invited to the interagency coordination meetings which seems curious since they are such large donors.

INCAP has not worked much with private voluntary agencies (PVOs) in the past, but it is beginning to do so and has had positive experiences in this area. Conversations with some PVO directors revealed that they were very impressed with the TRO project staff and their assistance. Working with PVOs has the advantage of greater flexibility and sometimes greater local impact than is possible with the Ministries of Health. INCAP can also learn from experienced and innovative PVOs. Furthermore, selling its services to PVOs could be a source of income for INCAP.

RECOMMENDATIONS

- INCAP should work more closely with PVOs and focus on two-way learning whenever possible.
- INCAP should continue its role as a catalyst in interagency coordination and try to ensure that all the appropriate players are invited to these meetings.

e. The relationship between INCAP and NATIONAL AGENCIES - COUNTRY DEMANDs VERSUS INCAP STRATEGY

For the most part, INCAP seems to have gained credibility and improved its reputation in applied areas with the ministries of the various countries as a result of the projects. Most ministry officials gave positive reports on the projects. In only a few instances was the feedback less than favorable: 1) the TRO project work in El Salvador seemed to be unknown or somewhat unappreciated by some members of the Department of Maternal and Child Health, but this may have stemmed from recent personnel changes, 2) there were complaints in Honduras regarding the lack of attention from INCAP for the PROPAG project since no project delegate is stationed there.

One of the problems which confronts all development organizations, including INCAP, USAID and PVOs, is the delicate balance to satisfy needs and establish a coherent organizational strategy. It is worth noting that the ministries with which INCAP works are not the easiest clients to serve. INCAP has tried to be responsive to country needs and still keep a strategic focus. It has done this by setting up a Technical Cooperation unit, detaching delegates to the field, designing an annual planning process, and emphasizing "processes, not activities". These methods did improve the situation but more improvements could still be made since INCAP seems to be tilting more toward country needs and away from its strategic focus. This focus is particularly important now because it is time to consolidate the gains made by the projects

to date and accomplish as much as possible in the remaining project time. In the beginning, INCAP was struggling to establish its credibility with the countries. Now, however, INCAP probably has a sufficiently positive reputation in the countries to allow it to turn down requests which do not fit into project strategy.

RECOMMENDATIONS

- Develop clear criteria for accepting and rejecting country requests.
- Develop a form that ministries would complete when requesting technical assistance, to help them clarify what they really want from INCAP.
- Encourage delegates to turn down a request that does not meet the criteria before it gets into the INCAP system.
- Teach delegates to work with ministries to develop their requests so that requests will more likely be acceptable and carefully thought out.
- Ensure that new disciplines receive the impetus they need to create a market for their services.
- Try to streamline the Technical Cooperation process and eliminate some of the signatures required. For example, if there is an annual plan, one should ask why programmed activities require so many signatures. If there is significant deviation from the annual plan, is it worth doing?
- Analyze the degree of deviation between the annual plans and the quarterly plans to decide whether the planning system is as effective as it could be.
- Assign a full-time PROPAG delegate to Honduras.
- Rebuild and devote more time to relations with the new MOH personnel in El Salvador.

5. Future Needs and Recommendations

It appears that INCAP is well on its way to being able to sell their services to other organizations; this is already beginning to happen with some PVOs. It is also a possibility with some AID missions and other international agencies. This would be a way to promote the financial sustainability of the Institute. However, this would require staying attuned to where donor money is being directed and having an entrepreneurial, outward-looking unit that looks for funding and markets for INCAP's services. INCAP should also examine whether its board composition is one that will allow it to evolve and grow.

RECOMMENDATIONS

- Consider expanding INCAP's Board of Directors to include others besides Ministers of Health.
- Begin looking for other markets to buy INCAP's services, do a needs-assessment, and have trained staff available

I. BACKGROUND AND OBJECTIVES

According to the Scope of Work for this evaluation, an organizational evaluation of the PROPAG and TRO projects was requested in order to:

a) identify which institutional or management changes might be implemented by INCAP to accelerate or make more efficient the achievement of project objectives;

b) determine the kinds of organizational, managerial, or technical assistance that INCAP will require to accelerate or make more efficient the achievement of project objectives;

c) determine how INCAP's internal organization and external organization/relationships facilitate or hinder the technology transfer process;

d) identify the degree of mutual support between INCAP and the bilateral USAID objectives and programs and determine how these relationships could be strengthened;

e) describe INCAP's image among public and private organizations and international donors as a result of these projects and determine how this might affect their future strategy, financial viability and sustainability;

f) determine the adequacy of INCAP's institutional capacity to administer these or similar projects, and identify needs in this area; and

g) identify how the projects have strengthened INCAP's potential for greater financial security and for both financial and technical sustainability in the future, and suggest what might be done to make improvements in this area in both the short and long-term.

Due to the nature of these questions, an organizational development consultant was hired to write an analysis of the situation and to present the findings in a way that would pave the way for improvements.

II. METHODOLOGY

The methodology used was a fairly traditional survey-feedback organization development approach (Neilsen, 1984). Over forty individuals were interviewed. The interview format consisted of either a series of open-ended questions (see Appendix A) or specific questions about issues which quickly surfaced as problem areas. The interviewees were project staff at INCAP, project delegates working at the country level, INCAP senior management, ROCAP staff, and PAHO administrators.

The interviews were then content-analyzed to identify recurrent themes. These themes were presented to the INCAP Director and to the current and future ROCAP GDOs prior to the final workshop so that they would be prepared to discuss them at that time. The workshop was attended by both INCAP senior management, ROCAP technical advisors and managers, and members of the Evaluation Team. Problems were framed as system problems and not the fault of individuals. For the simpler issues, recommendations were presented. Most of these had either originated or been discussed with many INCAP staff during the interviews. For the complex and more problematic issues involving attitudinal differences between ROCAP and INCAP, discussion questions, rather than recommendations, were posed. This session appeared to accomplish its objectives, which were: 1) to raise the issues to a public level; 2) to allow both organizations to gain a better understanding of each other's requirements, positions and values; and 3) to encourage the formulation of joint INCAP-ROCAP solutions to improve the situation. Their recommendations will be included in the final section of this report.

III. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

A. INTERNAL ORGANIZATION

1. Organizational Strengths and Weaknesses

The themes which came out during the interviews are presented below:

a. Organizational Strengths:

- A clear sense of organizational mission;
- A dynamic and effective leadership;
- Good top-down communication;
- Project staff are given the autonomy they need to innovate and achieve their work goals;
- The structure permits innovation and is seen as helpful;
- A sense of dedication to work;
- Good work relationships;
- Effective teams in some areas; and
- INCAP and the projects evaluate themselves, try to learn from their mistakes and make improvements.

b. Organizational Weaknesses:

- Matrix structure creates problems among employees whose two bosses do not have good relationships or whose work has not been clearly defined;
- The matrix's coordinating functions could be strengthened;
- Problems at organizational "joints" where two functional groups meet (Pressure points);
- An imbalance between the needs of the Central American countries and INCAP's strategy responding to requests not always related to the objectives of the projects;
- A need for better understanding and attention given to the requirements of donors; and
- A lack of fit between INCAP's philosophy and donor projects.

The themes which can thus be grouped under the categories of: leadership, the advantages and disadvantages of INCAP's matrix structure, the organization's strategy and mission, and external relationships. These are explained more fully in the following sections which also include recommendations.

2. INCAP Leadership

Dr. Angel, Director of INCAP, is a widely respected leader who is credited with saving the organization after the 1980 crisis when a previous Director and Administrator was kidnapped. Dr. Angel has helped the organization assume a broader strategy which includes both the former basic research approach, and a focus on more applied research and service to the countries. Dr. Angel makes clear statements about the Institute's mission, goals, and values, which were related by the staff in the interviews. For example, many of those interviewed, mentioned Dr Angel's statements that

INCAP's mission is to help people in the countries, and to do so in an integrated manner while minimizing the bureaucracy. There seems to be little disagreement among the people interviewed about INCAP's mission, and there was a definite sense of dedication to the work being done. INCAP's staff commented that the Institute is both a very dynamic place to work and is really making contributions to the region.

In addition to Dr. Angel, both project leaders also seem to exert a form of charismatic leadership, although their styles are somewhat different. They have clearly articulated theories about managing people and are well respected by subordinates. The degree of autonomy both project leaders allow their staff is greatly appreciated and was mentioned time and time again in the interviews as a factor that facilitates their work.

3. Organizational Structure

INCAP has a matrix structure which appears in Appendix B. It consists of three divisions: Nutrition and Health, Planning, and Agricultural Science, and four coordinating functions: Research, Education, Technical Cooperation, and Information Dissemination. This matrix is the result of a major reorganization and careful thought by INCAP and other consultants. In part, it is a reaction to an earlier excess in which staff members of a former project all but declared their independence from INCAP, They had created their own logo, published documents using it and bought property and cars without INCAP's knowledge. The matrix structure and the integration of external projects into the division structure is an attempt to prevent this from occurring again.

There is no ideal organizational structure; each form has advantages and disadvantages and few structures continue being appropriate forever. However, INCAP has expended a good deal of energy on creating their matrix and at present, there are very few complaints about it among staff.

The current advantages of this structure for INCAP are that it permits innovation and the multi-disciplinary work which contributes to the creative problem-solving that INCAP's work requires. Staff have the freedom to seek out whomever has the expertise and time to help them with their work. There is a strong sense of collaboration on many tasks which is quite impressive and which would be harder to achieve with a more traditional structure. According to the staff, the present structure allows for good use of supervision, time, and technology and it promotes interaction.

The disadvantages of the current structure are that it causes conflict for a few individuals who either: a) may be working for two bosses who might not get along well or respect each other's goals; and/or b) have jobs that have not been clearly defined. Some of the project delegates working in the countries fall into the latter category. Lack of clarity and coordination at higher levels in the matrix causes conflict for some individuals and reduces their level of job satisfaction.

RECOMMENDATIONS

- Clarify both job role and tasks in order to avoid conflicts, especially with new projects. Carefully define the role of employees who work in more than one division.

- **Resolve issues at the top management level to avoid conflicting messages and repercussions for employees.**

All structures, particularly matrix structures, need integrating mechanisms to hold them together. The following serve as integrating mechanisms for INCAP: a strong sense of mission, shared values, regular meetings at all levels, published minutes of top management meetings, the TRO Project Coordinating Committee, and the annual and quarterly work plans. Another mechanism which could be employed is orientation and in-service training which would accomplish what is described in the following recommendation.

RECOMMENDATION

- Design orientation training which:

  (1) communicates INCAP's mission, goals, and values;
  (2) clearly explains what the different parts of INCAP do and how all the pieces fit together;
  (3) emphasizes the importance of working together for common goals;
  (4) clarifies how the matrix structure functions both in general and for new employees in particular.

In matrix structures, coordination is occasionally a problem. There were very few complaints about this at INCAP; only two minor issues surfaced. One was that the latest research findings are not always included in the educational material, even though education staff make an effort to do so. Perhaps there could be more mechanisms for ensuring this transfer of knowledge. The panel discussions are one way to keep others informed. The final step of any research project might be to make sure the findings get to the appropriate people in education. The second concern expressed was that education and anthropology in the TRO project do similar work but do not work together as closely as they could. If more collaboration was deemed valuable, they could meet more as a group, share the same physical space, and inform each other when new projects are beginning. The time the anthropologists have available makes more extensive collaboration difficult.

As mentioned above, INCAP's matrix structure includes coordinating functions in their four basic functions: Research, Education, Technical Cooperation, and Information Dissemination. Theoretically, all INCAP staff are supposed to participate in these activities. The feedback given to the evaluation team in the various countries on INCAP's educational courses and consulting projects was generally positive, but not uniformly so. There is certainly no reason to expect that all the professionals will be expert trainers, consultants, researchers and communicators if they have not been trained in these areas. One way of assuring greater uniformity of competence in these areas would be to strengthen the coordinating functions in the matrix. This change would both maximize the strength of INCAP's matrix and upgrade its human resource capacity. It could be done by making the coordinators responsible for the tasks, which appear in the following recommendation.

RECOMMENDATIONS

- Strengthen the coordinating functions by making coordinators responsible for the following tasks in their area:

  a) Provide all staff with a basic orientation/training ;
  b) Set standards and criteria for excellence;
  c) Design and implement evaluation systems which measure impact;
  d) Disseminate information on new developments in both methodology and technology;
  e) Provide technical supervision.

- Identify and obtain the necessary technical assistance to help the coordinators perform these tasks.

However, INCAP should be careful not to let these additional functions either slow down the work process or confuse the chain of command. The purpose of the coordinating functions is to assist, not implement, and staff have to be careful not to get involved with implementation or to impede implementation by the divisions. Perhaps it is worth pointing out that the coordinator role is not the traditional leadership role in Latin America. Because of this, it may be necessary to clarify what is expected of a coordinator so that the matrix does not get out of balance because the people in those roles have taken on more responsibilities than were envisioned in the original design.

INCAP's structure (or the part of it examined in this evaluation) appears to meet its current needs and fits with its institutional goals and philosophy of integration. However, this structure makes it more difficult for ROCAP to see exactly what is going on with the projects. One of ROCAP's major concerns seems to be the supervisory role that the head of Technical Cooperation, Dr. Noguera, has with the country delegates under the present structure or at least, the way his role is being interpreted. The principal difficulty, from an organizational point of view, is that the project heads are responsible for the work done by the delegates who report directly to someone else. To some degree, the project heads share this supervision. They also fill out a performance evaluation for the country delegates, but delegates vary as to how they view their relation and responsibility to the project heads. The question of who supervises the delegates appears to be a sensitive issue within INCAP and there are good reasons for the role Technical Cooperation plays (which is described in greater detail in the section entitled INCAP AND NATIONAL AGENCIES) with the delegates. It is also worth pointing out that Dr. Noguera has been an effective supervisor with the delegates. He seems to have gained their support and respect and is seen as a resource in their dealings with country officials.

The question of delegate supervision creates tension between the INCAP and ROCAP and should therefore be clarified and resolved. Some alternatives to the current situation are:

1) INCAP could hire country delegates who would report to Dr. Noguera and coordinate all the other technical cooperation INCAP provides to the countries. The current project delegates would report to project heads. This system would allow the project delegates to focus on

consolidating project gains before the contract runs out. This would probably be the "cleanest" solution.

2) Major supervisory responsibility for the delegates would be assigned to the project heads, with only sign-off responsibility from Technical Cooperation to avoid duplication of effort within the countries. At present, Dr. Noguera appears to have the major supervisory responsibility for delegates, while the project heads act more like advisors who "sign off" on delegate activities. These roles could be reversed, though perhaps not without some difficulty, since those involved have grown accustomed to the present modus operandi.

3) Dr. Noguera could continue to supervise the project delegates by both ROCAP and INCAP. However, a delegate job description should first be developed and agreed upon.

Presumably INCAP and ROCAP could also generate other solutions when they meet to discuss this issue. This issue needs to be resolved because it is a pivotal one for the ROCAP-INCAP relationship and because the lack of clarity which surrounds it causes conflicts for some of the delegates. The following recommendations focus upon the role of the delegates and list the most effective ways for handling their position. This list represents hindsight--knowing what we do now about the delegate position which was totally new to INCAP, how should it have been handled from the beginning? Other parts of the list have already been implemented.

RECOMMENDATIONS

- Resolve the issue of delegate supervision between INCAP and ROCAP

- Regarding the country delegates:

  1. Define their role and the qualities and skills need to do the job (lobbying, consulting, establishing coalitions, facilitating groups, etc.);
  2. Establish clear selection criteria;
  3. Explain clearly that the position is funded by ROCAP money and will therefore necessitate certain obligations (reporting, evaluation, collaborating with technical advisors) to the donor;
  4. Orient them thoroughly to INCAP's services in all areas and disciplines and continue doing this in in-service training;
  5. Train them to perform the delegate's job and continue doing this in in-service training;
  6. Clarify their role with the PAHO Representative in their country;
  7. Provide supervision, ideally, from the head of the project;
  8. In addition to using the general INCAP evaluation form, evaluate the delegates on the skills needed for the delegate job, their compliance with the ROCAP reporting system, and whatever relationship with the local USAID mission that is agreed upon by the two organizations;
  9. Simplify the administrative procedures required of delegates and ensure that they have adequate administrative support;
  10. Provide delegates with clear criteria for accepting and rejecting national requests for technical cooperation and train them to handle and reject these requests;

11. Develop a form for the ministries to use when requesting technical cooperation that will help them to clarify what type of assistance they really want and need.

4. Pressure Points within the Organization

Within all organizations, there are points or junctures where different functions and groups meet. These "pressure points" are commonly the site of misunderstandings and acrimony because the groups have different ways of working, different backgrounds, different time frames, and different objectives. As such, they are areas which require special attention and effort to ensure good coordination and relationships. They also require constant reminders that all groups should be working towards the same overall organizational goals. In general, INCAP staff seem to get along very well within their own divisions or groups, but they have greater difficulty maintaining the same high level of relationships and coordination when crossing group boundaries. Two areas in particular seem to be pressure points which affect the projects and require special attention: 1) administration and operations; and 2) Data processing and research.

a. Administration and Operations

If INCAP's mission is to be a Center of Excellence that produces innovative technology and methodology, administrative procedures and structures should be designed to further this goal and not impede the innovative process. The administration is currently trying to become more flexible and some problems may be eliminated by the planned computer system and the review of administrative procedures. The use of administrative liaisons with the project has improved matters and should be continued.

Some of the staff who were interviewed stated that they had few problems with administration. They avoided difficulties by making requests in advance, warning administrators when problems were likely to arise, and cultivating good relationships with the administration. However, certain disciplines, such as research, are more likely to have problems requiring a rapid response. There is a feeling on the part of some staff that INCAP's administrative and budgetary procedures are better suited for a more orthodox bureaucracy like PAHO than for INCAP.

Common complaints about administrative procedures are the number of signatures required for telexes (from 3 to 5, including the signature of the director) and for travel approval forms. Secretaries spend a significant amount of their time getting these signatures. Another handicap for secretaries is the phone system which currently has far too few lines for the number of staff in the Institute. Apparently, there are plans to increase the number of outside lines. If there were fewer required signatures and more phone lines, perhaps there would be more secretarial time available. There is fairly widespread feeling on the TRO project that the number of secretaries is inadequate, which holds back the work, and creates unreasonable pressure on secretaries.

According to the administrator, local purchases can take up to one month to make. Other Guatemalan administrators who were consulted felt this turn-around time on local purchases could probably be improved.

While there is a common complaint that "Administration is not dynamic", there is also reason to believe that some professionals have not learned to respect certain administrative procedures. As one senior staff member remarked, "I think if our younger colleagues are not exposed to administrative affairs, they'll never learn. At present, they see Administration as 'the enemy'. "Simplifying procedures wherever possible is one way to improve the situation. Another solution would be to train professionals in basic administration and accounting so they would better understand and respect these functions. In the long term, INCAP would be better off with professionals who would be able to control themselves in these areas rather than having to rely on administrators to control them. Administrative employees could also receive a brief training program which would clearly outline INCAP's goals and define Administration's role in helping the rest of the organization to meet these goals.

Some of the difficulties between Administration and Operations has to do with the different attitudes and expectations about what both groups should be doing. The leaders of these areas could improve this situation by resolving problems as quickly as possible and by making sure their subordinates understand the importance of working well with the other department. Keeping the focus on the overall goals of INCAP is important here.

Appointing liaisons to act between the two different functional groups is a common way of relieving pressure points. In fact, Arturo Palmieri, Administrative Assistant for the Nutrition and Health Division, has done a good job as liaison between Administration and Operations.

The staff felt that the administration was more responsive when it was decentralized. After a recent audit, PAHO auditors recommended centralizing many operations. Unfortunately, this centralization resulted in less flexibility. Since so much of INCAP's work appears to be decentralized and concerned with innovation, a centralized administration does not seem to be the most appropriate. INCAP may want to prepare for the future by experimenting and doing Operations Research on giving administrative and budgetary control to project staff. The trick will be to maintain a good balance between flexibility and accountability. If the staff does not respect and follow centrally established and monitored guidelines for project management, INCAP will not be able to comply with the accounting requirements of their donors. This is therefore an important issue.

In some areas, administrative control seems to over-control routine actions rather than focusing upon exceptions. For example, if a four- month travel plan has already been approved, why do individual travel forms need to be signed by so many people? Why not require signatures for unprogrammed travel only?

Other organizations have handled the telex problem by greatly reducing or even eliminating the number of other signatories. However, they still send copies of telexes that have already been sent to the director or another top manager who looks through them and checks those that appear questionable. Focusing on exceptions is a better use of administrative time and a more reasonable way of working with professionals who should theoretically be capable of greater discretion than less educated employees. Although I realize INCAP has already started to act upon these

problems, I would like to underline the importance of the following recommendations towards the progress of the projects.

RECOMMENDATIONS

- Review and simplify all administrative procedures with input from the divisions; consider hiring an external efficiency expert.
- Reduce the number of signatures required for telexes and travel approval forms.
- Improve the phone system (would a PBX help?).
- Increase the number of secretarial staff on the TRO project.
- Figure out ways to decrease the time required to make local purchases.
- Train staff in basic administration and accounting for project management so they have a better understanding and respect for the role of Administration and for the need of budgetary discipline.
- Evaluate staff on their administrative and budgetary skills and performance in their yearly performance evaluation.
- Make sure administrative staff see their role as supporting the rest of the Institute.
- Experiment and research the possibility of giving administrative and budgetary control to project staff for their own area.
- Try to develop a climate in which administrative problems are quickly resolved to avoid an adversarial relationship between the two groups.

b. Data Processing and Research

At present, there are apparently some difficulties between the micro-computer center and the TRO project researchers. Both groups describe the problem in very different terms. However, there appears to be agreement that the center has more demand for its services than can be met and that this situation is exacerbated by the absence of a full-time supervisor. There is some concern that this situation will delay the research projects. Since an analysis of this situation is planned for the future, no attempt was made to further investigate this situation. However, it is obvious that a problem exists between the two groups that need attention.

RECOMMENDATION

- Resolve the situation between the micro-computer center and the TRO researchers.

5. Human Resource Capacity

INCAP has apparently grown significantly in terms of their human resource capacity since the projects began. There is a sense that INCAP is progressing rapidly through a learning curve with these projects. It has taken some time

to get the projects on track and to gain the practical experience the staff needed in these areas. Perhaps progress could have been accelerated by placing more reliance on experienced staff in some areas at the beginning of the project. However, the expertise INCAP has gained in most of the project areas in a short period of time is very impressive. Clearly its willingness to learn from mistakes and to devise new methods to get around obstacles at the country level has been a major factor in its growth. The multi-disciplinary collaboration at the Institute has also increased the skills of the staff.

As a result of the projects' scope, INCAP has had to absorb new non-health disciplines, such as education, computer science, and management. The Institute has also had to adjust to the idea of Operations Research. It is always difficult for organizations to absorb and utilize new disciplines well. There is seldom anyone with the same background at the top of the hierarchy who has a clear idea of what the new disciplines can do and how they need to work. There is some evidence that progress in these areas has been hindered for these reasons. I would recommend that INCAP pay special attention to these new disciplines and make more effort to facilitate their work at the beginning of new projects.

Any consideration of human resources in INCAP raises the issue of organizational culture. This term refers to the pattern of shared values and beliefs that lead to certain norms of behavior. During more than thirty years, INCAP had the same strategic mission- -to produce basic research in nutrition. Over the years, an organizational culture developed to support that mission. When INCAP expanded its strategic mission to include more applied research, its organizational culture could not change as rapidly. There have been some changes which support the new strategy, but there are still some vestiges of the original culture which could hinder INCAP from reaching their new goals. These are:

- A preponderance of traditional disciplines and professions which may be subtlety favored over the newer ones;
- Scientific self-sufficiency that restricts the search for new expertise outside the Institute, particularly in PROPAG and in organizational development.
- An emphasis upon academic credentials over experience in applied areas.
- An emphasis upon extensive research when "quick and dirty" studies may be more appropriate for applied work;
- Where as research grants involve the creation of knowledge and circumscribed contact with grantees, funding for applied work involves meeting donor needs and a different set of "rules."
- The traditional relationship between INCAP and the Ministries of Health might not be the best vehicle for multi-sector technology transfer;
- Some authoritarian leadership patterns are probably more suitable for the research laboratory than for dealing with innovative professionals who often require more discretion and demand more participation.

When INCAP determines its new strategy for the 1990s, it would be worthwhile to examine what parts of its culture will promote that strategy and which parts will hinder it. Some of the extremely positive aspects of INCAP's organizational culture are the organizational strengths listed in the first section of this report.

RECOMMENDATION

- Identify which aspects of INCAP's organizational culture will promote or hinder the new strategy. If necessary, establish new norms to promote the new mission.

To fully realize the Center of Excellence concept for INCAP, every discipline needs to be at the cutting edge in its field, and INCAP should be seen as best source of knowledge in these areas. This means either hiring "the best and the brightest," or training people with potential, carefully establishing a reputation, and publicizing it. The projects have allowed INCAP to establish their reputation in applied work in the countries; now INCAP should analyze where it is within each discipline, perhaps with the help of outside technical experts, and what they needs to be done to attain excellence in each one. One of the requirements for a Center of Excellence in applied work is to continually monitor what is happening in the field and for staff to continue striving for new and better ways to do their work. The concept of peer review, long valued in basic research, could also be applied to INCAP's other disciplines. External experts could be invited to review and critique their activities on an annual or semi-annual basis.

RECOMMENDATIONS

- Analyze each discipline to see if there is a fit between the human resources already at INCAP and what would be needed for the Center of Excellence concept.

- Encourage INCAP to look outward to keep abreast of innovations.

- Expand the concept of peer review to all disciplines.

- INCAP which seems to take advantage of the external technical assistance provided by the project, should make use of technical assistance to project staff in other areas which may be helpful. such as:

  - Consulting skills
  - Group facilitation
  - Team Building
  - Organizational Development
  - Evaluation skills
  - Managing Innovation
  - Grant writing for applied research projects

6. Administrative Capacity

Most of the recommendations concerning INCAP's administration were covered in the previous section on "Pressure Points within the Organization". In answer to the question in the scope of work, "How adequate is INCAP's administrative capacity?", the answer seems to be that it is fairly adequate but could still be improved. In sum, the administration should be streamlined and designed to support INCAP's mission and method of working. An integrated approach and a matrix structure requires an accounting and control system that can easily assign charges to different donors or accounts and still provide donors with accurate reports on where their funds are being spent.

B. EXTERNAL RELATIONSHIP

1. The INCAP-ROCAP Relationship

This complex relationship is obviously a crucial one for deciding on future collaborative projects between the two agencies. The relationship between these two organizations seems to center around Elena Brinneman's (ROCAP's former GDO) long-standing and close ties to INCAP. Her imminent departure from Guatemala will require adjustments by both institutions. It is doubtful that ROCAP will assign another staff member who has such extensive knowledge of INCAP and the cultural context in which it operates. It seems safe to say that the major effort at working out the relationship between these two agencies and "translating" INCAP for USAID was done by Ms. Brinneman in the past. However, in the future, it is likely that more people from both institutions will need to take on the responsibility of making this relationship work.

At present, there are two areas, which are elaborated in the following paragraphs, that are causes for concern in the INCAP-ROCAP relationship:

a) the lack of fit between INCAP's orientation towards an integrated approach to health/nutrition and the vertical projects sponsored by ROCAP; and
b) the need for more understanding to and attention for donor requirements.

a. The Lack of Fit between INCAP Philosophy and ROCAP Projects

As a member of PAHO, INCAP also focuses upon the "ejes" or target areas established by PAHO. People in both organizations speak at length about the need to work on these target areas using an integrated approach, rather than a vertical project approach. The Evaluation Team repeatedly heard complaints about vertical projects from Ministry of Health officials throughout Central America. It appears to be a significant trend in the region. To some degree, INCAP is already working on this integrated approach. This means that project staff occasionally do work outside the scope of project activities. When questioned about this, the staff defend the integrated approach, citing the following reasons:

a) INCAP is a member of PAHO and must work on the target areas;
b) INCAP has to focus on the whole child and family;
c) INCAP's "niche" is to meet a wide range of country needs, and this will lead to greater institutional survival;
d) the additional non-project activities gain credibility for INCAP which facilitates the accomplishment of project activities;
e) vertical projects cannot be allowed to "deform" the institution or work against larger institutional goals.

These opinions appear to be strongly held and widespread within INCAP.

In contrast, ROCAP is constrained by its own internal requirements and policies to work through the vehicle of projects. Its staff have to satisfy their own hierarchy and their own auditors, as well as assure Congress that USAID regulations are being observed. These requirements are most easily accomplished through vertical projects.

The question--both for the remaining time of these projects and for the possibility of future projects--is: "How can the two organizations resolve what appear to be conflicting philosophies over approaches to development?" This difference in philosophy is usually manifested as a control issue between the two organizations. A ready example of a control issue is the conflict that surrounds the country delegates. INCAP, with its focus on integration, sees a broader use for the delegates and allows them to perform activities that fall outside the project scope. ROCAP, with its concern and accountability for the success of the vertical projects, feels it is not getting the maximum project benefit from the delegates. ROCAP complains to INCAP about the use of the delegates which interprets INCAP as a donor trying to tell them how to live their lives. Until the basic assumptions under which both organizations are working become explicit and can be discussed, the tensions and complaints between them will continue to be interpreted as control issues and will harm their relationship. There are creative ways to deal with this situation, but they will require a give-and-take from both organizations as they struggle to adjust to each other's evolving needs.

b. INCAP's dual constituency

Another factor hampering the INCAP-ROCAP relationship is the amount of understanding and attention INCAP focuses upon meeting donor requirements. Since its inception, the Institute has been serving the governments of Central America and Panama. In relation to the TRO and PROPAG projects, INCAP must respond to the requirements of ROCAP.

Unless it succeeds in establishing an endowment, which will make it fiscally independent, INCAP will have to continue dealing with external donors. At present, INCAP as an institution is very dedicated to helping the countries. The project staff and other INCAP personnel who collaborate with them are not uncaring bureaucrats merely collecting their paycheck. On the contrary, project staff appear to be very hard-working and highly motivated employees with a strong sense of mission.

However, there is less cohesion and clarity within the organization concerning the need to satisfy ROCAP/USAID's requirements. There seems to be a lack of understanding about ROCAP's obligations to USAID/Washington, the bilateral USAID Missions, and their U.S. constituency. This observation is based upon three findings, which are explained in greater detail in the following paragraphs:

i. The failure of some country delegates to complete the reports that ROCAP requires and the lack of effective management action to date to correct this situation;
ii. The pressure within the organization to use project staff for activities which do not fall precisely within project guidelines, although they are related activities which may well help the projects indirectly; and
iii. The limited use of the technical advisors assigned to these projects

i. ROCAP Reports

Until Spring of 1987, both PAHO and USAID utilized the same quarterly reporting schedule. At that time, PAHO went to a tri-yearly schedule. Ever since, some delegates have neglected to submit the quarterly reports for ROCAP because they feel that submitting two reports is an imposition. There is no question that having a dual reporting system is cumbersome and unfortunate. However, unless a compromise is agreed to by ROCAP, INCAP is under a contractual obligation to provide these reports. A lack of understanding of the importance of these reports and the resultant lack of cooperation by certain delegates and the Technical Cooperation staff directly supervising the delegates causes enormous difficulties for the TRO staff person assigned to complete and submit the ROCAP reports.

At present, this employee sends the reports in on time, but they are only 80% complete because they lack information from all the countries. Various attempts have been made to correct this problem, including the design of a form which requires limited hand-written responses by the delegates. To date, the problem has not been resolved. This would seem to indicate a lack of concern at top management levels for the importance of these reports and a failure to communicate that concern to the delegates.

ii. Use of Project Personnel for Non-Project Activities

This section relates to a previous issue concerning the varying philosophies of INCAP and ROCAP. As stated previously, INCAP, as part of PAHO, is working with an integrated approach involving different target areas ("ejes"). They are moving away from vertical projects like TRO and PROPAG and, in the future, may no longer accept vertical projects. However, at present, there is pressure to use vertical project staff in an integrated manner. While this makes sense, given INCAP's philosophy and institutional goals, it does come into direct conflict with ROCAP's understanding of the tasks that staff paid by project monies should perform.

iii. Use of Project Technical Advisors

INCAP does not utilize the Project Advisors to their full potential. The technical advisors are seen, to varying degrees, more as "controllers" who watch out for ROCAP'S interests than as technical resources for a wide degree of project activities. The PROPAG advisor, Joe Coblentz, has managed to gain a fairly good degree of acceptance by that group. Dr. Melody Trott has achieved good relationships with sub-groups of the TRO Project. However, these Project Advisors are only permitted to attend certain INCAP meetings. Dr. Trott is not invited to the regular meetings of the TRO Project Coordinating Committee. INCAP did not want technical advisors and has made this clear in their treatment of them.

The PROPAG team appears to have a fairly cohesive and positive opinion about the contributions of their technical advisor, although they do not use his expertise as much as he would like. Among other accomplishments, Mr. Coblentz took the initiative to act as an advocate for this project with the USAID missions, and wrote a helpful discussion paper on the project. In the words of the project head, "Joe is an excellent advisor and has been very diplomatic and helpful, but he is not as expert as the team members in their particular areas." The Evaluation Team is inclined to believe that this is a

mere rationale for keeping him in a circumscribed role. What is certain is that this perception affects how Mr. Coblentz is allowed to work and consequently causes him frustration. He spends 50 percent of his time at INCAP.

The TRO Project is more complicated and diverse, and has a staff of over 40 members, while the PROPAG has only nine. This has made it more difficult for INCAP to have a clear conception of Dr. Trott's role. She is seen as having been helpful to the TRO Team regarding USAID requirements, helping INCAP improve its image in the U.S., writing the Project pamphlet, and helping obtain technical assistance. Most of her duties are administrative--which she rightly considers as "technical", the improvement of project management systems being a major recommendation of the last evaluation--and her working relations are primarily with the Project senior management staff. Many of her contributions focus upon helping INCAP manage their relationship with ROCAP by clarifying expectations and improving communications concerning INCAP's activities. However, she has not been asked or allowed to share her technical expertise in the area of education and training with the education staff. This frustration, coupled with her stated belief that INCAP's education and training could be improved, has resulted in a strained relationship with the education staff. However, she has more positive relationships with other Project personnel. Dr. Trott is responsible for most of the Project's extensive paper work which consumes 35-40 percent of her time. She also invests 15 percent of her time working directly with TRO senior management at INCAP; another 10-15 percent in direct technical assistance to the Project's technical staff; 30-35 percent arranging for external technical assistance, and 5 percent with other ROCAP health issues. Altogether, Dr. Trott spends 15-40 percent of her time at the INCAP facility and makes it a point to go there at least three times a week.

In general, the role of technical advisor is seldom an easy one. The first question to consider with technical assistance is the presence or absence of a perceived need for assistance on the part of the local agency. Where this initial perception of need does not exist, advisors can sometimes slowly work their way into a system by developing relationships and patiently waiting for their expertise to be acknowledged. If this does not occur and if the advisors are never allowed to contribute their skills, frustration sets in and their role can easily become little more than a control function. Indeed, in some situations, the technical advisor's role is merely a euphemism for a controller.

According to ROCAP history, INCAP did not wish to have technical advisors, but ROCAP insisted. INCAP was allowed to select the advisors from a group of proposed candidates, which led the advisors to believe that they were being selected for their technical expertise and would be allowed to contribute to the projects. They soon discovered that this was a mistaken expectation. It appears the two advisors have taken the strategy of patiently developing relationships, which has paid off in varying degrees of acceptance. It is worth pointing out that this strategy of gaining slow acceptance requires a high degree of contact with the local agency. However, neither advisor is housed full time at INCAP, which is partly a reflection of the other ROCAP administrative time they are assigned.

For a variety of reasons, Dr. Trott has also assumed control functions of the TRO Project. It is worth noting that had INCAP taken ROCAP's concerns

about reports and utilization of Project staff more seriously, there might be less of a perceived need on ROCAP's part for this control function. Certainly, there is nothing out of the ordinary about having controllers on projects of this magnitude. But it is not the best use of human resources to ask a technical experts to perform this role unless they have extensive managerial experience and enjoy playing this role. While both advisors enjoy working with these projects and are highly invested in them, theirs is a somewhat untenable position. First, they are professionals who are not allowed to do the work for which they were prepared. Secondly, part of their job is to represent to ROCAP and the other USAID missions the interests of an organization which has not established regular collaborative relations with them, which would have facilitated their work. Third, their position at ROCAP carries a limited degree of authority. The role of the technical advisors, the way they handle themselves, and how INCAP uses them has repercussions for the larger INCAP-ROCAP relationship. This is an issue that needs to be managed and improved, rather than endured.

One suggestion for improving the inter-agency relationship is to create an intern position at ROCAP for an INCAP staff member. This could provide the Project managers with some much needed administrative help and would begin the process of educating INCAP about USAID (and, by extension, other donors). The intern could also guide the Project managers in their dealings with INCAP. If this position was formalized into a rotating one-year appointment, the potential conflicts of loyalty for INCAP staffers would be minimized.

There seemed to be some misunderstanding about the relationship INCAP delegates was supposed to establish with the USAID missions. Perhaps with future projects ROCAP could take more steps to ensure that both parties thoroughly understand the expectations and contractual agreements before these agreements are signed.

Frank discussion and attempts to promote a better dialogue between the two agencies are necessary for resolving these issues. While the Evaluation Team recommends that the projects continue in the future based upon technical grounds, it is clear that the INCAP-ROCAP relationship should be improved, so that future collaboration is strengthened. The following recommendations (with the exception of the discussion guidelines and the last three recommendations) were proposed at the workshop at INCAP by INCAP's senior staff.

RECOMMENDATIONS

- Set up meeting between ROCAP and INCAP to discuss these issues. The following questions could be used as a guideline for discussion.

  a. What is the future strategy of both organizations?
  b. What are the political realities which face both organizations?
  c. What does INCAP need from ROCAP to be effective?
  d. What does ROCAP need from INCAP to be effective?
  e. What do the two agencies have in common?
  f. Should the technical advisor role continue, and if so, how should that role be defined and how could they be better utilized?
  g. How could the two agencies work better together?

- Produce a written agreement on these and other important issues so that changes in personnel do not change the inter-agency relationship between the two agencies.

- Bear in mind that a written agreement is meaningless without mutual respect and good will.

- Increase the dialogue between the two agencies so that differences in opinion can be resolved quickly, and the agencies can understand one another better.

- If ROCAP decides to go with the Project manager concept, rather than with technical advisors it should select an individual who 1) has extensive experience as a project manager in Latin America; 2) has good managerial and interpersonal skills; 3) has the wholehearted approval of INCAP and ROCAP, and will be supported by both agencies; and 4) will work with and through the Director and project heads rather than directly with project staff. Another alternative would be for ROCAP to consider appointing managers similar to those that USAID employs for all major health projects, whose responsibility should be clearly defined. They are usually professionals with experience in health, social sciences, and public or business administration.

- ROCAP should carefully go through project agreements with agencies like INCAP before the contract is signed to make sure that both sides understand what is expected and what is acceptable. Contracts and agreements should be translated into Spanish so that there is no question of misunderstanding, and so that they can be used for orientation purposes with new project staff.

- Discuss the feasibility of the intern position at ROCAP for an INCAP staff member.

2. The INCAP-PAHO Relationship

As a member of PAHO, INCAP has several ties to PAHO which effect the two projects:

a) INCAP has taken the position that its country delegates (funded by TRO and PROPAG with one exception in Costa Rica) are part of the PAHO structure and must therefore be responsible to the PAHO Representative (the head of their national office). As such, some of the delegates work on additional tasks not directly related to project goals, but which are either assigned by the PAHO Representative or hich come through INCAP's Technical Cooperation unit. These tasks reflect other target areas ("ejes"). This which is the integrated approach that both PAHO and INCAP utilize. This approach appears to be in direct conflict with the original idea of hiring local delegates to further project goals at the country level. However, there is little question that at least two of the three TRO delegates identify more with PAHO than with the TRO project and are content to do the work assigned by the PAHO Representative. However, they are not happy being the center of the conflicting demands made by PAHO, INCAP and ROCAP. For their sake, this situation should be clarified.

b) In some cases, the INCAP delegates were initially housed within the PAHO office but were later moved into the government ministry in order to be closer to their national counterparts.

Since INCAP did not previously have country delegates, the backing of an established, respected institution like PAHO added to the delegates' stature and credibility and facilitated their acceptance by local officials in the beginning. Two of the delegates are still physically housed within PAHO, making it more difficult for them to turn down requests for assistance from the PAHO Representative.

c) PAHO Representatives occasionally intervene to help the delegates resolve problems with local ministries.

d) PAHO handles financial and accounting records for the project activities coordinated by the country delegates and routes these records through PAHO/Washington.

e) The relationship between the PAHO Representative and the USAID Mission seems to set the tone for the relationship between the INCAP delegate and the Mission in both El Salvador and Costa Rica. The pattern that seems to be developing in the four countries is that the PAHO Representative deals with the AUD/HPN officers and the delegates deal with the technical groups sponsored by USAID.

The relationships between PAHO and the country delegates vary greatly by country and depend on the individuals involved. Therefore, the specific relationships will be described for each country.

COSTA RICA:

The delegate, who works with both projects, is housed with the Nutrition Department of the Ministry of Health. The PAHO Representative is very supportive of both projects. The delegate does devote a small percentage of his time to designing and implementing the SILOS program. While this is not strictly project-related, it is a good example of an activity that will facilitate project success in the future. The PAHO administrator provides very good administrative support to the delegate.

EL SALVADOR:

At present, the TRO delegate is housed within the PAHO office and the PROPAG delegate is in the process of moving to the World Food for Peace office in the UN Mission. The PAHO Representative in El Salvador has a very clear understanding of the two projects and their activities and has a very good relationship with the delegates. The TRO delegate, Dr. Pineda, has been doubling as the PAHO Maternal and Infant Health (MI) officer and spends 50% of his time on non-project activities. It was suggested by the evaluation team and ostensibly accepted by the PAHO Representative, that PAHO hire their own MI staff person and allow Pineda to spend more time on TRO activities.

There is certainly no lack of work to be done in the TRO area. However, the current PAHO Representative is being transferred and it is somewhat uncertain how this situation will be handled by the new representative.

The PROPAG delegate, Mr. Tito Rivera, has had less distractions from his project activities, probably because his area of expertise lies outside PAHO's normal scope of work.

There has not been a close relationship between PAHO and USAID, for which the PAHO Representative apologized and promised to remedy.

The PAHO office provides excellent administrative support to the delegates. PAHO does all purchasing and disbursement of training funds for INCAP activities so that delegates do not have to wait for local ministries to submit receipts. The delegates have two secretaries, paid for by the projects who work full-time for the delegates. A car has also been purchased with project monies, but it has been used primarily by Dr. Pineda. PAHO has provided transportation for Mr. Rivera when possible. Plans are underway to hire a driver so that both delegates can benefit from the vehicle and to reduce Mr. Rivera's dependence on PAHO for transportation.

GUATEMALA:

Because INCAP is located within Guatemala, both the delegate and the Project accounting staff are housed at INCAP. However, there seems to be a good relationship with the PAHO Representative who has a general, if not specific, understanding of the projects and the contributions they have made. The PAHO Representative is working closely with the bilateral USAID Mission, as is the delegate.

HONDURAS:

The TRO delegate, Dr. Dávila, is housed within the PAHO office which is located in the same building as the Ministry of Health. The PAHO Representative has a good relationship with the delegate and has supported Dr. Davila when there were problems with health officials. However, in the past, the PAHO Representative was insistent that INCAP people fall under PAHO jurisdiction. The delegate spends a fair amount of his time on non-project activities and feels caught between the conflicting demands of the Project and PAHO.

The delegate has a secretary who is paid for by TRO project funds. However, Dr. Dávila shares her with three other PAHO consultants and does not receive the administrative help he needs. Furthermore, the PAHO administrator does not provide the same level of administrative support as the Costa Rican and Salvadoran delegates receive. As a result, Dr. Davila spends a third of his time doing paperwork, the majority of which could be completed by someone who is not a trained physician.

In conclusion, the close relationship between INCAP and PAHO has a strong effect on the ROCAP projects. To some degree, the projects have benefitted from this relationship, especially in helping INCAP establish its presence in the countries and in providing in-country support to the delegates. However, in some cases, the PAHO-INCAP tie has resulted in:

a) less delegate time available for project activities;

b) conflicting demands on certain delegates from the various institutions (PAHO, INCAP, ROCAP); and

c) a smaller likelihood of positive project-AID Mission relationships since some delegates identify more strongly with PAHO than with ROCAP and the PAHO-AID relationships are not that close in every country. Therefore, in certain countries and with certain delegates, the PAHO/INCAP relationship does appear to hinder the accomplishment of the project objectives. If the PAHO Representative wants to treat the delegates as if they were just like all the other PAHO consultants, and the delegate does not resist, project goals will take a back seat to the goals of PAHO. This naturally gives ROCAP (and the USAID Missions) the impression that ROCAP funding is partially supporting PAHO activities.

This situation needs to be resolved as it causes conflict for the delegates, for the INCAP-ROCAP relationship, and for the relationship between ROCAP and the AID Missions. Dr. Horwitz of the Evaluation Team discussed this situation with the PAHO Representatives in Honduras and El Salvador. He recommended that the delegates be assigned full-time responsibilities for the TRO Project and that the MCH activities of PAHO be assigned to other staff member. Both Representatives agreed with this approach.

RECOMMENDATIONS

- Once INCAP and ROCAP have discussed and negotiated the delegate question and the other issues mentioned in previous sections, there should be a similar meeting with the PAHO Representatives to clarify what delegates can and cannot do.

- Explain to the PAHO Representatives the importance of good project relations with the local AID missions and establish means to accomplish that goal.

- Remedy the situation concerning administrative support in Honduras by giving the delegate direct and sole control of his secretary.

3. The Relationship between INCAP and the Bilateral AID Missions

This relationship seems to depend largely on the political and collaborative skills of the individual project delegates and/or the relationship between the PAHO Representative and the USAID Mission.

There seemed to be no significant problems with this relationship in Guatemala and Costa Rica. However, there are difficulties with the TRO project and the missions in El Salvador and Honduras. A meeting with Kevin Armstrong and Richard Thornton of AID/El Salvador yielded the following information. (Armstrong wrote a memo that appears in Appendix B and states his position.) He said the major concern of the AID staff was that they had not been kept fully informed about the projects. Therefore, it was difficult to see that the outputs justified the inputs. He felt that Dr. Pineda relates more directly to PAHO than to AID and that PAHO only informs others afterwards or once programs have already begun. INCAP has had no consistent technical

relationship with the bilaterals. The technology transfer that is seen at the central level is not seen in El Salvador. PAHO does not have a Maternal-Child Health officer and Dr. Pineda is performing that role, but at the cost of the TRO project objectives. Armstrong felt that this is unfair to Dr. Pineda. With reference * to the technology transfer process in El Salvador, *Annex shows which of the TMGs have actually been applied in this country.

Armstrong recommended that:

1) INCAP should set limits on what Dr. Pineda, the TRO delegate, can and cannot do or, appoint another delegate who can work full time on TRO.
2) The delegate's office should be in the Ministry of Health so he can be closer to Salvadoran counterparts.
3) The most effective point of coordination should occur at the technical level with their contractors since Armstrong and Thornton were too busy with administrative matters.
4) INCAP and ROCAP should make more visits to El Salvador to supervise the projects.

Armstrong stated that INCAP could send his Mission a quarterly report and invite them to sit in on annual planning meetings. When questioned about INCAP's role, it was mentioned that regional projects are difficult because they have to fill a unique need and can not duplicate services already being performed by the bilaterals. There was a mixed message about whether this Mission would consider buying technical services from INCAP in the future. Given the current perception that the TRO project has not produced as much in El Salvador as it could have, this possibility is less likely. However, the Mission did request INCAP's help with research data. Whether or not the TRO project has actually accomplished all it should have in El Salvador is less important than the fact that USAID/EL SALVADOR perceives that it has not and feels that its staff has not been fully informed. This is a serious problem for both INCAP and ROCAP and should be remedied as soon as possible.

Robert Haladay of USAID/Honduras expressed concern that MSH and INCAP were not coordinating their content sufficiently and that greater coordination should occur at the technical level. It was clear that USAID feels left out of the PAHO-Ministry of Healt meetings on health and that the PAHO-AID relationship in Honduras is not ideal.

Haladay thought that INCAP could do more to pull the various health actors together in coordinating meetings. He also stated that there was a definite role for INCAP to play in Honduras and the region in the field of nutrition. He suggested that INCAP could provide a unique service by studying the state of nutrition as a whole in the countries and by providing a strong, coherent service that includes food, weaning, breast feeding, nutrition education, and Operations Research on combinations of local foods. Research on these areas should be pulled together in an applied fashion and then disseminated at the local level. Haladay thought INCAP should focus more at the field level.

The "grease" that makes inter-organizational relationships work is interpersonal relationships, tact and diplomacy, good will, mutual respect and understanding of the needs of both parties, and the willingness to give the other group the benefit of the doubt when one of them says something ill-considered. These characteristics are not uniformly present within either INCAP or the AID missions. Therefore, careful thought should be given to

increasing contact between the two organizations. If INCAP's agenda is to maximize their autonomy and that of AID is to maximize their control over the projects, there will probably be conflict. If Dr. Noguera continues supervising the delegates, he should be more involved with the AID missions so that he understands the situation and can advise and evaluate delegates on their ability to maintain these relationships.

It is therefore reasonable to ask why INCAP could not invite all the AID missions to an annual meeting, and:

a. give a presentation of project accomplishments and other cutting edge achievements (similar to the one done for their Board of Directors);
b. present their "oferta" (service offerings) for the next year and get the Missions' input (suggestions, not veto power) on it;
c. listen to the Missions' plans for the coming year and give their input (suggestions, not veto power); and
d. see where they could work together.

(The same plan could be used with other international donors.) If INCAP and the USAID Missions could see themselves as advisors to one another and occasional collaborators, they could develop a relationship that would be beneficial to both. This could help move INCAP to a position of selling discrete services to the Missions, thus increasing their financial sustainability and providing an alternative to vertical projects.

In Guatemala and Costa Rica, these projects apparently have improved INCAP's reputation in the eyes of the AID missions. The same seems to be true for the PROPAG project in El Salvador. It may be possible to increase coordination and find ways in which the INCAP and the missions could be of more help to each other.

However, AID must bear in mind that an important part of INCAP's effectiveness comes from their neutral stance in the region; too close an identification with USAID might hinder their ability to act as a catalyst with disparate groups and governments.

RECOMMENDATIONS

- INCAP and ROCAP should educate project staff on the importance of good relationships with the bilateral missions and make it clear that future projects require the approval of these missions.

- After INCAP and ROCAP have discussed and renegotiated the issues identified in this report, there should be a meeting with the AID missions and the delegates to clarify the form of communication and coordination that needs to occur within the countries.

- Delegates should receive training, supervision, and evaluation/feedback regarding their relationship to the AID Missions.

- The project technical advisors should take more responsibility in serving as advocates for these projec s with the AID Missions.

4. The Relationship Between INCAP and International Agencies

While there are numerous agencies that fall into this category, from UNICEF to the private voluntary agencies, the following sentence seems to sum up this relationship. When the projects began, INCAP staff were occasionally perceived as being a bit arrogant about their knowledge, but this perception has changed for the better. INCAP has gained a great deal of credibility with many of these organizations and there is no doubt that INCAP is an important catalyst and leader in the area of interagency coordination and national planning. This is a unique contribution that they are well placed to make. We did hear the complaint that USAID and ROCAP are not always invited to the interagency coordination meetings which is curious since they are such large donors. It would seem that the more donors that are included, the greater the likelihood of cooperation and coordination.

INCAP has not worked as much with private voluntary agencies (PVOs) in the past, but it is beginning to do so and has had positive experiences with them. Conversations with some PVO directors revealed that they were very impressed with the TRO project staff and their assistance. Working with PVOs has the advantage of greater flexibility and sometimes greater local impact than is possible with the Ministries of Health. INCAP can also learn from experienced and innovative PVOs. Furthermore, selling its services to PVOs could be a source of income for INCAP.

INCAP could no doubt learn from PVO experience in the areas of community development, technology transfer, and food programs. One vehicle for doing so would be to identify outstanding PVO programs and do case studies on them. The purpose would be to identify the factors responsible for success and then disseminate this information. Another tactic would be for INCAP to collaborate on an occasional community project with PVOs noted for their expertise. This would give INCAP the pilot project experience they need to be credible without having to start from scratch.

RECOMMENDATIONS

- INCAP should work more closely with PVOs and focus upon two-way learning whenever possible.

- INCAP should continue its role as a catalyst in interagency coordination and try to ensure that all the appropriate players are invited to these meetings.

5. The Relationship between INCAP and National Agencies - Country Demands versus INCAP Strategy

This section describes the relationship between INCAP and the national agencies, such as the Ministries of Health, Interior, Agriculture, Education, and Planning in the various countries. The TRO project works most closely with the Ministries of Health (MOH) while the PROPAG project works with whatever ministry(ies) are involved with food programs.

a. INCAP'S Relationship and Reputation

In general, there were few complaints about INCAP and the projects from the ministries; on the contrary, there were glowing reports from some

ministries on the impact of the projects. It was obvious in most cases that the delegates had very good relationships with the ministries.

In only a few instances were the reports from the ministries less than favorable: 1) the TRO Project work in El Salvador seemed to be unknown or somewhat unappreciated by some members of the Department of Maternal and Child Health, but this may have stemmed from recent personnel changes, and 2) there were complaints in Honduras regarding the lack of attention from INCAP for the PROPAG project. Some officials felt that Honduras should have its own PROPAG delegate and that INCAP should respond more quickly to their requests for consultants. They also felt that they should be allowed to request specific consultants in whom they have confidence. As with all the complaints heard on a brief visit, it is difficult to tell if they are valid. However, validity is not always as important as perception, when it comes to relationships.

If the perception exists in some national agencies that INCAP is not meeting their needs and making a worthwhile contribution, this perception needs to be changed and improved. Therefore, more attention should be devoted to the relations between INCAP and TRO in El Salvador and between PROPAG in Honduras.

For the most part, INCAP seems to have gained credibility and improved its reputation in applied areas with the ministries as a result of the projects.

b. Country Demands Versus INCAP Strategy

One of the problems confronting all development organizations, including INCAP, USAID and PVOs, is the delicate balance between meeting government needs and establishing a coherent organizational strategy. Responding to whatever needs emerge, rather than following a strategy usually results in: 1) unintegrated, sporadic activities which may have little long-term impact, and 2) project staff who lack direction and a sense of real accomplishment. On the other hand, rigid adherence to a strategy often elicits accusations of irrelevance and "projectization" by national agencies. Development, which depends so much upon the politics, whims, and absorptive capacity of local groups and actors, seldom follows the linear progression envisioned by policy-makers and bureaucrats. Therefore, each development institution has to find the correct balance between needs and strategy.

The types of problems which can occur when dealing with the ministries, according to both TRO and PROPAG staff are:

1) frequent changes in ministry personnel;
2) a lack of clarity regarding what the ministries want INCAP to do for them and how this fits into a larger national strategy;
3) difficulty in identifying the appropriate national counterpart who has the time and desire to work with INCAP staff on activities and projects;
4) cancellations or postponements of activities by countries who have other priorities that arise;
5) country perception that INCAP funds belong to them, regardless of the strings donors have placed on these funds;
6) delays in establishing dates and details for workshops and consultations;

7) delays in submitting receipts for training expenses;
8) use of training funds for slightly different purposes;
9) ministry requests which do not fit INCAP's strategy and which have lesser value in the eyes of INCAP staff who are trying to consolidate project gains;
10) requests which are not specific or clearly thought out.

INCAP has tried to handle these problems and the issue of responding to country needs in several ways:

1) When the projects were new, some staff traveled in different countries doing needs analysis and "promoting" their services. This resulted in demands for workshops and consultations. However, it also caused confusion, a lack of coordination, and a duplication of effort. The Technical Cooperation unit was created to coordinate staff visits to countries. It was also decided that the demand for services had to come from the countries and not from promotional tours.
2) The assignment of country delegates who can establish a close working relationship with the ministry personnel
3) Group visits to ministries (by the head of Technical Cooperation, Human Resources, and the two project heads) to present the services INCAP will offer in the coming year and to listen to the country's needs so that an annual plan can be negotiated.
4) The focus on "process, not activities" in Technical Cooperation and in the projects as an attempt to put INCAP's effort into areas which will yield long-term benefit and change.

At present, we find that these methods have been successful in clarifying the country needs/INCAP strategy issue to a large degree. The Technical Cooperation unit has been very effective in their efforts and has performed a needed role for INCAP in the following ways:

1) they represent INCAP to the countries;
2) they have developed a system for receiving and responding to country requests in an orderly fashion;
3) they keep records of the quantity and dollar value of the services provided to the countries which helps determine country contribution levels; and
4) their coordination prevents duplication and fragmentation of services.

However, there is still room for improvement in the following areas:

a) In some instances, fewer demands for services are generated for INCAP's newer (non-health) disciplines, presumably because the ministries and perhaps even the delegates and the staff of INCAP's possible contributions. In these cases, not being allowed to "promote" their services may have harmed the projects. Special attention and promotion strategies that educate ministries and create demand (as was done with anthropology in the TRO project) may be necessary for all non-traditional professions to get them up to speed more quickly.

b) While this is not a general opinion, a significant number of project staff members feel that INCAP expends too much energy responding in a peripatetic fashion to country needs which do not always appear in the annual plan or which do not further the project's strategy to create a significant impact. There is a feeling that INCAP should learn to say "no" to certain country requests in order to focus their energies.

c) While Technical Cooperation is seen as having made a valuable contribution, there is concern that project staff are sometimes taken away from their planned activities to respond to a country need that was not included in their annual plan and is not directly related to project activities.

d) There seems to be enough of a discrepancy between the annual plan (APB) and the quarterly plans to warrant an analysis of the system. The two plans do not seem to be closely related and followed up.

e) The chain of approval for technical assistance is very lengthy and time-consuming.

f) Consultants sometimes arrive at jobs to find that they are not the most appropriate consultant for their assignment or that the time allotted for the work had been miscalculated. It may be worthwhile to have project staff, who are already in the country for other reasons, visit ministries that have requested services in the near future so they can determine what type of consultant they require and how much time is needed. In most consulting organizations, people do their own "scouting and contracting", which are the first two stages of the consulting process, since people from other disciplines seldom know what to look for.

At the beginning of the projects, INCAP was struggling to establish its credibility with the countries. Now, however, INCAP has a solid enough reputation in the countries to allow them to turn down requests that do not fit into project strategy.

RECOMMENDATIONS

- Develop clear criteria for accepting and rejecting country requests.
- Develop a form that ministries would complete when requesting technical assistance to help them clarify what they really want from INCAP.
- Encourage delegates to turn down a request that does not meet the criteria before it gets into the INCAP system.
- Teach delegates to work with ministries as they develop their requests so that requests will more likely be acceptable and carefully thought out.
- Ensure that new disciplines receive the impetus they need to create a market for their services.
- Try to streamline the Technical Cooperation process and eliminate some of the signatures required. For example, if there is an annual plan, one

should ask why programmed activities require so many signatures. If there is significant deviation from the annual plan, is it worth doing?

- Analyze the degree of deviation between the annual plans and the quarterly plans to decide whether the planning system is as effective as it could be.

- Assign a full-time PROPAG delegate to Honduras.

- Rebuild and devote more time to relations with the new MOH personnel in El Salvador.

C. FUTURE NEEDS AND RECOMMENDATIONS

In some ways, the type of work that INCAP is doing, like most good development work, leaves it in a vulnerable position when it is time to evaluate its accomplishments. For example, personnel changes in the Ministries of Health can wipe out virtually all evidence of painful months of helping groups to catalyze and develop joint technology or methodology. As a result, INCAP has learned to develop a different approach to technology transfer and is working with a different level of MOH technicians. But because they work "through" local groups and ministries, their pace of work is partially determined by others. This is the reality of working with Ministries of Health and this is clearly an important role for INCAP. However, one way to expand INCAP's potential for transferring technology as effectively and rapidly as possible is to increase its work with other ministries and with PVOs. This would also allow for a more integrated approach to development and provide other vehicles for multi-sector technology transfer. One of the dangers organizations face with very homogeneous boards of directors is that such a composition may not allow them to evolve and grow. INCAP should examine whether its board composition is the one which fits most effectively with its future plans.

It does appear that INCAP is well on its way to being able to sell their services to other organizations; this is already beginning to happen with some PVOs. This is a possibility with some AID missions and other international Bagencies as well. This would be a way to promote the sustainability of the Institute. However, this would require staying attuned to where donor money is being directed. For example, the PVOs that use the services of the TRO project are funded by USAID money. When those funds dry up, so will INCAP's source of revenue unless it is prepared for the next wave of projects or has developed a diversified range of services with diverse donors. If this is the strategic direction INCAP takes, it would require needs assessments to guide its human resource development and programming. INCAP would also need to assign an entrepreneurial person or group the task of looking for funding and markets for its services.

RECOMMENDATION

- Consider expanding INCAP's Board of Directors to include others besides Ministers of Health. If this is the strategic direction INCAP decides to take, it should begin looking for potential customers to buy INCAP's services, do needs assessments of potential markets, and train staff to respond to these needs.

ANNEXES

ANNEX I

COMPARATIVE ANALYSIS OF THE TECHNOLOGIES, METHODOLOGIES AND GUIDELINES (ANALISIS COMPARATIVO DE LAS TECNOLOGIAS, METODOLOGIAS, Y GUIAS (TMGS)

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
1. PROGRAMACION ANUAL DE SUPERVIVENCIA INFANTIL A NIVEL NACIONAL.	Existe un programa integral de Atención Materno-Infantil promovido por la OPS y el INCAP. Termino con los esfuerzos aislados y proyectos disociados. Se ha logrado un concenso de las agencias para uso de las metodologias del proyecto TRO.	El grupo estimo que la programación anual de Supervivencia Infantil se encuentra a nivel de los servicios locales de salud (SILOS) -En el sistema de los servicios locales INCAP tuvo gran influencia. En el nivel nacional, la programacion se realiza en términos de la salud Materna del niño y del adolescente incluida la alimentación y nutrición.	El Ministerio de Salud formula la programación anual de Supervivencia Infantil, siguiendo la metodologia del INCAP.	Los profesionales del Ministerio expresan un compromiso claro y sostenido con el programa de Supervivencia Infantil. El grupo pudo observar superficialmente el plan quinquenal 85-90 y el anual 1989 donde se menciona la contribución del INCAP y otras agencias. Se informa de una mejor coordinación al interior de las divisiones del Ministerio entre los Deptos. técnicos (Materno-Infantil, Nutrición, Educación para salud, Monitoreo y Supervivencia) la que ha sido estimulada por la programación TRO.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
2. PROGRAMACION ANUAL DE SUPERVIVENCIA-INFANTIL A NIVEL SUBREGIONAL.	Ha ocurrido un proceso similar en lo subregional. COMENTARIOS: AID no participó en el proceso de programación pero usa las normas del Ministerio.	Participa en la programación anual a nivel subregional. En este proceso se aplica la norma propuesta por INCAP, desde 1986.	Iguales comentarios.	Los profesionales del Ministerio expresan un compromiso claro y sostenido con el programa de supervivencia infantil. El grupo pudo observar superficialmente el plan quinquenal 85-90 y el anual 1989 donde se menciona la contribución del INCAP y otras agencias. Se informa de una mejor coordinación al interior de las divisiones del Ministerio entre los Deptos. técnicos. (Materno-Infantil, Nutrición, Educación para la salud Monitoreo y Supervivencia) la que ha sido estimulada por la programación IFO. El Ministerio participa por medio de su representante en las reuniones del comité ad-hoc para actualizar la programación anual/subregional.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
3. PROGRAMACION ANUAL Y CUATRIMESTRAL DE LA COOPERACION TECNICA DEL INCAP.	Se obtuvo el compromiso del Ref. y OPS y del director del INCAP de darle dedicación exclusiva. COMENTARIOS: Se nos indica que los informes anuales y cuatrimestrales de la cooperación técnica no se envian regularmente a ROCAP ni a la Mision de la AID. Recomendar: El Delegado del INCAP se dedique exclusivamente a TRO-MC-EAPS y que la OPS designe un profesional del tiempo completo para Materno Infantil. (Ver carta señor Kevin Armstrong AID).	El grupo fué informado que este proceso se realiza regularmente en Costa Rica desde 1987.	El grupo observó los documentos de programación anual y cuatrimestral y los estimo muy valiosos dado que permiten corregir objetivos y acciones en el desarrollo de los componentes de TRO.	INCAP se incluye en el APB y PTC de la OPS. Se consulta al país en la reprogramación correspondiente.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
4.REUNIONES CONJUNTAS COMITE AD-HOC, DE SUPERVIVENCIA INFANTIL SECRETARIA TECNICA Y GRUPO TECNICO FOCAL.	En vista del valor que tiene el intercambio de experiencias con base a losprogramas ejecutadas. En consecuencia pueden consolidar las metodologias que cumpla tales requisitos. COMENTARIOS: El grupo reconoce la importancia del Comité Ad-Hoc apoya su continuación y recomienda que sirva de base para la cooperación técnica entre los paises de Centroamérica y Panamá.	Participa en las reuniones mencionadas con su representante desde 1986.	Participación activa del coordinador del Ministerio de Salud de Honduras en el Comité Ad-Hoc.	Participa como miembro de los organismos subregionales. La oficina de UNICEF. Guatemala financia la participación de 2 delegados con fondos de la CEE.

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5.CONDICIONES DE EFICIENCIA.	Se utilizo la metodología en 1980 y le sugiere dar seguimiento a este estudio.	Se vieron los resultados de una investigación con la participación del INCAP, realizada en una muestra de establecimientos tanto del Ministerio como de la caja de seguro en los puestos de salud incluye la participación comunitaria y la educación para la salud. El grupo hizo comentarios sobre el análisis de la información orientados al mejor aprovechamiento local de los en el proceso de administración de los servicios y asignación de recursos. Se sugirió dar prioridad completar su aplicación a la totalidad de los puestos y centros de salud que dependen directamente del Ministerio de salud.	No aplica.	INCAP prestó asesoría técnica y financia la realización de estos estudios en una muestra nacional. los hallazgos han permitido perfeccionar los servicios aunque se reconocen las limitaciones financieras del ministerio para otorgar el equipo mínimo. La cooperación externa ha permitido satisfacer algunos rubros de suministro.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
6. CONDICIONES DE EFICIENCIA DE PERSONAL COMUNITARIO.	No se aplica.	El personal de puestos y centros de salud en general tiene una formación básica adecuada a las tareas que desempeña. Sin embargo se destaca en esta muestra la necesidad de algunas actividades de perfeccionamiento en materias relativas al TRO. Tal juicio solo podrá tener una extensión a la situación nacional cuando se complete la aplicación de esta técnica a la totalidad de los establecimientos de salud	No se aplica.	La alta proporción de personal comunitario sin formación previa ha exigido reforzar la instrucción a distancia por medio de módulos de autoinstrucción, que se han reeditado con el apoyo de INCAP y se han enviado a los niveles locales. Este material facilita la supervisión técnica por personal profesional. La aplicación del instrumento propuesto permitirá no solo evaluar la educación a distancia sino que contribuirá a definir las nuevas de perfeccionamiento del personal.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
7.EVALUACION DEL PROGRAMA NACIONAL DE CED.	Hubo la evaluación del programa de control de enfermedades diarreicas en 1985 lo que provocó una mejor asignación de recursos.	El pais aplicó la evaluación en 1985.	El INCAP, OMS y OPS. Colaboraron con el gobierno en la evaluación del programa nacional de CED.	No se han iniciado actividades de evaluación del programa de control de la enfermedad diarréica con la participación de TRU.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
8. EVALUACION PROGRAMAS DE SALUD Y NUTRICION DE ONG'S.	No se aplica.	No se aplica.	Además de evaluar el programa de salud y nutrición de la Fundación Horizontes de Amistad INCAP ha colaborado con el Save the Children's Fund. junto con MSH y OPS.	No se informó al grupo sobre la aplicación de la metodología en las unidades de salud en las que colabora Visión Mundial. sin embargo se informó de la creación de un esfuerzo de coordinación de los ONG que preside el Dr. Torres Casanova y ha logrado incorporar unos 250 de 500 organismos que trabajan en el país. Su contribución permite atender al 27% de la población. TRO será el programa que se difundirá a través de dichas asociaciones.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
9. DISEÑO DEL SISTEMA UNICO DE SUPERVISION.	No se aplica.	No se aplica.	No se aplica. Pero el grupo recomienda que se identifique áreas del proceso de supervisión que puedan ser objeto de investigaciones operacionales.	Los oficiales del Ministerio consideran que la supervisión es todavía un problema a pesar de la aplicación de un modelo presentado por el INCAP que ha sido motivo de reajustes posteriores por la unidad correspondiente. El material de autoinstrucción para auxiliares de enfermería provee una guía útil para el desarrollo de este proceso.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
10. ANALISIS DE SISTEMAS. INVESTIGACIONES OPERACIONALES.	No se aplica.	No se aplica.	No se aplica.	Se comprobó la aplicacion adecuada en el centro de salud de Sacatepequez, en aspectos de la atención materno-infantil. La investigación ha permitido delimitar algunas fallas significativas en el desarrollo de este programa, que han fundamentado el inicio de los reajustes correspondientes.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
11. SITIOS CENTINELA: *DISPONIBILIDAD Y SUFICIENCIA DE RECURSOS. *LOGRAS *OBSERVACION DE PRACTICAS DE PROVEEDORES Y SUPERVISORES.	Se nos informó que las áreas centinelas nacieron en el departamento de epidemiología con la metodología del INCAP. UNICEF ha financiado hasta 57 áreas centinelas con la cooperación de Dr. Anderson de la Universidad de Guerrero en México. Se nos indica que ambas metodologías son comparables.	El Ministerio no usa sitios y áreas centinela porque ha desarrollado un sistema de información integrado de salud y nutrición a nivel local, regional y central.	Existen 12-14 sitios por región organizados con colaboración de UNICEF y el Dr. Anderson de La Universidad de Guerrero. El INCAP colaboró en la formación de personal para Supervivencia Infantil. Esta contribución se orientó a facilitar la integración de los resultados de tales investigaciones en el sistema regular de información que viene desarrollando el Ministerio.	Basado en este sistema se han realizado 2 encuestas de salud Materno-Infantil en Nutrición en poblaciones rurales de aproximadamente 1000 habitantes en cada una de las áreas centinelas. El INCAP no ha sido incisivo en la aplicación de la información a juicio de la unidad de Monitoreo y supervisión, que ha adoptado otro método "Comunidades de muestreo sistemático". La información de las áreas centinelas fué tardía, de alto costo y no fue considerada porque del Ministerio. La nueva metodología sancionada se basa en una muestra no probabilística, derivada de parámetros locales y reune información que puede analizarse y emplearse en un plazo corto. Permite evaluar tendencias y medir riesgo. Complementa el sistema regular estadístico. Las áreas centinelas están vigentes y se pueden emplear para un nuevo ciclo de evaluación comparativa.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
12. AREAS CENTINELA.	No se aplica.	Ver 11.		Se aplican los comentarios del 11.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
13. PROGRAMACION LOCAL EN BASE A INFORMACION DE AREAS CENTINELA.	No se aplica.	Ver 11.	No se aplica.	Se informó que el INCAP, UNICEF y otras agencias cooperan en el proceso de programación local basado en el análisis de la situación y el uso de una guía para formular el programa. El proceso ha mejorado, pero se indicó que se requieren de nuevos instrumentos para programación local. Se recomienda que INCAP/OPS revisen las metodologías para programación local que emplean los países de la región. Los resultados de tal estudio servirían de base al comité ad-hoc para intentar TMG's comunes en esta materia que faciliten compartir experiencias y comparar logros.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
14. MONITOREO DE EVENTOS DE SUPERVIVENCIA INFANTIL. (SUBREGIONAL)	No se aplica.	Tienen la base de datos Materno-Infantil. El grupo recomienda que el INCAP le ofrezca al gobierno la metodología para el monitoreo de eventos de Supervivencia Infantil.	No se aplica.	No se aplica.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
15. ENCUESTA NACIONAL DE CAP'S COMUNITARIO.	Preguntar a Mercedes de Castillo sobre el plan. (CAP).	No se aplica.	No se aplica.	El grupo fue informado de la encuesta nacional comunitaria que se concentró en el conocimiento de las auxiliares de salud y demostró que eran muy insuficientes. Se creó un programa de capacitación basado en los componentes del Módulo Integrado: Crecimiento y Desarrollo PAI, TRO, IRA. Se están haciendo tests antes y después de cada curso y un minicap para evaluar la calidad de las atenciones prestadas. Si bien este es un enfoque tradicional en capacitación, se estima como necesario pero no no es suficiente. La metodología de la investigación operacional tiene una importante contribución que hacer en esta área.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
16. EVALUACION DEL ESTADO NUTRICIONAL DE ESCOLARES.	No se aplica.	El grupo conoce el uso de Censos de Talla y otros estudios nutricionales para evaluar el estado nutricional de los escolares. La información proporcionada por el INCAP no los menciona.	Se realizó con colaboración activa del INCAP. La aplicación de los resultados está en proceso. Esta es una área en que los dos proyectos TRO-MC-EAPS y PROPAG deberán converger.	Se le informó al grupo que esta evaluación estaba en fase de planificación y que el INCA el Depto. de Nutrición del Ministerio de Salud y el Ministerio de Educación estaban trabajando en forma conjunta.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
17. ENCUESTAS DE NUTRICION EN POBLACION PREESCOLAR. ESCOLAR. MATERNA Y ADOLESCENTE.	INCAP ha tenido una participación desde el diseño de la encuesta. la capacitación de los entrevistadores. recolección de datos y análisis de los mismos. Diseñaron las encuestas de consumo de alimentos. El análisis final se hará en la sede.	No se aplica. sin embargo el país cuenta con estos estudios. reconoce pues la valiosa información sobre estado de salud y nutrición de diversos grupos con que cuenta el país. lo que no hace indispensable las encuestas periódicas.	Se realizó con cooperación de MSH quien aceptó el diseño del INCAP y el análisis de datos y financió la publicación del informe.	El grupo fué informado de la encuesta pero no se dispone del documento. Sin embargo se tiene la impresión que corresponde a encuestas similares en Honduras y El Salvador que se estiman valiosas. Lo fundamental es la difusión y el uso de esta información En la oportunidad de la visita se dispone de información preliminar al nivel nacional.- Esta será motivo de un próximo taller. con la participación de profesionales de diverso nivel.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
18. CENSO DE TALLA.	Se ha realizado con metodología del INCAP. Se inicia el Censo de Talla con tabulación abreviada en la que se ingresan los datos por escuela y no por niños como en otros países. Se recomienda que se aplique el sistema individual.	El grupo conoce de Censos de Talla y otros estudios nutricionales para evaluar el estado nutricional de los escolares. La información proporcionada por el INCAP no los menciona.	Se realizó con colaboración activa del INCAP. La aplicación de los resultados está en proceso. Esta es una área en que los dos proyectos TRO-MC-EAPS y PROPAG deberán converger.	Se han realizado por acción conjunta de los ministerios de salud, educación y planificación económica. La información se ha incorporado en el SEMAP Nacional y ha permitido identificar municipios con tasas de desnutricion 1-2 de /OMS que van de un 10% a un 90% de esta población. Le permite establecer áreas prioritarias y también validar otros indicadores de salud.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
19. ENCUESTA NACIONAL DE SALUD MATERNO-INFANTIL EN ONG'S.	No se aplica.	No se aplica.	Se relaciona con el No. 8	No se aplica.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
20. EVALUACION DEL PROCESO DE GESTION DE PROGRAMA MATERNO-INFANTIL.	Iniciado en abril 1989. El Grupo no fué informado.	Se está desarrollando el sistema denominado SIPLA-DESAF, aplicado a los programas de desarrollo social y asignaciones familiares.	La evaluación está en desarrollo.	La metodología está en proceso de aplicación con la definición de objetivos, e incluye las actividades funcionales administrativas del programa Materno-Infantil.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
21. ENCUESTA NACIONAL DE SALUD MATERNO-INFANTIL. (ENASI-87) ANALIZO: -TASAS DE MORTALIDAD EN LA NIÑEZ (MENOR DE CINCO AÑOS) -COBERTURAS DE VACUNACIONES. -ESTADO NUTRICIONAL DE LOS MENORES DE 36 MESES P/E. P/T. T/E. -ESCOLARIDAD DE MADRES.	Se hizo y está aplicandose.	El grupo considera que el sistema de información continua en salud y nutrición que está en marcha en Costa Rica es muy útil para la programación Materno-Infantil. incluidos los componentes de TRO-MC-EAPS. En consecuencia la metodología propuesta no resulta indispensable.	Se realizó el 86-87 por la unidad de ciencia y tecnología del MINSALUD con la cooperación técnica y financiera del MSH/AID.	La metodología del INCAP se aplicó en la encuesta del 87 la cual el grupo obtuvo solo un informe preliminar que sirvió de base para un taller realizado en 1988. El informe final contendrá un análisis por áreas y será publicado por Westinghouse.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
22. BASE DE DATOS DE SALUD MATERNO-INFANTIL.	No se aplica.	La base de datos está siendo considerada en la vicepresidencia a cargo de los programas sociales que se han preparado con la cooperación del INCAP.	No se aplica.	Se ha preparado la base de datos que deriva de 4 áreas centinelas. Se reconoció que el sistema de información es aún débil y tardío. Se espera que oportunamente se organizará un sistema de información en salud y nutrición.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
23. SISVAN	No se aplica.	Cuenta con un SISVAN efectivo. Se informó que INCAP ha apoyado en el desarrollo de este. En adiestramiento en crecimiento: en la adopción del patrón de referencia OMS y nuevos límites de inclusión (Percentilo) y proyecciones de su uso con la cooperación de la FAO-INCAP y OPS. Se está desarrollando un sistema intersectorial de seguridad alimentaria. La información se consolida a nivel SILOS.	No se aplica.	El país cuenta con elementos para organizar un SISVAN. Sirvan de apoyo los Censos de Talla y la Encuesta Nacional de Salud Materno-Infantil y otros. Se recomienda la organización de un SISVAN que entregue información oportuna para decisiones en todos los niveles del sistema de salud.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
24. CURSOS USO DE MICROCOMPUTADORAS. (APLICABLES A PLANIFICACION. SISVAN: MONITORIA Y EVALUACION). TUTORIALES.	No se aplica.	El INCAP ha cooperado en el uso de computadoras para el procesamiento y análisis de datos y ha adiestrado además a 5 funcionarios en el manejo de estos sistemas.	No se aplica.	No se aplica.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
25. BASE DE DATOS DE RECURSOS HUMANOS.	No se aplica.	No se aplica.	En desarrollo metodológico en el INCAP.	No se aplica.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
26. AUDITORIA DE MORTALIDAD EN LA NIÑEZ. (APLICABLE A NIVEL SUBREGIONAL)	No se aplica.	El departamento de atención Materno-Infantil ha desarrollado la auditoria de una muestra de niños fallecidos en hospitales siguiendo la metodología de Puffer y Serrano. Costa Rica se presta para la aplicación de una metodología simplificada que el INCAP proponga al Ministerio para el uso progresivo con una cobertura universal de las defunciones no solo de menores de 5 años, sino también las fetales tardías y las de mujeres en edad fértil.	No se aplica. Realizan la "Autopsia verbal" procurando determinar causas y factores asociados a defunciones sin certificación médica, siguiendo el modelo propuesto por el C.D.C. (Atlanta/USA.)	Se recomienda simplificar los procedimientos y extender este proceso de manera de facilitar su aplicación progresiva en el nivel local, se sugiere iniciarlo con las defunciones de 1 a 4 años de edad ya que son en cantidad y especialmente Debería destacarse el estado nutricional previo a la enfermedad que lo llevo a la muerte.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
27. ESTUDIO SOCIOECONOMICO DEL NIÑO DESNUTRIDO.	No se aplica.	Se informó de un estudio que clasifica los cantones por condiciones socio-económicos con una metodología que proviene de planificación. Esta clasificación se emplea para la programación y concentración de recursos en los cantones de alta prioridad. No se nos informó de ningun instrumento propuesto por el INCAP. En este índice de estratificación socio-económico se incorporan los resultados del censo de talla.	La información aparece en la encuesta nacional de estado nutricional.	No se aplica. El grupo sugiere una estrategia para iniciar este estudio, que tome solo a los niños de 12 a 23 meses de edad, con el propósito de identificar también el grado de uso de los servicios de salud en el primer año de vida (inmunizaciones, monitoreo de C. Y D., uso de sales de rehidratación, etc.)

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
29. PARA ANALISIS DE SISTEMAS EN COMPONENTES DEL PROGRAMA MATERNO-INFANTIL. PARA INVESTIGACIONES OPERACIONALES.	No se aplica. INCAP ha iniciado su capacitación en este campo y ha recibido la colaboración de Se está explorando el diseño de estos estudios en actividades relacionadas con el proyecto TRO.	Se ha propuesto una investigación operacional relativa al bajo peso al nacer, otra y sobre los sistemas de referencia y contrareferencia. Se está adiestrando al personal y otorgando asesoría.	Un miembro del team otorgó asesoría al diseño de una investigación operativa iniciada en la Facultad de Medicina.	En Sacatepequez se realiza una investigación operacional en aspectos del programa de salud Materno Infantil concentrada en C.D. El team estima que es un modelo adecuado de investigación para ser generalizado.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
29. PARA ORGANIZACION DE CENTROS DOCENTES DE REFERENCIA Y UNIDADES DOCENTES REGIONALES.	Se comprobó un proceso muy activo de relación docente asistencial en Medicina. Farmacia. Odontología. Enfermería y otras disciplinas con la Universidad de El Salvador tanto en la capital como en hospitales regionales. El grupo recibió un convenio entre el Ministerio y la Universidad de El Salvador. El curriculum actual de la Escuela de Enfermería incorpora observaciones de las alumnas del primer año sobre problemas de salud prioritarios.	El grupo estimo que el Centro Docente de Referencia del Hospital de niños. incluida su unidad de rehidratación oral es de muy alta calidad. La OMS lo incluye entre los centros de excelencia El Proyecto TRO facilita los cursos de capacitación de profesionales que provienen de diferentes regiones de Costa Rica. Se informo de la cooperación del INCAP en la organización de los 86 consejos técnicos básicos y 5 consejos técnicos regionales. (CTB y CTR) Se han establecido centros regionales con capacidad docente -PASCAP: -Análisis perspectivo de la -Desarrollo curricular -Preparación pedagógica -Preparación de materiales -Participación comunitaria	El grupo comprobó la existencia de centros docentes de referencia y un proceso muy activo de relación docente asistencial y se asistió a la reunión del comité de nivel nacional donde se reconoció el apoyo de INCAP por medio del proyecto TRO.	Está funcionando. Participan la Facultad de Medicina y las escuelas de enfermería y nutrición. Los estudiantes se incorporan a los servicios locales y realizan una práctica dirigida por los funcionarios de los establecimiento de salud y supervision de los docentes. En todo este esfuerzo el INCAP y PASCAP han prestado valiosa cooperación técnica. El INCAP está representado regularmente en la comisión nacional de integración docente asistencial.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
30. PARA ORGANIZAR UNIDADES DE REHIDRATACION.	Se comprobó un proceso muy activo de relación docente asistencial en Medicina, Farmacia, Odontología, Enfermería y otras disciplinas con la Universidad de El Salvador tanto en la capital como en hospitales regionales. El grupo recibió un convenio entre el Ministerio y la Universidad de El Salvador. Se observó el funcionamiento del Departamento de Pediatría Social que depende del Hospital Bloom y del CEDRO. El grupo pudo observar la excelente calidad técnica y humana en la atención de madres y ayuda a niños con casos de diarrea, así como innovaciones en las tecnologías educativas. COMENTARIOS: Se recomienda hacer una difusión audiovisual (documental) de los procedimientos utilizados en esta unidad con ánimo de difundirla como ejemplo para la región. Se recomienda todo el respaldo técnico, monetario, insumos necesarios para su adecuado desarrollo y diseminación.	El team visitó el Centro del Hospital de Niños donde se identificaron las facilidades pero no se vió funcionando por huelga médico. Este centro ésta calificado como de referencia de O.M.S. Se ha realizado cooperación técnica desde este centro a Nicaragua, Honduras y Belice. INCAP y PASCAP se reconoce la colaboración técnica de INCAP y PASCAP. El centro es realmente muy utilizado en la formacion de pre y post grado. (Pasantía). Poster de IRA y otros se van difundido en Centro América y enviados a OPS. -Se utiliza como centro para la subregion internos y médicos de Nicaragua. -Congreso latinoamericano. -El programa de adiestramiento se realiza en consulta con el MINSALUD, CARIT. -Se realizan cursos en diarrea y deshidratación para enfermeras y médicos, los que se	Aunque se organizó en 1981 por el gobierno, se emplea para capacitación de personal de todo nivel y recibe el apoyo del INCAP por medio del TRO en sus tareas especificas.	En el Roosevelt se ....

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
31. PARA REVISION DE NORMAS DE ATENCION: -C Y D -NUTRICION -REHABILITACION ORAL -I.R.A.	No se aplica.	El team fué informado que tanto INCAP como PASCAP han colaborado intensamente en el desarrollo de normas en diversas materias. Igualmente ha participado el INCAP en comisiones para el estudio de yodisación de la sal.	Existe una segunda edición de las normas del programa de control de enfermedades diarreicas.	Hospital Roosevelt ha colaborado en la revisión de todas las normas.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
32. MODULOS DE SUPERVIVENCIA INFANTIL PARA EL SECTOR SALUD.	Se observó su uso en un centro de salud. El grupo estima que aunque no son perfectos son útiles. Se recomienda respaldar su aplicación con mas asistencia técnica o capacitación para alcanzar la totalidad del personal lo mismo que una publicación y distribución suficiente para todo el personal que los necesita. Incorporar los reajustes que aconseje la experiencia adquirida asi como su actualización. Se conoció la investigación sobre difusión, manejo y uso de los módulos integrados de supervivencia infantil y se urge tener en cuenta sus recomendaciones para su uso, distribución y revisión. COMENTARIOS: En las normas de atención primaria se utilizan archivados con hojas removibles, lo que permite actualizar parcial o totalmente cada una de las unidades que lo integran.	La metodología misma de los módulos no los han utilizado pero sus contenidos han sido incorporados en sus particulares formas de normatización y adiestramiento de personal en cada nivel.	MSH preparó 11 módulos de Supervivencia Infantil. El Ministerio de Salud decidió que se integrarán usando como base la Metodología del INCAP que fué aceptada por MSH. Fué financiado por INCAP-AID-UNICEF. Se prepara en la actualidad un programa de capacitación para el uso de los módulos de nivel profesional y auxiliar. Será necesario financiar su reproducción para alcanzar los servicios de salud comunitarios.	El Depto. Materno Infantil ha desarrollado estas guías apoyado por la asistencia técnica y financiera del INCAP. Estos módulos son utilizados en un proceso de auto-educación dirigida, implementando a traves del Depto. de capacitación de la Division de Recursos Humanos. Los modulos están dirigidos a los auxiliares de enfermeria y técnicos en salud rural de puestos de salud de todo el pais. Cuenta esta metodología con una decisión política y un apoyo de las autoridades y técnicos a todos los niveles. En el desarrollo metódico y cuidadoso de cada fase del proceso, estos modulos son un ejemplo a seguir. Se utilizan los mini-casos para la introducción y son parte de todo un proceso de capacitación, sin el proceso no se consideran validos por si mismas.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
33.PARA EL SECTOR DOCENTE. (MAESTROS EDUCACION PRIMARIA. PREPRIMARIA. MEDIA)	No fué programado por el INCAP la visita al Ministerio de Educación. El grupo fué informado que una comisión intersectorial está revisando los contenidos de S.I. en los planes de educación.	El team no fué informado de la participación de TRO en este campo. Sin embargo dado lo importante inversión oficial en Salud y Nutrición Costa Rica. permitiría la plena aplicación de la metodología de INCAP que se está desarrollando en Honduras. Se realizó encuesta en maestros que reconocieron sus limitados conocimientos en salud y nutrición.	Se ha terminado la aplicación de la metodología propuesta y por el INCAP para asesorar a los maestros en la interpretación adecuado de los contenidos de..... En la transferencia de esta tecnología han participado en conjunto INCAP/MSS y el comité ad-hoc de salud y nutrición en los curriculos de educación primaria. preprimaria y media. Los contenidos ya existen para primaria y educación media. Se utilizará la tecnología CAP para examinar previamente la comprensión de los maestros de los contenidos. Coincidimos con el enfoque sistematizado. En el Departamento de Francisco Morazán se debe terminar de evaluar el proceso antes de difundirlo. En esta relación Salud-Educación. - Honduras está marcando rumbo.	Se están revisando el curriculum en salud y nutrición en los niveles pre-primarios. primario y secundario al mismo tiempo que acumulando antecedentes sobre la preparación de los maestros en estas materias.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
34. CAPACITACION CON MISI'S.	En vista que no pudimos visitar servicios regionales y locales fuera de la capital, de acuerdo con la información de médicos del área metropolitana, el grupo estima que el proceso de capacitación se esta llevando a cabo.	El team no fué informado de la participación de TRO en este campo. Sin embargo dado la importante inversión oficial en Salud y Nutrición Costa Rica, permitiría la plena aplicación de la metodología de INCAP que se está desarrollando en Honduras. Se realizó encuesta en maestros que reconocieron sus limitados conocimientos en salud y nutrición.	MSH preparó 11 módulos de Supervivencia Infantil. El Ministerio de Salud decidió que se integraran usando como base la metodología del INCAP que fue aceptada por MSH. Fué financiado por INCAP-AID-UNICEF. Se prepara en la actualidad un programa de capacitación para el uso de los módulos de nivel profesional y auxiliar. Será necesario financiar su reproducción para alcanzar los servicios de salud comunitarios.	El Depto. Materno Infantil ha desarrollado estas guías apoyado por la asistencia tecnica y financiera del INCAP. Estos módulos son utilizados en un proceso de autoeducación dirigida, implementado a través del Depto. de capacitación de la División de Recursos Humanos. Los módulos están dirigidos a los auxiliares de enfermería y técnicos en salud rural de puestos de puestos de salud en todo el país. Cuenta esta metodología con una decisión política y un apoyo de las autoridades y técnicos a todos los niveles. En el desarrollo metódico y cuidadoso de cada fase del proceso, estos módulos son un ejemplo a seguir. Se utilizan los módulos para la introducción y son parte de todo un proceso de capacitación que contemplará como necesaria la supervisión profesional correspondiente. utilizando el MISI. En 25 áreas de salud se están utilizando el MISI.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
35. METODOLOGIA DE COOPERACION CON LAS ONG'S.	El grupo se entrevistó con representantes de la comisión nacional multisectorial de ONG que comprende 52 de los mismos. Se pudo comprobar el interés de utilizar los módulos en sus actividades locales. Se les recomendó esfuerzos para la evaluación del proceso. Se informó que en su conjunto cubren 52[illegible]000 habitantes o sea el 10% de la población. Se destacó la valiosa colaboración del INCAP.	No se aplica.	Además de evaluar el programa de salud y nutrición de la Fundación Horizontes de Amistad INCAP ha colaborado con el Save The Children's Fund junto con MSH y OPS.	Se informó al grupo que se estima que existen unos 500 ONG de los cuales 250 se han organizado y son coordinador por el Dr. Torres Casanova. Estas instituciones han iniciado su colaboración con los componentes del TRO y tienen acceso al 25% de la población ubicándose en áreas rurales y marginales urbanas.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
36. METODOLOGIA PARA DISEÑO, VALIDACION Y PRODUCCION DE MATERIALES EDUCATIVOS.	Se están produciendo los materiales, según nos informaron pero no se pudo comprobar su calidad ni conocer en detalle el procedimiento para la preparación de los mismos. COMENTARIOS: Se recomienda la producción prioritaria de materiales enfocados a cambios de conocimiento y practicas concretas en relación a TRO, a crecimiento y desarrollo y a 1½ alimentación durante los episodios diarreicos.	Los programas educaciones se adecuan a las tareas propias de cada establecimiento según su pertenencia (Ministerio y Seguro) El INCAP ha prestado asesoría financiera, técnica en el desarrollo de tales materiales. Sin embargo, en el Ministerio de Salud, expresaron la necesidad de mas asesoría y así como estudiar ejemplos concretos en donde se hayan utilizado estos medios dentro de un proceso educativo exitoso.	En vista de programa de comunicaciones en Salud, financiado por AID-USD el grupo no pudo diferenciar materiales educativos del proyecto INCAP-ROCAP.	Se comprobó su uso. Se reconoce que el desarrollo de este material obedece a un proceso que tiene muchas posibilidades para difusión en la región en cuanto se orienta directamente a las madres, y cuya tecnología es replicable. Se logro interesar a la empresa privada para producir 8 mil ejemplares para ser distribuidos a través de 2 hospitales en la ciudad de Guatemala. Se recomienda su extensión a los otros países.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
37. METODOLOGIA DE EDUCACION Y PARTICIPACION DE LA COMUNIDAD.	Se le informó al grupo que la SILOGUIA está siendo aplicada. Se ha iniciado el proceso de validación. Estas metodologías están dirigidas al personal de salud a nivel de Silos, a líderes comunitarios de organizaciones ya existentes y a maestros, para lograr una mayor penetración en la comunidad y una participación organizada de la población. Apoyada por la unidad de educación para la salud. María Elena Claros Leonel Gallardo Esta es una de las varias intervenciones de Educación Para que solo se ha ensayado en El Salvador y se recomienda se evalue la real utilidad de este metodología antes de difundirla a otros países.	No se aplica.	Se ha iniciado la preparación de material educativo con énfasis en la participación comunitaria.	No se tuvo la oportunidad de hablar con Vision Mundial o Concern International Christian Children para comprobar la transferencia de la SILOGUIA a los ONG.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
38. PROCEDIMIENTO PARA EL ESTUDIO DE LA INTERACCION USUARIOS PROVEEDORES DE LOS SERVICIOS DE SALUD.	No se aplica.	No se aplica. El team fué informado que se realiza una detección oportuna de los patrones culturales de la comunidad. El 92% tiene conocimiento de ORS y el 72% usaron en el último episodio. INCAP apoyó en la aplicación de procedimientos etnográficos CAP con asesoría y apoyo financiero.	El grupo fué informado que se usó el RAP en 2 regiones que produjo información muy valiosa. Se recomienda que el INCAP financie la terminación del análisis de los datos, con su asesoría correspondiente. Se recomienda que se determine si las conclusiones son aplicables a otras comunidades prioritarias y si las metodologías en uso pueden responder a las características culturales identificadas.	Se le informó al grupo que se comenzó a aplicar en algunas áreas centinelas para proveedores la muestra fué representativa; se realizó un estudio exploratorio en usuarios destinatario a evaluar comprensión de los mensajes y grado de satisfacción con las prestaciones de salud según nivel del proveedor.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
39. PROCEDIMIENTOS PARA EL ESTUDIO CAP DE PERSONAL DE FARMACIAS E INTERACCION PERSONAL DE FARMACIA Y USUARIO DE LA MISMA.	Fuimos informados de estudios etnográficos enfocados en dueños y empleados de farmacia.	No se aplica.	No se aplica.	Se conoció el documento sobre el estudio acuciosamente preparado que ya se ha aplicado en 7 farmacias a cerca de un centenar de empleados de este sector.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
40. PROCEDIMIENTO PARA EL ESTUDIO DEL MANEJO ALIMENTARIO DEL NIÑO CON DIARREA A NIVEL DE COMUNIDAD.	Están incluidos en las módulos de Supervivencia Infantil.	El Ministerio de Salud cuenta con 256 centros de alimentación ubicados contiguos o corta distancia de los centros de salud. Se realiza enseñanza sobre Alimentación durante y después de cada episodio de diarrea con la participación activa de la madre o de la pareja con relación al manejo de la diarrea.	No se aplica.	Se le informó al grupo que se están ensayando diversas fórmulas para el manejo alimentario del niño. Por otra parte los módulos integrados de supervivencia contienen consejos a las madres referentes a la necesidad de reiniciar la alimentación en forma temprana, vale decir tan pronto como se logra el control de los vómitos.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
41. ANTROPOLOGIA PROCEDIMIENTOS ANTROPOLOGICOS RAPIDOS (RAP).	Se comprobó que se había recibido asistencia técnica y y se había realizado el estudio y los resultados se utilizarón para programas de radio y televisión de TRO: se recomienda que esta técnica se use para estudios subsiguientes de los otros componentes del proyecto.	El team fué informado que se realiza una detección oportuna de los patrones culturales de la comunidad. El 92% tiene conocimiento de ORS y el 72% usaron el último episodio. INCAP apoyó en la aplicación de procedimientos etnográficos otorgando asesoría y el financiamiento.	El grupo fué informado que se usó el RAP en 2 regiones que produjó información muy valiosa. Se recomienda que el INCAP financie la terminación del análisis de los datos. con su asesoría correspondiente. Se recomienda que se determine si las conclusiones son aplicables a otras comunidades prioritarias y si las metodologías en uso pueden responder a las caracteristicas culturales identificadas.	Ver RAP en INCAP

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
42. ANALOGO VISUAL DE ESCALAS DE ACTITUDES.		No se identificó este estudio.	No se aplica.	No se aplica.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
43. TECNICA AUDIOVISUAL (FOLLETO AUDIOCASSETTE) PARA EDUCACION DE MADRES Y TRABAJADORES DE SALUD.	No se aplica.	No se aplica.	No se aplica.	Se visitó el Hospital Roosevelt donde se utiliza este material en la educaciónde las madres que visitan la URO. Se pudo oir y leer el material producido. Se nos informa que que el cassette ha sido traducido en kaqchikel y que se transmite por la emisora de radio local. Se recomienda explorar la eficacia de este material en los niveles locales ya que carece una metodología adecuada para la educación a las madres indígenas.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
44. PROCEDIMIENTOS PARA CAPACITAR EN LA TRO AL PERSONAL DE FARMACIAS.	El grupo no se le informaron los resultados. No se aplica.	No se aplica.	Los están revisando con base a la información de RAP.	No fué informado de su aplicación.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
45. LO QUE TODA MAMA DEBE SABER SOBRE..	Se comprobó su utilización con las madres pero no se conocen los resultados sobre el cambio de comportamiento o conocimiento en las madres. COMENTARIO: Se recomienda se evalue si hay cambio en conocimiento y comportamiento.	En Costa Rica el problema de rehidratación no es tan grave como en otros países. En el Hospital Carlos Sáenz Herrera desarrollan sus propios materiales.	Lo reciben y lo estiman útil y necesario.	Se logro interesar a la empresa privada para producir 8 mil ejemplares para ser distribuidos a través de 2 hospitales en la Ciudad de Guatemala. Se recomienda su extensión a los otros países.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
46. LO QUE TODO TRABAJADOR DE SALUD DEBE SABER SOBRE...	El grupo no pudo observar su presencia o utilización.	Los programas educacionales se adecuan a las tareas propias de cada establecimiento segun su pertenencia (Ministerio y Seguro). El INCAP ha prestado asesoría técnica y financiera en el desarrollo de tales materiales. Sin embargo, en el ministerio de salud, expresaron la necesidad de mas asesoría y de la necesidad de ver y estudiar ejemplos concretos en donde se hayan utilizado estos medios dentro de un proceso educativo que haya sido exitoso. No se aplica. En Costa Rica el problema de rehidratación no es tan grave como en otros paises. En el Hospital Carlos Saénz Herrera desarrollan sus propios materiales.	Lo están recibiendo y se utiliza en el adiestramiento y supervisión del personal.	Se comprobó su producción y distribucion, se recomienda su evaluación.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
47. BOLETINES: -ASI -MADRES Y NIÑOS -DIALOGO SOBRE LA DIARREA -NOTICIAS SOBRE IRA (SUBREGIONAL)	ASI conocido, apreciado se usa, representa una información valiosa. Para el Sr. Armstrong es la visión de AID medio de información. Se nos informó que hay más demanda que oferta. RECOMENDACIONES: Establecer consejo editorial -Relación más estrecha con PAHO por el sistema de información bibliográfico.	Los reciben y los aprecian.	Lo reciben positivo necesario.	El grupo comprobó que se reciben los boletines y que son leídos, utilizados y apreciados.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
48. PAQUETES DE DOCUMENTOS: -SEMINARIOS -REGULARES -RESUMENES	Se sabe que el INCAP colabora con la información científica y corroboró la importancia que le asignan los usuarios a este servicio.	Los reciben, los aprecian y los difunden.	Se le informó al grupo que las consideraban valiosas para su distribución.	Se reciben y se aprecian.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
49. HOJAS TECNICAS SOBRE TRATAMIENTO DEL NIÑO DESNUTRIDO.	Se le informó al grupo que se están iniciando las gestiones para difundirles, como ejemplo de educación a distancia.	No se informó.	En proceso.	Se nos informó del éxito que han tenido estas hojas técnicas y que se les ha pedido desarrollar nuevas unidades. Se recomienda desarrollarlo y ampliarlo y difundir su uso en la región.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
50. COLECCIONES BIBLIOGRAFICAS (SUB-REGIONAL)	No se aplica.			Se comprobó su uso y el valor que se le asigna.

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
51. MATERIAL AUDIVISUAL. (SUGGESTIONAL)	No se aplica. RECOMENDACIONES: Dr. Solnerio del Hospital Bloom ayuda. Area de mucha expansión.	No se aplica.		

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
52. GUIAS DE RECURSOS PARA USUARIOS. (SUBREGIONAL)	No se aplica.	No se aplica.		

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
53. LISTADOS BIBLIOGRAFICOS. (SUBREGION)	No se aplica.	No se aplica.		

No. METODOLOGIA	EL SALVADOR	COSTA RICA	HONDURAS	GUATEMALA
54. LINEAMIENTOS DESARROLLO DE CENTROS DE DOCUMENTACION. (SUBREGIONAL)	No se aplica. La jefa del Depto. de Pediatría social reconoció la excelencia del material de INCAP y solicita la amplia-ción.	No se aplica.		

ANNEX II

CROSS-CUTTING EVALUATION QUESTIONS

OBJECTIVE 1. TO EVALUATE PROGRESS AND THE EFFECTS TO DATE OF PROJECTS 596-0115 AND 596-0116 AND DETERMINE WHAT STEPS SHOULD BE TAKEN IMMEDIATELY AND OVER THE NEXT TWO YEARS TO MAXIMIZE THE POSITIVE EFFECT OF THE PROJECTS ON MATERNAL AND CHILD HEALTH ACTIVITIES AND ON FOOD ASSISTANCE PROGRAMS IN CENTRAL AMERICA.

- The current and future value of the technologies, methodologies, and guidelines (TMGs) developed by INCAP

In assessing the relevance, appropriateness, and current value of the TMGS, one must consider that the Projects have been in operation in the countries of Central America for a maximum of four years and that INCAP has produced 54 TMGs for the components of the ORT Project. In this period, in the best of the cases an effective transfer of some of them has been achieved, but for several their adoption or adaptation by the Government for the purpose of generating specific actions has yet to be effected. So far there has been little monitoring of actions and even less measurement of effects and impact.

From these considerations one can conclude that the ORT Project has not modified the prevalence of the problems for whose solution it had been designed. The high incidence of acute dehydrating diarrhea does indeed persist, since actions to control the disease do not coincide with the those for oral rehydration therapy, growth and development, and education of mothers.

In addition, the ORT and PROPAG Projects do not always converge on the same communities and the same children served, which would guarantee dietary supplementation in accordance with the growth curve, feeding during and after each episode of diarrhea, and strengthening of the education of the mothers. However, the Evaluation Team is convinced, since its visit to the countries, that the TMGs prepared by INCAP continue to be relevant and appropriate and that their transfer to the countries and within them should continue so that they will effectively reach the communities.

- What INCAP should do in the next two years

On the basis of the experience gained by the Institute in the transfer of its TMGs, it is possible to differentiate between activities that will contribute to completing current Project operations and those which should be carried out in the next two years. With respect to the latter, the Evaluation Team recommends the following:

a) Review of the TMGs to identify those that cost the least and have the greatest effect, so that their application will be expanded;

b) Analysis of the transfer process in order to make it more effective. The use of operations research on the different methods employed by the Institute is suggested.

c) Emphasis on the development of human resources and the training of personnel; on health education with particular attention to the use of communications to induce appropriate behavior in mothers regarding the objectives of the Project; and on the follow-up and evaluation of technical activities and the management of ORT and PROPAG;

d) Consolidation and extension of relationships with nongovernmental organizations (NGOs) and their affiliates;

e) Intensification of operations research to improve the quality of services delivery;

f) Preparation of models for the formulation of comprehensive plans for maternal and child health care that will include the actual objectives of both Projects;

g) Preparation of alternative models for the formulation of a food security policy in the countries, with emphasis on the availability of food in homes.

- Degree of transfer and effect of the TMGs under the ORT Project in the area of maternal and child health care

The Report contains a comparative analysis of the transfer of the TMGs in the four countries, as well as a summary for each of them. Specific recommendations of the Evaluation Team for some of the TMGs are included (Annex I).

The opinions of the Team have taken into account the basic information delivered by INCAP and the systematic observations made during brief visits to the four countries, on interviews with staff at various levels, and on special visits to the field (local services).

The Team also evaluated the various degrees of difficulty encountered by the health sector at this stage of structural readjustment, which stems from the impact of the world economic recession on their economies.

In preparing the comparative picture of the status of the transfer of TMGs in the four countries, it was possible to identify the participation of INCAP through the ORT Project; those TMGs which, although being used, would have received international cooperation in their adoption and implementation were labelled "not applicable."

The Team was able to verify that between 20 and 30 of the technologies have been transferred to each country, although the intensity and coverage of their application vary among the countries and within each one. The

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situations identified in each country are described. On this basis it is recommended that the Institute concentrate its effort in cooperation on the TMGs that have been shown to be more appropriate for the development of the plans and programs in which ORT/GM/NE Project Activities are integrated.

The Evaluation Team was also able to observe that the capacity of each country to absorb new TMGs and the relative importance that the Government assigns to them will vary depending on the prevailing health problems. The situation described justifies a strategy oriented to the full utilization of those TMGs that have priority in the region and in the countries. Interagency coordination should be taken into account, since sometimes international cooperation tends to make for changes in certain TMGs, which produces confusion in the development of local programs.

- <u>INCAP cooperation in national or sectoral maternal and child health planning</u>

On the basis of a model prepared by the Institute--which is one of the TMGs--the Ministries of Health carry out national and subregional child survival programming in the four countries served by the Project. This process is followed in the APB and PTC required by PAHO/WHO, which makes it possible to isolate INCAP activities from those of other international cooperation agencies. This coordination task is facilitated by the ad hoc committees in the countries--on which the directors of the departments of maternal and child health care usually serve--and by the PAHO/INCAP/UNICEF Interagency Committee.

The Evaluation Team recommends the regular incorporation of ROCAP and the AID Missions in Honduras and El Salvador into the national programming process.

The formulation of national and subregional child survival plans has also led to better coordination of the departments in the Ministries of Health that are responsible for the various components of maternal and child health and family health care. It is worth pointing out that the ORT Project contributes only to reducing dehydration--a sign of diarrhea which is undoubtedly serious--and the malnutrition produced by this pathology, but it does not go on to improve the quality of life of the mother and the child.

The strategies utilized by INCAP in the transfer of TMGs have shown that they are feasible and that the countries have adopted them, although more at the central and regional levels than at the local level.

The technologies themselves are flexible and adaptable to the conditions of the maternal and child health programs. INCAP should strengthen its collaboration with the Governments in follow-up of the TMGs at the

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local level, carrying out operations research when applicable and thus improving the transfer process at the same time as the quality of the services related to the ORT Project.

This approach should be applied in both the public and private sectors. Accordingly, the Evaluation Team agrees with the proposal by INCAP to move some of its professionals out to the regions in the countries to cooperate more actively and effectively on the application and follow-up of TMGs. Its purpose should be to support, not to replace, national personnel. For this purpose, the formulation and development of operations research represent the use of a valuable tool for technical cooperation.

In addition, the previously cited measures recommended by the Evaluation Team for the two next years can contribute to increasing the effects of the ORT Project on health care programs for mothers and children in the countries of Central America with whose Governments INCAP collaborates.

- Strategies for the transfer of technologies and their application

A direct evaluation of the application of each TMG in terms of quality and cost-effectiveness is beyond the scope of this Report. The final evidence of the transfer of a technology would be the result of its independent and effective application by a national or local organization, without the cooperation of INCAP. This occurred in the demonstration phase and was considered an important factor.

There is no precedent for an effort that is this diverse, and it is difficult to establish an objective standard of effectiveness. It is even more difficult to judge the results, given the short time since the commencement of the Projects in the countries. There is, in addition, variability in technical capacity and receptivity in the national institutions. For example, each country has substantial experience in health education but relatively little in use of the anthropological technique known as RAP, or in operations research. Relatively little practical knowledge can be gained by examining the "transfer of technology" as an abstraction without a detailed analysis of individual efforts. That is what the Evaluation Team sought to do, based on the information prepared by INCAP for each TMG in the countries. It took into consideration the characteristics of the transfer process that we have pointed out, and it recognizes the need for seeking improvement. Overall, the Team judges the effort to be valuable, but it believes that it should be intensified if the final objective is to be reached.

The ORT Project supposes that the application of each of the 54 TMGs will facilitate the provision of maternal and child health and child survival services. However, systematic efforts to measure the effects of the programs have still not been carried out. There is no reason to express the latter in terms of impact on health--which is often difficult to measure--rather, they should be expressed as: the capabilities of the members of the health team; the effectiveness of educational activities; the quality of the services provided; the coverage of the target populations; the effectiveness of

supervision; the capapability of resolving problems; and other measures used in the programs to provide these services. These evaluation efforts will establish the bases for modifying some of the activities, terminating others that are shown to be ineffective, and expanding the most productive technologies.

In general, the Team expects that as a result of this examination the number of TMGs in the ORT Project will be reduced substantially.

- INCAP'S internal organization and external relations

The Evaluation Team was able to identify a series of positive aspects of INCAP's current organization and administration, which naturally have facilitated the formulation and development of the ORT and PROPAG Projects. They reflect the experience of 40 years of institutional life which has made it possible to create working relations through a communications system that has a long tradition. These positive aspects, as well as other conditions relative to the organization of INCAP, are detailed in the Report. However, as in all institutions, it was also possible to identify negative aspects of the organization and administration. These have had an influence on the development of the Projects and on the transfer of TMGs. These deficiencies are related to the expansion, over a short time, of INCAP's responsibilities in support of the countries, which increased significantly as a result of the Projects and created the need for readjustments in the Institute in itself--a process that is still going on.

The positive and negative aspects of INCAP's organization are listed below.

Positive aspects

- Clear sense of institutional mission;
- Dynamic and effective leadership;
- Good communication (meetings, dissemination of information);
- Autonomy of Project staff to innovate and work toward goals;
- A structure that permits innovation and is regarded as effective;
- Sense of dedication to the work;
- Good working relations;
- Effective groups in some areas;
- Self-evaluation of INCAP and of the Projects for the purpose of discovering their errors and improving.

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Negative aspects

- Problems created by the matrix structure for the staff whose two chiefs do not have a good working relationship, or those whose responsibilities have not been clearly defined;

- Need to strengthen coordination within the matrix structure;

- Problems of institutional "articulation" where two functional groups have to work together;

- INCAP responses to requests from the Central American countries not always in alignment with the objectives of the Projects;

- Need for better understanding of and attention to the requirements of the donor agencies;

- Lack of compatibility between the institutional philosophy and the projects of the donor agencies.

These positive and negative aspects of INCAP organization can be grouped under the following headings: leadership, advantages and disadvantages of the matrix structure, the institution's strategy and mission, and external relations. They are examined in detail in the Report, and specific recommendations are made.

In summary, the Evaluation Team points out that the administrative capacity of INCAP is quite adequate but could still be improved. It should be simplified to make it more effective and to support the Institute's mission and its working methods. An integrated approach and a matrix structure require an accounting and control system that can easily obligate charges to different accounts or donors and provide them with current reports on how and where their funds are invested.

INCAP maintains a delicate system of external relations that serves as the basis for execution of the Projects. Relations with ROCAP, the AID Missions in the countries, and PAHO/WHO with regard to ORT and PROPAG are noted. In its report the Evaluation Team examines them in depth because of their crucial importance.

In this analysis, areas have been identified that urgently call for changes and that will be of benefit to the population served by the Projects as well as to AID, PAHO, and INCAP.

- INCAP and multi-agency collaboration in child survival

The Team emphasized that application of the TMGs in the countries has been affected by the economic recession in the present decade, which has produced a significant reduction in investment by the Governments in social services, including the health services. At the same time, this has promoted

an intense international cooperation effort the administration of which implies innovations both in governmental institutions and in the organization of INCAP. This movement may well be qualified as "explosive." The frame of reference is the PAHO initiative "Health, a Bridge for Peace."

This situation has made it even more urgent to have effective interagency coordination so as to provide significant support for the Governments' policies.

INCAP has had the advantage of having a series of validated TMGs that have served as the basis for the creation of an interagency group consisting of PAHO, INCAP, UNICEF, and other organizations at both the central and local levels. The Team recommends that ROCAP and the AID Missions in the countries be regularly invited to the periodic coordination meetings. This will ensure that all the organizations interested in maternal and child health problems are kept informed, that better investment of the available resources is facilitated, and that the probability of external collaboration with the countries is increased.

Ideally, the various international agencies should arrive at a consensus on concepts and operations so that their collaboration with the Governments has a united approach. The TMGs for child survival are a good example. When the technological proposals made by INCAP and some other agency for a specific function are different, the expected benefits for mothers and children are delayed because the Government's decision-making process is more difficult. Meetings of the Ministers of Health of Central America and Panama, those of the health directors-general, and those of the Directing Council of INCAP have facilitated the formulation of sectoral policies, the programming of both Projects, and, to a certain degree, the interagency coordination mentioned.

INCAP, as the oldest institution for regional cooperation, has developed an effective leadership with the formulation and implementation of the ORT and PROPAG Projects. This leadership is reflected in the production of the specific TMGs approved and adopted both by the Governments themselves and by other bilateral and multilateral agencies. The Team was confident that AID, particularly in Honduras and El Salvador, will be actively involved in this process of interagency cooperation for the benefit of the peoples in these countries. The nongovernmental organizations that cooperate in maternal and child care should also be included, through their associations.

The Team recommends the following measures to accelerate the development of the ORT and PROPAG Projects through joint interagency action:

1) Strengthening of INCAP's direct relationships with ROCAP and the AID Missions in the countries. The Team recommends an analysis of the current situation with a view to overcoming the obstacles that interfere with the most efficient use of the resources available and of the information that is indispensible to AID.

2) Improving the effectiveness of the current organization and administration of INCAP, for which the Report contains concrete recommendations.

3) Strengthening and extending technical cooperation with the NGOs that collaborate in health and nutrition.

4) Extending the application of TMGs to local health services, improving the quality of health care, and promoting the evaluation of processes, effects, and impact.

5) Restricting the responsibilities of the INCAP Delegates in the countries to the two Projects, which will enable them to promote interagency relations more intensively, especially with AID.

- Mutual support of the Projects and AID objectives and programs

AID policy with regard to the World Program on Child Survival is included in the ORT Project and INCAP follows it faithfully. The technical standards and procedures necessary for its comprehensive application have been approved by WHO, UNICEF, and AID. The Evaluation Team was informed that reports from INCAP to ROCAP are included in the annual report on child survival that AID/Washington sends to the Congress of the United States of America.

It is evident, therefore, that there is consensus between AID and INCAP on child survival at the conceptual level. However, this consensus is not as clear with respect to operations at the country level. As is pointed out in this Report, the relationships between PAHO and INCAP and the AID Missions at both the political and technical levels can and should be systematized so that mothers and children will be served through the Ministries of Health and Education and the universities. The Report of the Evaluation Team includes concrete recommendations for this purpose.

In a new project, it is desirable to integrate the policy of child survival with that of safe motherhood, both approved by AID, and to formulate integrated maternal and child health programs, thus responding to the policies of the Central American Governments.

- Use of external technical advisory services by INCAP

INCAP has made very effective use of experts in specific fields in the ORT/GM/NE Project. Given the quality of these experts as well as the solid knowledge contributed by INCAP professionals, the Team is confident that the recommendations of the former were analyzed and incorporated taking into account their feasibility in the countries. This process of specialized advisory services should continue in the next two years and in a future project.

The Team suggests to ROCAP and INCAP the following areas of technical

advisory services for the current projects and a future one:

a) Operations research

b) Information systems

c) Systems analysis

d) Lot quality assurance sampling

e) Analysis of cost-effectiveness

f) Program management

g) Evaluation of training efforts

h) Models of comprehensive health care for mothers in programs for maternal and child health

i) More effective methods for transferring TMGs

j) Food security policies and approaches

The Evaluation Team recommends, in addition, that the development of INCAP personnel in academic centers be extended in the United States and Europe.

INCAP should identify not only the areas but also the experts whose collaboration it considers most effective.

The Team was informed that these external advisory services are available only to INCAP and not to the countries. It is recommended that this procedure be revised so that national professionals can benefit directly. The potential contribution of the consultants is more important in areas in which the Institute has limited experience or has no experts.

Regarding the organization and administration of INCAP, the Team recommends using external specialists in the following areas:

a) Planning and development of consultancies

b) Organization of groups

c) Creation of work teams

d) Organizational development

e) Evaluation systems

f) Administration of innovation

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g) Preparation of proposals for the financing of applied research

With reference to the PROPAG Project, the Team confirmed that INCAP has not used external technical advisory services that could have been of value for the diagnosis and improvement of institutional capacity in various problem areas. The Team recommends the establishment of a regular process of peer review, design of TMGs, and verification of their usefulness. This means extending the concept from basic and applied research--which in INCAP are traditionally submitted to careful peer review--to the nontraditional disciplines. INCAP could periodically invite experts to review specific activities and offer recommendations to improve their performance, introduce new approaches, or suggest research.

OBJECTIVE 2. TO ANALYZE THE EXTENT TO WHICH THE PROJECTS HAVE CONTRIBUTED TO THE INSTITUTIONAL STRENGTHENING OF INCAP, THE EVOLUTION OF ITS INSTITUTIONAL GOALS, AND ITS CAPACITY TO ASSIST ITS MEMBER COUNTRIES TO ADDRESS THEIR MATERNAL AND CHILD HEALTH, NUTRITION, AND FOOD NEEDS NOW AND IN THE FUTURE.

- Contribution of the ORT and PROPAG Projects to the strengthening of INCAP

The development of the ORT and PROPAG Projects, with financing by ROCAP, has permitted the Institute to expand, especially in the following areas:

a) Knowledge of the status of health and nutrition problems in the countries of Central America;

b) Diversification and expansion of its staff roster for fulfilling its responsibilities in the execution of both Projects;

c) Preparation, transfer, and adaptation of appropriate TMGs in meeting the objectives of ORT and PROPAG;

d) Systematization and improvement of its overall cooperation in the countries as related to different components of the two Projects;

e) Intensified technical cooperation with the Ministries of Health, making it more integrated in terms of INCAP technical and financial resources and avoiding a vertical approach and the duplication of advisory services to the Governments;

f) Improvement of coordination with various international, bilateral, and multilateral agencies that participate in technical cooperation with the countries of Central America.

g) Training and improvement of INCAP's own personnel in matters relative to development of the Projects through specialized consultancies financed under the Agreement;

h) Preparation of methodologies for improving the managerial process in the food programs;

i) Stimulation of multisectoral planning, creating an effective relationship among various ministries;

j) Knowledge of the requirements for intersectoral planning, and development of the appropriate processes for this purpose;

k) Mobilization of human resources among and within the countries of Central America with a view to upgrading personnel and improving the quality of food services;

l) Transfer of food technologies to the public sector and to industry for the benefit of the programs.

The Projects have a clear impact on improving and consolidating the Institute's organization and in increasing its capacity to advise the countries on maternal and child health, nutrition, and group feeding is evident.

In the Reports of both Projects there are numerous examples of effective transfers of TMGs, of adoption and improvement of policies for maternal and child health and group feeding, and of formulation of national and subregional plans. It is recognized that the transfer of TMGs is being applied in varying degrees, but that it has still not reached all the potential beneficiaries.

- <u>What INCAP will need in the future in order to fulfill its responsibilities in the promotion of policies, planning, coordination, and TMGs</u>

The Evaluation Team perceives that if the current order of investments in the social sectors continues, the problems of food, nutrition, and maternal and child health in the three countries in the northeast of Central America will persist. In Costa Rica, where the goals of child development beginning in pregnancy, rather than those of child survival, have priority, it will be absolutely necessary to press forward in this area, while at the same time formulating and putting into practice an effective policy of food security in the homes.

If this scenario is accepted, INCAP must increase and diversify its professional structure, strengthen its organization and administration, and intensify its advisory services to the countries. The Team does not adhere to the principle that the readjustment and updating of policies, plans, and programs must precede the application of TMGs and their transfer. These should be flexible so that they can be adapted to the conditions in each country and to the evolution of specific health indicators.

INCAP should therefore strengthen its professional capacity in

comprehensive maternal health care, epidemiology, training of specialized human resources, and communications. From this process the formulation or adaptation of new TMGs and the development of capacities for their transfer will be derived.

As has been pointed out, INCAP should promote the application of TMGs in the local services and develop operations research to facilitate this process and at the same time improve the quality of health care. For this purpose, it will be absolutely necessary to transfer adequately prepared professionals from the headquarters to the countries within a short time.

Given the emphasis of the PAHO/WHO policy on primary health care, INCAP should act in close association with these agencies and coordinate effectively with AID, UNICEF, UNFPA, and other international organizations. In the implementation of this approach the professional private and institutional sector should be included.

Note should be made of the active effort toward the decentralization of government services, including health services, that is taking place in Latin America and the Caribbean. The concept of local health systems sponsored by PAHO has been fully applied in Central America. It includes the integration of preventive and curative health activities, intersectoral coordination, and the informed participation of the communities. It represents a long-term policy that gives residents the opportunity to collaborate in the generation and management of their own well-being. INCAP should be actively involved in this movement and promote its systematized development.

The ORT and PROPAG Projects, as integrated, represent a valuable instrument for strengthening of local health systems, programs for education, and other interventions that require the contribution of several sectors.

For this purpose INCAP's cooperation should be carried out in the field, and its focus should be on the formulation of programs, the application of TMGs, improvement of the quality of health care, simple information systems for local decision-making, operations research, training of staff, education aimed at practices beneficial to health, and institutional feeding.

The Team recommends that in extending the Projects INCAP develop the professional capacity to formulate policy and plans and programs for food security. This process should include specific TMGs and coordination of the various international agencies working in this area. The advances that have been made by the PROPAG Project in improving utilization of the food available in the countries should be extended to this new function. This scheme will require, in addition, a separate INCAP delegate for each country.

- <u>INCAP's image in national and international organizations, public and private</u>

Just as INCAP has benefited concretely from the contribution of both Projects, its image in the Governments and the national and international organizations has improved significantly.

In its interviews with various staff members responsible for health plans and programs in the countries, the Evaluation Team was able to confirm a unanimous opinion of INCAP's contributions through the ORT and PROPAG Projects. These are considered in the context of the policy for maternal and child health care, which was adopted by the Governments and strengthened by international commitments made at the meetings of the Governing Bodies of PAHO and WHO. INCAP is respected, and its collaboration is sought for the application of the technologies that it has produced, the upgrading of professionals, the training of technicians and auxiliaries, ethnographic studies, and operations research, among other functions.

In recommending future activities for INCAP, there are no standards for judging which of the different forms of its technical cooperation is most effective in achieving the objectives of the Projects. At present, all appear to be necessary, and their effect can be complementary. It is probable that with the passing of time the development of human resources for the application of the priority TMGs having will have the greatest impact in the countries.

INCAP, with the support of the Ministers of Health, has promoted better coordination among some of the international agencies that cooperate in maternal and child health care and nutrition. It has achieved consensus on the content and application of the TMGs proposed and thus improved its image among these organizations. The coordinating groups are a good example of this initiative. The Evaluation Team recommends that AID be regularly included in the groups.

- How perceptions of INCAP affect its future strategy

The Projects have permitted INCAP to develop a broad capacity to facilitate delivery of services in the countries, an area very different from its previous biomedical approach. The Member Governments of the Institute will need technical cooperation in the foreseeable future. A regional institution can provide highly specialized, validated knowledge which, at the same time is practical for relatively small national institutions. INCAP is in an even better position to apply the experience of one country to other similar programs in the region. However, with a view to attracting funds from other donors and from national health and feeding services, INCAP should give priority to demonstrating the concrete impact of the Project activities on the quality and delivery of services.

- How the Projects have strengthened the INCAP's potential capacity to obtain greater financial security

The Projects have led to the development of new knowledge and technical experience in INCAP for which there is substantial potential demand. The application of this capacity should reach a cost-effectiveness level which, in addition to being desirable for application in the services, can be maintained--in other words, self-reliance.

The benefits of the Institute's technical cooperation should be considered greater than other approaches to the use of these resources for the same problems.

During the course in the Projects, it is possible that INCAP may not fully reach the standard of practical efficiency, but it should give this goal priority in the two remaining years.

In the long term, INCAP has the potential of assuming a leadership role in improving Project-related services just as it has had in clarifying the dynamics of nutrition. In particular, operations research is a powerful tool for identifying and treating common problems relating to the quality and quantity of the services. Through careful documentation of concrete improvements, although modest, on how services are provided, INCAP has the opportunity to establish a positive feedback mechanism.

The convincing successes that result from technical interventions can elevate the standards by which the Ministries judge their own actions and at the same time generate political demand for greater technical cooperation.

OBJECTIVE 3. TO BEGIN TO DEFINE FUTURE COLLABORATION BETWEEN INCAP AND ROCAP (AFTER TERMINATION OF THE CURRENT PROJECTS) TOWARD THE SATISFACTION OF MATERNAL AND CHILD HEALTH, FOOD, AND NUTRITION NEEDS IN CENTRAL AMERICA.

In its vision of the INCAP's future with the support of ROCAP, the Evaluation Team considered three basic areas: (1) maternal and child health, which includes nutrition; (2) food; and (3) professional education in public health.

- Maternal and child health and nutrition

The focus of INCAP's future collaboration with the Governments of Central America should be on the problems inherent in developing health care programs for mothers and children and nutrition, rather than on a series of technologies that require promotion and transfer.

For this purpose, ROCAP has established a set of targets, which measurable objectives that are transcribed from scope of work:

a) 40% of cases of acute infant and child diarrhea treated with ORT and proper dietary management.

b) 40% of children 0-60 months old with growth being monitored in each country of the CA/P region;

c) 50% of the health services delivery personnel knowledgeable of and using proper case management for diarrheal disease, undernutrition, acute respiratory infections, and prenatal care.

d) Public health education focusing on MCH topics incorporated into curricula of 70% of medical schools and health sector training centers in the region.

e) Improved targeting of food and nutrition programs to highest-risk population groups or households.

The scope of Work does not set a time limit for achieving these objectives, given the diversity of current situations in the countries of the region. It is very possible that in Costa Rica they have not only been reached but surpassed. In Guatemala, Honduras, and El Salvador the Evaluation Team judges them to be valuable as a point of reference in promoting the work of the Governments and international cooperation, specifically, that of INCAP. However, this means that the Governments should strengthen their health care policies for mothers and children, including the components of child survival, and develop programs through objectives commensurate with resources, budget through the programs, monitor the actions in progress, and evaluate the effects and impact.

The process should be reviewed and feedback provided annually based on the information analyzed. As a result, in each country objectives for functions and programs that can be compared with those of ROCAP will be established.

In planning maternal and child health care in the three countries in the northern part of the region on this basis, it may be found that some of the indicated objectives have been reached or are far from achievement. It should be noted that recent information indicates that mortality of infants and children under 5 years of age has fallen off significantly in the last 20 years.

Analysis of the quality and quantity of the resources and services available will show what should be strengthened and what obstacles must be overcome. Identification of risk criteria--a function for which INCAP can provide valuable collaboration--makes it possible to concentrate investments where the needs are more urgent and the effects more demonstrable in terms of actions carried out and specific morbidity and mortality.

In this Report the Evaluation Team has reiterated the need for INCAP, in its advisory services to the Governments and NGOs, to assign priority to the delivery of maternal and child health services and to improvement of the quality of health care in the geographical areas covered. With detailed information on the activities of the services, very specific problems can be identified for the application of specific interventions or operations research on a small scale. These are areas in which the INCAP experience in systems analysis can be applied productively to a large number of complicated problems. These specific research topics are also more susceptible to generalization and direct application to other programs.

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The programs administrators frequently lack the information necessary for improving and extending maternal and child health services. Among the concrete problems are: the quality of the health care; the effectiveness of human resource training, the risk criteria for identifying and reaching target populations, the effectiveness of supervision in the solution of specific problems, the use of information for management of the services and for decision-making at the highest levels of the health infrastructure. A future project could systematically provide administrators with information on the performance of their staff in all areas as well as on other aspects of services delivery. There are low-cost systems based on computation which are potentially capable of guiding an administrator in monitoring the performance of a large number of activities. INCAP should design them, test them, and advise the Governments on their application in maternal and child health services.

A new project for ROCAP and INCAP collaboration should integrate the actions of ORT/GM/NE and PROPAG. Maternal and child health care should include food supplementation during pregnancy and during the growth and development of children under 3 years of age, in accordance with established standards.

There is clear evidence that the biological utilization of food is affected by infections, with acute dehydrating diarrhea, respiratory infections, and measles being among the most frequent; knowledge and practices that affect health, that is, cultural characteristics; illiteracy; the physical environment, especially the poor quality of water services and hygienic disposal of excreta; the lack of personal hygiene; pregnancies; and frequent abortions. These factors are felt the most in communities and families living in critical poverty, often headed by abandoned mothers who do not have time to take care of their children. In these communities, maternal and child health programs should focus resources on progressively reducing mortality and morbidity among infants and children under 5 years of age.

- Food

With regard to food, INCAP's task should be oriented toward food security which, as defined by the World Bank, is the access by all persons, all the time, to sufficient food for an active and healthy life. In contrast, food insecurity is lack of access to sufficient food. The countries with many inhabitants suffering from undernutrition have a national food security problem.

The INCAP's task, in the opinion of the Evaluation Team, should focus on food security in the household in order to guarantee adequate food intake by all its members. This approach is naturally linked to the policy and programs for maternal and child health care and nutrition, in which it has such solid experience.

Food security within the family supposes that the food is available in the community, either because the families produce it or have the income to

purchase it or receive it from national or international food aid programs and, in general, because the country produces and/or imports it. This complex process is facilitated if the family income increases, purchasing power does not deteriorate, food prices are reasonably stable, and the economic adjustment policy does not sacrifice the social sectors, among them, health and food. This is not the situation in Central America, especially in the countries in the northern part of the region. The explanation lies in the existence of a great number of undernourished individuals among the ill, the unemployed, landless rural inhabitants, displaced persons and refugees, and, in general, those who live in absolute poverty.

INCAP cannot avoid its responsibility in the face of this serious situation. On the contrary, it should concentrate its cooperation efforts with the Governments on households and on undernourished mothers and children. For this purpose it should associate itself with other international organizations that collaborate on food security and promote intersectoral action to improve the intake of food in each country. It is worth noting that thus far the required emphasis has not been placed on food security within the family. The greatest concern has been with the complex problems of production, marketing, distribution, prices, and exportation and importation of food--factors outside INCAP's competence. The Institute is in the best position to extend its advisory services in maternal and child health and to ensure adequate food intake by the families.

For this purpose the support of ROCAP is essential. If it is approved and incorporated into a new project, INCAP should identify the bases of a policy on food security in poor households, the components of the programs, and the methods and techniques required in order to implement them. This analysis should indicate any need for new specialists on its professional staff and, in addition, whether the collaboration of international experts is required.

Professional education in public health

There are those who think that INCAP should be transformed into a school of public health for Central America and Panama. The need for such an institution is indisputable for a population of 25 million inhabitants that is growing rapidly. The major health problems belong to the developing countries; for their solution, measures for prevention, education, and timely treatment of prevalent diseases have great possibilities for success if they are applied systematically. For this purpose public health specialists are required.

Problems of undernutrition and malnutrition, on the other hand, are also prevalent. In its 40 years of existence, INCAP has given the region the scientific and technical bases for solving them. However, there still remains a large task to be completed in which the Institute should carry out the mission for which it is irreplaceable in the Central American isthmus.

The Evaluation Team believes, therefore, that INCAP should continue with its current responsibilities, adapting them to the circumstances in each country. The series of recommendations in this Report conform to this proposal.

The fact that a school of public health is being organized in Costa Rica justifies the opinion of the Evaluation Team even more. INCAP should offer its valuable professional resources, its rich bibliography, and its publications, as well as the opportunity to carry out joint basic applied and operational research, to strengthen the new institution. Moreover, the experience of the Institute's experience in graduate-level training is another very useful source of collaboration.

ANNEX III

OPERATIONS RESEARCH

OPERATIONS RESEARCH

A. Background

The staff members of the Ministries of Health who were interviewed by the Evaluation Group uniformly supported research as a means of identifying and resolving problems in child survival and maternal and child care services. They also recognized the institutional advantages of INCAP in cooperating with the Ministries and thereby developing its capacities in this relatively new field. Among these advantages are wide experience in research methodologies and a regional perspective that is favorable for application of the lessons learned from a study carried out in other Member Countries.

The Program for Operations Research financed by the ORT Project is in its initial phase and contains preliminary proposals in an advanced state of development, but not yet presented formally for financing. The following impressions of the Group are based on a review of these proposals and discussions with INCAP investigators and consultants.

B. Guatemala: The Use of Information to Control Maternal and Child Health Programs at the Local Level

This Project is based on a general observation that is important and perceptive. The Administrators of District and Area Programs do not analyze or use the information routinely gathered by their staff members and sent to the national level. The process of decentralization through the local health systems presupposes that the local administrators will make more administrative decisions on the basis of such data than if they rely on data that comes from the capital. The proposed study seeks to describe current practices in the maternal and child program of a representative area. A second proposal is awaited to analyze the problems identified.

The general principle that administrative decisions should result from data obtained from the activities of the program and its effects on the target population is widely accepted. The specific details of how information is gathered and analyzed are considered individually and can be studied much as the other activities of the staff members of the program. There exist, however, few examples in the public health literature that deal systematically with the questions set forth in the proposal, even for a specific topic.

The project includes observations in 65 different areas such as: (1) collection of the information; (2) processing of the information; (3) interpretation of the processed information; (4) utilization of the information for decision making; (5) obstacles in each of the categories mentioned; and (6) opinions of the personnel regarding the usefulness of the information at the local level.

The opinions of the local staff members of the Ministry of Health may consist of penetrating, valuable, and unexpected observations on any element of the information system. However, this component is not directly related to the design of the study in itself. The investigators implicitly hope to generate additional anecdotal information that will perhaps be useful for a future study. This type of information is also easy to gather. However, the project does not examine the approach that will be taken with this purpose in mind.

The identification of "obstacles" is also presented as a series of conclusions that will emerge from other data gathered without a specific methodology or conceptual framework. The rest of the variables measure the performance of the Program in the collection, analysis, and use of information. As a result, while the performance may be problematical with regard to many of these parameters, it is difficult to determine how these measurements alone can explain <u>why</u> it is weak. The project does not include an analysis of how the "obstacles" will be deduced from the observations of performance nor does it propose a scheme for classifying them into "types."

The utilization of information for decision-making is the focus of the study. As the authors point out, the collection of data is not an end in itself; rather, it is justified by the use of the information obtained through the Program. This is also the area in which the public health literature provides minimum assistance. Measuring the usefulness of the information in the administration of the Program is a formidable challenge for which the proposed indicators do not appear to be adequate. Most of them measure the frequency of meetings in which unspecified information was examined. Whatever the frequency of the meetings, they cannot demonstrate whether certain information is being used effectively or not, or even more or less effectively. The meaning of the general discussions is not clear, although they may be easily counted. The remaining variables include direct measurement of the frequency of the decisions by type. This is the principal problem of the study and the most difficult to put into practice. The variables of categories 1-3 largely serve to identify what kind of information should be analyzed by the decision-makers. Therefore, a principal function of the project should be to sum up how the investigators will operationally define and then measure decision-making and its relationship to the Program's information. Merely listing the "types of decisions taken" and their frequency as indicators is not convincing.

The difficulty of measuring decision-making is related to the desire for the Project to be comprehensive. The implication appears to be that whatever or not decisions are made by the Clinic Director (after reviewing unspecified information), all will be counted and classified. A less ambitious but more concrete approach would allow the investigators to seek specific, predefined decisions. Perhaps with the advice of an expert committee it would be possible to list some concrete administrative actions related to specific data, as might be found, for example, in the Monthly Summary of Malnourished Children. This approach would avoid many of the difficulties related to the search for poorly defined events ("decision-making") that could be related to any aspect of the total effort to collect data. A more precise approach might also deal with an identified decision (or lack of action) with a certain degree of depth. Once a specific administrative activity is identified it is

possible to ask questions with regard to the effectiveness of the decision taken compared with the alternatives and to observe the measurements in time--in addition to the quality of the information used and the difficulties experienced by the administrator in taking the measures indicated by the data, and other details concerning how he acts with regard to the information. In an area so little understood as this, detailed case studies are needed in order to understand the basic process of decision-making. Such studies can facilitate the identification of a few indicators that could then be applied more widely.

In interpreting the processed information four related variables are recognized. Each is proposed in order to reduce a complex and poorly defined process to a variable binary: a clinic identifies--or does not identify--those programs whose performance is lower than expected. These variables do not indicate what observations will be made.

A number of variables refer to the processing of the information. These include the proportion of clinics that prepare the various monthly summaries of the previous month. It is not clear how timeliness is evaluated. Another variable measures the percentage of clinics that send all reports "on time." The quality of the data processing is measured mainly by controlling the sum total. The study also measures the percentage of clinics without unspecified errors or delays. Again, the strategy of the study stresses a comprehensive approach that includes eight forms, but with little detail. A clinic has or does not have a report, the sum is correct or incorrect, and it is delivered on time or not. This stage appears to be considered largely as an administrative measure.

The variables related to the collection of information include the availability of demographic data and data on the cause of death. There is no analysis of what collection activities of local information are pertinent to these data.

What is the responsibility of the Health Areas? How should they obtain these data? How well are these activities being carried out? This section also refers to clinical registration, compared with a standard. In defining a fulfillment of 80% as satisfactory, the description of this complex activity is reduced to classifying a clinic according to whether it fulfills the standard of 80%. There is no clear explanation of how this measurement is arrived at. A similar simplification is applied to timeliness in completing the daily registration and to the number of registrations that are "free from error."

This section provides relatively little information concerning the nature of defects in registering the data on a patient. It is not indicated how the program factors should be examined that are expected to influence performance in this area, such as personnel training and capacity, and verification of registration through supervision and support--both taking into consideration the time available.

On the whole, we believe that the study could be improved if the observations that should be made are clearly defined. We recommend focusing on a small number of specific, well-defined program areas in which one or more possible administrative actions may be examined together with pertinent

activities related to the information. The investigators should also consider other data not included in the formal information system but that are pertinent for decision-making. In a particular area the administrator can benefit from data on care quality, the effectiveness of the advice given to the patients, coverage of the target populations, verification of registration, and supervisory activities carried out t resolve problems. If there are important omissions in the current system, this study should at least begin to identify what is needed in order to guide the decisions of the administrator in selected areas.

C. Honduras: Operation of the Program for Acute Respiratory Infections (ARI) for Children Under Five Years of Age at the Level of the Health Post in Region No. 4.

This study points out that implementation of the ARI Program--which is not well understood--began in 1986; it then seeks to describe the activities of the Program, mainly by means of the data on 68 indicators. The Evaluation Group did not have the detailed standards of the programs, but these usually follow the guidelines of WHO. The protocols recommended for the treatment of cases--particularly of pneumonia--continue to evolve. However, the relevance of this study is largely independent of these technical details. Whatever the treatment protocols adopted in the future may be, their effective execution by means of an organized system of services will continue to be a principal problem.

The project mentions the development and testing of solutions for the problems identified; however, the discussion examines only the phase of diagnosis. Even without new studies, this analysis should provide more detailed, concrete, and valuable knowledge. The administrators have a general knowledge of the problems that occur during the execution of the programs. However, systematic studies of areas such as the quality of care provided are very recent. In order for information of this kind to be used as an administrative tool, the investigators must critically review the process as well as the results of data collection. This aspect is not usually considered in conventional research, but it is important to seek the means of simplifying the approach for the purpose of applying it periodically and widely.

The variables listed are for the most part specific and very appropriate for the techniques of measurement proposed. Clinical assessment by a nursing auxiliary will be controlled directly through the use of a standard observation instrument to be developed. Analogous instruments used in the PRICOR studies have been subsequently adapted and employed as administration and routine supervision methods. In this manner, although the investigators may be capable of using unstructured observation categories, a highly structured instrument has a potential for long-term benefits. The usual staff members of the programs could potentially use these routine methods, and their reliability should be documented.

The clinical history of a child with possible pneumonia contains certain elements that probably merit separate consideration: previous treatment, duration of the symptoms, and the impression of the mother regarding difficulties in breathing. More generalized items of the history and clinical examination that are of interest include the state of nutrition,

breast-feeding, and the status of immunization. Although some of the therapeutic measures related to infections of the upper respiratory tract have a limited potential impact on health (and could be reduced), the signs and symptoms apparently associated with pneumonia are critical. The rate of breathing is one of these observations that includes details such as: (1) the rate measured by the nurse; (2) by the observer; and (3) the registration of the datum. The importance of follow-up on children who may have pneumonia or are at risk of contracting it is clear. Among the areas of interest are: (1) when the mother was told to return; (2) if the nurse confirmed that the mother understood the advice; (3) when the mother returned.

The treatment of cases should refer specifically to the inappropriate use of antibiotics in patients whose picture is restricted to the upper respiratory tract. When an oral antibiotic is administered the instructions that were given the mother and their subsequent fulfillment are also of concern. For seriously ill patients, the degree of success of the referrals should also be examined. In general, the accuracy and degree of completeness of patient registrations are also of importance.

When the study appears it will produce instruments for verifying the knowledge of the suppliers of services and the mothers. Its potential administrative use is clear (based on the premise that the current questionnaire is more detailed than the variables listed). In describing training in ARI it is fundamental to verify what has been learned at the end of the training period and the date of the training (that is, when it took place). With respect to the mothers, the study points out essential knowledge in order to supplement this important information. It is useful to include some background of the activities of the Program in order to transmit this information to the population.

The proposal does not indicate the content of supervision in the program. It is possible that the program standards in this area may not be specific. However, a number of elements merit examination, even if only limited activity is carried out: (1) the degree to which field supervisors control capacities, the quality of care, educational activities, coverage, and follow-up; (2) the degree to which these supervisors identify specific problems; (3) the degree of success of the supervisors in resolving these problems; (4) the training and the guidelines that are given to the field supervisors for these activities (which is different from technical training in ARI); (5) the effectiveness of the highest-level supervisors in controlling and supporting the solution of problems. This is also related to the function of the supervisors in the major area of maintaining registrations, including verification of the accuracy of the information recorded.

In view of the relatively short period of time for field activities, the investigators should be prepared for the possibility of an insufficient number of patients, especially of moderate and serious ARI in some or in all of the clinics. In such circumstances it is not possible to observe the management of cases. Among the pertinent studies of the PRICOR Project that can provide some useful techniques are those carried out in Colombia, the Philippines, and Indonesia. However, as a whole, world experience in studying ARI Programs and how they operate is notably small. This study can make an important contribution in a field that is still not well developed, and its findings are potentially important for a great number of programs in the world.

C. El Salvador: Evaluation of the Components of the Program for Lay Midwives

This study is aimed at evaluating a complex program for maternal and child care in which midwives have been trained. The program itself is not described nor does the proposal study any specific weakness or problem area. A 1983 evaluation is included in the references but it is not analyzed.

The experience of other countries has uniformly demonstrated the difficulty of evaluating the impact of the training of lay midwives in improving the technique of delivery and related services: (1) the current process of delivery is extremely difficult to observe; (2) the impact on health of the improved techniques can be measured only by means of long and expensive studies, if that is even possible; (3) the midwives are largely independent of the authority of the Ministry of Health and have no obligation at all to cooperate with the investigators. On the whole, it is not a favorable area for developing new capacities in operations research.

The structure of the proposal increases the problems inherent in this topic. In general, it does not give a clear impression of what research will be carried out. It includes a list of 12 "specific objectives" that constitute very broad areas of research, such as the quality of care. These areas of study are not related to the design of the phases of research, which are described in very vague terms. For example, the enumeration of general approaches such as surveys of knowledge, attitudes, and practices does not constitute design of a study. The analysis of the development of solutions and field tests appears to follow a generic model without substantive examination of the problem under consideration. In addition, the organization of the research team is not clearly specified.

In summary, this proposal does not present a clear conceptualization of an operational investigation, even in general terms. The area of study is in itself problematical and the strategy of research is defined in vague terms, if it is even defined at all.

D. Costa Rica: Operational Strategies for Reducing the Premature Birth Rate

This study seeks means for diminishing the current level of premature births (7%-8%) in Costa Rica and improving the program under way in the Ministry of Health. The document does not examine the activities being developed or the deficiencies that are perceived in the program. Implicitly, however, the authors criticize it since they propose defining an appropriate approach by means of review of the literature and a panel of consultants. The proposal indicates that the premature birth rate in Costa Rica is approximately twice that of the "industrialized countries." However, it is not clear how effective the current program is in applying the standards established for the services and education. If the staff members carry out their responsibilities effectively, the "problem" appears to reside in the technical standards. There is no possible doubt that the Ministry's program could benefit by incorporating the technical advances from the last review. The proposal does not include the Ministry's normal practice for reviewing the standards of the program, nor is it clearly stated how the Committee mentioned

could bring about an improvement in the routine mechanisms of the Ministry of Health.

Even if it is accepted that it is possible to demonstrate that the Panel of Experts is capable of producing superior technical standards, it would still be necessary to define the questions that should be investigated.

The Committee can recommend new activities not included in the current standards. It is of little value to demonstrate that the staff members are not putting into practice standards they have never heard of. Perhaps a subject for research might be what the standards of the program should be, but these questions depend on the specific activities that are proposed. In addition, the Project does not pursue this direction.

It is possible that important elements exist that are related to the application of the established standards by the Program . In this regard there are many factors that can be identified and studied systematically to a considerable extent. It is probable that they may correspond to the same basic determinants of performance applicable to any new standards that are adopted. From this perspective, how the program ensures the quality of care, the effectiveness of educational activities, and coverage of the target population--whatever the standards--appear to be the principal questions for operations research on this Project.

There are few programs that have systematically examined these activities, and it is doubtful that they are well understood in the Costa Rican Program, even by long-established services. Some of these factors are examined in the proposal, including the technical knowledge of the suppliers of services and that of the target population. There are a number of other factors in the Program that may also be pertinent, such as: (1) the training of personnel in specific areas and documentation of capacities; (2) identification and solution of problems by means of supervision; (3) knowledge of the personnel regarding its responsibilities, independent of technical knowledge); (4) supervised training; (5) strategies for arriving at the target population; (6) quality of the care provided; (7) effectiveness of the information management system. The above considerations demonstrate that it is unlikely that the technical knowledge of the suppliers of services is the only factor that explains the effectiveness of the Program. However, unless these other factors of the Program are systematically examined, it is improbable that the "obstacles" in these areas will be recognized. If, for example, the supervisors do not effectively control the education of patients, the current design of the study will not be capable of detecting this problem.

In summary, the study deals with examining a broad range of activities of the Program but does not develop a strategy for systematically examining current performance in each principal area. Instead, the design focuses on the technical knowledge of the suppliers of services and the mothers. These are certainly pertinent to the effectiveness of the program and worthy of study, but clearly clearly other important factors also exist. However, even a study that explicitly analyzes these two areas should examine related activities of the program, such as the quality of the real education of patients, training, and supervision.

B. Honduras: Factors that Affect the Referral and Counterreferral System at the Local Level

This study is based on an apparently widespread, but unfounded, impression that the referral process does not function adequately owing to backlogs in the arrivals of patients, few counterreferrals at the lower levels of the health infrastructure, and incomplete maintaining of registration. These are pertinent observations of the administrators that deserve to be taken into account seriously. However, the design of the study does not pursue these relatively concrete observations. It has the advantage of being concentrated on a limited area of delivery of services.

The proposal does not examine the nature of the activities the various staff members should carry out (although the initial enumeration of the problems suggests that the study could be developed in this direction). Without a systematic description of the concrete actions that the staff members of the program should carry out, the analysis phase of the problem is extremely vague. This section simply mentions two general techniques--surveys and direct observation--without any specification of what information should be collected. As a consequence, examination of the solutions that should be developed and validated lacks substance. No principal investigator is identified, and the details on the components of the program and of the budget in the absence of a defined research strategy leave room for doubt.

ANNEX IV

SCOPE OF WORK

APPENDIX I
PIO/T 596-0116-3-70080

SCOPE OF WORK

EVALUATION OF ORT AND FOOD ASSISTANCE PROJECTS

ARTICLE I - Title: Evaluation of INCAP/ROCAP Projects

ARTICLE II - Evaluation Introduction and Overview:

Introduction:

The Institute of Nutrition for Central America and Panama (INCAP), with USAID/Regional Office for Central American Programs (ROCAP) assistance, is carrying out two large Projects in support of the Central American Health Priorities Initiative coordinated by the Pan American Health Organization since 1984 and in response to the Kissinger Commission Report of 1984. These are the ORT, Growth Monitoring, and Education Project (596-0115), and Technical Support for Food Assistance Programs Project (596-0116). The ORT, Growth Monitoring, and Education Project started implementation in 1984, and is scheduled to end in 1990. The Technical Support for Food Assistance Programs Project (596-0116) started implementation in 1985, and is scheduled to end in 1990. The overall goal of both projects is to reduce infant mortality and undernutrition in the Central American isthmus.

At this time, ROCAP and INCAP are also contemplating the possibilities of collaborating on a follow-up Project which would continue efforts begun under the current projects and would further strengthen INCAP's ability to help its member countries address their food and nutrition problems and needs. In addition, INCAP as part of its fortieth anniversary celebration, is currently carrying out a long term planning exercise which will help the Institute set its priorities and agenda for the next ten years, until the year 2,000. Given this situation, ROCAP and INCAP have decided that it would be advantageous to evaluate both Projects at this time, in order to set priorities for work to be done over the remaining two years of the life of the projects, and to identify lessons learned to date which would help in the formulation and design of a new ten year agenda for INCAP and a new ROCAP/INCAP project.

Overview:

The purpose of this overview is to relate the objectives of this evaluation to (1) key management decisions to be taken by INCAP and ROCAP, and (2) major questions to be pursued by the evaluators that will inform those decisions.

Objectives, Related Decisions and Major Questions:

Objective 1. To evaluate progress and effects to date of Projects 596-0115 and 596-0116 and determine what steps should be taken immediately and over the next two years to maximize the positive effect of the projects on maternal/child health activities and on food assistance programs in Central America.

Decisions:

a. Identify which project activities or which technologies, methodologies, systems or strategies being developed or promoted should be made priorities for resource allocation over the next two years.

b. Identify which institutional or management changes might be implemented by INCAP to accelerate or make more efficient the achievement of Project objectives.

c. Determine actions to be taken by INCAP and/or ROCAP to strengthen cooperation with USAID bilateral programs, AID/W projects or resources, and other donors (UNICEF, PAHO, WFP, etc.) in order to accelerate or make more efficient the achievement of each Project's objectives.

d. Determine the kinds of organizational, managerial, or technical assistance that INCAP will require in order to accelerate or make more efficient the achievement of each Project's objectives.

Cross Cutting Evaluation Questions:

- Are all of the technologies/methodologies/guidelines being developed still relevant, appropriate to and supportive of the Project purposes?

- What is the status of the technology/methodology/guideline development/adaptation being supported under the projects and what steps need to be taken immediately and over the next two years to complete the development process?

- To what degree have technologies been transferred and applied in programs (private or public) in the INCAP member countries?

- What, if any, effect have the development or transfer of technologies/methodologies by INCAP had on strengthening maternal/child health or food assistance programs of its member countries?

- To what degree, if at all, has INCAP been able to affect or support national or sector planning and coordination in maternal/child health and food assistance or food security policies or programs in its member countries? How, if at all, has this helped strengthen maternal/child health or improved the effectiveness of food assistance programs?

- How effective or potentially effective are INCAP's strategies or plans for technology transfer and application at the level of the member countries? How could these plans be strengthened to improve the effect of the technologies/methodologies developed on strengthening the national private of public sector programs or activities in support of Project objectives?

- How do INCAP's internal organization and external organization/relationships facilitate or hinder the technology transfer process? How do they affect INCAP's ability to influence national or sectorial policies, planning or coordination? What could be done organizationally to strengthen the technology transfer and promotional processes and improve the effect of the technologies/methodologies developed on strengthening the national private or public sector programs or activities in support of Project objectives?

- What role is INCAP playing in the multi-donor effort in child survival in the region and how effective is INCAP in that role? What is INCAP's role in the region's multi-donor effort in support of food assistance programs? How could these roles be strengthened to maximize the impact of the Projects on strengthening MCH and food assistance programs in the region?

- How supportive of USAID bilateral objectives and programs are INCAP Project activities and vice versa? How could these relationships be strengthened to the mutual benefit of both efforts?

- How effectively has the Institute used outside technical assistance to date and what are its principal needs in this area likely to be over the next two years?

Objective 2. To analyze the extent to which the Projects have contributed to the institutional strengthening of INCAP, the evolution of its institutional goals and its capacity to assist its member countries to address their maternal/child health, nutrition, and food needs now and in the future.

Decisions:

a. INCAP is in the process of identifying its institutional goals, agenda and needs for the next ten years and must determine its most appropriate and effective future role in support of maternal/child health and child survival in the region. Specifically, what mix of technology/methodology development, technology/methodology transfer, and policy or management assistance is most likely to be desired, useful, and appropriate for the Institute?

b. Similarly, INCAP seeks to determine its most appropriate and effective future role in support of food assistance and food security in the region. This will require choices about the appropriate mix of technology/methodology development, technology/methodology transfer, and policy or management assistance.

c. The Institute is in the process of defining its institutional strengthening needs in the context of its institutional goals and agenda for the next ten years.

Cross Cutting Evaluation Questions:

Note: Many of the cross cutting evaluation questions included under Objective 1 will also be used to inform the decisions under this objective. In addition, the following questions should be pursued:

- How have the projects strengthened INCAP's short and longer term ability to develop and transfer technologies/methodologies in general and specifically in support of the objectives of improving maternal/child health and food assistance programs?

- How have the projects strengthened INCAP's short and longer term ability to promote adoption of national policies, strategies, plans and coordinating mechanisms in general and specifically in support of the objectives of improving maternal/child health and food assistance programs?

- Assuming that the Institute and its member countries decide that strengthening maternal/child health programs/activities and improving food assistance programs in support of national food security objectives remain priorities over the next ten years, what does the Institute need in the future to strengthen its role in technology development/adaptation and transfer in support of these priorities? What does it need to strengthen its role in promotion of effective policies, and in strengthening of national or sectorial planning and coordination?

- How do member countries' public and private organizations perceive INCAP's role and effectiveness in resolving MCH and food needs?

- How have these Projects' efforts to develop and transfer technologies, methodologies, policies, and strategies affected that perception? Which approaches have been most valuable to country organizations?

- Has INCAP's performance on these Projects affected its image or standing among international donors in health and nutrition in significant ways?

- How might these perceptions affect INCAP's future strategy, financial viability and sustainability?

- How adequate is INCAP's institutional capacity to administer these or similar projects? What needs to be done over the next two years to further strengthen the Institute's capacity in this area?

- How have the Projects strengthened INCAP's potential for greater financial security and both its financial and scientific sustainability in the future? What might be done over the next two years within the context of the projects, to further improve the chances of institutional, financial and technical sustainability? What might be done in the longer term?

Objective 3. To begin to define future collaboration between INCAP and ROCAP (beyond the life of current Projects) toward resolving maternal/child health, nutrition, and food needs in Central America.

Decisions:

(Note: The decisions to be made on this topic will not be based on this evaluation alone, but we expect that this effort (among others planned) will provide information and judgements of value to guide INCAP's and ROCAP's future strategy and project design choices.)

ROCAP seeks to determine the extent to which and in what ways INCAP's future directions in these two areas mesh with ROCAP's objectives as stated in the RDSS, and how and with which institutions ROCAP can best place AID resources to move toward those objectives.[1]

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1. RDSS objectives are:
   a) 40% of cases of acute infant and child diarrhea treated with ORT and proper dietary management.
   b) 40% of children 0-60 months with growth being monitored in each country of the CA/P region.
   c) 50% of health service delivery personnel knowledgeable of and using proper case management for diarrheal disease, undernutrition, acute respiratory infections, and prenatal care.
   d) Public health education focusing on MCH topics incorporated into curricula of 70% of medical schools and health sector training centers and the region.
   e) Improved targetting of 25% of food and nutrition programs to highest risk population groups or households.

INCAP seeks to determine the effectiveness of its relationship with ROCAP in helping it meet its institutional goals and objectives and in helping the Institute respond to the needs of its member countries in resolving their health and food and nutrition problems.

Cross Cutting Evaluation Questions:

Questions under Objectives 1 and 2 will be used to inform these decisions.

ARTICLE III - Institutional/Project Background:

The Nutrition Institute for Central America and Panama, INCAP, is a Central American regional institution with a mandate to address food and nutrition problems in Central America and Panama. The Institute was founded in 1949. Its Directing Council is made up of the six Ministers of Health of the Spanish speaking countries of the Central American Isthmus and the Director General of the Pan American Health Organization (PAHO). INCAP is administered by PAHO at the request of its Directing Council. The Institute is involved in human resource development; technical cooperation; basic, applied and operations research; and scientific and technical information dissemination aimed at addressing the nutrition, health and food problems of its member countries.

Institutional Approaches to Addressing Food and Nutrition Problems:

INCAP (1) uses epidemiological research and socio-economic studies to identify and characterize health, nutrition and food problems in Central America; (2) through links to the international health/nutrition community, it identifies applicable knowledge and promising methodologies and technologies which could be adapted for use in solving the identified problems; (3) carries out applied, operations and action research for developing and adapting promising technologies/methodologies; and (4) has developed a series of strategies and techniques for transferring and promoting the technologies and for promoting improved national planning, and coordinating in the health and food and nutrition sectors.

Knowledge and technology transfer methods or activities developed and in use historically by INCAP include the following:

a. direct technical assistance;
b. training activities including:
   - formal academic training at the masters degree level,
   - tutorial training targeted to the participant's specific needs,
   - short courses at the regional level,
   - short courses at the member country level,
   - distance learning or correspondence courses,
   - observation visits;
c. information dissemination; and
d. (under these Projects) operations and applied research carried out in conjunction with member country counterparts.

INCAP promotional methods to encourage adoption of effective national policies, strategies, plans and coordinating mechanisms in the health, food and nutrition sectors include the following:

a. regional seminars and workshops;
b. regional technical working groups and task forces;
c. national seminars and workshops;
d. national technical working groups;
e. direct technical assistance and lobbying; and
f. development and presentation of technical information useful for decision makers.

INCAP has applied these methods for transfering knowledge and promoting change, developed by the Institute over the past ten years, to varying degrees in each of the two ROCAP funded projects.

ORT, Growth Monitoring and Education Project:

The purpose of this Project is to expand the effective use of oral rehydration therapy, growth monitoring and appropriate maternal/child dietary practices in Central America within the context of an integrated maternal/child health program strategy.

The knowledge, technologies and methodologies developed under this Project by INCAP are designed to strengthen the following processes in Maternal/Child health service delivery systems:

- planning;
- monitoring, evaluation, and information systems;
- human resource development;
- case management;
- community education; and
- operations and applied research.

These in turn are expected to be applied to expanding the use of oral rehydration therapy, growth monitoring, and appropriate maternal/child dietary practices in the context of integrated maternal/child health programs.

The technologies/methodologies being developed, adapted and applied can be grouped into three major categories:

a. Those designed to assist with planning and evaluation:

- sentinel areas and sites,
- conditions of efficiency studies,
- national MCH and nutrition surveys,
- school height census,
- improved information systems,
- lot quality assurance sampling (LQAS),

- evaluation methodologies and systems for NGOs,
- local programming,
- SIMAP and MCH/Child Survival Data Base,
- user satisfaction studies,
- knowledge, attitudes, and practices studies (KAPs), and
- quality control testing for oral rehydration salts.

b. Improved medical case management techniques:

- Management of diarrhea using oral rehydration therapy, including both treatment and prevention of dehydration and dietary management of diarrhea;
- management of persistent diarrhea;
- management and prevention of malnutrition/growth retardation in infants and children using growth monitoring, dietary management, and education on appropriate feeding practices;
- identification and management of women who are at high risk of producing low birthweight infants;
- identification and management of low birthweight babies; and
- vitamin A deficiency prevention and management.

c. Increased numbers and quality of education and training strategies and methods:

- integrated child survival technical reference guides,
- training materials for use with technical guides,
- training materials/guides for community education/participation,
- distance learning or correspondence courses for professionals,
- educational materials for mothers,
- education materials for community health workers,
- use of anthropological studies and techniques for development of educational messages and strategies,
- knowledge, attitudes and practices studies (KAPS),
- establishment of national reference training centers for MCH service delivery, and
- establishment of regional or area training centers for MCH service delivery.

INCAP has also been promoting the following under the Project:

- establishment of integrated maternal/child programs,
- development of unified national child survival plans,
- integration of in-service training with academic training in the public sector,
- coordination of regional child survival activities, and
- use of operations research for improving MCH health care delivery services in its member countries.

Technical Support for Food Assistance Programs:

The purpose of the Technical Support for Food Assistance Programs Project is to improve the effectiveness of food assistance programs by strengthening the ability of national and regional institutions to plan, implement and evaluate these programs.

Under this Project, INCAP has developed or is developing or adapting a series of guidelines, methodologies and training packages designed to strengthen the capacity of national and regional food program personnel in the following food assistance program processes:

- Program/project planning and design;
- Project/program management and implementation;
- Monitoring and evaluation;
- Information collection, analysis and use in decision-making;
- Human resource development;
- Community participation; and
- Operations and applied research.

The following guidelines, methodologies and training methods/materials are being developed or adapted and applied on both the regional and country-levels to help strengthen the above processes and ultimately to improve the effectiveness of food assistance programs:

a. Guidelines under Development:

- One on the development of national food assistance strategies and policies;

- Four on the design of food assistance programs (one each on MCH, School Feeding Programs, FFW and emergency/displaced persons programs);

- Four on the organization and management of food assistance programs (one each on MCH, School Feeding Programs, FFW and emergency/displaced persons programs);

- One guideline on each of the following:

  o establishing technical norms and operational procedures for food assistance programs.

  o planning and development of food and nutrition education activities in food assistance programs;

  o setting up of information and evaluation systems for food assistance programs;

- how to carry out beneficiary selection and monitoring in MCH programs; and
- how to carry out process evaluations of food assistance programs.

b. Methodologies are being developed and tested for:

- Carrying out institutional and operational assessments of food assistance programs;
- Carrying out cost analyses of food assistance programs;
- Assessing food and nutrition status of displaced persons and in emergency situations;
- Management and handling of food commodities in food assistance programs;
- Carrying out commodities use and acceptability studies at the household level;
- Setting up management information systems for food programs.

c. Training materials and methods are being developed for in-country training in areas related to food assistance programs and technical information packets and materials are being developed for food assistance program staffs.

d. High nutrient foods are being developed for use in some food assistance programs.

Through the Technical Support for Food Assistance Programs Project, INCAP has also been promoting the following strategies, plans and coordinating mechanisms:

- Country action plans to improve the effectiveness of food assistance programs;
- National strategies and/or policies for using food assistance effectively;
- The establishment of functioning coordination mechanisms among food aid donors, implementing entities and PVO intermediaries in the countries and regionally;
- The establishment of an improved region wide data base for use in planning food assistance programs.

- The use of operations research and technical guidelines and methodologies to improve food program design, operations, management and evaluation;

- The integration of food assistance into national development efforts, particularly in the area of nutrition, health and community development;

- The use of operations research to gain an ever-increasing understanding of the social, economic, dietary and nutritional effects of food aid programs and projects.

ARTICLE IV - Approach and Scope of Work:

Methodological Framework

As the Overview discussion suggests, this evaluation is oriented primarily to support well-informed management decisions on two ongoing projects, and secondarily to provide insights for INCAP and ROCAP strategic decisions over the longer term. The evaluation is a collaborative effort, from defining the terms of reference to collecting data and reaching conclusions. The external evaluation team is expected to help keep the effort focussed, to help develop ways of systematically answering key questions, and to organize data so that INCAP and ROCAP can assess the information, draw conclusions from it, and plan followup action.

In this framework, the technical judgement of evaluation team members are important and valued, but they are not the final determining factor in reaching decisions. Evaluators are facilitators and enablers of good decisions, rather than possessors of ultimate wisdom.

Much of the preliminary work of assessing planned versus actual achievements will be performed by INCAP, with ROCAP review. Contract evaluators will be asked to add rigor to the process, by developing specific questions on the issues discussed above, assembling and synthesizing data for discussion, and giving structure to the business of drawing conclusions and deciding on next steps.

Scope of Work:

The evaluation will be carried out jointly by INCAP and an outside evaluation team in three phases. The analyses to be carried out by INCAP and the outside evaluators should focus on and address the cross cutting evaluation questions outlined in the overview. Phase One will be the preparatory work by INCAP, which will carry out a pre-analysis of the Projects using the attached analytical forms and framework. This analysis and other briefing materials, as well as a global report on activities and progress to date under each Project, will be provided to the outside evaluation team prior to their arriving in country. The pre-analysis will serve as the basis for setting the evaluation agenda in each country.

Phase Two will encompass the information gathering and analytical work of the outside evaluation team which will include the following:

a. Education about the Projects and evaluation approach:

- review of Project documents prior to arrival in Guatemala;
- briefing with ROCAP management and staff on evaluation approach;
- briefing by INCAP senior staff on the Institute as a whole;
- briefing by the project staffs on the Projects;

b. Development of data collection instruments and plans geared to key questions presented in the Overview:

- Drafting of questionnaires, observation guides, focus group techniques, etc. (This should be started prior to arrival in Guatemala).
- Review of proposed instruments with INCAP and ROCAP project and evaluation staff; and,
- Review of information collection, analysis and summary presentation plans.

c. Information collection and synthesis of findings:

- Discussions with individuals or working groups involved in working on different aspects of the Projects;
- Visits to examine Project activities in Guatemala, Honduras, El Salvador and Costa Rica; and,
- Assembly and synthesis of data and findings under key questions for each Project, along with tentative conclusions, cross-cutting themes, and proposals for change for workshop sessions with INCAP and ROCAP staff.

Phase Three will be a series of interactive working sessions which will draw on the information and conclusions of both INCAP's pre-analysis phase and the Phase Two work of the outside evaluation team to help INCAP and ROCAP reach conclusions and followup decisions/action plans on the key questions.

Specific Tasks:

In summary, the following specific tasks will be carried out by the evaluation team, INCAP Project teams and senior staff.

INCAP:

1. Prepare global reports on progress of projects.

2. Prepare pre-analysis of project using analytical tables attached as Annex B.

3. Working with Project technical advisors, as necessary, prepare specific briefing papers on cross cutting questions which will help further orient the analysis of each of these questions.

4. Prepare draft observation guides for country visits.

5. Prepare and give institutional and project specific briefings.

6. Review and comment on proposed data collection instruments, methods, and plans prepared by outside evaluators, and as available, participate in data collection activities.

7. Work with and help guide and support the evaluation team during Phase Two, particularly at the member country level.

8. Participate in the Phase Three working sessions to help define conclusions, decisions, and action plans.

9. Discuss and comment on evaluation report.

10. Follow up on results of the evaluation.

Outside Evaluators:

1. Review Project documents and briefing papers before coming to Guatemala.

2. With INCAP assistance, develop and carry out data collection methods to analyze the projects at both the central level and at the level of the member countries using the key questions as guides.

3. Facilitate a series of working sessions made up of INCAP and ROCAP staff to reach final conclusions, action plans, and basis for future decisions as appropriate.

4. Draft initial and final reports based on the findings of Phase Two and the Phase Three discussions and conclusions.

ROCAP:

1. Provide briefing materials on INCAP and the projects for outside evaluators.

2. Project advisors work with INCAP project staff to prepare specific briefing papers on the cross cutting questions, as is deemed necessary, in the pre-analysis phase.

3. Participate in both ROCAP and INCAP briefings of the outside evaluators.

4. Review and comment on data collection instruments, methods, and plans proposed by outside evaluators, and as available, participate in data collection activities.

5. Participate in the Phase Three working sessions to help define conclusions, decisions, and action plans.

6. Discuss and comment on evaluation report.

7. Follow up on results of the evaluation.

ARTICLE V - Reports:

The contractor will submit a draft report at the end of Phase Three of the evaluation and prior to departure from Guatemala and a final report within 60 days of completion of Phase Three of the Evaluation. ROCAP and INCAP will provide the outside evaluators with comments on the draft within 30 days of receipt of the initial draft of the report.

The evaluation report should be submitted in both Spanish and English and should be made up of a section which takes a global perspective and addresses the broader institutional issues addressed in the evaluation. This should be supported by two stand-alone sub-reports which cover each of the Projects. All three sections of the report should contain executive summaries which include the principal findings and conclusions of the evaluation. In addition, a global executive summary should be prepared which covers findings and conclusions for the entire evaluation.

In each section, the presentation should allow readers to separately identify (a) Findings (what was seen, with supporting data summaries), (b) Conclusions (what interpretation was placed on what was seen), and (c) Recommendations for action (what should be done). Where appropriate these Recommendations should be separately labelled as joint recommendations resulting from Phase Three workshops, or evaluators' own additional suggestions, ideas, or alternative perspectives.

ARTICLE VI - Relationships and Responsibilities:

The contract team will work under the general direction of the ROCAP Mission Director and receive technical guidance from the ROCAP GDO, Elena Brineman with assistance from the ROCAP Evaluation Officer, Pirie Gall, the GDO Ann McDonald, and Project Advisors, Melody Trott and Joe Coblentz.

The contractors' principal contacts at INCAP will be the INCAP Director, Luis Octavio Angel; Project Coordinators, Hernán Delgado (596-0115) and Edmundo Alvarez (596-0116); and the INCAP coordinators for Technical Cooperation, Arnulfo Noguera; Human Resource Development, Ernestina Ardón; Research, Rafael Flores; and Information Dissemination, Magda Fischer. The evaluation will also involve the entire INCAP Project team for each project.

ARTICLE VII - Performance Period and Schedule:

May 1 - July 9, 1989

May 1 - 5, 1989	Team Briefing, Wash., D.C.
May 5 - 7, 1989	Travel to Guatemala
May 8 - 10, 1989	INCAP/ROCAP Briefings/General Project Orientation
May 11 - 15, 1989	Review of El Salvador Program
May 16, 1989	Travel to Costa Rica
May 17 - 19, 1989	Review of Review of Costa Rica Program
May 20, 1989	Travel to Honduras
May 21 - 23, 1989	Review of Honduras Program
May 24, 1989	Travel to Guatemala
May 24 - 26, 1989	Review of Guatemala Program
May 29 - June 2, 1989	INCAP/ROCAP/Evaluation Team Meetings and preparation of draft report
June 5 - 9, 1989	Completion of Draft Report (team leaders, organization/management specialist)

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ARTICLE VIII - Work Days Ordered:

Position	Work Days
Nutrition Planner (Team Leader)	* 35
Operations Research Specialist	25
Evaluation Expert (Food Assistant Programs	25
Organization/Management Specialist (1/2 time)*	15

ARTICLE IX - AID Illustrative Budget:

(See Attachment 2)

ARTICLE X - Special Provisions:

A. DUTY POST

Washington, D.C. - 6 days; Guatemala - 15-20 days, depending on team member; Honduras, El Salvador, Costa Rica - 3-5 days, depending on team member.

B. LANGUAGE REQUIREMENTS AND OTHER REQUIRED QUALIFICATIONS

Spanish, S2 or better.

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* Note: The other half of this person's time is to be covered under PIO/T No. 596-0115-3-50068

C. ACCESS TO CLASSIFIED INFORMATION

"Contractor shall not have access to any Government classified material."

D. LOGISTIC SUPPORT

- AID/ROCAP will provide background and briefing materials necessary for the evaluation.

- INCAP, as the Cooperating Country Institution, will provide office space, office equipment (exclusive of computer equipment and software), background material and partial transportation in Guatemala).

- The Supplier will provide or arrange for transportation to and from the cooperating countries, including Washington, D.C., Guatemala, Honduras, El Salvador and Costa Rica, in addition to partial local transportation in Guatemala and all local transportation in Honduras, El Salvador and Costa Rica. The Supplier will also provide secretarial and translation services and consultants should bring portable computer equipment and software as needed.

ANNEX I TO THE
SCOPE OF WORK
PIO/T 596-0116-3-70080

ANNEX
Terminology

For the purposes of this scope of work, the following definitions are being used:

Technology: Webster defines this word broadly:
- The science of application of knowledge to practical purposes
- Applied science
- The application of scientific knowledge to practical purposes in a particular field
- A technical method of achieving a practical purpose

Methodology: In this case, this word can be used interchangeably with technology particularly when the applied science is leading to a management or evaluation method as defined by Webster.
- a means or manner of procedure, especially a regular and systematic way of accomplishing anything.

System: Webster defines this as an assemblage of objects united by some form of regular interaction or interdependence; and organized or organic whole;
- A complex of ideas, principles, etc. forming a coherent whole

Strategy: Webster defines this as:
- a careful plan or method or a clever strategem
- the art of divising or employing plans or strategems toward a goal

Under these projects, INCAP delivers, develops and transfers:

Technologies: Based on biological and medical science, the health, nutrition, medical, and other technical content of the Projects, such as oral rehydration therapy techniques, growth monitoring instruments, treatment of diarrhea, identification and treatment of mothers or pregnant women, techniques of measuring nutritional status of families for food assistance, and the like.

Methodologies: Based on social, management and behavioral sciences, the means of designing the ways of delivering the technologies, including analytical models or procedures for assessing needs and targetting resources; training methods and materials, ranging from determining needs to delivery methods (group, mass media, distance learning) and materials; operations research; policy analysis; planning methods.

Systems: Ways of integrating technologies and methodologies in health, nutrition, and food management to focus on related problems, combining technical, managerial, policy, and information activities.

How INCAP Operates:

Strategies: Intervention modes used by INCAP to influence country programs, such as choices between private and public clientele, sequencing of introduction of technologies and methodologies, planning/monitoring/evaluation processes used with client entities, etc.

How Country Institutions Operate:

Strategies: Intervention modes used by national agencies to influence country, community and NGO programs, such as choices between private and public clientele, sequencing of introduction of technologies and methodologies, planning/monitoring/evaluation processes used with client entities, etc.

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ANNEX V

PERSONS CONTACTED

LIST OF PERSONS CONTACTED

GUATEMALA:

* Dr. Norberto Martinez, Representante OPS en Guatemala
* Lic. Alma Aida Hernandez, Dpto de Nutricion
* Dr. Oscar Rafael Rodriguez, Sub-Director General de Servicios de Salud
* Lic. Janeth Esquivel, SHARE
* Lic. Anibal Garcia, Secretaria de Bienestar Social
* Sra. Araceli de Molina, Secretaria de Bienestar Social
* Sr. Dale Humphrey, AID
* Sr. Thomas Kellerman, AID
* Dra. Onelia de Trujillo, Directora de SADERCO/CRN
* Mr. James Coberly, CARE
* Mrs. Barbara Jakson, CARE
* Mr. Michael Goldberg, CARE
* Lic. Cesar Barrios, Director del CNR
* Lic. Nicte de Hernandez, Directora del NANE
* Sr. Francisco Roque Castro, PMA
* Mrs. Susan de Calderon, CRS
* Sr. Lyn Renner, CRS

HONDURAS:

* Dr. Luis Antonio Loyola y Delgado, Representante de OPS e INCAP.
* Dr. Jorge Higuero Crespo, Director General de Salud INCAP, OPS
* Ing. Manuel Caceres Pineda, Direccion de Alimentacion y Nutricion
* DIVISION DE SALUD MATERNO-INFANTIL (TRO-MC-EAPS)

  Dr. Ricardo Kafie
  Dr. Jorge Melendez
  Lic. Loyda Clotter
  Dr. Osmin Padilla

* DPTO DE NUTRICION SECPLAN

  Lic. Maricela Zuniga
  Lic. Clorinda de Torres

* Sr. Edward Brand, CARE (PROPAG)

* Dr. Peter Cross, MSH (TRO-MC-EAPS)

* INVESTIGACIONES ANTROPOLOGICAS (TRO-MC-EAPS)

  Lic. German Espinal
  Lic. Maria Rosa Buenano

* INVESTIGACION CIENTIFICA (TRO-MC-EAPS)

  Lic. Elia Pineda
  Dr. Ruben Palma

* Lic. Gloria Oquelli de Macoto, Junta Nacinal de Bienestar Social (PROPAG)

* Dr. Fidel Barahona, Unidad de Ciencia y Technologia - Ministerio de Salud (TRO-MC-EAPS)

* Ing. Oscar Flores, CODEFOR (PROPAG)

* Lic. Isabel de Zapata, Fundacion Horizontes de Amistad (TRO-MC-EAPS)

* DIRECCION GENERAL DE EDUCACION PUBLICA - MINISTERIO DE EDUCACION

  Prof. Amilcar Rivera
  Prof. Elda de Chavez
  Prof. Marta Izaquirre
  Sr. Vincent David (MSH)

* AID

  Dr. Tom Park
  Dr. Robert Haladay
  Lic. Juan Castillo

EL SALVADOR

* Dr. Raul Pena y Delgados, Representante de OPS e INCAP

* DIRECCION GENERAL DE SALUD

  Dr. JOse Antonio Pereira Galvan
  Dr. Maurico Duran

* DPTO DE NUTRICION MINISTERIO DE SALUD

Lic. Maribel de Tcbar
Lic. Maria del Carmen Araujo
Lic. Maria Teresa de Moran

* U..IDAD DE EDUCACION PARA LA SALUD

Dra. Delmy de Hernandez
Lic. Enrique Salazar
Lic. Mercedes de Castillo (TRO)

* AID

Sr. Kevin Armstrong
Sr. Julio Mena (TRO)

* REPRESENTANTE PNUD Y PMA

Sr. Gonzalo Perez
Sra. Rosita de Antolines
Sr. Francisco Mancia (PROPAG)

* DPTO. MATERNO - INFANTIL Y COORDINACION DE SUPERVIVENCIA INFANTIL

Dra. Juan Santamaria
Dr. Sergio Parada
Dr. Carlos Melendez
Dr. Raul Sanchez
Ts. Dina Eugenia Bonilla
Ts. Mercedes Alferes de Castillo (TRO)

* Lic. Saul Guevara, Director de PIDECO (PROPAG)

* FACULTAD DE MEDICINA - UNIVERSIDAD DEL SALVADOR

Dr. Rafael Monterosa - Decano
Lic. Marta de Ventura - Directora Escuela Tecnologia Medica
Lic. Rosa Rodrigues Dera - Directora
Lic. Silvia de Nieto - Directora Escuela de Nutricion
Dra. de Marinero - Directora Escuela de Tecnologia Materno Infantil (TRO)

* MINISTERIO DE PLANIFICACION (PROPAG)

Ing. Remo Bardi
Lic. Lucia de Garcia O'Meany

* UNIDAD DE REHIDRATACION - HOSPITAL BLOOM (TRO)

Dr. Mauricio Sol Nerio
Dr. Sergio Parada
Dra. Maxima de Rodriguez

* DEPARTMENTO DE PEDIATRIA SOCIAL - HOSPITAL BLOOM (TRO)

Dra. Maria Elena Rodriguez
Dr. Adan Figueroa

* Dra. Aurelia de Martinez Perez, Coordinadora Intersectorial de Supervivencia Infantil y Comite Coordinador

* ASOCIACION DEMOGRAFICA SALVADORERA - FESAL 88 (TRO)

Sr. Samuel Castro
Sr. Sidney Castro
Dr. Rolando Godoy