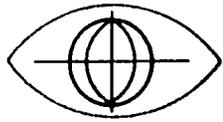


PD-ABK-603



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**TRAINING AND RESOURCE UNIT
FOR VITAMIN A
AND NUTRITION EDUCATION
"UNIDAD PRO VITAMINA A"**

FINAL EVALUATION

**Submitted to:
USAID Office of Nutrition**

**Cooperative Agreement No.:
DAN-511C A-00-0067-00**

**Submitted by:
International Eye Foundation, Bethesda
7801 Norfolk Ave.
Bethesda, Maryland**

**Contact:
John Barrows, MPH, Director of Programs**

March 1995

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the
International
Eye Foundation

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FINAL EVALUATION

Submitted to:
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Cooperative Agreement No.:
DAN-5116-A-00-0067-00

Submitted by:
International Eye Foundation Headquarters
Norfolk Ave
Bethesda, Maryland

March 1995

External Evaluator:
Project Manager, U.S.:

Margaret Ferris-Morris
John Barrows

EXECUTIVE SUMMARY

The final evaluation of "Unidad Pro Vitamina A Project" (UPVA) occurred in Guatemala from 27 January to 6 February 1995. International Eye Foundation manages this project, with funds from USAID Office of Health and Nutrition (Cooperative Agreement DAN-5116-A-00-0067-00) and International Eye Foundation matching funds.

Members of the evaluation team were: Dr. Edmundo Alvarez, IEF/Guatemala Country Director; Lic. Eugenia Sáenz de Tejada (Kena), IEF/UPVA Project Coordinator; Mr. John Barrows, Director of Programs, representing IEF/Maryland headquarters; and Ms. Margaret Ferris-Morris, external evaluator. Methods used to gather information included extensive document review, site visits to two NGO project sites in two Departments, Quetzaltenango and Sololá, intensive interviews with institutions operating in and outside of Guatemala City and with IEF/Honduras. Three days were spent briefing with IEF headquarters and field staff, providing additional information on project management and on the pipeline analysis.

The project began with the development of a detailed implementation plan (DIP) in March 1992. Newly hired project staff carried out a baseline technical assistance needs assessment and collected materials for a resource library and newsletter. In June 1992, IEF/Guatemala, (Cobán and Honduras), HKI/VITAP, INCAP (Guatemala, Honduras, and El Salvador), and six NGOs initiated the collaborative materials development project (CMP). From 1992 to 1994, five trainings were held in Guatemala City with these groups for the development of practical and culturally sensitive materials, using formative investigation, behavior trials, design of materials and social communication, pre-testing and content use of the materials, including training and monitoring. These materials were tested in a variety of field settings in Guatemala, El Salvador and Honduras. One additional workshop was held for the MOH, NGOs, INCAP and IEF/Honduras. IEF/UPVA also collaborated closely with Project Hope to develop a vitamin A-related horticultural flip chart and manual in the same manner as the CMP.

As a result of the collaborative materials development project six types of audio and visual vitamin A promotional and training materials adapted for both ladino and indigenous populations were produced. Health and horticulture practitioners, teachers and community-level promoters benefited from production of these materials.

Although it has been a relatively short span of time since the materials have been printed (six months), there are initiatives on the part of at least six NGOs to use the materials in their village-level efforts. Project Hope has been the most active to

integrate all the materials into its health, agricultural and educational activities which use diverse strategies for program sustainability. ADRA uses cassettes for training within the church setting, and PLAN International has villagers choose projects that are important to themselves.

Transfer of formative research skills learned from the process to other areas of public health concern such as AIDS and ARI was another outcome.

Collaboration with VITAP, INCAP and institutions in Guatemala, Honduras and El Salvador was useful to in that it helped to build networks and produce materials in a cooperative atmosphere.

IEF/UPVA interventions also created a greater awareness of vitamin A and the issues around it through provision of technical assistance to clients who requested it, through networking and through dissemination of a newsletter. These interventions had the added benefit of promoting IEF projects in Guatemala and Honduras and giving IEF a more prominent role in prevention of vitamin A deficiency.

Additional achievements of IEF/UPVA include:

- the development of a resource library on vitamin A and related issues that is used by 22 institutions (89 institutions have donated materials for this library);
- an informative semi-annual newsletter with over 500 recipients (Guatemalan and international);
- and skills development for medical staff at the Hospital Rodolfo Robles and students at the University of San Carlos and University del Valle.

The major factors that contributed to the success of the project were clarity of focus on the issue of vitamin A deficiency; established local office and staff support, including staff from CeSSIAM, the National Committee for the Blind and Deaf (NCBD) and IEF/Headquarters; and innovative forms of technical assistance and training. Constraints limiting IEF/UPVA's impact included a broad project design, institutions differing interests in vitamin A (industry, research, programs), agencies lack of commitment to vitamin A and to sharing costs for printing the collaborative development process materials, and institutional distraction over vitamin A food fortification. MOH infrastructural weakness was also problematic, not only for IEF/UPVA but for the work of NGOs in general.

Decisions were made which limited the impact of institutionalization and sustainability of the IEF/UPVA project. For example, the decision to move from the NCBD offices and modify IEF/UPVA's

association with them left the IEF/UPVA project with a gap to fill -- the need for a local organization or institution(s) which could carry on aspects of IEF/UPVA's training and technical assistance activities when external funding ended. The limited involvement of the MOH and other ministries and the building of personal relationships rather than institutional relationships and development were also factors limiting IEF/UPVA's impact. These gaps remain a challenge for IEF/UPVA. Potential institutions who could fill sustainability needs are Ministry training centers, a local NGO or umbrella agency such as ASINDES-ONG and/or universities.

There are several recommendations for future IEF/UPVA initiatives in Guatemala, especially with regards to extending the use of non-formal education methods and fostering sustainability, as well as improving monitoring and evaluation of skills. These include a 24 month extension of the present Cooperative Agreement for select activities:

- extending training of use of the vitamin A materials using local expertise in state-of-the-art nonformal education techniques for NGO clients as well as key training staff in the Ministries of Health, Education and Agriculture;
- evaluating use of the materials and development of simple quality assurance indicators for effectiveness of training, knowledge gained and food consumption pattern changes (KAP) that are readily available for field use;
- broadening promotion and dissemination of materials, newsletter and technical assistance as well as exploration of the potential to work with the Ministry of Education for use of materials produced for schools;
- maintaining its principle role in collaborative and networking activities to support micronutrient efforts; reviving a micronutrient working group, building group consensus on necessary country strategies particularly in light of the upcoming IVACG meetings in Guatemala;
- facilitating NGO-to-NGO and government-to-NGO linkages around vitamin A and nutrition education;
- strengthening and formalizing ties with its other IEF Central American projects to exchange skills and to develop an IEF sustainable programming policy.

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ACRONYMS

| | |
|--------------------|-----------------------------------------------------------------------------------|
| ADRA | Adventist Development and Relief Agency |
| ARI | Acute Respiratory Infection |
| ASINDES-ONG | umbrella agency of Guatemalan-based NGOs |
| CCF | Christian Children's Fund, Inc. |
| CDD | control of diarrheal disease |
| CeSSIAM | Center for Studies on Sensory Impairment, Aging and Metabolism |
| CMF | Collaborative Materials Project |
| CS | Child Survival |
| CSCG | Child Survival Collaborative Group |
| DIGESA | Ministry of Agriculture/agriculture extension workers |
| DIP | Detailed Implementation Plan |
| EU | European Union |
| FIS | Social Investment Fund |
| IEF | International Eye Foundation |
| IEF/Cobán | IEF/Cobán, Guatemala |
| INCAP | Institute of Nutrition for Central America and Panama |
| IVACG | International Vitamin A Consultative Group |
| MOH | Ministry of Health |
| NCBD | National Committee for the Blind and Deaf |
| NGO | non-governmental organization (includes private voluntary organizations) |
| NutriAtol | vitamin A fortified child food |
| Papyrus | library classification system software |
| PCI | Project Concern International |
| PROVITA | IEF-CeSSIAM project to promote three vitamin A rich foods |
| SIMAC | National System for the Betterment of Human Resources and Education Curriculum |
| TA | technical assistance |
| TBA | traditional birth attendant |
| UNICEF | United Nations International Children's Emergency Fund |
| UPVA | Unidad Pro Vitamina A |
| UVDG | University del Valle of Guatemala |
| VAC | vitamin A capsules |
| VATG | Vitamin A Technical Group |
| VAD | vitamin A deficiency |
| VITAL | Vitamin A Field Support Project |
| VITAP | Vitamin A Technical Assistance Program |
| URC | University Research Corporation |
| WHO | World Health Organization |
| WVI | World Vision International |

I. BACKGROUND AND METHODS

A. Background

This document presents the results of the Final Evaluation of "Unidad Pro Vitamina A" (UPVA) Project from September 1991 - March 1995. This project was implemented by International Eye Foundation (IEF), with funds from a Cooperative Agreement (DAN-5116-A-00-0067-00) between the USAID Office of Health and Nutrition and the International Eye Foundation of Bethesda, Maryland. The IEF/UPVA Project was an Add-On Component to an earlier Cooperative Agreement awarded to IEF.

IEF began operations in Guatemala in 1986. IEF/Guatemala works directly with the National Committee for the Blind and Deaf of Guatemala (NCBD) a Guatemalan non-governmental organization (NGO) founded in 1950. NCBD is the main organization concerned with service delivery to the blind and deaf. NCBD operates the Robles Eye and Ear Hospital, a major specialty center in Guatemala City which trains residents from Guatemala and other Latin American countries in ophthalmology. From the beginning, NCBD offered space and support for the IEF/UPVA Project. Although IEF now has relocated offices, cooperation and collaboration on primary eye care projects between the two agencies remains important.

With a USAID Office of Nutrition grant in 1987, IEF and NCBD developed and tested a Vitamin A enriched post-convalescent refeeding mixture (*NutriAtol*) for children under six years of age recovering from diarrhea and measles. Completed in 1990, a second phase of this project was carried out in Yepocapa, Guatemala funded by the "SIGHT AND LIFE" task force of F. Hoffmann-LaRoche Co. of Switzerland. In 1990, the USAID FVA/PVC office awarded a Vitamin A for Child Survival grant to IEF to expand vitamin A activities such as nutrition education and gardening in Alta Verapaz. Also in 1990, the USAID Office of Nutrition funded IEF to examine intra-household food distribution patterns of families and the consumption practices in the use of domesticated and indigenous carotene-plant sources in the Guatemalan diet.

The Unidad Pro Vitamina A Project was an outgrowth of these earlier efforts of IEF and has been in operation for 41 months.

The primary goal of the project is to strengthen and expand IEF and NCBD program capacities to develop appropriate vitamin A and nutrition education materials and training programs. This was accomplished through a creation of a Guatemalan-based training and resource center. Secondary goals include completion of an earlier USAID contract agreement: 1) data analysis of the Intra-household Food Distribution study, and 2) production of a manual describing the plant analysis activities of the PROVITA project.

IEF/UPVA Project interventions included:

- conducting collaborative projects with other institutions;
- collecting, evaluating and modifying existing vitamin A materials related to training, nutrition education, food production and fortification;
- designing, testing, producing, and distributing needed materials on vitamin A for IEF/NCBD projects, NGOs, Ministry of Health (MOH), and other institutions in Guatemala and Central America; and
- disseminating information on vitamin A to a variety of clients through the organization of specialized seminars, workshops, trainings and meetings.

The Detailed Implementation Plan (DIP) was developed and completed by February 1992. The Project Coordinator was hired and began work February 1992, six months into the Cooperative Agreement. A baseline NGO materials/technical assistance needs assessment survey commenced in June 1992 and was analyzed by the end of the same year. Material collection for a library began early in the project, as well as publication and dissemination of the first newsletter and development of vitamin A materials for health staff. From June 1992 onwards, the Project Coordinator generated clients for workshops, seminars and lectures on vitamin A. These were conducted by the IEF/UPVA Project Coordinator and local consultants (e.g. CeSSIAM, INCAP) throughout the life of the project.

In June 1992, a key meeting was held with HKI/VITAP, INCAP, IEF and other NGOs to begin discussing a collaborative materials development project. Well established and comprehensive techniques, using formative research, behavior analysis, message design and field testing, were developed with the assistance of Manoff Group, Inc.

By September 1992, plans were underway for the complete process. Final printing and distribution of materials took place by July 1994 (and for five materials, in the first quarter of 1995).

Most IEF/UPVA project objectives were carried out according to the scheduled outline in the DIP. A decision to become independent from the NCBD was made mid-1994. As a consequence, there was a change in the DIP objective to strengthen the capacity of the NCBD for vitamin A programming in Guatemala and the related objective of working with the NCBD for institution building and for project sustainability.

B. METHODS

The final evaluation took place from January 28th to February 6th, 1995 in Guatemala City and the areas of Quetzaltenango and Sololá Departments. The evaluation team consisted of Dr. Edmundo Alvarez, IEF Guatemala Director; Lic. Eugenia Sáenz de Tejada, Project Coordinator; Mr. John Barrows, MPH, Director of Programs, IEF/Bethesda; and Ms. Margaret Ferris-Morris, MS, external evaluator. Mr. Barrows accompanied the team from February 2 onwards. Dr. Pankaja Panda, Technical Advisor from the USAID Office of Health and Nutrition, planned to accompany the team, however at the last moment was unable to attend. The Scope of Work for the evaluation can be found in **Appendix 1**.

During the ten day trip to Guatemala, the team made a number of visits to cooperating and collaborating institutions in Guatemala City and field trips to the towns of Quetzaltenango, and Santiago Atitlán, Sololá. The schedule for these visits and a list of persons interviewed are presented in **Appendices 2 & 3**.

Sources of information which the team used for this evaluation include the following:

1. Interviews: Interviews took place with NGO staff, both those involved with the collaborative development process and those not involved; MOH officials (Guatemala City); and representatives of UNICEF, CeSSIAM, INCAP and USAID. Most of the interviews were conducted in person; however, seven agency representatives (about one third of the interviews) were interviewed by telephone. The evaluator conducted telephone interviews with IEF/Honduras staff, while time constraints made it impossible to follow the trail of technical assistance further to other agencies working in Honduras. Guideline questions and assessment tools for the interviews can be found in **Appendix 4**. Also due to time constraints, the evaluator was unable to interview medical staff or university students who had received IEF/UPVA training and technical assistance.

2. Field visits: The team made two field visits to NGOs who took part in the collaborative materials development process and who had used or are currently using the materials in training. The team visited Project Hope in Quetzaltenango and Project Concern International (PCI) in Santiago Atitlán, in Sololá Department. Unfortunately the team did not see the actual use of materials in progress, in part because the Christmas/New Year vacations intervened extending into early February.

3. Project Documents: The evaluator reviewed all quarterly reports and selected appendices, as well as additional requested documents in the field. Budgetary documents were also reviewed for the preparation of the Pipeline Analysis. (**Appendices 5 and 6**).

4. Consultation with URC: The evaluator interviewed Mr. Dennis Zaenger of University Research Corporation (URC) Bethesda, Maryland, on their recent quality assurance visit to IEF/Honduras's child survival project. In Honduras, IEF/Guatemala's collaborative developed materials have been used in at least one district for training auxiliary nurses and health volunteers.

5. Discussions with IEF staff: The evaluator held briefings with IEF staff at headquarters in Bethesda, Maryland, IEF/Guatemala and IEF/Honduras (the latter via telephone). To facilitate discussions, the evaluator used various tools such as force field analysis, mapping and pie charts for time usage drawn from quality assurance and qualitative evaluation methodologies.

6. Evaluation Guidelines as specified by IEF/Bethesda: Select questions from these guidelines were used to guide discussions with IEF staff and others interviewed throughout the evaluation process. Additional information was gathered to answer all remaining questions in the guidelines and has been presented in this report.

II. FINDINGS

A. Accomplishments of IEF/UPVA

In broad terms, the goal of the UNIDAD Pro Vitamina A Project was achieved: to expand and strengthen the capacity of IEF (and NCBBD) to develop and disseminate locally appropriate vitamin A and nutrition education materials and training programs for Guatemala and the Central American region. This was accomplished through the creation of a Training and Resource Center for Vitamin A and Nutrition Education in Guatemala. The component of strengthening the capacity of the NCBBD was not fully realized, however. Reasons for this are explained later in this report.

An initial assessment of 109 institutions (national and international NGOs, international organizations) in Guatemala for needs of vitamin A materials, training and program support was carried out. Fifteen out of 36 institutions who responded had vitamin A activities as part of their projects.

Below are the overall results of the IEF/UPVA project according to the objectives of the project. Also discussed is the status of the PROVITA project and intra-household study. Full evaluation of the objectives relating to this latter project and study were not a part of the Scope of Work for this evaluation.

Objectives: Conduct collaborative projects with other institutions and host inter-institutional meetings between NGO groups.

Results of the collaborative materials development project:

- production of vitamin A promotion and training materials: flipcharts, flash cards, guides, 1994 calendar/poster and slide sets for vitamin A education and horticulture adapted for ladino and indigenous populations and cassette stories for radio spots in Spanish and Quiche. Translation to Kè tchi will hopefully be accomplished in March 1995. At least six agencies are currently using materials in training their community-level project staff and volunteers (IEF/Cobán, IEF/Honduras, Project Hope, PCI, ADRA, Peace Corps, and PLAN). Some participants have transferred the formative research skills to other areas (AIDS, ARI, CDD) and have transfer these skills to other agencies.

- collaborative atmosphere amongst institutions working on the CMP. Thirteen institutions participated in the process including HKI/VITAP and institutions in Guatemala, Honduras and El Salvador. The group process of working together to develop useful and needed materials fostered relationships and a collaborative atmosphere valued by some NGOs.

Objectives: Design and produce vitamin A and nutrition education training materials; provide information and materials on VAD and nutrition education; conduct workshops, seminars and lectures; establish and maintain a library; and produce and disseminate a semi-annual newsletter of vitamin A activities and resources.

Results of additional IEF/UPVA interventions:

- publication of a semi-annual newsletter. Each of the five issues published since June 1992 were distributed to over 500 recipients. A sixth issue will be completed by March 1995.

- production and distribution of micronutrient materials for audiences with diverse needs. These materials include: two videos about IEF projects; a IEF/UPVA information pamphlet and an IEF fact sheet; technical documents for health personnel on vitamin A, iodine and iron; and pending funds, the printing of: a vitamin A guide for teachers, booklets for children and vitamin A information sheets for community workers.

- development of a resource library on vitamin A and related materials used by 22 institutions. Most of the 109 institutions that were contacted sent materials for the IEF/UPVA library. The library has many useful resources from both research and program areas.

- greater networking with agencies and regional outreach to create an awareness about vitamin A and the issues around it. Although the vitamin A technical group (VATG) was unable to be fully realized, the collaborative materials project and the extensive networking efforts of IEF/UPVA helped to heighten awareness of the vitamin A problem in Guatemala. Networking and technical assistance have the added benefit of promoting IEF projects in Guatemala and Honduras and giving a prominent role to IEF in vitamin A deficiency prevention and control.

- skills development and support for university and medical staff on vitamin A related information. Examples include the education of medical staff at Hospital Rodolfo Robles (Guatemala City), of nutrition and anthropology students at University of San Carlos and University del Valle, and of staff at other institutions including among others Project Hope and MOH personnel working with them, McGill University project staff and Medicine Sans Frontiers/Switzerland (MSF).

A list of the materials produced by IEF/UPVA and produced by the CMP project can be found in **Appendix 7**.

Objectives of the PROVITA Project and Intra-household Study

1) Plant analysis and production of manual

Analysis of the most commonly consumed vitamin A-rich plant foods for vitamin A content was completed using high pressure liquid chromatography (HPLC). Results were compiled and a manual was produced which will be printed before the end of the Cooperative Agreement extension. This manual updates and expands basic nutritional information about common Guatemalan foods and provides information to a diverse constituency interested in plant analysis.

2) Intra-household food distribution analyses and generation of reports

A second aspect of the add-on cooperative agreement was the completion of intra-household food distribution analysis which commenced in 1990. The general objective of this study was to determine the distribution of foods rich in vitamin A within households and their distribution among family members. As the research proceeded, however, it became clear that the data were extremely complex and demanded more detailed analysis than originally planned. The analysis is just now being completed by CeSSIAM. This lengthy process underscores the difficulty of linking academic research objectives to those of program implementation. As seen from the perspective of program implementation, which values prompt delivery of practical

results, the methods and goals of academic research are overly elaborate and often not timely enough.

B. Questions from the IEF Evaluation Guidelines

The Evaluation Guidelines can be found in the Scope of Work, Appendix 1.

Question #1: How did the design and management of the project help meet the project goal?

Q.#1 A. Project Management and Design

IEF/UPVA was set up with its emphasis as a PVO-to-PVO technical assistance project. Its goals and objectives were broad in nature. This broadness necessitated a conceptual framework defining root causes of the problem and an analysis of stakeholders¹ which wasn't carried out. A conceptual framework and stakeholder analysis would have included a variety of sectors in the problem solving process and would have resulted in a more comprehensive approach. The first question - what is the real need regarding the vitamin A deficiency problem in Guatemala (awareness, programming, training, information systems, education) and who does it involve would have received comprehensive analysis and response. Goals and objectives concerning the training center were not thoroughly envisioned. It was unclear who the users of the training center would be and in what way and at what levels does IEF/UPVA want to have an impact. A comprehensive education and training strategy was also needed.

Institutional impact was also limited by cursory objectives set for collaboration. Project staff focused on developing personal alliances rather than finding ways to develop institutional relationships and commitment to the vitamin A problem in Guatemala. For example, in some cases when people shifted positions from one agency to another, priority and commitment to VAD was lost. Whether or not the person transferred that commitment to the next agency depended on the programming goals and objectives of the new place of work. A leveraging technique recognized as important -- letters of institutional commitment to integrating vitamin A activities into programming -- were not exploited by IEF/UPVA. The move from NCBD and subsequent

¹ Stakeholder analysis involves identifying all key persons who have a stake or interest in the issue. For instance it would go beyond only nutritionists having an interest in vitamin A and would include among others educators, industry representatives, women's groups and horticulturists.

independence of IEF, resulted in the loss of one route for project sustainability. Limited ministry involvement in the design of the project comprised these other logical avenues for sustainability.

Q.#1 B. Project Time-line

Most project objectives were met on a timely basis, such as reporting, creating the newsletter and the library, answering requests for technical assistance, holding training sessions and meeting among other requirements of IEF/UPVA. The Project Coordinator was also involved in networking and obtaining clients for technical assistance.

Those activities which experienced delays are related to these factors:

- 1) staffing - project staff needs were left unfilled during the no-cost extension near the end of the project creating minor delays in filling a few objectives, such as producing additional educational materials, keeping up the library and requests for information. Changes of the IEF/Guatemala Director (twice in three years) in addition to having two interim administrators also had an adverse impact on IEF/UPVA in terms of project guidance. However, Dr. Hernández Polanco was the Director for more than half the project.
- 2) planning - the budget initially planned for one computer and some use of software training; with the move from Robles Hospital, more computers were needed for desktop publishing and working on Papyrus software cataloging system for the library. Project staff took one year to purchase and additional computer.
- 3) completion of collaborative materials project - originally scheduled for six months, took 24 months; with final production of four materials being achieved in 1st quarter of 1995. These factors were primarily beyond IEF/UPVA's control (turnover in NGO staff, change in project priorities), however attempts to abbreviate the process should have been taken early on in the CMP project.

Q#1 C. Finances

**Subquestions: Did the budget reflect the needs of the project?
Is the budget being managed in a responsible, but flexible way?
Can the project justify budget shifts that may have occurred?**

A revised budget was submitted to USAID in April 1994. Project costs increased mid-project due to 1) acceleration of project activities because of the collaborative materials effort

and 2) the change to a centralized field office environment (more office and staff costs charged). (See Figure 1 - Training Unit Expenditures). A more detailed Pipeline Analysis can be found in Appendix 6.

The total dollar amount granted to IEF was \$200,000 of which \$158,095 funded the IEF/UPVA project and the remaining \$41,905 funded an extension of the PROVITA project to complete the remaining objectives from that project. IEF/UPVA received a no-cost extension from September 1, 1994 through March 31, 1995, in which time the primary DIP objectives were completed within the cost projection for that period. Funds were under-budgeted, however, for completion of the remaining printing costs desired by IEF/UPVA.

If a simpler budget detailing cost by objective and output was developed, monitoring would have been easier and certain materials could have been prioritized sooner than later. This would also provided in-country staff with more control of the budget and less reliance on headquarters on allowable expenses. Headquarters on the other hand has to submit quarterly and semi-annual financial reports to USAID and has to factor in the IEF match requirement and audit expenditures annually.

The IEF 25 percent match requirement was met and exceeded (29 percent). Match was made primarily through equipment and supplies and other program costs. (If the contributions of free office rent provided by the NCBD Robles Hospital were included in the match contribution, a letter from NCBD is still pending, the match would be greater than 31 percent).

The IEF overhead rate was originally established at 24.4 percent. It decreased to 18.6 percent and then to 16.2 percent, the current approved USAID rate for IEF. The decreased overhead was applied towards headquarters and field expenses.

The budget format was adequate for tracking budget expenditure. However, there are some limitations to the format used. The format did not summarize development and production costs of materials by project and material. There was also some overlap in line items that could have been combined into one item. The format is based on other USAID child survival budget formats. While the budget is adequate for IEF's purposes, a simpler budget based on objectives and outputs would be more useful for monitoring purposes, especially in-county.

FIGURE 1

International Eye Foundation
 Pipeline Analysis: Guatemala/Unidad Pro-Vitamina A (UPVA)
 Cooperative Agreement #DAN-5116-A-00-0067-00

| COST ELEMENTS | Revised Budget 4/1/94 | | | Actuals 9/1/91 - 12/31/94 | | | Balance Remaining | | |
|------------------------|-----------------------|-----------------|------------------|---------------------------|-----------------|------------------|-------------------|------------------|-----------------|
| | AID | IEF | Total | AID | IEF | Total | AID | IEF | Total |
| I. Procurement | 45,867 | 34,311 | 80,178 | 45,549 | 37,194 | 82,743 | 318 | (2,883) | (2,565) |
| II. Evaluations | 3,500 | 0 | 3,500 | 0 | 0 | 0 | 3,500 | 0 | 3,500 |
| IV. Other Program Cost | | | | | | | | | |
| A. Personnel | 75,385 | 16,731 | 92,116 | 68,300 | 20,700 | 89,000 | 7,085 | (3,969) | 3,116 |
| B. Travel/Per diem | 14,819 | 3,200 | 18,019 | 12,230 | 2,630 | 14,860 | 2,589 | 570 | 3,159 |
| C. Other Dir. Costs | 26,600 | 4,409 | 31,009 | 28,775 | 4,444 | 33,219 | (2,175) | (35) | (2,210) |
| III. Indirect costs | 33,829 | 10,618 | 44,447 | 26,712 | 8,215 | 34,927 | 7,117 | 2,403 | 9,520 |
| TOTALS | \$200,000 | \$69,269 | \$269,269 | \$181,566 | \$73,183 | \$254,749 | \$18,434 | (\$3,914) | \$14,520 |

1. No-cost extension granted from September 1, 1994 - March 31, 1995 (October, 1994).
2. Indirect costs calculated at 24.4%, 18.6%, 16.2% during project life.
3. Of the total amount \$158,095 was budgeted for the UPVA project and \$41,905 was budgeted for extension of the CeSSIAM Provita project.

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Subquestion: Were the costs incurred reasonable, relative to the products produced?

According to IEF headquarters, the costs were reasonable in comparison to similar IEF projects. Attempts were made to reduce and consolidate operating costs throughout the project period and salary and staff time allotted are on the low-to-mid end. Competitive quotes from printers were obtained before each materials production. (See **Appendix 8** for Materials Production Costs).

Cost per individual product appear reasonable considering the minimum printing run was made. A collective decision was made by the institutions and clients involved in the collaborative materials development process to produce colorful and long lasting materials for the field. Because the production costs have already been incurred and the basic materials are available for anyone to use (such as photographs, pictures, graphics, tapes and color separations) future printing costs are more obtainable for international NGOs. The costs remain however prohibitive for Guatemalan ministries and local NGOs who may be interested in obtaining large quantities.

Cost recovery from the collaborative materials project was not realized as planned, however, making the cost of production of materials greater than anticipated. To adjust for this, certain materials are being reproduced using less elaborate materials and processing techniques and others are being placed on hold.

Question #2: How did the activities of IEF/UPVA have an impact on institutions using technical assistance and materials?

A brief summary of the primary institutions where IEF/UPVA made interventions and their impacts can be found in **Figure 2**.

NGO Involvement:

Universally expressed among those involved in the collaborative materials process was the sentiment that the process was worthwhile and fulfilled a real need. Institutions noted that the calendar was particularly appreciated and attractive. The pictures from the calendar can be used for a 1995 calendar as well, or simply as a poster. The spots/stories on cassette were listened to and enjoyed on a regular basis. A number of those interviewed have been able to transfer the skills they learned to develop better materials for other projects.

Some of the collaborative materials produced were purchased by institutions involved in the process. Quantities ordered from IEF/UPVA were lower than initially requested. Some reasons included higher costs of materials than estimated; changing

Figure 2

| | ADRA | IEF/Cobán | IEF/Honduras | Peace Corps | PLAN | Project Concern Int. | Project Hope+ | Project SHARE |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Project location, Est. population covered | 50,000 pop. 5 high schools, 40 primary schools | Cobán region pop. 10,000 mothers, pop. 8000 <5yrs | 3 health centers 40,000 pop. 7300 <5yrs | 21 municipalities 80-90 communities | Amatitlán Region: Ladino population | 38,000 pop. 2 villages: San Juan, Santiago | San Marcos, Totonicapán, & Quetzaltenango 32 municipalities, 138,000 families | 20 Depts. esp. South coast and North Petén 381,000 pop. |
| IEF/UPVA INPUTS: TA & Materials: -CMP # workshops -# staff trained -Materials received -Other training | 2 workshops attended 2 staff 10 copies each set 2 | 5 workshops 4 staff flipcharts, cards, posters 1 | * 4 workshops 1 staff 30-40 sets of materials 1 | 10 copies of sets | 3 workshops 1 staff set of materials received | 5 workshops 5 staff 100 calendars, 5 flip charts | 5 workshops 8 staff trained 75 newsletters > 60 sets 20 other trainings | 2 workshops 1 staff 40 cassettes in Spanish and 15 in Quiché |
| MOH participation in TA # and level of MOH personnel | (Worked through churches) | None (will work with MOH in 1995) | 8 aux. nurses and other MOH nurses (2 MOH nurses received CMP training) | *** MOA, DIGESA, womens' groups, home educators, 4H and farmers' groups | N.A. | Gave education in 135 HORLUX centers - (ORS) PCI does education with MOH health promoters | Ministry of Agriculture, DIGESEPE, DIGESA, ICTA, MOH, MOEd. | N.A. |
| Training of trainers for vit. A with UPVA materials | Two trainings over 3 mos. 8 of 20 received diplomas, used cassettes | Monthly training for 4 supervisors and 13 extension promoters which train 200 volunteers | Uses: participatory education, social drama, videos | | N.A. | Trained 5 supervisors, 135 health promoters | Yes, numerous at region, district level, community across sectors | TOT each 6 mos. works with 36 NGOs, target mothers and <5 yr. Use VAC and radio campaigns |
| Community activities and impact | Training just finished, vit. A rich food promotions in community and schools (balanced diet education) | VAC campaign twice yearly and vit. A garden projects Volunteers are just now underway | ** Mothers knowledge good, health promoters know the material to teach | | Vit A syrup megadosing; vit. A education, transferred CMP technologies to AIDS education | Implemented vit. A messages into diarrheal management training | 5600 gardens 42% TBAs give VAC families educated in gardening; micro-enterprise | Has programs in vit. A since 1991, VAC & education |
| Additional reproduction of materials (Y/N) | Yes, cassettes | No | No | Reproduced in different languages | N.A. | No | Yes, many items | Yes, cassettes |
| Comments | UPVA helped boost ADRA awareness of the priority of vit. A. Cassettes found to be very useful. | Vit. A is covered in nutrition education training, training is cycled by topic | URC assessment - supervision spotty but good, MOH integration the project | Used flip charts, cards, and spots with families & womens' groups - material well accepted - created vit. A school materials. | PLAN shifted program focus to AIDS, but will include vit. A based on community demand and need | Objective is to increase vit. A consumption of foods. Program shifted focus mid-proposal to ARI, CDD, EPI | Obtained letters of cooperative agreement with ministries and NGOs | Have produced their own simple materials on vit. A. Used cassettes as radio spots. (felt flip charts were not adequate for their needs) |

* And four INCAP/Honduran staff trained during CMP

** Preliminary findings from URC recent quality assurance assessment of IEF/Honduran Child Survival project

*** Peace Corps works primarily with Ministry of Education with some use of UPVA training

+ - See Appendix 9 for more details

N.A. - Not available or unknown

CMP - Collaborative Materials Project

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priorities and thus budget allocations of some participating institutions (e.g to AIDS, ARI) and relatively high NGO staff turnover.

VITAP and IEF each contributed US \$10,000 and IEF contributed a substantial amount of in-kind costs (salary for staff, office and overhead costs) to the collaborative materials development process and production. Institutions were asked to cost-share the printing costs only. These costs were not known up front. Although the institutions agreed to cost-share, when the materials were printed, only small quantities were ordered by most of those participating in the process. Institutions did however generously contribute in-kind staff time to go through the formative research, making possible the development of high quality, and culturally appropriate educational materials. Approximate costs of materials charged to NGOs by IEF/UPVA are: flipcharts and manual for vitamin A - US \$10.00 each; flash cards \$4.60 each; reproduction cassettes \$2.70 each; and calendars \$1.40 each². Production of the master copy of the tape cassette was approximately \$350 dollars.

IEF/UPVA needs to continually "promote their goods and services". Communication issues and the ongoing turnover in staff in institutions underscore this need. Some institutions were not yet made aware of other IEF/UPVA materials produced, in particular the school teachers guide, the horticulture flipchart and manual produced in conjunction with Project Hope and DIGESA. Others did not know about the resources available to them at the IEF/UPVA training center library in spite of its being advertised in the newsletter.

NGOs such as Project Hope and PLAN International went through the collaborative materials development process and quickly integrated the finished products into training at the community level. They used innovative and participatory non-formal education techniques, insuring greater impact on the community.

Ministry of Health Involvement:

According to the MOH Director General of Public Health (see organogram - **Appendix 9**), there is no current initiative dedicated to vitamin A or micronutrients within the MOH. An industry-based food fortification program had been established first focusing on fortifying sugar with vitamin A and then on iodizing salt.

²These costs differ from the total item costs listed on Appendix 8 because NGOs were charged only for the estimated printing costs of materials.

1. The government has undertaken vitamin A education since 1982. The training of doctors and nurses about vitamin A is relatively poor. Most education is done in the form of short seminars, not as part of in-service training, integrating knowledge into their daily activities.

2. A National Committee for Micronutrients was initiated in 1993 but exists in name only. A current initiative funded by Social Investment Fund (FIS) supported by the World Bank and European Union (EU) is soliciting proposals for micronutrient initiatives providing incentive for this committee to become more active. IEF/Guatemala is considering playing a supervisory role in a FIS proposal where micronutrient work would be carried out in 69 target communities. There are additional collaborating agencies involved with this proposal.

3. A national micronutrient survey will commence in February 1995 in cooperation with UNICEF, MOH, EU, and INCAP to determine priority areas of micronutrient deficiency. The last comprehensive nutrition survey was conducted in 1988.

4. IEF/UPVA has not focused on the support and development of the MOH in its interventions. Ministry involvement was limited to a few persons, during field testing of the collaborative materials project. When the new MOH Minister and Director General of Public Health were appointed to office in 1993, government involvement with IEF/UPVA activities increased. This rapprochement was due in part to the new MOH staff's orientation to NGOs, familiarity with the IEF/UPVA project, and good relations with the Project Coordinator.

5. Most parties involved in the collaborative materials development project, including INCAP, IEF, and MOH, regret that the ministries were not more involved. Government involvement is recognized as important for the institutionalization and sustainability of vitamin A activities. It is a hopeful sign that the IEF/UPVA newsletter is popular among MOH staff and is used as a reference.

6. The planned decentralization of the MOH will pose additional challenges to NGOs, with each Department potentially having distinct priorities, plans, and regulations among other differences.

Question #3: What factors led to support of IEF/UPVA's goals and which factors were constraints?

Supporting Factors

Numerous supporting factors facilitated accomplishment of the IEF/UPVA project.

- clear focus on a singular issue. All efforts were aimed toward identifying, preventing and controlling vitamin A deficiency, through awareness raising, education and training.

- established office and staff support- At the start of the project, the IEF/Guatemala office was well established and in place since 1986, carrying out other projects related to eye health. When housed within the Robles Hospital, IEF/UPVA shared institutional and staff resources with the hospital and CeSSIAM, a research arm of the National Committee for the Blind and Deaf. IEF/Guatemala had strong leadership with Dr. Hernández Polanco, who subsequently became the Minister of Health. The Project Coordinator hired for IEF/UPVA had strengths in anthropological investigation and research. IEF/Bethesda provided technical support for the IEF/UPVA project with the help of staff that had previous experience in Guatemala.

- different types of technical assistance were provided to stimulate and train their clients (e.g. meetings and networking, training, materials development and materials, bulletins were used).

Constraining Factors

Despite its accomplishments, certain constraints in the environment limited the ability of IEF/UPVA to meet its overall goals and objectives.

Overall constraints:

- Low health care coverage: Guatemala suffers from a weak Ministerial infrastructure. For example, the MOH reaches only an estimated 25 percent of the total population; private sector health care coverage (from local NGOs and international NGOs) is estimated at 17 percent of the total population; thus leaving over half the population without coverage.

- Ethnic diversity: There are 22 different ethnic groups each with a unique language, living in difficult and sometimes politically unstable areas.

Constraints specific to IEF/UPVA:

- Few comprehensive coordinating groups were in place; there was no active child survival working group, for example. Although a group was formed in late 1992 around child survival issues, it was not active during the later stages of the IEF/UPVA project. IEF/UPVA needed to determine which institutions were involved in health education and vitamin A activities and create a vitamin A collaborative group. These groups, VATG and the

Child Survival Collaborative Group (CSCG), function intermittently.

- Cost-sharing: Instead of being a source of support, cost sharing became a constraint with NGOs in the collaborative process for the dissemination of materials. NGOs were unclear about cost and time requirements when commitment letters were drawn up and many did not follow through. NGO staff turnover and NGO priority changes were contributing factors.

- NGO, MOH, industry and research priorities and interests about vitamin A were diverse. Although a large number of institutions were interested in vitamin A, they did not have common goals: primarily research-oriented (CeSSIAM, INCAP), others urban-oriented (such as UNICEF with mass-media campaigns), and others industry-focused to implement sugar and salt micronutrient fortification.

- Institutional preoccupation with food fortification. A general assumption pervaded key institutions that fortification of sugar with vitamin A connoted eventual eradication of the problem of VAD. Contraband sugar, rising costs of sugar, and sporadic fortification of sugar among other problems remain unresolved.

- Focusing on vitamin A deficiency as a single issue, while it is a supporting factor in that it helps to have a clear goal, can be a constraint in communicating effectively with collaborators and clients. The issue must be put into proper context of overall good nutrition for good health. A delicate balance of emphasising of the importance of vitamin A and the need to integrate vitamin A messages into their ongoing programs must be made to deliver the message to the MOH and NGOs, who have their own concerns.

- Changes in MOH leadership and lack of staff at the MOH Department of Nutrition limited the impact of IEF/UPVAs activities (and activities of other organizations) on the MOH. Once IEF/UPVA made contact with the MOH Director General of Public Health who was more oriented to working with NGOs and more receptive to vitamin A and micronutrient programming, IEF/UPVA was able to open up avenues for collaboration. However, MOH staffing levels continues to be problematic.

- Vitamin A became a lower priority for some major institutions. USAID/Guatemala shifted priorities away from vitamin A and micronutrients programs toward emphasis on family planning and the child survival components of ARI, CDD and EPI. Improving health information systems and reproductive health services are another of USAID/Guatemala's new focuses. UNICEF shifted priority away from vitamin A toward iodine, considered a more prevalent problem in Guatemala.

III. Discussion

General

The IEF/UPVA Project has made some significant contributions to provision of timely and needed information about vitamin A deficiency in Guatemala and neighboring countries. The project has been a contributing factor to raising the general level of awareness of the problem by sharing information with agencies through networking, by publishing an informative and timely newsletter on vitamin A-related issues, and education and training.

Staff of NGOs and the other institutions received a thorough education by being involved in a sound process of materials development and testing. Not only did Guatemala profit from this effort, but Honduras and El Salvador also received materials and participated in training offered by IEF/UPVA.

High quality materials created by IEF/UPVA have supported vitamin A programs from the central level to the field level. They have been used in training staff from a variety of local and international NGOs, institutions, universities and medical centers.

Unfortunately, the collaborative materials project overshadowed some of the other objectives, limiting realization of one in particular, establishing a working group on vitamin A. IEF/UPVA and agencies became overly engrossed in the necessary, but not all inclusive, materials development process. Had a working group been established, the materials development could have been assigned to a task force while the working group addressed broader issues such as developing a country-wide vitamin A strategy, developing training components and dealing with the complex issues surrounding sugar and salt fortification.

In addition to educational materials, IEF/UPVA offered technical assistance upon request for training at institutions. A more aggressive plan of action including the integration of vitamin A education into the curricula of the medical and nursing school and the university nutrition courses would have helped to institutionalize this training.

The primary use of the IEF/UPVA library was made by telephone requests for information from interested parties, while fewer than a dozen visited the IEF/UPVA office. While it was important for IEF to develop a resource base for vitamin A, the overall value of the library as a resource center for institutions was modest. Materials added to support and expand resource collections in universities, INCAP, or Ministry libraries would have been more accessible to greater number of users. For

IEF/UPVA, there remains the challenge of institutionalizing the library service.

A. Design

As nutritional problems are multi-faceted in nature, solutions to these problems must also be multi-faceted. If a thorough stakeholder analysis had identified the needs and priorities of key players in the problem of VAD, more active and committed collaborators might have been found. Government ministries might have become more involved, and churches might have assumed a role, such as in supporting a VAC campaign or reinforcing the importance of nutrition in health in their church services as Seventh Day Adventists have done. Industry might take more of a role in financing and promoting vitamin A (and micronutrient) rich foods.

B. Training

The IEF/UPVA needs assessment for NGOs did reveal that a real need existed for VAD training materials. In addition, however, NGO Directors and staff needed to learn for themselves the sound processes by which educational materials are developed including formative research, behavior beliefs and behavior change, message development, field testing and evaluation. In addition, institutions operating at the community level needed successful training strategies so that they would have a basic knowledge of adult learning, and could adapt demonstrated models of participatory education. IEF/UPVA did not focus on this latter point.

Although this evaluation team was unable to witness any field training activities which used the materials that were developed, they were able to obtain indirect feedback from some agencies who used the materials. This feedback was almost universally positive. Community promoters, both for agriculture and for health, enjoyed the materials as a tool to teach and to learn from, found them to be culturally acceptable and appreciated the quality and bright colors. Project Hope in Quetzaltenango has used the materials from the collaborative project even before they reached final printing. Their feedback on the utility of the materials was very positive, as well as feedback on the utility of the materials development process. A more detail description of the activities of Project Hope can be found in **Appendix 10.**

The collaborative materials project also involved IEF/Honduran staff managing a Child Survival project who attended trainings held by IEF/UPVA in Guatemala. The collaborative education materials developed with IEF/UPVA were validated in Honduras.

Two staff from the Honduran MOH were involved in the field testing and validation process. IEF/Honduras then used some of the materials from the collaborative project to train supervisors and health promoters. Recently, the URC conducted a quality assurance assessment on the IEF/Honduras CS project. Preliminary results suggest the materials and methods of training the health promoters are adequate. Health promoters could answer questions correctly on health topics including vitamin A. The knowledge of their clients, caretakers of children, was also generally adequate. Although this reflects more the efforts of IEF/Honduras, it demonstrates how effective training can be given using participatory techniques and culturally appropriate materials. This kind of evaluation of the impact on knowledge at the community-level shows promise and could be expanded to assess practices and behavior change as well. Examples of IEF/UPVA materials can be found in Appendix 11.

C. International Momentum

The presence of international NGOs with interest in vitamin A has helped institutions with vitamin A programs in developing countries by lending international importance to programming, by attracting the attention of Ministries and by making access to funds relatively easy. Even though vitamin A activities in Guatemala were numerous when IEF/UPVA started up, they were diverse and scattered, and research rather than training and application was the primary focus. The activities were highly characteristic of the institutions sponsoring them, of their leadership, and of well established patterns of collaboration. Only very carefully planned and intensive efforts could influence this situation, including the building of consensus around root causes and solutions to vitamin A deficiency in Guatemala. IEF/UPVA attempted to set up a cohesive body to coordinate vitamin A activities, the VATG-vitamin A technical group. The attempts, however, were neither well enough researched nor forceful enough to enlist key stakeholders in the effort.

Agencies had developed their own priorities and were less interested in IEF/UPVA initiatives. Some of the key players believed that sugar fortification provided a solution to the problem, treating this imperfect strategy like a panacea. Longer-term measures that were more complicated and labor intensive, like training at the community level, gardening interventions, and education to change the public diet, were of less interest to them. No institution or working group, including IEF/UPVA, attempted country-wide strategies to address VAD as a collective effort.

Given the nature of these constraints, it was particularly important to gain support from Ministries of Health, Agriculture and Education. If representatives had been involved in the design at both central and district levels and more particularly

in the formative research and educational processes, greater promotion of materials at the field level may have been realized. In addition, their commitment would have helped to speed the institutionalization of vitamin A-related activities. Though constraints may be significant, they must be identified, understood and overcome.

D. Project Institutionalization

IEF/UPVA made some steps towards institutionalization of their project efforts. A core group of cadre were well-trained in the formative research process. They in turn have been able to transfer these skills to other topic areas. Fewer persons, however, have shared these skills *within* their organization for enhancing vitamin A programming (with the notable exception of Project Hope).

The newsletter has become a reference document to many who receive it. It is occasionally copied and distributed to others, such as within the Ministry of Health's Department of Public Health and Project Hope who distributes the newsletter widely to regional doctors, clinics and their staff. The information is expected, appreciated, and distributed further.

VII. RECOMMENDATIONS

I. Project Extension

● **Recommend that aspects of the IEF/UPVA Project identified below be extended for 24 months to maximize institutionalization and sustainability of the initial efforts.**

II. Project Design

● **Develop a sound design for IEF/UPVA project extension based upon a comprehensive conceptual framework.** Begin by identifying root causes of the nutrition problem and key stakeholders in its solution. To whatever extent possible, involve in the development of the project design all those parties who will take part in the implementation. Establish simple progress indicators and summative evaluation indicators that are integrated into the objectives.

II. Management

● **Provide the IEF/UPVA/Phase II project with more directive management from headquarters:**

- Take steps to plan for staff turnover when possible: offer long term contracts, and intervene early in management and personnel conflicts, for example. Facilitate team-building.
- Provide the Director and Project Coordinator with frequent financial information (monthly balance sheets and line item balances) on a timely basis to improve programming and planning at the field level.

● **Follow-up project activities and closing the feedback loop to be carried out regularly by IEF/UPVA Project Coordinator.**

III. Training and Materials

A. Training and Materials

Materials:

● **Wide promotion and dissemination of the materials** to FIS selected 69 target communities; MOA to DIGESA community promoters; to MOEd school teachers and children; to IEF Central American field offices, especially Honduras and the Honduras IMPACT Project. Promote materials via IEF/UPVA newsletters, flyers, meetings and conferences, trainings (NGO and government trainings).

● **Additional training of use of materials.** Use vitamin A as a tool to demonstrate effective non-formal and participatory

education techniques (which can be used to teach anything). Subcontract a local specialist, if IEF Central American staff are not available, or use NGOs to train each other. Demonstration of successful education techniques. Explore SIMAC model for schools.

● **Evaluation of the use of the materials.** Since material development was the main thrust of the project, evaluating the use of these materials is the next logical step. A naturalistic evaluation approach where institutions using the materials can incorporate simple indicators should be considered for:

- *Use of Materials:* frequency of use, profile of actual users
- *Methods of Training:* range of teaching methods including non-formal and participatory or didactic, techniques for evaluation and feedback, (i.e. was the information understood?)
- *Attitude and Behavior Change:* changes in point of purchase (changes in the market, increases in the users purchases of promoted foods or seeds), changes in point of consumption (changes in food preparation, intra-household food distribution, and consumption patterns by users).

Consider subcontracting a consultant to assist in the above activities.

● **Create a simple, user friendly "how to" guide for the formative research materials development process** by revising the VITAP/IEF document. While it is comprehensive, the current publication needs to be more concise, easier to access, and contain more hands-on activities.

Training:

● **Invest the time and effort of the IEF/UPVA Project Coordinator in working with a core group** of NGOs and government officials who are motivated to address micronutrient nutritional problems at the community level.

● **Use micronutrient education as a tool to teach non-formal, participatory education techniques.** (For example, train NGOs and government staff how to use multi-media presentation for: foods-based micronutrient promotion, education and behavior change. Slides or videos could be produced locally and used for awareness raising and advocacy at higher levels).

● **Reinforce ties and exchange skills with other IEF offices,** particularly IEF/Cobán and IEF/Honduras. For example, training expertise in Honduras could be shared with regional IEF offices and intra-agency sharing of experiences with child survival and vitamin A programming could benefit all participants. Training

developed by IEF/UPVA for Guatemalan doctors could be adapted for training in Honduras.

- **Expand technical assistance** primarily aimed at central level institutions to localities at the provincial and district level where micronutrient deficiencies are most prevalent. Include ministry counterparts in all TA. Pay special consideration to planning for the challenges of working with the decentralization process of the MOH.

- **Use strategies which facilitate institutionalization** during training activities such as the following:
 - clearly identifying goals and building consensus so that all collaborators agree on the importance of the problem.
 - carefully draw up letters of commitment/cooperation with the collaborators, giving responsibility for training plans to participants and having training participants develop a plan of action, including a schedule for training of trainers.
 - giving active and frequent supervision and follow-up by IEF or a designated person and maintaining the feedback loop.

- **Consider hosting a workshop to establish indicators to measure the success** and impact of the different training methodologies used by NGOs and ministries for vitamin A and micronutrient projects.

B. Newsletter and Library

- **Continue publication of the newsletter and consider increasing the frequency of publication to 4 times/annually.**

- Expand topics to include the micronutrients iron and iodine, in addition to vitamin A, to expand the base of cooperation with existing MOH and NGO goals.

- Orient the newsletter thematically, focusing on the current needs of NGOs and government organizations. (*Themes may include facts about adult learning, non-formal education, how to integrate micronutrient messages and activities into ongoing projects, etc.*).

- Request periodic feedback on the newsletter with insert questionnaires and/or in an highlighted area of the newsletter.

- Simplify newsletter formatting.

- Consider increasing Guatemalan recipients and reducing international recipients.

- **Replicate and donate select library materials to local universities** (for example, Spanish materials to the University of San Carlos, English materials to University del Valle) where they will receive the most use.

IV. Collaboration and Networking

- **Build a coalition or task force around the micronutrient problem**, capitalizing on the momentum of institutions preparing for the 1996 IVACG meeting in Guatemala. Focus on select overriding short-term and long-term goals towards which institutions can collectively coordinate. Consider establishing such a task force within ASINDES-ONG.

- **Expand NGO-to-NGO linkages and NGO-to-government linkages.** Specific activities may include the following:

- hosting a workshop to share experiences of various agencies working on micronutrient projects with sustainable development activities. (*For example, Project Hope's work on gardening, food consumption promotion, revolving seed distribution and small scale animal husbandry; Plan International's work on an alternative community development approach; and ADRA's methods for working through the churches.*)

- facilitating NGO cross-visits to each other's projects, particularly among those who train and support local infrastructures.

V. Sustainability and New Directions

- IEF/Bethesda should obtain models of sustainability from other NGOs, apply the models to develop an IEF program policy and integrate the policy into proposals and program development.

- Additional steps IEF/UPVA can take to develop project sustainability:

- Identify an appropriate government counterpart, such as the Director General of Public Health, with whom to share technical information and experiences.

- Work at all levels to institutionalize the transfer of information about vitamin A. Work through institutions including ministries and NGOs, but also work at the community level, particularly with organized community groups such as with DIGESA women' groups, with home educators on health and nutrition information and family gardening, and with 4-H on cooking, and child-to-child activities. Work with agencies who work with mens groups on agricultural activities: seed banks, small micro-enterprise activities, animal husbandry (pigs, chickens, ducks, and goats). The widespread use of materials and training will help to insure sustainability of information transfer.

- Actively work towards collaboration with UNICEF on vitamin A and iodine issues, particularly concerning promotion and development of micronutrient materials. Follow-up results of micronutrient survey for identification of target communities.

- Promote NGO use of income-generating activities that elevate animal sources of vitamin A and micronutrients. Incorporate examples of successful projects in newsletter articles or inserts, in meetings and responses to requests for technical assistance.

APPENDICES

- Appendix 1: Scope of work**
- Appendix 2: Evaluation team and schedule**
- Appendix 3: List of contacts**
- Appendix 4: Interview protocol**
- Appendix 5: List of documents reviewed**
- Appendix 6: Detailed financial pipeline analysis**
- Appendix 7: List of IEF/UPVA materials produced**
- Appendix 8: Approximate costs of materials produced**
- Appendix 9: Ministry of Health organogram**
- Appendix 10: Project Hope/Guatemala**
- Appendix 11: Examples of IEF/UPVA materials produced**

APPENDIX ONE

SCOPE OF WORK UNIDAD PROVITAMINA A (UPVA) FINAL EVALUATION TRAINING & RESOURCE UNIT FOR VITAMIN A & NUTRITION EDUCATION GUATEMALA CITY, GUATEMALA JANUARY 27TH - FEBRUARY 7TH, 1995

I. INTRODUCTION

The purpose of this final evaluation is to determine what progress has been made toward fulfilling the goals and objectives of the cooperative agreement. The final evaluation is a requirement of the United States Agency for International Development, Global Bureau, Office of Nutrition funded Cooperative Agreement No. DAN-5116-A-00-0067-00. The life of the project extends from September 1, 1991 to March 31, 1995.

This final evaluation is estimated to require 14 days from an external evaluator. The dates of the required field visit are tentatively scheduled for January 29 - February 7, 1995.

II. OBJECTIVES

The requirements of this evaluation include:

- A. A narrative report (English) addressing the attached guidelines
- B. An assessment of the financial pipeline analysis (to be completed with assistance from Bethesda headquarters in advance)

III. ACTIVITIES

The evaluator will lead a team consisting of the IEF-Guatemala Director, UPVA Project Coordinator, one PVO/NGO representative and one representative from the MOH. The evaluation should be a formative one, with significant participation from staff of IEF and other involved institutions. The evaluator will guide team members through a process of: 1) reviewing project objectives and outputs, 2) interviewing of a representative sample of officials of other NGOs/institutions and the MOH, including if possible a field visit; and 3) developing a list of conclusions and recommendations. Major tasks and the estimated amount of time required for each are as follows:

A. Review Documentation (1 day)

Review all project related documentation including cooperative agreement, detailed implementation plan (DIP) quarterly reports and other reports.

B. Briefing with IEF Headquarters (1 day)

Review of project objectives and accomplishments and evaluation objectives with IEF Headquarters and make final preparations for travel.

C. Orient Team/Preparation of Interview Forms (1 day)

Qualitative data will be collected through interviews of key individuals from the project and other institutions. A set of interview questions will be developed based upon the attached guidelines.

D. Interviews/Other Data Gathering (4 days)

Data will be gathered by team members. If necessary, team members will be divided into groups to collect the necessary information. Information will be collected from IEF staff, other PVOs/NGOs (INCAP, Project Hope, World Vision, Plan International, Project Concern, etc.) and the MOH.

E. Analysis of Interviews/Development of Conclusions and Recommendations/Debriefing with USAID Mission (3 days)

Information from interviews and a review of program accomplishments will be summarized to develop conclusions and recommendations. At the end of the week a short debriefing will be held.

F. Report Writing (3 days)

The Evaluator will write a first draft report (conclusions and recommendations) for debriefing and for presentation to IEF for comments and suggestions prior to departure. Preparation of this report will be a continuous daily process of typing interview forms, interviewee lists, findings and recommendations. The final draft will incorporate comments of evaluation team members and IEF-HQ to the first draft. Upon completion of the final draft, IEF staff will have one last opportunity to make comments before the final report is completed. The final report in English will be submitted to IEF-HQ for forwarding to USAID.

One additional day will be provided for travel.

Note: The total number of days in Guatemala are negotiable and may be increased depending upon the ability to schedule interviews and transport arrangements.

REPORT OUTLINE (suggested)

- Cover Page**
- i. Acknowledgements**
- ii. Acronyms**
- iii. Table of Contents**

- 1. Summary**
- 2. Accomplishments**
- 3. Design and Implementation**
 - a. Design**
 - b. Management**
 - c. Quality**
 - d. Human Resources**
 - e. Reporting**
 - f. Headquarter's Support**
 - g. Budget Management**
 - h. Use of Technical Support**
- 4. Program Institutionalization**
- 5. Recommendations**
- 6. Appendices**
 - A. Evaluation Team**
 - B. Scope of Work**
 - C. Evaluation Schedule**
 - D. Sources of Information (list of interviewees/institutions consulted)**
 - E. Interview Guides**
 - F. List of Documents Reviewed**
 - G. Financial Pipeline Analysis**

EVALUATION GUIDELINES

1. **Summary**

The summary should be brief (no more than two pages) and should list the highlights of the evaluation, such as: composition of the evaluation team; time spent; methods employed; main project accomplishments and measurable outcomes; lessons learned during project implementation; key recommendations; and author(s) of the report.

2. **Accomplishments**

How many months has the project been operating? What are the measurable inputs (e.g. training workshops held), outputs (e.g. education materials produced, education materials distributed, people trained, lectures given, etc.) and outcomes (e.g. number of institutions actively using materials produced by the project, number of institutions requesting library information, number of programs that have included vitamin A materials component as a result of the program, etc.) How many institutions/individuals have benefited from this program?

3. **Effectiveness**

What are the relationships between accomplishments and objectives for the project?
What constraints existed to meeting project objectives?

4. **Design and Implementation**

Are there any particular aspects of project design and/or implementation which had a positive or negative effect on meeting project objectives? Please take into account the following:

a. **Design**

Was a needs assessment done of NGOs and other institutions to determine their needs for technical assistance in regards to vitamin A materials development? How many of the total number of NGOs/other institutions utilized project resources and/or technical assistance? How many of these institutions participated in the design of vitamin A educational materials? Did the project set appropriate and measurable objectives of outputs and outcomes? Were the indicators developed appropriate and able to track program progress?

b. **Management**

Were activities planned, executed and completed at appropriate times? How were project difficulties and unforeseen problems addressed? Has project management been willing to make changes when appropriate, and can IEF give a reasonable explanation of the directions and strategies the project has taken? Were project managers, on all levels, effective in their guidance of the project?

c. Quality

Did local project staff have the technical knowledge and skills to carry out their responsibilities? What was the quality of the materials developed? Were these materials tested in the field? Were changes made based on feedback from field testing? Were the unit costs of materials developed acceptable? Have the products produced fulfilled a genuine need within Guatemala? How do other agencies view the quality of the materials produced?

d. Human Resources

How many persons worked with the project? Did the project have the adequate mix of staff to meet the technical, managerial and operational needs of the project? What training did staff receive over the life of the project? Was it adequate/appropriate for their needs?

e. Reporting

Were reports submitted which clearly reflected project progress and problems? Were reports submitted in a timely manner? Did the USAID Project Officers find the reports useful?

f. Headquarters Support

How was communication between IEF-HQ and the project carried out? Was this communication effective in guiding and supporting the project? How frequent were HQ visits to the project? What was the subject of these field visits? Were they helpful in supporting the project and its staff?

What support was provided by the USAID Office of Nutrition? Was this support sufficient and/or appropriate?

g. Budget Management

Did the budget reflect the needs of the project? How does the rate of expenditures to-date compare with the project budget? Is the budget being

managed in a responsible, but flexible way? Can the project justify budget shifts that may have occurred? Were the costs incurred reasonable, relative to the products produced? Why was a seven month no-cost extension granted to the project?

h. Use of Technical Support

What were the types of technical assistance needed by the project? Did the project obtain this assistance in a timely manner? What technical assistance was obtained within Guatemala? Was the level of technical support obtained by the project adequate, straightforward and worthwhile? Are there any particular aspects of the technical assistance which may have had a positive or negative effect on meeting project objectives?

4. Program Institutionalization

Who were the major collaborating institutions? How and when were they first contacted? How did these institutions benefit from their involvement with the project? How have they used materials/information from the project in their own programming? Do their personnel now have the skills necessary to develop their own educational materials? How else, have personnel from other institutions been empowered as a result of this project? Do they believe there still exists a need for project services? If so, how will this need be met once the project is finished? What strengths and weaknesses of the project do other agencies identify? Do other institutions see the project as effective?

How has this project benefited IEF? Has the project strengthened IEF's relationships with other agencies/institutions? Do IEF and other agency staff now have the skills necessary to develop their own educational materials?

What efforts have been taken to sustain key project activities? What key activities are likely to be sustained after completion of this project? What funds from other donors/institutions have been leveraged as a result of this project? What are the potential new activities by IEF or other NGOs and the MOH that have resulted from this effort?

5. Recommendations

What steps should the project and IEF-HQ take to complete its output and outcome objectives by the end of the project? Are there any steps the project and IEF-HQ can take to make project activities more sustainable? Are there any steps the project and IEF-HQ should take to make project activities more applicable, the staff more competent, or the services of higher quality? Are there any steps the project and IEF-

HQ should take to make any lessons learned by this project more widely known by other NGOs and others? Are there any actions that IEF should initiate in its programming as a result of lessons learned by this project? Are there any actions that other NGOs and or the MOH could initiate in their programming as a result of lessons learned by this project?

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APPENDIX TWO

EVALUATION TEAM and SCHEDULE

EVALUATION TEAM:

Dr. Edmundo Alvarez, Program Director, IEF/Guatemala

John Barrows, MPH, Director of Programs, IEF/Bethesda, Maryland

Margaret Ferris-Morris, External Evaluator

Lic. Eugenia Sáenz de Tejada (Kena), Project Coordinator,
IEF/Guatemala

EVALUATION SCHEDULE:

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Friday, January 27, 1995 | PM: briefing with IEF/Bethesda and Ms. Pankaja Panda, USAID/ Office of Nutrition |
| Saturday, January 28, 1995 | Travel to Guatemala |
| Monday, January 30, 1995 | Briefing with IEF team members, review of interview form |
| Tuesday, January 31, 1995 | 8:00 AM: Interview with Angelica Bixcul, Deputy Director Public Health Department |
| | 11:30 AM: Interview with Dr. Hernán Delgado, and Lic. Elena Hurtado, INCAP |
| | 1:30 PM: Meeting with Dr. Baudilio López and Dr. Francisco Puac, USAID |
| | 3:30 PM: Meeting with Minister of Health, Dr. Gustavo Hernández Polanco, MOH |
| Wednesday, February 1, 1995 | 2:00 PM: Travel to Quetzaltenango, visit with Project Hope, meeting with Dr. Francisco Piñeda and Dr. Victor Calderón |

| | |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Thursday, February 2, 1995 | 10:00 AM: Travel to Santiago Atitlán, Sololá, meeting with Leticia Toj, RN and Dr. Francisco Méndez, Project Concern International |
| Friday, February 3, 1995 | 8:00 AM: Interview with Dr. Servio Tullo Ordóñez, ASINDES-ONG |
| | 9:00 AM: Interview with Lic. Nicté Hernández, UNICEF |
| | 2:00 PM: Interview with Dr. Noel Solomons, Dr. Iván Mendoza, and Dr. Jesús Bulux of CeSSIAM |
| | 4:00 PM: Interview with Dr. Gustavo Tápia, PLAN International |
| Saturday, February 4, 1995 | AM: Meeting with former IEF/Bethesda Director of Programs, Jack Blanks, Antigua PM: Draft Conclusions and Recommendations |
| Sunday, February 5, 1995 | Draft Conclusions |
| Monday, February 6, 1995 | AM: Meeting with Dr. Iván Mendoza, of CeSSIAM Debriefing IEF/Guatemala |
| Tuesday, February 7, 1995 | Return to the USA |

APPENDIX THREE
LIST OF CONTACTS

ADRA*

Dr. Albino Ixcot

ASINDES-ONG

Dr. Servio Tullo Ordóñez (formerly with World Vision)

CeSSIAM

Dr. Noel Solomons, Director
Dr. Jesús Bulux, Investigator
Dr. Iván Mendoza, Investigator

Christian Children's Fund*

Dr. Cuevas

IEF/Bethesda

John Barrows, MPH, Director of Programs
Jeffrey Brown, MPH, Child Survival Coordinator

IEF/Cobán

Martha Burdick ed Piedrasanta, MPH, Project Coordinator

IEF/Honduras*

Dr. Raúl Gómez, Director
Lic. Vicki Alvarado, Project Coordinator
Dr. Marilena Aryta

IEF/NCBD

Guatemala

Dr. Edmundo Alvarez, Director
Lic. Eugenia Sáenz de Tejada, Project
Coordinator

INCAP

Dr. Hernán Delgado, Director
Dr. Elena Hurtado, Lecturer

MOH

Dr. Angelica Bixcul, Director General of Public
Health
Dr. Gustavo Hernández Polanco, Minister of Health
(formerly Director of IEF/Guatemala)

OEPA/Antigua

Mr. Jack Blanks, MA, former IEF Director of
Programs/Bethesda

PLAN International

Dr. Erick Castillo
Dr. Gustavo Tápia

Project Concern/Santiago Atitlán, Sololá

Leticia Toj, RN
Dr. Francisco Méndez

Project Hope/Quetzaltenango

Dr. Francisco Piñeda, Director
Dr. Victor Calderón

Project SHARE*

Dr. Lucrecia Méndez

UNICEF

Lic. Nicté de Hernández, Nutrition Officer

USAID/Washington

Dr. Pankaja Panda, Program Assistant, Office of
Health/Nutrition

USAID/Guatemala

Dr. Baudilio López, National Health Officer
Dr. Francisco Puac, Program Officer

US Peace Corps/Guatemala*

Dr. Sergio Mack, Director Health and Nutrition Programs

University Research Corporation*

Dennis Zaenger, MPH, Quality Assurance Project Officer

* *Contacted by Phone*

APPENDIX FOUR

INTERVIEW PROTOCOL

INSTITUTION: _____ **TYPE:** National _____;
International _____; PVO _____; Other _____

DATE: _____ 1995

NAME/Title INTERVIEWER: _____

PROJECT or PROGRAM LOCATION: _____

APPROXIMATE POP. COVERED: _____
(mothers/children/handicapped/blind/other _____)

ACTIVITIES (outcomes) AS RESULT OF IEF INPUTS:

USE OF IEF MATERIALS and TECHNICAL ASSISTANCE:

- 1) Has your institution received materials from IEF? YES ___ NO ___
- 2) Which materials?
- 3) What did you use them for?
- 4) How many were requested?
- 5) Were more reproduced?
- 6) Did you conduct any training with these materials?
- 7) How many trainings? What level of (health worker)?
- 8) Has the networking and collaboration organized by IEF been of value to you (or your institution), if so, how?
- 9) What lessons have you learned from the collaborative materials project?
- 10) Has the IEF/UPVA library been a needed support for you? What location(s) would be most accessible for its use?

Activities as a result of IEF inputs:

- 1) Were MOH health personnel involved? Who and how many?
- 2) Have IEF materials been incorporated into other on-going training curricula?
- 3) Has your institution produced any materials?
- 4) Has your institution adapted any IEF materials for use in programs?
 - a) Describe the nature of the materials. _____
- 5) Has your institution requested any technical assistance- TA (includes training) from IEF on vitamin A?
When _____ And for what kind of event? _____
- 6) Has your agency implemented activities (or plans to) for:
 - a)-increase local production of vitamin A-rich foods?
 - b)-increase the consumption of vitamin A-rich foods?
 - c)-providing vitamin A supplements (capsules)?
 - d)-train health workers in the prevention, recognition, and treatment of vitamin A deficiency?
 - e)-other activities?

- 7) Has your agency:
- a) discussed the importance of vitamin A for child survival?
 - b) submitted proposals which included vitamin A interventions?
 - c) received grants/funds with monies earmarked for vitamin A activities?
 - d) allocated funds for vitamin A-related activities?
 - e) designated staff to be responsible for vitamin A-related activities?
 - f) sent staff for training on vitamin A-related issues?
- 8) What have been some of the obstacles to implementing vitamin A-related activities by your organization? (not enough funding, not a priority, supervisor not supportive, lack of staff, etc.)

Additional Questions?

Micronutrient Programming?

Other areas agencies would like IEF to explore/expand?

Comments?

APPENDIX FIVE

LIST OF DOCUMENTS REVIEWED

1. "Training and Resource Center for Vitamin A and Nutrition Education in Guatemala" A Project for an add-on component to Cooperative Agreement No. DAN-5116-A-00-0067-00, IEF (June 1991).
2. Training and Resource Unit for Vitamin A and Nutritional Education in Guatemala *Unidad Pro Vitamina A Detailed Implementation Plan*, IEF (March 1992).
3. Draft Agenda--International Conference on Vitamin A: UNICEF, INCAP, PAHO/WHO, IVACG, USAID, OMNI and World Bank.
4. IEF/UPVA Materials produced (See Appendix 7). (1992-95).
5. Evaluation Briefing Documents prepared by IEF/UPVA.
6. *Plan de Comunicación Promoción de Consumo Alimentos Ricos en Vitamina A en Niños de 3 Años Y Menores en Guatemala, El Salvador Y Honduras*, Manoff Group, Inc., Unidad Pro Vitamina A/IEF, INCAP (in Spanish). (1993).
7. *Propuesta para la Formulación de Un Proyecto para el Fondo de Inversión Social Area: Servicios Sociales Campo de Actividad: Nutrición, Programa: Suplementación de Micronutrientes Específicos*, E. Hurtado (In Spanish).
8. Sugar Fortification in Guatemala (2nd draft), UNICEF, IEF.
9. *Resumen de la Coordinación y Apoyo Técnico de la Unidad Pro Vitamina A Y Hope* (in Spanish).
10. *Cuestionario para la Distribución de Vitamina A and NGO needs assessment questionnaire*. (Spanish/English).
11. *Sub-Programa de Vitamina "A" Programa Madre-Niño, Asociación Share de Guatemala*, Document (in Spanish).
12. Trifold Brochure and various project documentation- *Asociación Share Guatemala*.
13. Presentation Sections from NGO meetings (in Spanish).
14. Progress Reports 1-10, Training and Resource Unit for Vitamin A and Nutrition Education "Unidad Pro Vitamina A" March 1992-September 1994, IEF.
15. Situation Report for Infants, Mothers and Children (*Realidad Socio Económica de Guatemala*) UNICEF (1994) (in Spanish).

APRIL 1, 1994

TRAINING UNIT

| | BUDGET | | | REVISED BUDGET | | | ACTUALS as of 12/31/94 | | | BALANCE | | |
|------------------------------------------------------|--------|---------|--------|----------------|---------|--------|------------------------|----------|--------|---------|----------|---------|
| | AID | IEF/NCB | TOTAL | AID | IEF/NCB | TOTAL | AID | IEF/NCBD | TOTAL | AID | IEF/NCBD | TOTAL |
| I. PROCUREMENT | | | | | | | | | | | | |
| A. EQUIPMENT and SUPPLIES | | | | | | | | | | | | |
| TECHNICAL | | | | | | | | | | | | |
| 1. Video Unit/Camera | 1,500 | 0 | 1,500 | 1,200 | 0 | 1,200 | 1,200 | 0 | 1,200 | 0 | 0 | 0 |
| 2. Camera | 300 | 0 | 300 | 260 | 0 | 260 | 260 | 0 | 260 | 0 | 0 | 0 |
| 3. Slide Projector | 400 | 0 | 400 | 439 | 0 | 439 | 439 | 0 | 439 | 0 | 0 | 0 |
| 4. Overhead Projector | 300 | 0 | 300 | 220 | 0 | 220 | 220 | 0 | 220 | 0 | 0 | 0 |
| OFFICE EQUIPMENT | | | | | | | | | | | | |
| 1. Computer | 900 | 1,000 | 1,900 | 900 | 2,200 | 3,100 | 900 | 2,200 | 3,100 | 0 | 0 | 0 |
| 2. Printer | 0 | 800 | 800 | 0 | 795 | 795 | 0 | 795 | 795 | 0 | 0 | 0 |
| 3. Volt. Reg. | 0 | 335 | 335 | 0 | 335 | 335 | 0 | 335 | 335 | 0 | 0 | 0 |
| 4. Typewriter | 0 | 110 | 110 | 0 | 110 | 110 | 0 | 110 | 110 | 0 | 0 | 0 |
| 5. Office/Center Fur. | 1,000 | 2,500 | 3,500 | 0 | 2,121 | 2,121 | 0 | 1,352 | 1,352 | 0 | 769 | 769 |
| 6. Photocopier | 600 | 0 | 600 | 698 | 0 | 698 | 698 | 0 | 698 | 0 | 0 | 0 |
| SUPPLIES | | | | | | | | | | | | |
| 1. General Office | 3,000 | 0 | 3,000 | 6,250 | 3,500 | 9,750 | 7,398 | 3,447 | 10,845 | (1,148) | 53 | (1,095) |
| 2. Paper/Printing | 6,000 | 500 | 6,500 | 8,000 | 5,100 | 13,100 | 6,643 | 8,184 | 14,827 | 1,357 | (3,084) | (1,727) |
| 3. Comp. Software | 600 | 0 | 600 | 600 | 0 | 600 | 499 | 0 | 499 | 101 | 0 | 101 |
| 4. Training Materials | 6,500 | 0 | 6,500 | 11,000 | 150 | 11,150 | 9,297 | 564 | 9,861 | 1,703 | (414) | 1,289 |
| 5. Labware | 3,000 | 0 | 3,000 | 3,000 | 0 | 3,000 | 3,000 | 0 | 3,000 | 0 | 0 | 0 |
| B. SERVICES | | | | | | | | | | | | |
| 1. Baseline Enumer. & logist. support | 0 | 0 | 0 | 3,300 | 20,000 | 23,300 | 3,995 | 20,207 | 24,202 | (695) | (207) | (902) |
| 2. Plant/Plazma Anal. | 8,000 | 0 | 8,000 | 8,000 | 0 | 8,000 | 8,000 | 0 | 8,000 | 0 | 0 | 0 |
| SUBTOTAL I. | 32,100 | 5,245 | 37,345 | 45,867 | 34,311 | 80,178 | 45,549 | 37,194 | 82,743 | 318 | (2,883) | (2,565) |
| II. EVALUATIONS | | | | | | | | | | | | |
| Consultant Fees | 2,500 | 0 | 2,500 | 2,500 | 0 | 2,500 | | | 0 | 2,500 | 0 | 2,500 |
| Airfare/Per Diem | 0 | 3,000 | 3,000 | 1,000 | 0 | 1,000 | | | 0 | 1,000 | 0 | 1,000 |
| SUBTOTAL II. | 2,500 | 3,000 | 5,500 | 3,500 | 0 | 3,500 | 0 | 0 | 0 | 3,500 | 0 | 3,500 |
| III. INDIRECT COSTS (See G & A line item) | | | | | | | | | | | | |
| IV. OTHER PROGRAM COSTS | | | | | | | | | | | | |
| A. PERSONNEL IN-COUNTRY PROGRAM STA | | | | | | | | | | | | |
| 1. Training Unit Salarie | 53,090 | 0 | 53,090 | 57,500 | 431 | 57,931 | 54,746 | 158 | 54,904 | 2,754 | 273 | 3,027 |
| 2. Country Director (12 | 2,700 | 0 | 2,700 | 5,385 | 675 | 6,060 | 5,015 | 0 | 5,015 | 370 | 675 | 1,045 |
| PROGRAM SUPPORT STAFF | | | | | | | | | | | | |
| 3. Headquarter's Salaries | | | | | | | | | | | | |
| 24 days/yr | 4,582 | 10,886 | 15,468 | 10,000 | 12,500 | 22,500 | 6,885 | 15,885 | 22,770 | 3,115 | (3,385) | (270) |
| Fringe (25%) | 1,146 | 2,722 | 3,868 | 2,500 | 3,125 | 5,625 | 1,654 | 4,657 | 6,311 | 846 | (1,532) | (686) |
| SUBTOTAL IV. A. | 61,518 | 13,608 | 75,126 | 75,385 | 16,731 | 92,116 | 68,300 | 20,700 | 89,000 | 7,085 | (3,969) | 3,116 |

APPENDIX SIX
DETAILED FINANCIAL PIPELINE ANALYSIS

APRIL 1, 1994

TRAINING UNIT

| | BUDGET | | | REVISED BUDGET | | | ACTUALS as of 12/31/94 | | | BALANCE | | |
|-------------------------------|---------|---------|---------|----------------|---------|---------|------------------------|---------|---------|---------|---------|---------|
| | AID | IEF/NCB | TOTAL | AID | IEF/NCB | TOTAL | AID | IEF/NCB | TOTAL | AID | IEF/NCB | TOTAL |
| B. TRAVEL AND PER DIEM | | | | | | | | | | | | |
| 1. Local and Regional | | | | | | | | | | | | |
| a. Staff Trav./Per Diem | 14,450 | 0 | 14,450 | 8,450 | 0 | 8,450 | 6,391 | 856 | 7,247 | 2,059 | (856) | 1,203 |
| b. Int. Prof. Meet. | | | | | | | | | | | | |
| (1 RT Airfare) | 4,300 | 0 | 4,300 | 3,750 | 0 | 3,750 | 4,488 | | 4,488 | (738) | 0 | (738) |
| (pd @ 10 days pa) | 3,200 | 0 | 3,200 | 800 | 0 | 800 | 932 | | 932 | (132) | 0 | (132) |
| c. Management Trips | | | | | | | | | | | | |
| Travel (2/yr) | 0 | 4,100 | 4,100 | 1,319 | 2,700 | 4,019 | 419 | 1,774 | 2,193 | 900 | 926 | 1,828 |
| Per Diems (20/yr) | 0 | 3,800 | 3,800 | 500 | 500 | 1,000 | | | 0 | 500 | 500 | 1,000 |
| Subtotal IV. B. | 21,950 | 7,900 | 29,850 | 14,819 | 3,200 | 18,019 | 12,230 | 2,630 | 14,860 | 2,589 | 570 | 3,159 |
| C. Other Direct Costs | | | | | | | | | | | | |
| 1. Vehicle Operat. | | | | | | | | | | | | |
| Fuel & Oil | 7,000 | 0 | 7,000 | 3,300 | 0 | 3,300 | 3,440 | 0 | 3,440 | (140) | 0 | (140) |
| Maint./Spares | 3,700 | 0 | 3,700 | 2,000 | 140 | 2,140 | 1,669 | 140 | 1,809 | 331 | 0 | 331 |
| Ins/Lic/Reg | 0 | 3,300 | 3,300 | 0 | 3,300 | 3,300 | 457 | 0 | 457 | (457) | 3,300 | 2,843 |
| 2. Office Operations | | | | | | | | | | | | |
| Rent/Repairs | 1,000 | 19,800 | 20,800 | 4,000 | 484 | 4,484 | 6,220 | 1,884 | 8,104 | (2,220) | (1,400) | (3,620) |
| Telephone | 4,500 | 2,700 | 7,200 | 4,000 | 315 | 4,315 | 5,799 | 619 | 6,418 | (1,799) | (304) | (2,103) |
| Postage/Courier | 4,250 | 0 | 4,250 | 1,000 | 170 | 1,170 | 1,250 | 226 | 1,476 | (250) | (56) | (306) |
| Shipping | 1,000 | 0 | 1,000 | 1,000 | 0 | 1,000 | 824 | 139 | 963 | 176 | (139) | 37 |
| 3. Training Sessions | | | | | | | | | | | | |
| Per Diems (trainees) | 8,804 | 0 | 8,804 | 3,000 | 0 | 3,000 | 2,316 | 1,436 | 3,752 | 684 | (1,436) | (752) |
| Supplies | 5,000 | 0 | 5,000 | 1,000 | 0 | 1,000 | | | 0 | 1,000 | 0 | 1,000 |
| Facilities | 1,618 | 0 | 1,618 | 500 | 0 | 500 | | | 0 | 500 | 0 | 500 |
| 4. Household Study | | | | | | | | | | | | |
| | 6,800 | 0 | 6,800 | 6,800 | 0 | 6,800 | 6,800 | | 6,800 | 0 | 0 | 0 |
| Subtotal IV. C. | 43,672 | 25,800 | 69,472 | 26,600 | 4,409 | 31,009 | 28,775 | 4,444 | 33,219 | (2,175) | (35) | (2,210) |
| SUBTOTAL IV. A.B.C. | 127,140 | 47,308 | 174,448 | 116,804 | 24,340 | 141,144 | 109,305 | 27,774 | 137,079 | 7,499 | (3,434) | 4,065 |
| SUBTOTAL | 161,740 | 55,553 | 217,293 | 166,171 | 58,651 | 224,822 | 154,854 | 64,968 | 219,822 | 11,317 | (6,317) | 5,000 |
| G & A 24.41% | 38,260 | 12,402 | 50,662 | 33,829 | 10,618 | 44,447 | 26,712 | 8,215 | 34,927 | 7,117 | 2,403 | 9,520 |
| TOTAL | 200,000 | 67,955 | 267,955 | 200,000 | 69,269 | 269,269 | 181,566 | 73,183 | 254,749 | 18,434 | (3,914) | 14,520 |

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APPENDIX SEVEN
LIST OF IEF/UPVA MATERIALS PRODUCED

Materials produced by IEF/UPVA and in collaboration with other institutions are:

a) From the Collaborative Material Development Project with IEF/UPVA, IEF/Cobán, IEF/Honduras, VITAP, INCAP, Project Hope, ADRA, WVI, PCI, PLAN, UNICEF, CeSSIAM:

- Flipcharts for indigenous and ladino populations (500)
- Flash cards for indigenous and ladino populations (1,000)
- 1994 calendars (2,000)
- Manual: *El diseño de actividades contra la deficiencia de la vitamin A en Guatemala* (Outline of activities to control and prevent VAD in Guatemala) (500)
- Manual: *Guia para capacitar en el uso del material gráfico y grabado sobre vitamina A* (Guide to facilitate the use of flash cards and flipcharts on vitamin A)(500)³
- Set of slides about chosen themes (breastfeeding, carrots, egg, green plants, liver, father, other family members, lactating mothers) from Alta Verapaz (IEF), Quetzaltenango (Hope), Santiago Atitlán (PCI), Santa Maria de Jesús and Ciudad Vieja (INCAP)
- Audio spots/stories for cassette or radio in two languages (copied upon request)

b) Materials produced by IEF/UPVA:

- Video about activities of IEF/Cobán
- Video about IEF/onchocerciasis project
- IEF/UPVA information pamphlet
- Vitamin A technical document
- Iron technical document
- Iodine technical document
- Vitamin A module for teachers
- Horticulture manual (Project Hope and IEF/UPVA)
- Horticulture flipchart (Project Hope and IEF/UPVA)
- IEF 1992-1993 Fact Sheets in Spanish

c) Additional materials awaiting completion of printing:

- Manual on plant analysis (English and Spanish version)
- Guide to vitamin A slides
- Booklet for preschool children
- Booklet for school age children
- Vitamin A information sheets
- Guide for the use of vitamin A materials

d) Materials produced (limited distribution)

- Poster: IEF's vitamin A activities in Guatemala for Ophthalmology Congress
- Poster: McGill Project for IVACG Congress in Thailand
- Vitamin A technical document for community-level promoters
- Vitamin A guide for health and agriculture promoters
- Formative investigation report from IEF/Cobán
- PROVITA anthropological component report

³Available as a photocopy only until additional funds are received for printing.

APPENDIX EIGHT

APPROXIMATE COSTS OF MATERIALS PRODUCED

| Material | Professional Services | Printing Recording Separation | No. Items | Total cost per item/cost per piece |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|
| Calendar | Printed in USA | Printing \$1,372 Separation \$1,500 | 2000 copies | \$2,872 \$ 1.44/pc. |
| Graphic Materials for the IEF/UPVA Collaborative Project | -Artist (drawings) Q 21,200 -Photographer Q 3,480 -Per diems, allowances translations, design Q 6,253 | Vitamin A flipcharts Cards Multi-color separation Q 68,450 | 1,000 2,000 | \$17,436 \$ 5.80/pc. |
| Audio Materials IEF/UPVA Collaborative Project | -Radio Specialist Q 15,200 -Translation Q 2,500 -Per diems and allowances Q 1,133 | Reproduction of cassettes Q 2,000 | 150 cassettes | \$3,304/master cassette \$ 350 production \$ 2.34/pc. |
| Newsletter | -Desktop publishing Q 1,000 -Desktop publishing course Q 600 | Ediciones Superiores Q 8,698 | 4,000 copies | \$1,806 \$ 0.45/pc. |
| Pamphlet | | Ediciones Superiores Q 605 | 500 copies | \$ 106 \$ 0.21/pc. |
| Vitamin A Document | -Typist Q 91 | Ediciones Superiores Q 4,798 | 500 copies | \$ 858 \$ 1.71/pc. |
| Iodine Document | -Typist Q 91 | Ediciones Superiores Q 3,822 | 500 copies | \$ 686 \$ 1.37/pc. |
| Iron Document | -Typist Q 91 | Ediciones Superiores Q 4,824 | 500 copies | \$ 862 \$ 1.72/pc. |
| Vitamin A Module (for teachers) | | Ediciones Superiores Q 9,391 | 500 copies | \$ 1,647 \$ 3.29/pc. |
| Horticultural Manual and Flipchart | -Drawings Q 3,750 | Ediciones Superiores Q 12,465 | 1,000 pieces | \$ 2,845 \$ 2.80/pc. |
| Slide Set, Info. Sheet, Plant Manual, Preschool and Grade School Booklet | -Design Q 3,550 | (Awaiting funds) | | \$ 623 |
| TOTAL | | | | \$33,395 |

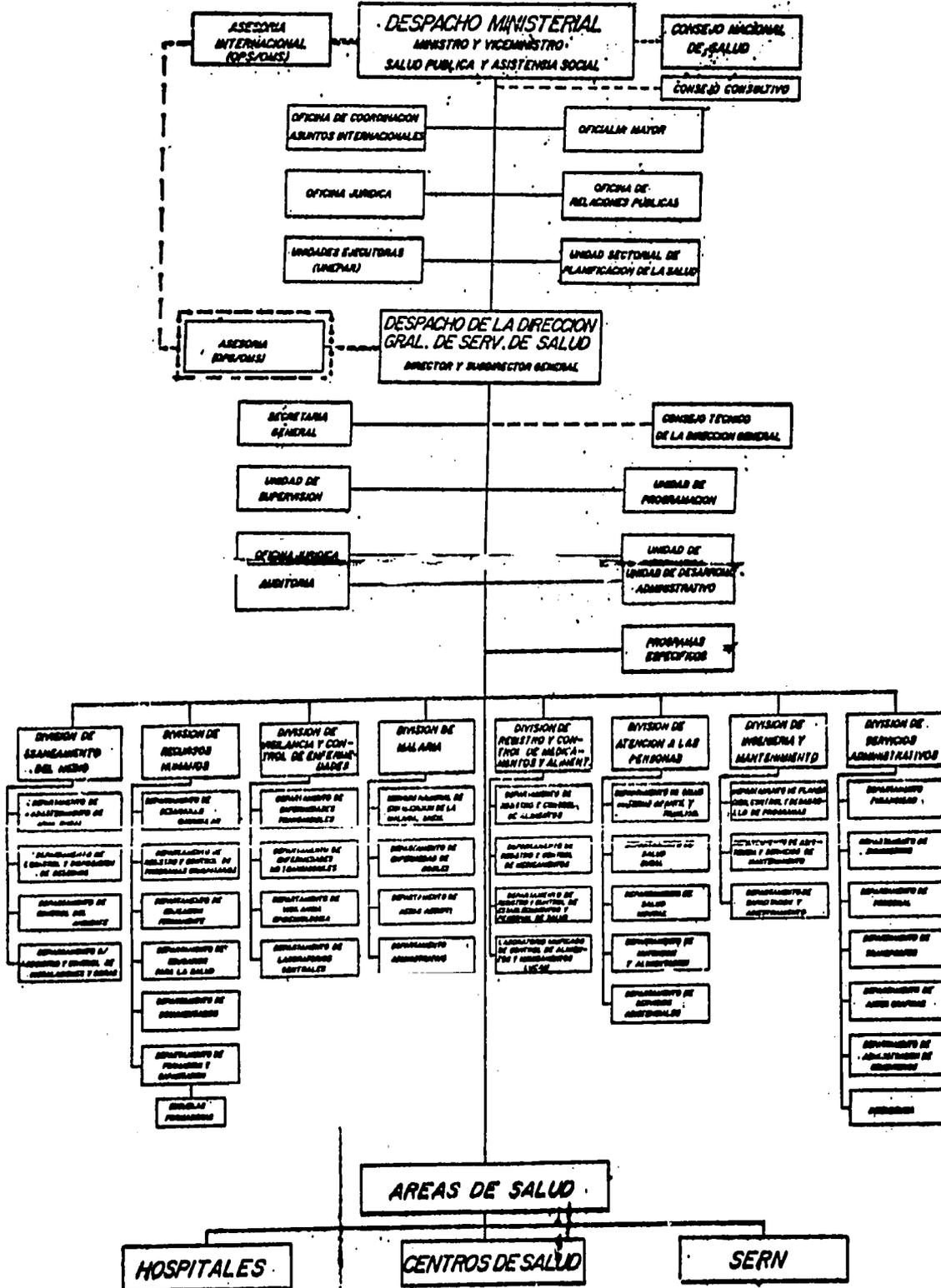
(Exchange rate Q/\$ is between Q 5.7 - Q 5.8)

APPENDIX NINE

MINISTRY OF HEALTH ORGANOGAM

MINISTRY OF HEALTH ORGANOGAM

"ORGANIZACION DEL MINISTERIO DE SALUD PUBLICA Y A. S."



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APPENDIX TEN

PROJECT Hope/Guatemala

Hope's accomplishments in the food production of vitamin A rich foods are impressive: together with local NGOs and community promoters, Hope has initiated 5600 family vegetable gardens in the three regions of: Quetzaltenango (12/29 municipalities), San Marcos (14/29 municipalities) and Totonicapan (6/9 municipalities). Promotion of consumption and gardening of vitamin A rich foods touches some 138,000 families. Nearly 81,000 children are provided with VAC distributed by MOH personnel during semi-annual campaigns. For over five months now, eleven regional radio stations have aired twice daily, free of charge, the vitamin A spots produced during the collaborative materials project. Hope adapted the spots into the Quiché language. In Totonicapan, 42 percent of traditional birth attendants (TBAs) sell or give VAC to post-partum mothers. Nutrition education, with a focus on vitamin A rich foods, is a part of all of the above activities.

Their approach is multi-sectorial: through the Ministry of Agriculture's community workers in *DIGESEPE*, *DIGESA*, and the *Institute of Science and Technology (ICTA)*; MOH health promoters; and through primary school teachers supported by the Ministry of Education. They also worked closely with the Jefatura de District and Jefatura de Area (regional and district level health directors) in raising awareness and obtaining commitment letters to work together.

They have worked closely with IEF/UPVA to develop high quality and culturally appropriate messages. They work exclusively with IEF/UPVA on the development of the horticulture flipchart and manual. All the educational products of the collaborative materials project (CMP) has produced are widely and regularly used in Project Hope's promotion and training activities. Community promoters and mothers have found the materials bright and colorful and messages acceptable, although no evaluation of the impact of the materials has taken place.

Hope started using the CMP materials before they were in final print. Drafts were photocopied and given to mothers and children to color in during participatory education sessions. Training with the materials have been numerous, too numerous to document with ease. Training has been multi-disciplinary in nature and through many channels. Radio spots provided free.

The collaborative materials process with IEF/UPVA has been an important part of Hope's approach to development and in its implementation of projects. The process was very useful, providing them with the skills necessary to develop sound educational materials, not only for vitamin A but other areas as

well. They better understood the needs of their community and what messages are needed to motivate them.

To enhance project sustainability Hope's scheme for gardening included distributing seeds free the first two years, and promoters selling at a subsidized rate in subsequent years. Families give DIGESA workers back some of the seeds after the harvest. These seeds can be used for including more families in the project. A second strategy of Project Hope for sustainability is to work with local NGOs, Peace Corps, Christian Children's Fund, and Department of Agriculture field workers -- ICTA.

Project Hope, established in Guatemala for 18 years, has shifted its focus to more appropriate community development methodologies. The initial promotion of the new approach to Hope's projects did not come overnight, taking eight months to secure letters of agreement levied at each level (except district). In addition to a collaboration agreement, Hope worked out a more participatory way of program coordination and management. The processes were lengthy, but necessary, says Hope Vitamin A Project Director, Dr. Victor Calderón.

Hope has made a positive a change of direction in their Quetzaltenango project - formerly more didactic in approach, now it is more participatory at a number of levels. Staff actively work with local authorities and local NGOs to help support integrated development community activities. Community promoters are all trained in a participatory manner. Hope used many non-formal techniques to train its health and agriculture promoters, who ultimately deliver the same vitamin A messages. Vitamin A used to be the only focus, Hope staff realized that was inappropriate. Everything is now integrated.

The IEF team visited the Project Hope Vitamin A project operating in Quetzaltenango. Project staff presented their vitamin A display - a room dedicated to vitamin A promotion and treatment. A human-sized carrot costume stood amidst the vast array of audio-video materials spread from one corner of the room to the other. Their enthusiasm over vitamin A was truly impressive.

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APPENDIX ELEVEN

EXAMPLES OF IEF/UPVA MATERIALS PRODUCED





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