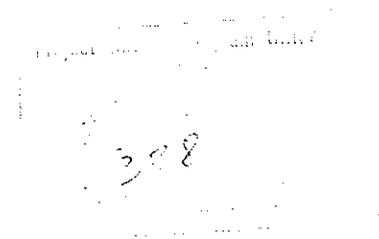


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PANFAR PROJECT EVALUATION

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EVALUATION OF THE PANFAR PROGRAM

1. EXECUTIVE SUMMARY

1.1. INTRODUCTION

During November and December 1992 the consultant conducted an evaluation of the PANFAR program. It covered 6 of the most representative UDES of the 3 national regions in Peru. The evaluation team used all supervisory procedures and computer programs developed by PRISMA including beneficiaries' interviews. The analysis included a thorough review of goals and objectives for operational years 1991 and 1992.

The period 1989 - 1992 was the basis for the creation and implementation of the PANFAR program. The strategies enforced during those years permitted a well-substantiated change of the food support programs activities. Change consisted in transforming a food distribution type of help into the overall integration of health care services provided by the Ministry of Health (MOH from now on). The first and main objective directed to the purpose and extent of services provided to the high risk population seems as having been obtained.

For the fiscal year October 1992 – September 1993, priority should be towards program consolidation. This includes a more sustained and intense approach to the community level work to attract beneficiaries. In the medium term supervisory activities and the development of the Kusiayllu model should get the highest priorities.

1.2. STRATEGIC POSITIONING

The relationship of A. B. PRISMA with the Ministry of Health, the National Institute of Health (NIH from now on) and the Regional Governments:

1.2.1. Program image

PANFAR seems to be a program of A.B. PRISMA, not the MOH. This information comes from the interviews performed at the National Institute of Health with their main executives. There is also an informal network from the MOH, which sends data and reports on a regular basis to PRISMA. This network is largely the result of the above mentioned perception at MOH level as well as PRISMA's abilities for troubleshooting.

On the other hand, this situation seems to be a restriction for PANFAR's main purpose of bringing targeted population to MOH's focus on integrated health care activities. This is particularly important regarding physicians and professional personnel not directly involved with PANFAR activities.

Uncertainty is the keyword regarding the process of regionalization. This is an area for widespread revision at the Democratic Constitutional Congress. It covers the number of Regions, up to the limit of the actual departments, as well as their organization and member's election by popular vote.

Under present circumstances PRISMA is forced at least during 1993 to maintain the actual complex relationships:

- △ With the National Institute of Health as contractual party
- △ With The MOH as the technical and normative organization in charge of health care in Peru and as the UDES's coordinator.
- △ With the regional governments as possible executioners of health policies in their own territories. This could include supervision and control for UDES.

RECOMMENDATION:

The lack of identification of the UDES and UTES personnel with the PANFAR program could be faced with a weak or strong strategy. Weak strategy in this context means PRISMA to reduce its leadership role. The second alternative is to maintain PRISMA's positioning but simultaneously to strengthen the MOH's participatory level. This last option is the recommended one by the evaluation team.

We strongly recommend to include marketing messages during training activities. These messages should be designed as to manage a higher degree of identification with PANFAR from MOH personnel. It is necessary to program working seminars for medical professionals from MOH. Other activities cover to show symbols, flags, posters and other materials from those institutions. PRISMA must study the way to stimulate the actual participation of these personnel.

1.2.2. Fund management: secondary freight charges

Neither the MOH nor the NIH has covered secondary freight charges on time and/or the required amount. Secondary freight charges cover expenses incurred for transportation from UTES up to the beneficiary. Such situation is the result of severe macroeconomics restrictions from the Ministry of Economics (MEF). A lack of initiative and aggressiveness from the NIH regarding the managerial tasks related to budget disbursements is also an important factor.

Austerity and budgeting restrictions for public sector prevailing during 1992 will continue in coming years. At least in the course of the evaluation process we learned of a cut of 11% in budget funds for NIH in 1993 fiscal year. This amount to a 33% cut if compared with original 1992 budget. The conclusion seems to foresee difficulty with secondary freight charges funds under NIH during 1993.

Being this a critical point regarding the supply of beneficiary's rations, it is highly recommended to fulfill an strategy which could flex PANFAR's Project.

RECOMMENDATION:

To fulfill a group of actions:

- ▲ Try to get direct funds from Title III PL480 and/or through FONCODES's projects so as to PRISMA may assume secondary freight charges.
- ▲ Get official approval from MOH and NIH, so as to beneficiaries could eventually pay for freight charges, as has been the case for Ayacucho, where this sort of initiative has accounted for budgeting deficiencies removal.
- ▲ To give managerial support to NIH for budgeting disbursements before the ministry of finance, including the strengthening of relationships between those two public offices.
- ▲ The administrative division of PRISMA to approach the ministry of finance so as to improve actual attendance conditions to NIH and eventually under Title III of PL480 or FONCODES. This suppose to establish a permanent liaison position with the people of the ministry of finance in charge of budget disbursements.

1.2.3. Long range strategies (community reinforcement)

Many information sources reveal that most of PANFAR's beneficiaries are attracted at MOH' posts. Field work to attract beneficiaries is very limited due to human resources limitations at MOH level. However, this weakness could be overcome with a deeper work at the community level. PRISMA's experience with the Kusiayllu model was reviewed by the evaluation team. We found it satisfactory and consider it a valuable tool for the development of the program. It might overcome even the programming of beneficiary's cover, since the practice under the Kusiayllu is a population census.

The Kusiayllu (happy village) as appreciated in Ayacucho by the evaluation team as an effective mean for community participation may become an important tool for promoting and disseminating the program in hard access areas.

RECOMMENDATION:

To maintain the actual efforts in 6 communities and to further extent the scope of the community work through the extensive training of future promoters. A goal for the program should be the conversion of a certain percentage of beneficiaries as PANFAR's promoters. For 1993 additional places should be programmed and funds should be prioritized and provided in accordance with the importance of this activity.

As Kusiayllu's activities grows, annual programming should vary so as to reflect the right coverage this way of work means in contrast with the actual procedures.

Community activities should be complemented with programs for income generation, such as "cuyes" farms, fish farms, bio orchards and similar of foodstuff production. This is the permanent way to guaranty the recovery of PANFAR's beneficiaries. In this case the recommendation calls for initial investments to be executed with rotary funds so they may permit the repayment and future rehabilitation in other zones. PRISMA exhibits the knowledge and experience to develop these activities and to substantially improve the long range impact of the program. The proposal could consider and include PRISMA's acting as a sort of compensation agent among different zones since depressed consumption should impede repayment on most vulnerable zones.

1.2.4. Weight / size as control axis

Due to its inherent precision to diagnose actual malnutrition, Waterloo indicator (weight/size) should be used more extensible. The last demographic survey (ENDES 1991-92) includes this indicator. This should be an easier way to establish the target population of the program, to have a census by zones and to establish specific coverage goals. In this regard the physician's participation in the program is very important. And thereby the need to a grater identification of them with the program.

RECOMMENDATION:

To establish a program so as to get MOH to use the Waterloo indicator and the weight/size as a key indicator for actual malnutrition. The NIH agrees with PRISMA's view so we might expect support to this proposal from them. The tools that PRISMA is developing (disks, charts) as well as the supply of balances and size scales for all posts which does not have one (our estimate is for 30% of total health posts) should be programmed in budget.

1.3. PANFAR's SUPERVISION

1.3.1. Supervision Coverage

The supervision coverage of PANFAR program has not been very extensive. In the case of the Central Zone and Lima, only the 23.57% of the establishments which delivered information received supervision from NIH/PRISMA during 1992. In the case of the North Zone the supervision only covered 5.36%. An efficient and correct supervisory process is a permanent vehicle for training and institutional experiences interchange. This is of the utmost importance since lack of funds at MOH level do not let training workshops designed and conducted by PRISMA to be replicated.

PANFAR demands a permanent and widespread coverage for supervision since it deals with a high risk population as target and looks forward to integrate actions with other health services. Supervisory experiences must be shared with NIH and MOH at workshop level. These workshops must review goal fulfillment as a mean to improve programming, specially at UDES's level.

RECOMMENDATION:

To program for 1993 a supervisory scheme to cover all participating health posts. At least 2 annual visits must be performed to each health post. Funds required for this activity must be committed. PRISMA must coordinate with NIH and MOH the members of the supervisory teams. This is critical due to the required time frame and the level of involvement of team members. The evaluation team has learned PRISMA has trained 648 candidates for supervisory activities at MOH level.

By the other hand, supervisory procedures must emphasize logistics and stock management at UDES - health posts's level, detecting bottlenecks and performing follow up procedures with UDES.

1.3.2. Beneficiary's Supervision

Our experience at the evaluation team is that in the reduced time frame of the supervisory visits as actually performed, it is least probable to obtain a significant and valid sample of beneficiary's families. Validation in this case is referred to the fact that supervisors will prefer to visit families close to the post if not to interview actual incoming beneficiaries.

As per statistical records at PRISMA, in the North Zone, 58% of beneficiaries stay up to three months. Since the program demands a stay of 6 months at least, this could mean a poor selection process. However, it must be considered that the way the staying period is computed is not correct. Half yearly dates have been established which disturbs the figures. This methodological aspect must be corrected as soon as possible.

RECOMMENDATION:

To extend the time dedicated to the supervision of beneficiaries so as to cover the population with a significant and completely randomized sample segmented by regions at the national level. To design specific supervisory visits to cover the total population of beneficiaries at randomly selected locations. This activity must be complemented with a redesign of the interview so as to eliminate redundancies and ambiguities.

1.3.3. Graduation of beneficiaries

If the minimum staying time frame for the program has been estimated to be 6 months, clear indicators for beneficiary's graduation must be devised. These indicators must state clearly the effectiveness on treatment and rehabilitation of the high risk families and their malnourished children. The development of the graduation criteria will complement all supervisory procedures.

RECOMMENDATION:

To develop a system for graduation criteria of PANFAR's beneficiaries so as to establish the effectiveness on treatment and rehabilitation of the high risk family and their malnourished children. The development of the graduation criteria will complement all supervisory procedures, besides completing the results indicators for the program. This aspect needs to be considered with the redesign of interview forms to the beneficiaries.

1.4. FOOD RATIONS

Food ration is the core of the PANFAR program. The efficacy and quality of the program depends heavily on its composition and distribution. Actual composition covers 32% of caloric complement and 47% of daily protein needs for beneficiaries. To raise the caloric content of the ration is an important objective. Nevertheless, vegetable oil is a particularly costly component and to increase the contribution of this item should be beyond the capacity of the program. On the other hand, oil is the most commercial attractive component and due to that reason subject to the greatest level of leakage, waste and losses, because it might be withdrawn from its package.

It has to be mentioned that there is a certain degree of ration dilution in the benefited families. At the same time the highest risk group is for 6 through 18 months of age. This group is severely affected by the dilution. Some level of research regarding ration dilution must be performed to overcome these difficulties.

RECOMMENDATION:

To conduct operational research in coordination with NIH so as to design food rations which may combine donated food as well as locally produced ones. The research must privilege children between 6 and 18 months of age. On the other hand the necessary studies and proofs at the local level must be performed to establish new food rations. A study to define the degree of dilution and the way it affects the effectiveness of the program should be conducted in coordination with the NIH and it should pointed out a solution for large family cores.

Special emergency conditions such as floods, frost and droughts deserve an increase in rations so as to compensate for the additional pressure on ration dilution. Other considerations have been discarded due to logistics problems in food distribution.

The designed brochures for menu building with donated foods and other locally purchased must be printed again and duly distributed on a national scale. It is strongly recommended that an appropriate amount of food be destine at the local health post level for cooking demonstrations and to improve the use of food rations.

1.5. PANSERV

The evaluation team has detected difficulties with the supervisory module. They could be resumed as follows: 33% of total items in supervisory forms show problems. Problems arise from the form itself or from the computer program supporting it for data processing. Problems range form undefinitions, inconsistencies and a lack of automatic treatment in the computer up to limitations in the computer program itself.

The level of manual treatment that must be performed to the information compromises its quality. This aspect is known in PRISMA as "critique" and codification. Nevertheless, it must be mentioned that statistically speaking this problem is known as "non sample error" and it affects severely the quality of the information found. The level of difficulty detected by the evaluation team must be solved with a new programming in the computers which stems from a complete redesign of forms so as to stop ambiguities

RECOMMENDATION:

A new supervisory system must be designed and implemented in the computer. The first step is the redesign of forms used having in mind the need to avoid any ambiguity and to rationalize the required information as an outcome of the experiences up to date.

The computer programs must have the necessary capabilities to automatically validate the data. Supervisory forms must be processed directly on the computer with results for supervision team members, without requiring any further intervention. These considerations will overcome the actual problems on dealing with information. The evaluation team considers reinforcing supervisory procedures as the highest priority. At the core of it, information is the basis for the development of these efforts.

A global data base design should stop duplications and ambiguities among the different modules of the PANSERV system.

2. EVALUATION'S METHODOLOGY

2.1. OBJECTIVES OF THE EVALUATION

In accordance with reference terms, the evaluation of the PANFAR program includes the following objectives:

1. To establish the degree of development the program has accomplished on the pursuit of its original objectives and goals.
2. To give recommendations for possible adjustments in objectives and/or indicators of the program as per the obtained results.
3. To identify the main problematic areas of the program which could have blocked its progress and to give recommendations for its solution under the program being executed.

The evaluation performed has given answer to the proposed objectives on the above mentioned paragraphs. The Executive Summary lists the principal conclusions and recommendations of the consultant and the evaluation team which answer objectives 2 and 3 above. Objective number one will be developed through out the present report.

2.2. METHODOLOGICAL CONSIDERATIONS

The present evaluation was developed using a triple framework on its execution: the analysis of the results of the PANFAR project, the analysis of the processes of the project and the application of interviews on 6 representative UDES chosen in accordance with PRISMA. During this last phase all forms, procedures and computer programs for supervisory processes used were those actually used by PRISMA personnel.

Interviews were applied to UDES, UTES and health posts as well as to program's beneficiaries. In depth meetings were held besides all other interviews with the executives in charge of National Institute of Health (NIH) and PRISMA's personnel in charge of PANFAR,

The evaluation team included besides the consultant subscribing the present report the Economist Rosario Ruiz, bachelor Norma Chavez, engineer Rolando Carpio Ochoa and Eng. Manuel Pasco.

The information sources used besides interviews and meetings developed by the evaluation team, include documents, reports and prior evaluations submitted by the executive staff of PRISMA. The data for verification of the progress toward objective fulfillment of the PANFAR came from the information compiled and available from the supervisory and monitoring system of the program.

In addition to all mentioned above, the methodological design included:

△ Identification of problematic areas

The following points of reference were considered:

- ⊗ Relationship NIH / UDES
- ⊗ Relationship PRISMA / NIH / MOH
- ⊗ Relationship PRISMA / UDES
- ⊗ Identification of target population, including the pre school component
- ⊗ Size and composition of food ration
- ⊗ Availability of complimentary inputs to the program
- ⊗ Integration of the PANFAR Program with other health and maternal child care programs
- ⊗ Informal network
- ⊗ Stocking and transportation
- ⊗ General security matters

△ Aspects regarding the participation and development of women

All following aspects regarding the role of women on the development of the program:

△ Design, evaluation and implementation

- ⊗ How were women's role and interests compared to those of men, considered in the design, evaluation and implementation phases of the PANFAR program ?

- ⊗ On which ways did women participated on these processes (compared to men)

△ Effects and impacts

- ⊗ Which were the effects, positive or negative regarding women (compared to men) for income, education and training and in regard with workload, homework and community role and health conditions.

△ Availability of information

¿ Were available information for each phase of the project ?:

- a. Design
- b. Appraisal / approval
- c. Implementation

- d. Monitoring
- e. Evaluation

A Sustain ability

1. ¿ How did women integration to the activities of PANFAR affected the sustain ability of the results of the project ? Were the results more or less sustainable when women were considered in the PANFAR activities.
2. Are the attained results by the project equally sustainable between men and women beneficiaries.

3. ANALYSIS OF RESULTS

3.1. TOTAL MOVEMENT OF FOODS 1989 - 1993

As per PRISMA supplied information, the following table resumes food movement for the period 1989 - 1992 and includes forecast for 1993 as much on tonnage as values including freight charges:

	1989	1990	1991	1992	1993
Metric Tons	14,909	15,330	16,594	19,988	20,419
US\$	5'977,025	6'373,972	6'789,105	8'150,741	7'961,775

The table shows a 37% increase on tonnage of distributed food for the period under analysis. Proportionally, values including freight charges grew 33%. Donated food arranged by decreased value are: wheat, edible oil, C.S.B. and vetch.

3.2. THE ANNUAL BUDGETS

	1988-89	1989-90	1990-91	1991-92	1992-93
Monetización Title II	—	605,254.32	1'972,058.46	2'447,735.68	2'900,000.00
OPG	332,300.00	178,900.00	57,100.00	181,700.00	116,852.00
Total (US\$)	332,300.00	784,154.32	2'029,158.46	2'629,435.68	3'016,852.00

The above table shows executed budgets by PRISMA for years 1989 through 1992 and budgeting forecast for 1993. This last year includes institutional strengthening.

Combining the two prior tables we could obtain an annual cost per dollar of distributed food:

	1988-89	1989-90	1990-91	1991-92	1992-93
Budget(US\$)	332,300.00	784,154.32	2'029,158.46	2'629,435.68	3'016,852.00
Food (US\$)	5'977,025.00	6'373,972.00	6'789,105.00	8'150,741.00	7'961,775.00
Cost for 1\$ of food	0.06	0.12	0.30	0.32	0.38

This table produced from reports on budgeting execution and tonnage of distributed food seems to reflect an increasing unit cost. This fact is important to analyze because it is the cost of mobilizing the donation and could be used as a gross productivity indicator. Ideally, it should be decreasing since it has been established in dollars. This is not the case and we need to take into account some other monetary considerations.

The weekly bulletin of the Peruvian Central Reserve Bank (Nota Semanal del BCR, date set. 28th, 92), table 50: Nominal and real exchange rates shows that one dollar from the second period (89-90) was equal to 58.45% of the first budgeting period. In other words the 12 cents for that year amounted to 6.5 cents of the previous one. By the same procedure the 30 cents consigned for period 90-91 are almost equal to 9 cents on the first period.

We must consider here that for the first two periods food transportation figures were very low. The relative price increases for transportation was higher than the average in those dates due to tariffs deregulation. It is also worth noting that the project started close to the economic shock of September 1988 which produced a massive devaluation of the Inti. Unit costs seem to stabilize for the last two periods although the exchange rate exhibited a real decreased value estimated about 30% per year on average.

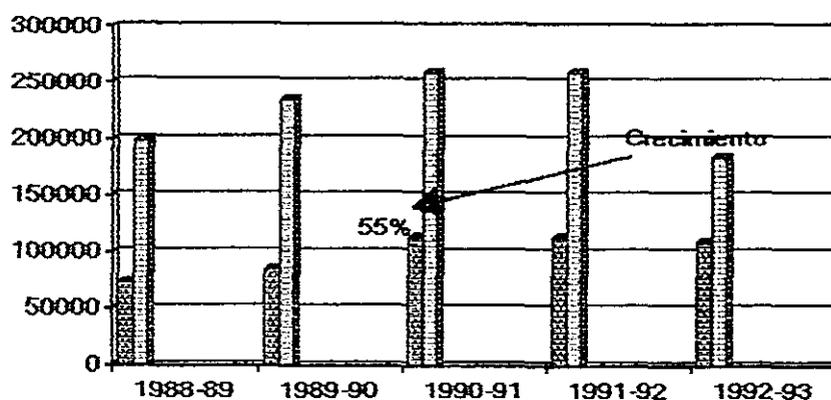
All above comments allow to point out that costs are apparently reasonable. Cost justification must be found on program's content and quality rather than on economic considerations. Due to the well known economic turmoil of this period the analysis far exceeds the scope of the present report.

Regarding administrative costs, these comprised food manipulation which in 1993 include vetch grounding, office's equipment, computers, furniture, machinery, warehouse furnishing, insurance, office's materials, vehicles fuel and maintenance, public services (light, water, phones) plus the rent of 6 locations and other services.

3.3. BENEFICIARIES SERVED UNDER PANFAR PROJECT

Beneficiary's population duly programmed for years 1988 through 1992 is resumed in the following table as per PRISMA's records:

	1988-89	1989-90	1990-91	1991-92	1992-93
Families Beneficiaries	73,252	84,317	113,500	113,500	110,000
Pre-school	198,939	234,451	258,966	258,966	185,000
Budget (US\$)	332,300.00	784,154.32	2'029,158.46	2'629,435.68	3'016,852.00
Cost per served Family.	4.54	9.30	17.88	23.17	27.42



As we may see the number of served families grew 55% for the period 88 - 92. The pre school component of the program grew by 30% on the same period. The level attained, considering that it includes more discipline criteria for selecting the target population, reveals the maturity of the project. If we need to establish a cost - benefit function it should be necessary to compare the cost per attended family with those of malnourished children rehabilitated in clinics at the MOH level.

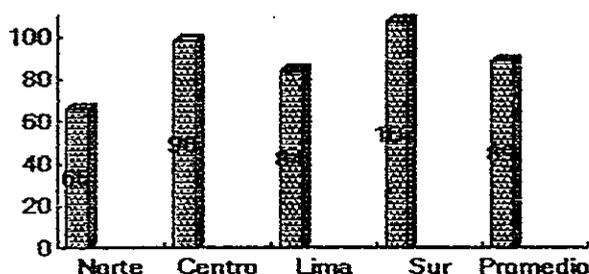
3.4. RESULTS FOR 1992 PANFAR's OBJECTIVES

3.4.1. Beneficiaries

1. To implement an strategy so as to identify a target population of 113,500 families of high risk mothers and 227,000 children (from 0 up to 59 months) and 259,000 children at pre school ages on rural high zones, isolated (selva) jungle, and the shanty town (pueblos jóvenes) on peri urban zones, for 1992.

Note: this objective overcomes the original objective which called for 74,000 families and 234,000 children at pre school age for the first year in multiyear plan (MYOP).

UDES and UTES have reported to PRISMA an 89% (101,000 beneficiary families) advance to fulfill the programmed objective. Nevertheless we have to mention that up to December 1992 the reported information only amounted to 26% of total required.



As we can appreciate, south zone (107%) has the greatest level of fulfillment followed by the central zone (98%). The north zone has the lowest relative performance (68%) followed by Lima (84%). Piura's UTE shows only 18% of accomplishment and is the lowest one.

We must point out however the low level of information received at PRISMA. This stresses the need for a closer supervisory procedure at program level.

Coverage is defined as the relationship between the programmed beneficiaries and the effective level attained, by PANFAR's officers. We consider this to be an inappropriate definition, since coverage must be referred as the relationship between total effectively served population and the total estimated population at risk.

Regarding the Pre school Program, the field visits confirmed the absent of information at all levels. The report : "beneficiaries served as per executors data" does not point out the evolution of this objective. To monitor progress toward goals in this area it is necessary to improve control at health post level and to emphasize the supervisory component of the program.

RECOMMENDATION:

The report : "beneficiaries served as per executors data" must also state information to show progress in the pre school program, comparing attained against programmed level.

PRISMA must insist with the NIH and at UTES level about the importance of on time information reports. A quarterly or half yearly workshop with the participation of main responsables from UTES and representative establishments should evaluate the programming and progress towards goals. This information should be the prime input to tune PANFAR's programming. Special consideration should be given to the pre school program due to the lack of control and effective information.

2. To deliver supplementary foods for a minimum of 6 consecutive months to each of the participating families through a nutrition program integrated to the maternal child care activities during 1992.

The information in PRISMA comes from interviews to beneficiaries. This let us know beneficiary's staying period per UDES. At central site there was information only for the North zone, the Central zone and Lima. The South zone had not sent their information by the time this report was produced.

	North zone	Central and Lima	Total for 2 Zones
1 month	40.00	14.56	21.14
2 months	8.18	8.86	8.71
3 months	10.00	12.34	11.75
4 months	5.45	11.39	9.87
5 months	0.91	7.59	5.88
6 months	16.36	9.81	11.51
7 months	2.73	9.81	7.99
8 months	—	1.90	1.42
9 months	3.64	3.16	3.30
10 months	0.91	1.90	1.65
11 months	1.82	0.63	0.95
1-2 years	10.00	4.43	5.88
3-4 years	—	1.58	1.02
Undetermined	—	12.03	8.93

As the above table shows, beneficiaries with up to 3 months staying period are 41.6% of total (58.2% at North zone). This does not concord with the objective. 15.8% of total beneficiaries have been with the program for more than a year and regarding the case of the central zone and Lima, 12% could not define their staying period. As per the Kusiayllu at Piura, only 45% of beneficiaries under severe malnutrition are given a certificate of discharge after the first 6 months period.

If the minimum staying time frame for the program has been estimated to be 6 months, clear indicators for beneficiary's graduation must be devised. These indicators must state clearly the effectiveness on treatment and rehabilitation of the high risk families and their malnourished children. The development of the graduation criteria will complement all supervisory procedures.

It was explained to the evaluation team that to consider the staying period of the beneficiaries they used to count programmed ins and outs every 6 months. This fact distorts the statistics and the level of verification in the fulfillment of the proposed goal.

RECOMMENDATION:

To redesign the supervisory form asking only for staying periods beyond 6 months and one year. To properly instruct the supervisory personnel to drop the methodology that considers programmed ins and outs. This fact will also simplify the statistics.

To develop a system for graduation criteria of PANFAR's beneficiaries so as to establish the effectiveness on treatment and rehabilitation of the high risk family and their malnourished children. The development of the graduation criteria will complement all supervisory procedures. besides completing the results indicators for the program. This aspect needs to be considered with the redesign of interview forms to the beneficiaries.

3.4.2. Training

To organize and implement 3 nutritional workshops to train not less than 1800 MOH key workers in information, education and communication's methodology through health, nutrition and hygiene's promoters.

PRISMA organized 4 workshops with a total of 2,420 participants. Workshop VII had 606 participants on the information area. Workshop VIII covered 686 workers on the communication area. Workshops IX and X were dedicated to training and supervisory procedures with 564 participants each one. Besides all these workshops, the annual evaluation and programming meeting was held between December 8 and 18.

3.4.3. Nutritional surveillance

1. To follow up nutritional surveillance at San Juan de Miraflores and to deliver quarterly reports of nutritional state to the Peruvian government and the USAID.

This pilot project for monitoring the nutritional condition of children population at Pampa de San Juan has been making progress under normal conditions.

2. To establish a community based system for nutritional surveillance of the children at pueblos jovenes in 6 main cities. Through these systems children under severe malnutrition condition will be detected and will be rehabilitated by community based promoters trained on health care in coordination with local health posts.

This goal has been implemented under the name of Kusiayllu (happy village). It is a community based reinforcement for PANFAR which allows to establish the integral methodology and philosophy of the program. It is working in 6 sites at Piura, Chincha, Cuzco, Ayacucho, Arequipa and Tarapoto. They are located a places with 20,000 inhabitants more or less which are attended by various health centers and posts.

A local supervisor and 4 assistants trained by PRISMA command a total of 40 to 50 community based promoters duly trained on health care. The promoters are in charge of the census and they compile the census - nutritional surveillance record as well as the clinical history of the malnutrition child. The records are processed in the computer with the help of an anthropometric program. The mother is given a date for visit at the health center or post where the child is admitted with the nutritional recovery record.

The Kusiayllu methodology can duly establish the program's coverage since the population is counted under census and attention is fixed on the actual malnutrition child.

Considering the case at San Juan Bautista in Ayacucho with 185 beneficiaries the cost could be estimated to be around \$10 per month/beneficiary. However there is space for some deeper economies and the cost seems to compare favorably against the traditional clinical rehabilitation. Besides the economical aspects it has to be noted that access of these populations to traditional services at MOH posts and centers is very limited. They are the most under protected ones. In this regard the Kusiayllu program is a sort of pioneering effort to integrate these populations to health delivery system by MOH.

RECOMMENDATION:

To maintain the actual efforts in 6 communities and to further extent the scope of the community work through the extensive training of future promoters. A goal for the program should be the conversion of a certain percentage of beneficiaries as PANFAR's promoters. For 1993 additional places should be programmed and funds should be prioritized and provided in accordance with the importance of this activity.

As Kusiayllu's activities grows, annual programming should vary so as to reflect the right coverage this way of work means in contrast with the actual procedures.

Community activities should be complemented with programs for income generation, such as "cuyes" farms, fish farms, bio orchards and similar of foodstuff production. This is the permanent way to guaranty the recovery of PANFAR's beneficiaries. In this case the recommendation calls for initial investments to be executed with rotary funds so they may permit the repayment and future rehabilitation in other zones. PRISMA exhibits the knowledge and experience to develop these activities and to substantially improve the long range impact of the program. The proposal could consider and include PRISMA's acting as a sort of compensation agent among different zones since depressed consumption should impede repayment on most vulnerable zones.

3. To conduct nutritional surveillance in 3 more regions during 1992. Results will be used as a tool for planning and evaluation, as much for regional authorities as by the PANFAR program.

During 1992 nutritional surveillance was concluded in Piura (2 rounds) and activities for Libertadores Wari's region started.

3.4.4. Supervisory procedures

To conduct 100 supervisory visits including the logistics component in all UDES for monitoring registering and reporting system and to give training on site wherever it should be necessary.

Each supervisory visit should be composed of 1 UDES, 2 UTES, 10 health establishments and 10 beneficiaries per establishment. So, if we consider that the PANFAR program is implemented in 2,156 health establishments, the objective (measured in % of health establishments) calls for a 46% coverage of establishments.

As per the information processed by PRISMA, only 23.57% of the establishments at the central zone and Lima received supervisory visits. In the north zone only 5.36% of the establishments reports having received supervisory visits. There was not available information from the south zone at the central site of PRISMA. As a total, only 20.4% of the establishments received supervisory visits. Amazonas, La Libertad, Lambayeque, San Martín and Tumbes pointed out they have not received any supervisory visit from NIH / PRISMA. In Ayacucho only 1 out of 20 reporting establishments received a supervisory visit.

Regarding the central zone and Lima, 30% have received supervisory visit from UDES and 50% from their respective UTES. In the north zone only 5% received supervisory visits from UDES and 23% from the respective UTE.

To conclude, the supervisory objective has been accomplished only in 44% as per the information received which belongs to 319 establishments (14.8% of total participating establishments).

An efficient and correct supervisory process is a permanent vehicle for training and institutional experiences interchange. This is of the utmost importance since lack of funds at MOH level do not let training workshops designed and conducted by PRISMA to be replicated.

PANFAR demands a permanent and widespread coverage for supervision since it deals with a high risk population as target and looks forward to integrate actions with other health services. Supervisory experiences must be shared with NIH and MOH at workshop level. These workshops must review goal fulfillment as a mean to improve programming, specially at UDES's level.

RECOMMENDATION:

To program for 1993 a supervisory scheme to cover all participating health posts. At least 2 annual visits must be performed to each health post. It must be considered that effective supervisory visits during 1992 amounted only to 10% of the stated goal in the present recommendation. Funds required for this activity must be committed. PRISMA must coordinate with NIH and MOH the members of the supervisory teams. This is critical due to the required time frame and the level of involvement of team members. The evaluation team has learned PRISMA has trained 648 candidates for supervisory activities at MOH level.

By the other hand, supervisory procedures must emphasize logistics and stock management at UTES - health post's level, detecting bottlenecks and performing follow up procedures with UDES.

3.4.5. Data administration

To continue with the implementation of a computerized data administration system for the PANFAR program as a mean to quick availability of data for decision making processes at MOH central and regional levels.

PRISMA is making progress towards a computerized system to support the PANFAR project as a whole. Although the report will cover in later sections the PANSERV system, it is important to point out that it will have to be oriented having in mind its integration with the SISEPAD system that COSAPI DATA is developing for the USAID / Peru.

Since this system is a global project monitor based upon goals and indicators, it will be necessary in the near future to establish goals in such a way that direct reports from the computer may be in charge of follow up activities, avoiding a time consuming and demanding data transcription. For instance and regarding supervisory goals it should be pointed out the way to establish them: activities schedule or the actual indirect system which processes "the executioners reports".

3.4.6. Coordination with outside groups

To develop and maintain an effective relationship with outside groups that currently manage food distribution and nutritional programs.

35.12% of reporting establishments coordinates with other organisms which distribute foodstuff. Coordination goes up to 60% in the north zone, while at central zone and Lima it only covers 29% of all reporting establishments.

Besides above mentioned efforts, PRISMA has been training ADRA's personnel in the evaluation area. Caritas has requested authorization from PRISMA to use its risk selection and evaluation procedures as well as cards.

4. ANALYSIS OF PROCESSES

4.1. PANFAR's OBJECTIVES

To perform a correct analysis of processes we need to define core objectives to PANFAR. These could be resumed as follows:

To improve the nutritional state of mothers and children (from 0 to 59 months) from families identified as of high risk for malnutrition and child death:

- ^ To integrate the supplementary food program of MOH with the activities of maternal child care at the operative level.
- ^ To strengthen and increase the effectiveness on determining the target population, distribution and supervision of the program of the MOH in accordance with Public Law 480 (Title II) of USA.

There flows an strategy from these objectives. It is based on the integration of the food program with the activities of maternal child care at the operative level of the MOH. By the other hand, it points out the tools: determining the population to be served (programming), food distribution and supervision of the MOH program.

Since PANFAR's success is closely intertwined to the PRISMA - MOH relationship and given the complexity of it, before the analysis of processes itself, we should analyze this relationship.

4.2. STRATEGIC POSITIONING

The relationship of PRISMA with the Ministry of Health, the National Institute of Health and the Regional Governments:

PANFAR seems to be a program of A.B. PRISMA, not the MOH. This information comes from the interviews performed at the National Institute of Health with their main executives. There is also an informal network from the MOH, which sends data and reports on a regular basis to PRISMA. This network is largely the result of the above mentioned perception at MOH level as well as PRISMA's abilities for troubleshooting.

On the other hand, this situation seems to be a restriction for PANFAR's main purpose of bringing targeted population to MOH's focus on integrated health care activities. This is particularly important regarding physicians and professional personnel not directly involved with PANFAR activities.

The NIH is the official counterpart to PRISMA. It has some advantages over MOH. The techno normative autonomy turns NIH into an office with rather less political interference. This is particularly important for programming and executing foodstuff distribution. The Nutritional Surveillance Office is part of the NIH structure. Main weaknesses at NIH are power struggles among their principal executives, the lack of appropriate management and a sort of isolation from MOH.

Uncertainty is the keyword regarding the process of regionalization. This is an area for widespread revision at the Democratic Constitutional Congress. It covers the number of Regions, up to the limit of the actual departments, as well as their organization and member's election by popular vote.

Under present circumstances PRISMA is forced at least during 1993 to maintain the actual complex relationships:

- ▲ With the National Institute of Health as contractual party
- ▲ With The MOH as the technical and normative organization in charge of health care in Peru and as the UDES's coordinator.
- ▲ With the regional governments as possible executioners of health policies in their own territories. This could include supervision and control for UDES.

RECOMMENDATION:

The lack of identification of the UDES and UTES personnel with the PANFAR program could be faced with a weak or strong strategy. Weak strategy in this context means PRISMA to reduce its leadership role. The second alternative is to maintain PRISMA's positioning but simultaneously to strengthen the MOH's participatory level. This last option is the recommended one by the evaluation team.

We strongly recommend to include marketing messages during training activities. These messages should be designed as to manage a higher degree of identification with PANFAR from MOH personnel. It is necessary to program working seminars for medical professionals from MOH. Other activities cover to show symbols, flags, posters and other materials from those institutions. PRISMA must study the way to stimulate the actual participation of these personnel.

4.3. PROGRAMMING

PANFAR's programming is executed on a yearly basis through a seminar workshop with ceilings at UDES and UTES level. At UTES level there is a greater flexibility. Jose Sanchez one of the executives at the NIH pointed out that 1992 programming was accomplished on a 50% while food reception was amounting to 82% of the programmed level.

PRISMA's records show that 64% of reporting UDES and UTES modified their original programming. In the case of the central zone and Lima reprogramming covered 58.82% and it went up to 71.05% in the north zone. The main cause for reprogramming was the lack of human resources (34.78%).

The PRISMA - NIH agreement makes provision for a yearly Operational Plan. To that end on November 1992 a joint teamwork from both institutions was in charge of planning activities. It is very important that plan to include schedule, activities, resources and flow of funds (treasury needs).

RECOMMENDATION:

From a programming standpoint is important to focus attention on priority zones since there are no provisions to increase the number of beneficiary's families. To support such a view information and experiences from Kusiayllus and nutritional surveillance are really important ones.

4.4. BENEFICIARY'S SELECTION

To establish the target population to be served is the heart of PANFAR's strategy. Cards to classify malnutrition risk in function of previously designed indicators are used to select beneficiaries This is the way to carry out the above mentioned strategy. In 1989, PRISMA's evaluation to PAN program of the MOH pointed out that written criteria for beneficiary's selection was applied only to 49% of interviewed responsables. Nevertheless, such criteria was very generic and it was observed that UDES's officers and community leaders were in direct charge of the selection process.

In November 1990 bachelor Miriam Rojo pointed out in that year's evaluation : 89% of visited establishments were applying the risk selection card introduced on the first quarter of 1990. 42% of health posts did manage correctly the card. The problems encountered were lack of information for biological variables and that only 3 out of 10 risk indicators were recorded, being mainly socio economical in nature.

A report of march 1992 for PRISMA's 1991 activities shows a sample of 2,961 cards representing 4.6% of total programmed families. In such sample 77.3% of selected families had 4 or more positive points and 22.7% had less than 4 points. In other words, one out of four families should have not been chosen.

Our evaluation on 6 UDES shows similar results with a high degree of risk selection cards usage. Nevertheless it must be noted that Cuzco's UDES lacked risk selection cards. This zone has remitted only 14% of the information of establishments to Lima. At health posts Chejoña, 4 de Noviembre and PS Caracoto of Puno's UDES we observed high levels of beneficiary's selection with 4 or less points (47, 60 and 43% respectively).

4.5. STRATEGY FOR BENEFICIARY'S CAPTURE

In 1990 evaluation performed by lic. Miriam Rojo only 16% of beneficiaries were captivated through home visits. A majority percentage (78%) was captured directly at health posts.

As per 1992 information submitted by PRISMA, 28.87% of beneficiaries were captured by mean of a home visit. This is consistent with the findings of the evaluation team for 6 UDES (30.91%). North zone shows 35.45% while the central zone and Lima captures only 26.58% of beneficiaries through field work. 63.62% of total beneficiaries are captured at the health center, revealing that although there is some progress the strategy is still passive for field work.

Close to beneficiary's capture is the home visit of the PANFAR responsible. 73% of them report they perform home visits to beneficiaries. However, only 46.36% of beneficiaries in the north zone and 43.67% in the central zone reckon they have been visited at home. In our evaluation of 6 UDES, 50.91% of beneficiaries remembered the visit of the PANFAR responsible. This is in contrast with the 92% self assigned by the responsables.

To revert this situation affecting the most under protected families, those that has no access to health services from MOH, a very aggressive attitude is required towards community and field work. This is the reason to rather prefer a social assistant professional as PANFAR's responsible.

The Kusiayilu model which involves developing a closer relationship with the community and its population census is the key strategic answer to this PANFAR's weakness.

4.6. FOOD LOGISTICS

4.6.1. Central warehouse

PRISMA has signed on august 26, 1988 an agreement with the MOH to execute a program for food distribution and nutrition to the family in high risk "Programa de Alimentación y Nutrición a la Familia en Alto Riesgo" (PANFAR) The program is executed bay the NIH through the departmental units of health (UDES), the territorial units of health (UTES) and health centers and posts.

On the very same date an agreement was signed between USAID and PRISMA by which the USAID will donate the food to PANFAR under Public Law 480, Title II, including freight charges from origin up to Peruvian ports.

Distribution of complimentary food to the beneficiaries is the heart of PANFAR's program. It is a basic and delicate task. This demands the need for a monitoring system to follow up the logistics of food distribution, being agile, efficient and easy to implement by the personnel at every operational level of the program.

Food logistics is the process that gets food under the disposal of the beneficiaries in quantity and under the necessary quality and opportunity.

The adequate food preservation as semi perishable products they are is done through warehousing and is a key process to guaranty the quality of the PANFAR program.

During program execution it has been evident that UDES, UTES and health establishments do not have adequate places to store foodstuff. Direct consequence of this situation is the necessity to prolong the period of the foodstuff being stored at central warehouse.

Food distribution implies the need for warehousing facilities on such conditions as to guaranty their perfect state of preservation. Warehouses and facilities used to store food must comply a set of requirements such as security to avoid leakage, looses and waists and thefts. Adequate ventilation and lightning conditions, facilities to combat insects and rodents, as well as areas for reception, manipulation and dispatch of products, all of them calculated for the maximum level of stock holding.

In this way warehousing and stocking is to a great extent responsible to guaranty quality and quantity of distributed food.

The central level of the PANFAR program receives foodstuffs at Callao port, while UDES La Libertad y Arequipa use Salaverry and Mataraní ports respectively.

Among other rulings, the program points out as UDES's responsibilities to distribute food to every health establishment in a periodic fashion and in accordance with their operative capacity. Besides that it also states that every health establishment must assign an adequate and secured place to stock food.

During program execution a series of facts affecting adversely the effectiveness of the PANFAR's objectives have been detected. They could be resumed as follows:

1.- 50% of the Unidades Departamentales de Salud (UDES) of Lima and the central zone do not have warehouses so as to comply with minimum requirements. This forces the staying period of food at central warehouse beyond normal.

2.- The NIH has a central warehouse with a total capacity of 600 MT in two sites. A third site with 150 MT capacity belongs to a comedor popular of the very same institution.

3.- NIH is responsible to stock 2,500 MT of food on a quarterly basis for distribution to UDES under their responsibility. **As we may see NIH's capacity is a fourth part of what it should be.**

4.- To solve the severe warehousing unbalance PRISMA rent services from Empresa Comercializadora del Arroz (ECASA) which is currently under a deactivation process. This particular situation causes the displacement of food from those facilities due to ECASA's institutional fragility.

5.- In addition to previous points, constant strikes at MOH level causes food demobilization for long periods of time causing additional pressures for central warehousing facilities since the benefited zones are not able to receive programmed food.

The above mentioned facts which have a direct impact on PANFAR's level of effectiveness pointed out to the urgent need to have a central warehouse facility so as to overcome the describe fragile situation and to improve the efficacy of the food distribution process to the beneficiaries of the program. To overcome all this PRISMA have been authorized to implement a central warehouse facility under FARM BILL.

4.6.2. PANFAR's National inventory

During 1992 PRISMA performed 2 national inventories. First inventory took place between last January week and February. The second inventory was executed on September. The inventory covered 82% of warehouses out of 124 participating UDES and they represented 92% of the programmed tonnage as much for 1991 as 1992.

During the first national inventory (02.15.92) a total of 3,612.80 MT were found representing 18.77% of total annual programmed tonnage. This level of stock is equivalent to two months and one week of food supplies. On September 1992 there were a warehouse's level 2,915.88 MT equivalent to 18.29% of 1992 programmed tonnage with a supply capacity for two months and 10 days.

Conditions for warehouses under inventory were as follows:

	INVENTORY I (%)		INVENTORY II (%)	
	YES	NO	YES	NO
Ventilation	57	42	69	31
Light protection	86	13	88	12
Rodents	44	56	37	63
Litter	64	35	56	44
Security	69	30	69	31
Kardex	48	51	48	52

In the 6 months period between both inventories, ventilation improved in 12% of warehouses and 7% showed rodents elimination. Less than half of the warehouses has a kardex. Both aspects need to improve.

The second inventory revealed a 468.33 MT difference between physical inventory and the one documented by UDES. Cuzco (145.22 MT), Cajamarca (82.7 MT), Apurímac (53.1 MT), Lima Este (40.21 MT) and Lima Sur (42.87 MT) represent 78% of the difference. In February the difference amounted to 600 MT. Our evaluation to 6 UDES confirmed this situation increased by the lack of kardex and of appropriate controls.

In general 77% of all inventoried warehouses revealed problems. 57% reported problems with food distribution. 43% of food distribution problems come from lack of budget funds. A total of 40.7 MT of food were found in bad state on September 1992. Only 13.8 MT of food were found on such condition 6 months later. We found 5.45 MT of food in bad state during our evaluation to the Cajamarca UDES. Inventory reported only 2.4 MT on such conditions.

RECOMMENDATION:

To continue with the efforts towards the implementation of a central warehouse in accordance with PANFAR needs. Similar steps should be taken for the north and south regional zones.

Experiences drawn upon during national inventories must be turned to permanent follow up system. Supervisory procedures should pay attention to the logistics management at UDES and UDES's levels. Training must emphasize internal controls and the use of kardex and written information for stocks follow up.

Procedures to discharge food in bad state from accounting records must be speedier but within the framework of the instructive for the leakage, losses, waste and internal claims of the food and agriculture office of USAID. PRISMA must play a more aggressive role in this regard since prevailing conditions for public sector in Peru avoids speedier procedures and besides that there are natural apprehensions from officers in view of eventual sanctions from the Contraloría General de la República.

4.6.3. Fund management: secondary freight charges

Neither the MOH nor the NIH has covered secondary freight charges on time and/or the required amount. Secondary freight charges cover expenses incurred for transportation from UTES up to the beneficiary. Such situation is the result of severe macroeconomics restrictions from the Ministry of Economics (MEF). A lack of initiative and aggressiveness from the NIH regarding the managerial tasks related to budget disbursements is also an important factor.

Austerity and budgeting restrictions for public sector prevailing during 1992 will continue in coming years. At least in the course of the evaluation process we learned of a cut of 11% in budget funds for NIH in 1993 fiscal year. This amount to a 33% cut if compared with original 1992 budget. The conclusion seems to foresee difficulty with secondary freight charges funds under NIH during 1993.

Being this a critical point regarding the supply of beneficiary's rations, it is highly recommended to fulfill an strategy which could flex PANFAR's Project.

RECOMMENDATION:

To fulfill a group of actions:

- ▲ Try to get direct funds from Title III PL480 and/or through FONCODES's projects so as to PRISMA may assume secondary freight charges.
- ▲ Get official approval from MOH and NIH, so as to beneficiaries could eventually pay for freight charges, as has been the case for Ayacucho, where this sort of initiative has accounted for budgeting deficiencies removal.
- ▲ To give managerial support to NIH for budgeting disbursements before the ministry of finance, including the strengthening of relationships between those two public offices.
- ▲ The administrative division of PRISMA to approach the ministry of finance so as to improve actual attendance conditions to NIH and eventually under Title III of PL480 or FONCODES. This suppose to establish a permanent liaison position with the people of the ministry of finance in charge of budget disbursements.

4.7. SUPERVISION

The key tool for development of PANFAR's strategies are supervisory procedures. This is the main and most important responsibility from PRISMA as a project leader, integrating their efforts with those from NIH, UDES, UTES and health establishments. Supervisory procedures if consistent, correct and coherent turn themselves into working training tools in practice.

PANFAR's supervisory efforts must close the gap due to the lack and severe delays of information reporting, verifying on field the progress of the program and taking recommendations and actions to increase the level of goals and objectives attainment.

On analyzing objectives fulfillment this report has already defined supervisory coverage as insufficient and we have provided recommendations to remove this obstacle.

5. APPLIED INTERVIEWS

5.1. DESIGN AND APPLICATION OF INTERVIEWS

To evaluate the PANFAR program we applied a total of 568 interviews on 6 representative UDES duly chosen. We used all supervisory instruments designed by PRISMA. In such a fashion we applied 362 interviews to beneficiaries, 77 interviews to mothers with children in the pre school program. 41 interviews were performed to health establishment's responsible and a total of 88 interviews were applied to coordinators and directors at UDES and UTES. In this last case and as complimentary tool we used the form "Evaluacion del PANFAR 1992"

	TOTAL	Coord. PANFAR UDES UTES	Direc. Statist. UDES UTES	Direc. Account. UDES UTES	Direc. Logistics UDES UTES	Respons. Health Establish	Benefic. Familles	Pre- School Mothers
TOTAL	568	22	22	22	22	41	362	77
Cuzco	62	3	3	3	3	7	39	4
Puno	48	3	3	3	3	7	26	3
Cajamarca	29	2	2	2	2	4	15	2
Lambayeque	115	3	3	3	3	6	90	7
Lima Sur	274	8	8	8	8	11	175	58
Ayacucho	38	3	3	3	3	6	17	3

The 6 chosen UDES hold 32.5% of the total of PANFAR's beneficiary's families. The visits were designed so as to cover 20% approximately on each UDES. We could not fulfill this goal in the cases of Ayacucho and Cajamarca due to time frame restrictions. In the case of Lima Sur the visits to establishments covered 22.65% of total beneficiary's families.

In addition to all described interviews we held meetings with the executive personnel at NIH and with PRISMA's personnel in charge of the several operative areas in PANFAR as well as their principal executives.

5.2. UDES CUZCO

At UDES Cuzco we visited 2 UDES and 7 health establishments. Families served by those establishments represent 14.68% of UDES's beneficiaries.

We did not find beneficiary's risk selection cards at 2 out of 7 of the visited establishments. In all the five establishments the cards were normally used. The strategy to capture beneficiaries is 32% by home visits, 55% at the health post and 13% due to immunizations. Only 2 of those visited establishments had been under PRISMA's supervision.

Problems detected at visit time:

1. **Lack of organization at coordination level.** At program coordination level there is only Mss. Ruth Pezo Pareja (nurse). There is no support personnel, not even a secretary. This has been the case since April 1992 when she assumed the job. Due to lack of time the coordinator limits her work to the issue of "pecosas" for 90 health establishments and the pre school program. There is no dedicated warehouse nor warehouse-keeper. Only 33% of the establishments under the program reports on a regular basis.
2. **Broadcast comments.** In a morning program at Radio Salcantay during evaluation dates there were claims and accusations pointing at PANFAR's responsible and to the director at the Regional Hospital for no delivering food rations to the populations of Pilcopata and Patria. Mss. Ruth Pezo says there is nothing more than a campaign coming from previous PANFAR's responsible, Mss. Elisa Segura, who mismanaged the program. This fact was communicated in due time to Dr. Delia Haubstein.
3. **Food situation at Pilcopata and Patria.** Pecosas were emitted with mentions only to the destination place and not to the responsible. The warehouse ticket has non legible signature, name and identification document. So there is no way to find out if food has certainly been lost. This situation has precipitated actions from the Regional Inspector's office.
4. **Oil cans being cut.** On our visits to several health establishments we appreciated that the plastic taps of oil cans had been cut by the base, and cans did not exhibit right weight and quantity.
5. **The selling of donated products.** During a visit to 3 local markets we appreciated how donated products were selling almost at every kiosk. CSB sells a 0.80 soles per kilo and wheat sells for 0.60 soles / kilo.

RECOMMENDATION :

UDES Cuzco must deserve greater efforts to follow up and supervisory visits so as to surmount the above resumed problems.

5.3. UDES PUNO

At UDES Puno the visit covered UTES Puno and San Román with 7 health establishments.

Programming

	FAMILIES		CENTERS OR POSTS	
	Programmed	Served	Programmed	Served
UDES Puno	5,560	4,977(89.5%)	118	125
UTES Puno	1,120	1162(103.8%)	32	32
CS José Encinas	90	100(111.1%)		
CS Chojoña	85	100(117.7%)		
CS Vallecito	85	75(88.2%)		
CS 4 de noviembre	85	75(88.2%)		
UTES San Román	1,100	1100(100.0%)	35	31
Hospital de Juliaca	50	40(80.0%)		
CS Cono Sur	50	30(60%)		
PS Caracoto	50	50(100.0%)		

Capture and selection of families

	Establishm.	Home visit	Other	Total benef. families
CS José Encinas	40	60		100
CS Chojoña	60	40		100
CS Vallecito	—	75		75
CS 4 de noviembre	44	30	1(TBC prog.)	75
Hospital de Juliaca	40	—		40
CS Cono Sur	7	10	13 (Base organiza.)	30
PS Caracoto	10	25	15	50

There are no records for this information. Data has been proportioned by program's responsible at each visited health post.

Risk selection cards

	Prog. Fam.	Fam. w Cards	Cards Rev.	Risk <= 4	%	Risk >4	%
CS José Encinas	100	100	15	—	—	15	100
CS Chojoña	100	100	15	7	47	5	33
CS Vallecito	75	75	10	2	20	8	80
CS 4 de noviembre	75	75	10	6	60	4	40
Hospital de Juliaca	40	40	6	1	17	5	83
CS Cono Sur	30	—	—	—	—	—	—
PS Caracoto	50	50	7	3	43	4	57

The CS Cono Sur does not use the cards for selecting beneficiaries. They manage another document which only coincides about general data. At CS Chejoña and 4 de noviembre and PS Caracoto we observed significant percentages of risk selection cards with 4 or less points. Some officers commented 4 points is too high for such zones.

CONCLUSIONS:

There is lack of budget for food distribution

Other health programs are integrated with PANFAR

Some officers commented 4 points is too high a score for such zones.

We observed many families under very extreme poverty conditions who should require more than one ration.

Health centers and posts has not been visited neither by NIH nor by PRISMA.

Stocks record keeping is inadequate and there is lack of organization.

5.4. UDES CAJAMARCA

Evaluation coverage

From the 3 UDES of sub Region de salud de Cajamarca (Cajamarca - Celendín, Chilete and Crisnejas) we considered necessary to evaluate the one with most beneficiary's coverage UTE Cajamarca - Celendín, which covers 65% of total. From this UTE we selected the following rural establishments: PS Huambocancha, PS Otuzco, CS Baños del Inca, CS Celendín which together amount to 26% of total.

Out of the programmed goal we only executed the evaluation of PS Huambocancha, in the other places we faced the following inconveniences:

PS Otuzco: the responsible did not work on mornings at the time we visited the post.

CS Baños del Inca: the responsible was under license for sickness.

CS Celendín: we tried to evaluate the PS Jorge Chávez, but this one was closed and PS Sucre, but in this last one we could not find the person responsible of PANFAR program.

The evaluation covered then PS Huambocancha, PS Llanacora, PS Agocucho and PS José Gálvez which represent together 11% of the sub Region Cajamarca.

Capture and selection of beneficiaries

	Establishm.	Home visit	Other	Total ben. fam.
PS Huambocancha	164	—		164
PS Llanacora	60	—		60
PS Agocucho	55	5		55
PS José Gálvez	—	50		50

Risk selection cards

	Prog. Fam.	Fam. w Card	Cards Rev.	Risk <= 4	%	Risk >4	%
PS Huambocancha	164	164	16				
PS Llanacora	60	55	10				
PS Agocucho	60	60	10				
PS José Gálvez	50	50	10				

We observed an adequate management of risk selection cards

PANFAR's ration

100% of interviewed beneficiaries answered correctly to the kind of food they receive. Nevertheless they do not remember dosification of rations.

Inventory

- Data for inventory regarding stocks, credit and debit coincide with the inventory proportioned by PRISMA. Nevertheless in the visit when we verified the stock level in the warehouse, we appreciated quantities significantly less than the one reported by PRISMA.
- On our visit to the warehouse of the UTES Cajamarca - Celendín on 10.26.92. we observed 5,450 Kg. of bad state food which were not under discharge procedures. Rodents presence is evident.
- We observed deficiencies on inventory management, as much through document handling as well as food conservation.

CONCLUSIONS:

- The program central objective regarding food distribution to beneficiaries is attained.
- Deficiencies on program management at central level. This accounts for information organization as much as food management. Big volume of food in bad state at UTE Cajamarca.
- There is lack of budget for fuel so as to carry food in due time to health centers and posts.
- Inadequate warehouses.
- Beneficiaries require more orientation regarding health and nutrition as well as family planning.
- Evaluation documents must be improved, specially those regarding beneficiaries. They have questions that are not normally answered.
- The program responsible require more orientation regarding how to organize the information they handle.

5.5. AYACUCHO

In spite of the special situation of Ayacucho and even considering MOH was under strike during the evaluation period we visited UTES Huamanga and Huanta and we covered 6 health establishments representing 5.56% of total from UDES Ayacucho.

Capture and selection of beneficiaries

	Establishm.	Home visit	Other	Total ben. fam.
CS San Juan Bautista	14	56		70
PS Carmen Alto	18	42		60
PS Vista Alegre	11	44		55
PS Rancho	20	30		50
PS Huaschahura	12	28		40
Hosp. Apoyo Huamanga	36	84		120

Risk selection cards

	Prog. Fam.	Fam. w Card	Cards Rev.	Risk <= 4	%	Risk >4	%
CS San Juan Bautista	70	70	Kusia y				
PS Carmen Alto	60	60	Kusia y				
PS Vista Alegre	55	55	Kusia y				
PS Rancho	50	50	50	7	14	43	86
PS Huaschahura	40	40	40	3	7.5	37	92.5
Hosp. Apoyo Huamanga	120	120	50	1	2	49	98

As this table reveals risk selection cards management is adequate. First 3 establishments are integrated under Kusiayllu

Commentaries from the visit

UDES director was only 2 months on charge. PANFAR coordinators at UDES and in the UTES Huamanga are 2 years old on the job. UTES Huanta director had assumed job one week before our visit. The PANFAR responsible in this UTES is an administrative technician, trained to fill out forms, but not able to capture beneficiaries.

CS San Juan Bautista is comfortable and well equipped. The program runs well because it is integrated to Kusiayllu. All this in spite of the director being only 2 months on charge of his job. The original 50 programmed families have been increased to 70 for that reason. The responsible is an elder person, trained in PANFAR program but he does not emit reports on a regular basis, since at UTES level they had not received reports since June 1992. The warehouse is rather small with little ventilation. Food distribution is on a monthly base being closed to the city and beneficiaries pay 1 sol (US\$ 0.50) for freight charges.

PS Carmen Alto is within Kusiayllu's zone of influence. They have weight and size scales. The warehouse is rather small but enough for monthly food dispatches. Beneficiaries pay to support freight charges.

PS Vista Alegre is also within Kusiayllu's zone of influence. They had an increase in the number of beneficiaries after having detected children with malnutrition problems. The beneficiaries pay a freight charge between 30 and 50 soles cents. They have weight and size scales. The warehouse is adequate and food distribution is on a monthly basis. There are no information reports to their UTES since July 1992.

PS Rancho is on the rural zone of Huamanga. Only one person (a sanitary technician) is in charge of the whole health post. This post works well in spite that this technician must walk several kilometers from his home. There are no size neither weight scales.

PS Huascahura is conducted by sanitary technician Elva Palomino who was under maternity license. Aquilina Calderon was replacing mss. Palomino during our visit. We interviewed both persons. There are no size neither weight scales in the post. Their programming calls for 40 beneficiaries but they are requesting a increase for 20 more. We appreciated by simple inspection 20 quechua speaker's mothers with malnutrition children. Beneficiaries pay 1.60 soles for freight charges.

At the **Hospital Apoyo de Huamanga**, the PANFAR program is in charge of a social assistant. They serve 120 families over a programmed goal of 100. Work is coordinated with the other maternal child care programs at the hospital.

The encountered problems at UDES Ayacucho are:

- Since April 1992 NIH is not remitting funds to cover freight charges. Due to such circumstance, beneficiaries must pay for their product to arrive from UTES to their health post. Freight charges vary between 50 cents and 1.50 soles per month and beneficiary and takes into account the distance. At UDES level they have requested PRISMA's support to cover these costs.
- There are constant changes at director's level in health centers and hospitals. This causes instability in PANFAR's personnel.
- Some of the health posts at UTES Huamanga do not have sanitary technician because this personnel has been transferred to new posts without been replaced.
- For this region the socio economical indicator unemployment for more than two months and the biological indicator low weight at born time.

- The evaluation team communicated to John Granda at PRISMA that the truck dispatched to UTES San Miguel was stopped at Huanta without pecosa.
- There are strikes at the regional health sector every two months. The average period for these strikes is two weeks causing difficulties with the progress of the pre school program and the food pick up from some of the beneficiaries of the maternal child care program coming from very far towns.

5.6. LAMBAYEQUE

The visit to UDES Lambayeque covered the UTES Lambayeque and Chiclayo with 6 health establishments which represent 19.81% of total beneficiaries in the sub region.

Capture and selection of beneficiaries

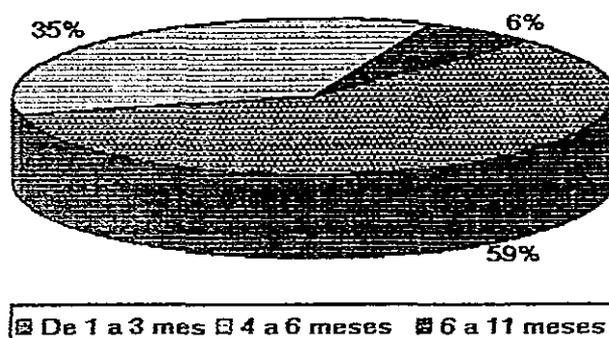
	Establishm.	Home visit	Other	Total ben. fam.
CS San Martín	40	60		100
CS Jayanca	70	10		80
Hospital Belén	200	50		250
CS José L. Ortiz	60	240		300
CS La Victoria II	50	50		100
CS Monsefú	100	200		300

Risk selection cards

	Prog. Fam.	Fam. w Card	Cards Rev.	Risk <= 4	%	Risk >4	%
CS San Martín	100	100	10	3	30	7	70
CS Jayanca	80	80	10	2	20	6	80
Hospital Belén	250	250	25	7	28	18	72
CS José L. Ortiz	300	300	30	8	27	22	73
CS La Victoria II	100	100	10	2	20	8	80
CS Monsefú	300	300	30	6	20	24	80

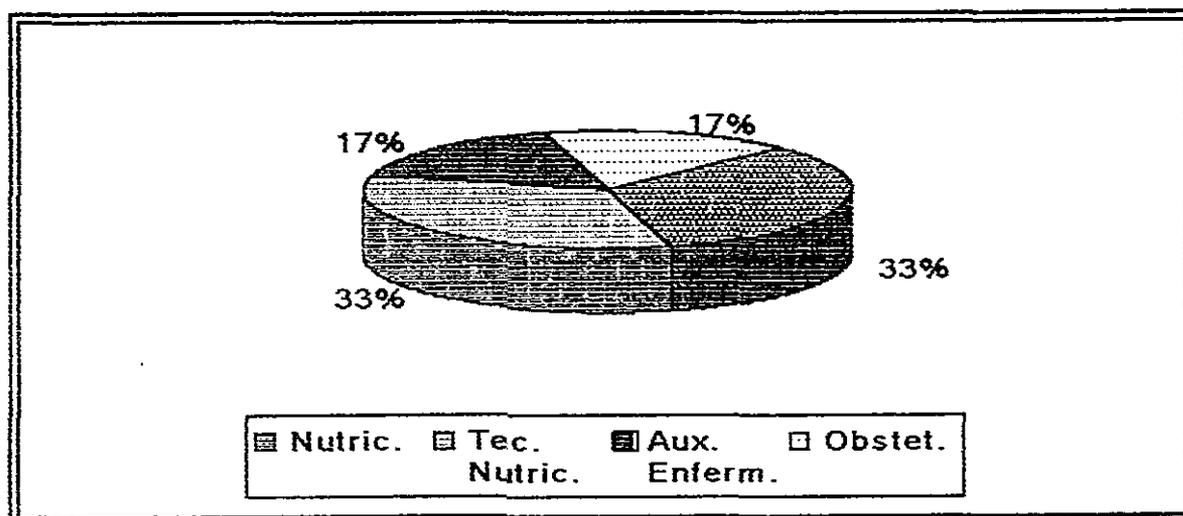
The management of cards is appropriate. They mentioned the strategy is to capture beneficiaries through home visits. All responsible at establishments pointed out they used to visit their beneficiaries. As per PRISMA's report UDES Lambayeque captures 41.18% of their beneficiaries through home visits and 52.94% at establishments.

Staying period of beneficiaries of the program



94% of beneficiaries stay in the program up to 6 months. This situation is the consequence of PRISMA's instructions to account for incoming and outsidings beneficiaries every 6 months

Profile of PANFAR's responsible



As we can observe there are a predominance of nutritionists and nutrition technicians as PANFAR's responsible (66% of total) within the visited establishments. PRISMA's interviews points out that in the north zone 46% of responsible are nutritionists and nutrition technicians. For central zone and Lima only 22% come from those professions.

Commentaries from the visit

Only half of visited establishments showed visible cartels with PANFAR rations. 3 of the establishments mentioned having been supervised by PRISMA. The other establishments had received supervisory visits from UDES - UTES. Nevertheless only 33% of all establishments keep a written supervisory record. 5 out of 6 establishments have complete beneficiary's reports. All establishments say they practice weight/size activities within the pre school program. 4 of them give seminars, too.

5.7. LIMA SUR

UDES Lima Sur covers 8 UTES with a total of 5,744 beneficiary's families in the maternal child care program. The supervisory visit covered all UTES and 11 establishments, representing 22.65% of all attended families. We interviewed 175 beneficiary's families and 58 mothers with children participating at the pre school program.

Programming

	FAMILIES		PRE SCHOOL		N° Estab.
	Program.	Served	Program.	Served	
UDES Lima Sur	5,744	5,744	15,887	15,887	
UTES Bco. Chorr. Surco	1120	889	2,297	686	6
CS Gustavo Lanatta	130	125			
CS Buenos Aires de Villa	120	110			
UTES Lurín	793	561	3,720	3,720	12
CS Punta Hermosa	20	20			
CS Punta Negra	30	30			
UTES S. Juan Miraflores	650	645	2,650		8
CS Ciudad de Dios	30	30			
UTES Villa María Triunfo	770	750	3,070	3,070	6
HMI Villa María Triunfo	200	200			
CS Daniel Alcides Carrión	70	70			
UTES Villa El Salvador	836	815	1,723		4
HMI Juan Pablo II	290	280			
CS S. Martín Porras	124	124			
UTES Chilca Mala	388	365			14
CS Mala	80	76			
UTES Imperial Cañete Ya.	877	435	1,500	1,500	25
CS Cerro Azul	50	50			

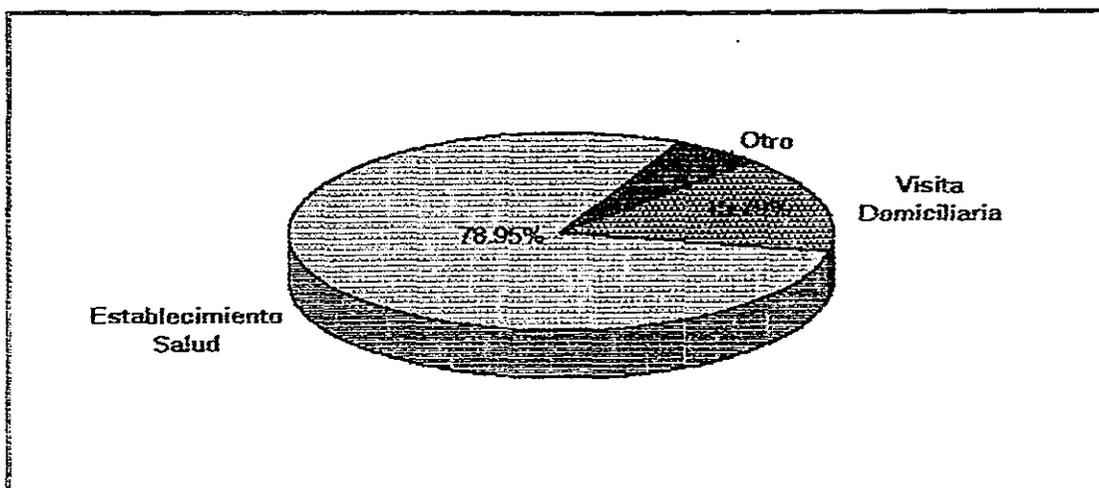
The figures for the pre school program are known only at UDES - UTES level and in some cases there is not a consolidation of data. In 3 UTES: Lurin, Barranco-Chorrillos-Surco and in Villa El Salvador they have performed reprogramming activities after the VIIth. Workshop.

In the first 1992 supervisory visit of PRISMA we can read all UTES were still attending 1991 programming since attention started through September - December. UTES Villa María del Triunfo was the only one which had started 1992 programming. Due to these circumstances we have appreciated a delay in program execution and food delivering at UTES and health centers and posts.

Capture and selection of beneficiaries

	Establishm.	Home visit	Other	Total ben. fam.
CS Gustavo Lanatta	—	—		130
CS Buenos Aires de Villa	—	—		120
CS Punta Hermosa	—	20		20
CS Punta Negra	—	30		30
CS Ciudad de Dios	20	10		30
HMI Villa María Triunfo	60	140		200
CS Daniel Alcides Carrión	—	—		70
HMI Juan Pablo II	115	175		290
CS S. Martín Porras	66	55	3 (otra ONG)	124
CS Mala	20	60		80
CS Cerro Azul	40	10		50

There is not record for this information. All data came from personal appreciation of the program's responsible in every establishment. Their appreciation is that 61% of beneficiaries are captured through home visits. In some cases they do not know the number of beneficiaries captured under different strategies.



In the interview to beneficiaries, however 78.95% declared they had been captured at health establishments and only a 15.79% declared they had been captivated through home visit. In PRISMA reports with 35 interviews, 57.14% declared having been captivated at home, with a 57.14% captured at health establishments.

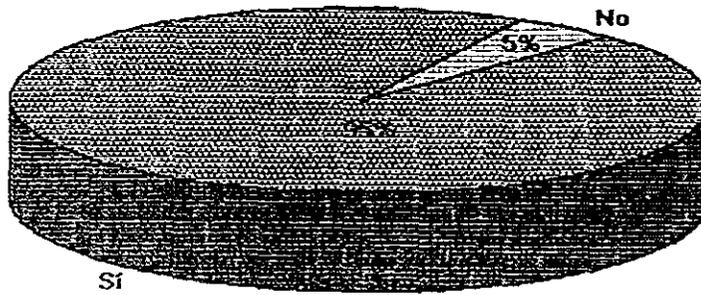
Risk card management

	Prog. Fam.	Fam. w Card	Cards Rev.	Risk <= 4	%	Risk >4	%
CS Gustavo Lanatta	130	130	13			13	100
CS Buenos Aires de Villa	120	120	11			11	100
CS Punta Hermosa	20	20	4			4	100
CS Punta Negra	30	30	4			4	100
CS Ciudad de Dios	30	30	4			4	100
HMI Villa María Triunfo	200	200	20			20	100
CS Daniel Alcides Carrión	70	70	14			14	100
HMI Juan Pablo II	306	290	29			29	100
CS S. Martín Porras	124	124	19			19	100
CS Mala (+)	—	—	—	—	—	—	—
CS Cerro Azul	50	50	10			10	100

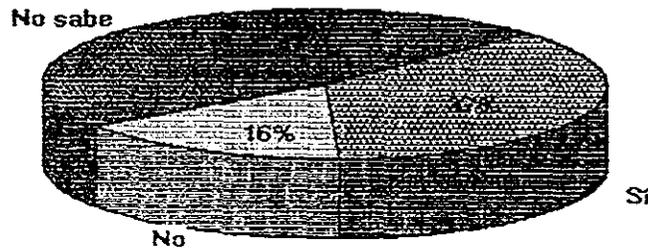
(+) Cards were held at UTES and responsible were on vacations.

Card risk management is satisfactory. CS Gustavo Lanatta and Buenos Aires de Villa belonging to UTES Barranco, Chorrillos, Surco show 100% of beneficiaries cards with 4 or more risk factors. In 1991 PANFAR's evaluation showed 45.2% of cards with up to 3 points. This could be the result of the supervisory visit from PRISMA which emphasize proper risk cards management.

PANFAR's ration

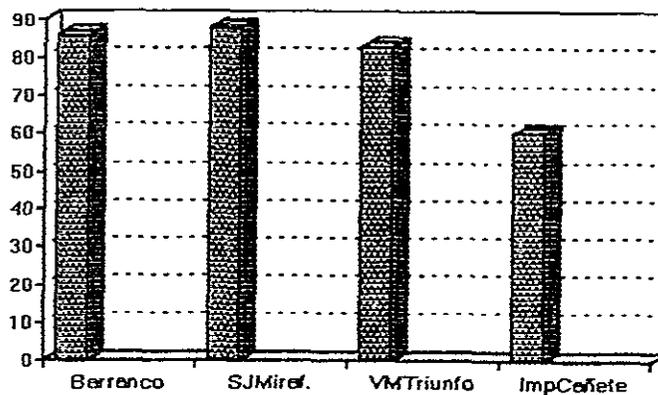


95% of interviewed beneficiaries coincided about food content of the PANFAR ration



Regarding food dosification only 37% did know it. Almost half of the interviewed beneficiaries did not know the dosification and 16% thinks it does not coincide with what they received. This remarks the importance of cartels at health establishments showing the PANFAR ration. In 6 out of 11 visited establishments we did not find cartel at all.

Reports



Using question number 13 of the 1992 PANFAR evaluation form we find out that more than 80% of establishments at UTES Barranco, Sn. Juan de Miraflores y Villa Maria del Triunfo send reports while only 60% does it at UTES Imperial Cañete. The other 4 visited UTES did not have available information on this respect. The figures used are an average since they have been drawn from monthly figures and varies depending on the report's nature and concept. PRISMA has receptioned 32% of reports from UDES Lima Sur which is consistent with present information.

Other aspects

There is integration with other maternal child care programs but there is not data registry. Every establishment give training seminars to beneficiary's mothers and it is confirmed in the interviews to these where they answer they receive information regarding child care and nourishment and family planning.

We were informed that food arrive with a 3 months delay and there was a similar delay in program starting date.

Warehouses have no cards at sight. The Hospital Juan Pablo II does not have a warehouse. They use just a small corridor with some wood to cover it. In UTES Imperial - Cañete - Yauyos we detected food arrived on October and which had not been distributed due to lack of budget to cover freight charges.

RESUME

- There are problems regarding delays in food reception at health centers.
- In several establishments we experienced the need to count with funds for displacements to visit beneficiaries since every health center or post covers geographic zones of great extent.
- Regarding the selection criteria in Lima peri urban zones there is the problem of the teen ager single mother. This is largely the result of the poorest family conditions, which should be another criteria for selection.

6. CONCLUSIONS

- ▲ Between 1989 and 1992 PRISMA has increased in 37% the volume of food for PANFAR's program.
- ▲ On establishing the relationship between the budgeting expenditure and the cost of the donated foodstuffs we appreciate that it goes up from US\$0.06 in 1989 to US\$0.32 for 1992. After monetary correction the unit value for 1992 equals 9 cents of 1989. The difference could be explained by the inherent quality of the contents of the program.
- ▲ During period 1989 through 1992 we appreciate a growth of 55% in the number of beneficiary's families served by the PANFAR program.
- ▲ Attention to beneficiaries in 1992 was accomplished by 89% as per available information in PRISMA. It is important to note that received information is only 26% of total. The information does not point out the level of progress of the pre school program.
- ▲ The accomplishment of the objective for delivering foodstuffs during no less than 6 months is not verifiable given the characteristics of the information management at PRISMA.
- ▲ If the minimum staying time frame for the program has been estimated to be 6 months, clear indicators for beneficiary's graduation must be devised. These indicators must state clearly the effectiveness on treatment and rehabilitation of the high risk families and their malnutrition children. The development of the graduation criteria will complement all supervisory procedures.
- ▲ PRISMA's training objective was successfully accomplished during 1992.
- ▲ The pilot project for monitoring the nutritional condition of children population at Pampa de San Juan has been making progress under normal conditions.
- ▲ The Kusiayllu methodology can duly establish the program's coverage since the population is counted under census and attention is fixed on the actual malnutrition child.

Considering the case at San Juan Bautista in Ayacucho with 185 beneficiaries the cost could be estimated to be around \$10 per month/beneficiary. However there is space for some deeper economies and the cost seems to compare favorably against the traditional clinical rehabilitation. Besides the economical aspects it has to be noted that access of these populations to traditional services at MOH posts and centers is very limited. They are the most under protected ones. In this regard the Kusiayllu program is a sort of pioneering effort to integrate these populations to health delivery system by MOH.

- △ The supervisory objective has been accomplished only in 44% as per the information received which belongs to 319 establishments (14.8% of total participating establishments).
- △ PANFAR's supervisory component has not been very extensive. As per the information processed by PRISMA, only 23.57% of the establishments at the central zone and Lima received supervisory visits. In the north zone only 5.36% of the establishments reports having received supervisory visits. There was not available information from the south zone at the central site of PRISMA. An efficient and correct supervisory process is a permanent vehicle for training and institutional experiences interchange. This is of the utmost importance since lack of funds at MOH level do not let training workshops designed and conducted by PRISMA to be replicated.
- △ Our experience at the evaluation team is that in the reduced time frame of the supervisory visits as actually performed, it is least probable to obtain a significant and valid sample of beneficiary's families. Validation in this case is referred to the fact that supervisors will prefer to visit families close to the post if not to interview actual incoming beneficiaries.

As per statistical records at PRISMA, in the North Zone, 58% of beneficiaries stay up to three months. Since the program demands a stay of 6 months at least, this could mean a poor selection process. However, it must be considered that the way the staying period is computed is not correct. Half yearly dates have been established which disturbs the figures. This methodological aspect must be corrected as soon as possible.

- △ Under present circumstances PRISMA is forced at least during 1993 to maintain the actual complex relationships:
 - △ With the National Institute of Health as contractual party
 - △ With The MOH as the technical and normative organization in charge of health care in Peru and as the UDES's coordinator.

- ^ With the regional governments as possible executioners of health policies in their own territories. This might include supervision and control for UDES.
- ^ In general 77% of all inventoried warehouses revealed problems. 57% reported problems with food distribution. 43% of food distribution problems come from lack of budget funds. A total of 40.7 MT of food were found in bad state on September 1992. Only 13.8 MT of food were found on such condition 6 months later. We found 5.45 MT of food in bad state during our evaluation to the Cajamarca UDES. Inventory reported only 2.4 MT on such conditions.
- ^ Neither the MOH nor the NIH has covered secondary freight charges on time and/or the required amount. Secondary freight charges cover expenses incurred for transportation from UDES up to the beneficiary. Such situation is the result of severe macroeconomics restrictions from the Ministry of Economics (MEF). A lack of initiative and aggressiveness from the NIH regarding the managerial tasks related to budget disbursements is also an important factor.

Being this a critical point regarding the supply of beneficiary's rations, it is highly recommended to fulfill an strategy which could flex PANFAR's Project.

- ^ To evaluate the PANFAR program we applied a total of 568 interviews on 6 representative UDES duly chosen. We used all supervisory instruments designed by PRISMA. In such a fashion we applied 362 interviews to beneficiaries, 77 interviews to mothers with children in the pre school program. 41 interviews were performed to health establishments responsible and a total of 88 interviews were applied to coordinators and directors at UDES and UTES. In this last case and as complimentary tool we used the form "Evaluacion del PANFAR 1992"
- ^ UDES Cuzco revealed lack of organization from the central responsible and severe restrictions of personnel. Program image has been affected as a consequence of accusations by local broadcast stations for food looses with destination to the populations at Pilcopata and Patria.
- ^ A lack of budget for food distribution was noted in UDES Puno. Other health programs are integrated with PANFAR. Selection criteria seems to be too restrictive for this region. Many families under extreme and severe condition of poverty were observed who probably require more than one ration. Health centers or posts have not been visited neither by NIH nor by PRISMA supervisory teams in the last 6 months. Inventory and stocks records are inadequate and show lack of organization.

- ^ At UDES Cajamarca the program central objective regarding food distribution to beneficiaries is attained. Deficiencies on program management at central level. This accounts for information organization as much as food management. Big volume of food in bad state at UTE Cajamarca. There is lack of budget for fuel so as to carry food in due time to health centers and posts. The program responsible require more orientation regarding how to organize the information they handle. Inadequate warehouses.
- ^ In UDES Ayacucho: NIH is not remitting funds to cover freight charges since April 1992. Due to such circumstance, beneficiaries must pay for their product to arrive from UTE to their health post. Freight charges vary between 50 cents and 1.50 soles per month and beneficiary and takes into account the distance. At UDES level they have requested PRISMA's support to cover these costs. There are constant changes at director's level in health centers and hospitals. This causes instability in PANFAR's personnel. For this region the socio economical indicator unemployment for more than two months and the biological indicator low weight at born time are too restrictive. There are strikes at the regional health sector every two months. The average period for these strikes is two weeks causing difficulties with the progress of the pre school program and the food pick up from some of the beneficiaries of the maternal child care program coming from very far towns.
- ^ In UDES Lambayeque only half of visited establishments showed visible cartels with PANFAR rations. 3 of the establishments mentioned having been supervised by PRISMA. The other establishments had received supervisory visits from UDES - UTE. Nevertheless only 33% of all establishments keep a written supervisory record. 5 out of 6 establishments have complete beneficiary's reports. All establishments say they practice weight/size activities within the pre school program.
- ^ In UDES Lima Sur there are problems regarding delays in food reception at health centers. Regarding the selection criteria in Lima peri urban zones there is the problem of the teen ager single mother This is largely the result of the poorest family conditions, which should be another criteria for selection.
- ^ Regarding the Pre school Program, the field visits confirmed the absent of information at all levels. The report : "beneficiaries served as per executors data" does not point out the evolution of this objective. To monitor progress toward goals in this area it is necessary to improve control at health post level and to emphasize the supervisory component of the program.

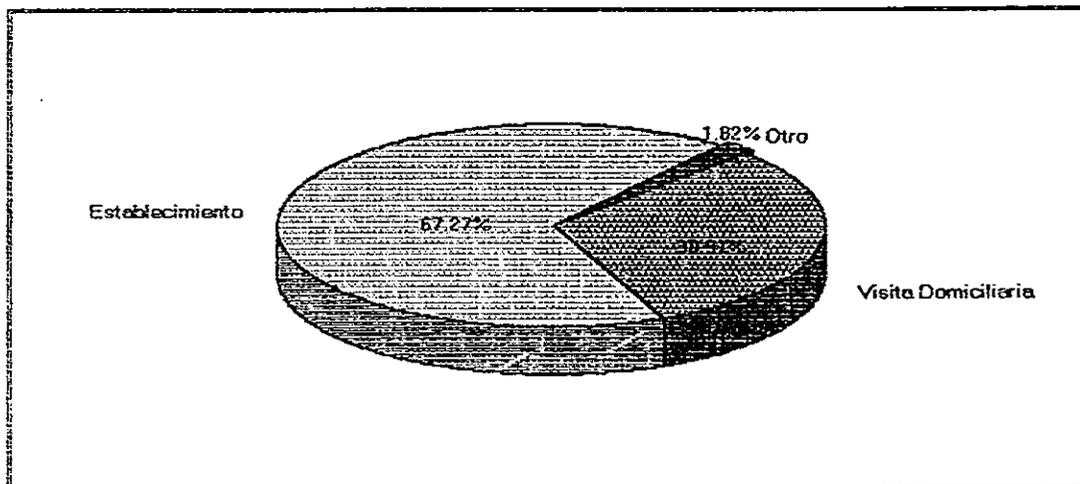
- A Due to its inherent precision to diagnose actual malnutrition, Waterloo indicator (weight/size) should be used more extensively. The last demographic survey (ENDES 1991-92) includes this indicator. This should be an easier way to establish the target population of the program, to have a census by zones and to establish specific coverage goals. In this regard the physician's participation in the program is very important. And thereby the need to a greater identification of them with the program.
- A The evaluation team has detected difficulties with the supervisory module. They could be resumed as follows: 33% of total items in supervisory forms show problems. Problems arise from the form itself or from the computer program supporting it for data processing. Problems range from undefinitions, inconsistencies and a lack of automatic treatment in the computer up to limitations in the computer program itself.

The level of manual treatment that must be performed to the information compromises its quality. This aspect is known in PRISMA as "critique" and codification. Nevertheless, it must be mentioned that statistically speaking this problem is known as "non sample error" and it affects severely the quality of the information found. The level of difficulty detected by the evaluation team must be solved with a new programming in the computers which stems from a complete redesign of forms so as to stop ambiguities

6.1. BENEFICIARY'S CAPTURE AND SELECTION

- A The criteria for beneficiary's selection under the PANFAR maternal child care program are applied on consistent basis. Use of the risk scoring card is extensive. In 1991 evaluation with a sample of 4,971 beneficiary's families, only 22.7% showed scores of 3 or less points. Such information is confirmed by the findings of the evaluation team.
- A Under the Kusiayllu model actual malnutrition children are detected and weight/size scaling is applied. In those zones where this scheme is working the program shows results of a greater level of control and quality.
- A At rural zones the risk scoring cards are hard to use. Socio economic indicators are not applicable. Weight at born time is not such a well known data for these populations. It is necessary to differentiate the risk factors for such zones.

- △ In peri urban zones especially in the Lima case, the presence of teen agers abandoned mothers should be recognized as a risk factor.
- △ In general there is a passive strategy for beneficiary's capture. On applied interviews only 30.91% were captivated at home. 67.27% of beneficiaries are captured at health establishments. This finding is consistent with 28.87% reported by PRISMA.



- △ The Kusiayllu is a radical change on the strategy to captivate beneficiaries since it organizes community efforts and emphasizes field work

PANFAR's ration

- △ Food ration is the core of the PANFAR program. The efficacy and quality of the program depends heavily on its composition and distribution. Actual composition covers 32% of caloric complement and 47% of daily protein needs for beneficiaries. To raise the caloric content of the ration is an important objective.
- △ Almost all the interviewed beneficiaries recognizes PANFAR's food although no more than 50% remembers its dosification. Only 50% of visited posts had visible cartels with ration's content. This is indispensable for a better control of distribution to beneficiary.
- △ In many zones there are not available food for demonstrations and there were not menu to treat the donated food.
- △ On average beneficiary's families are integrated by 6 to 8 members. There is a certain degree of dilution with rations that may result prejudicial to infants on the range from 6 to 18 months of age. This aspect deserves dedicated study.

7. RECOMMENDATIONS

7.1. OBJECTIVES FULFILLMENT

7.1.1. Beneficiaries

RECOMMENDATION (Pag.17):

The report : "beneficiaries served as per executors data" must also state information to show progress in the pre school program, comparing attained against programmed level.

PRISMA must insist with the NIH and at UTES level about the importance of on time information reports. A quarterly or half yearly workshop with the participation of main responsible from UTES and representative establishments should evaluate the programming and progress towards goals. This information should be the prime input to tune PANFAR's programming. Special consideration should be given to the pre school program due to the lack of control and effective information.

RECOMMENDATION (Pag.19):

To redesign the supervisory form asking only for staying periods beyond 6 months and one year. To properly instruct the supervisory personnel to drop the methodology that considers programmed ins and outs. This fact will also simplify the statistics.

To develop a system for graduation criteria of PANFAR's beneficiaries so as to establish the effectiveness on treatment and rehabilitation of the high risk family and their malnutrition children. The development of the graduation criteria will complement all supervisory procedures. besides completing the results indicators for the program. This aspect needs to be considered with the redesign of interview forms to the beneficiaries.

7.1.2. Nutritional Surveillance

RECOMMENDATION (Pag.21):

To maintain the actual efforts in 6 communities and to further extent the scope of the community work through the extensive training of future promoters. A goal for the program should be the conversion of a certain percentage of beneficiaries as PANFAR's promoters. For 1993 additional places should be programmed and funds should be prioritized and provided in accordance with the importance of this activity.

As Kusiayllu's activities grows, annual programming should vary so as to reflect the right coverage this way of work means in contrast with the actual procedures.

Community activities should be complemented with programs for income generation, such as "cuyes" farms, fish farms, bio orchards and similar of foodstuff production. This is the permanent way to guaranty the recovery of PANFAR's beneficiaries. In this case the recommendation calls for initial investments to be executed with rotary funds so they may permit the repayment and future rehabilitation in other zones. PRISMA exhibits the knowledge and experience to develop these activities and to substantially improve the long range impact of the program. The proposal could consider and include PRISMA's acting as a sort of compensation agent among different zones since depressed consumption should impede repayment on most vulnerable zones.

7.1.3. Supervisory procedures

RECOMMENDATION (Pag.22):

To program for 1993 a supervisory scheme to cover all participating health posts. At least 2 annual visits must be performed to each health post. It must be considered that effective supervisory visits during 1992 amounted only to 10% of the stated goal in the present recommendation. Funds required for this activity must be committed. PRISMA must coordinate with NIH and MOH the members of the supervisory teams. This is critical due to the required time frame and the level of involvement of team members. The evaluation team has learned PRISMA has trained 648 candidates for supervisory activities at MOH level.

By the other hand, supervisory procedures must emphasize logistics and stock management at UTES - health post's level, detecting bottlenecks and performing follow up procedures with UDES.

7.2. EVALUATION OF PROCESSES

7.2.1. The relationships of PRISMA with NIH, MOH and Regional Governments

RECOMMENDATION (Pag.25):

The lack of identification of the UDES and UTES personnel with the PANFAR program could be faced with a weak or strong strategy. Weak strategy in this context means PRISMA to reduce its leadership role. The second alternative is to maintain PRISMA's positioning but simultaneously to strengthen the MOH's participatory level. This last option is the recommended one by the evaluation team.

We strongly recommend to include marketing messages during training activities. These messages should be designed as to manage a higher degree of identification with PANFAR from MOH personnel. It is necessary to program working seminars for medical professionals from MOH. Other activities cover to show symbols, flags, posters and other materials from those institutions. PRISMA must study the way to stimulate the actual participation of these personnel.

This recommendation considering the high degree of women participation in PANFAR's activities tends to improve the project's profile through the integration of professionals that are men by a large majority.

7.2.2. Programming

RECOMMENDATION (Pag. 26):

From a programming standpoint is important to focus attention on priority zones since there are no provisions to increase the number of beneficiary's families. To support such a view information and experiences from Kusiayllu and nutritional surveillance are really important ones.

7.2.3. Warehousing and Inventories

RECOMMENDATION (Pag. 31):

To continue with the efforts towards the implementation of a central warehouse in accordance with PANFAR needs. Similar steps should be taken for the north and south regional zones.

Experiences drawn upon during national inventories must be turned to permanent follow up system. Supervisory procedures should pay attention to the logistics management at UTES and UDES's levels. Training must emphasize internal controls and the use of kardex and written information for stocks follow up.

Procedures to discharge food in bad state from accounting records must be speedier but within the framework of the Instructive for the leakage, looses, waits and internal claims of the food and agriculture office of USAID. PRISMA must play a more aggressive role in this regard since prevailing conditions for public sector in Peru avoids speedier procedures and besides that there are natural apprehensions from officers in view of eventual sanctions from the Contraloría General de la República.

7.2.4. Fund management: secondary freight charges

RECOMMENDATION (Pag. 32):

To fulfill a group of actions:

- ^ Try to get direct funds from Title III PL480 and/or through FONCODES's projects so as to PRISMA may assume secondary freight charges.
- ^ Get official approval from MOH and NIH, so as to beneficiaries could eventually pay for freight charges, as has been the case for Ayacucho, where this sort of initiative has accounted for budgeting deficiencies removal.
- ^ To give managerial support to NIH for budgeting disbursements before the ministry of finance, including the strengthening of relationships between those two public offices.
- ^ The administrative division of PRISMA to approach the ministry of finance so as to improve actual attendance conditions to NIH and eventually under Title III of PL480 or FONCODES. This suppose to establish a permanent liaison position with the people of the ministry of finance in charge of budget disbursements.

7.2.5. PANSERV

RECOMMENDATION :

A new supervision system should be mounted in the computer. First step should be redesigning the employed forms so as to avoid ambiguities and to rationalize the required information in function to experiences developed up to date.

Programs must have the ability to validate data in an automatic fashion. The computer programs should be capable to directly process the supervisory forms and deliver the results to supervisory personnel without any further intervention. These considerations will remove actual problems with information treatment and are critical since the evaluation team considers as the highest priority to reinforce supervisory procedures.

A global data base design should avoid data duplication and redundancies among several components of the PANSERV computerized system.

7.3. VISITS TO UDES

Weight/size as the control axis

RECOMMENDATION :

To establish a program so as to get MOH to use the Waterloo indicator and the weight/size as a key indicator for actual malnutrition. The NIH agrees with PRISMA's view so we might expect support to this proposal from them. The tools that PRISMA is developing (disks, charts) as well as the supply of balances and size scales for all posts which does not have one (our estimate is for 30% of total health posts) should be programmed in budget.

Beneficiary's supervisory procedures

RECOMMENDATION :

To extend the time dedicated to the supervision of beneficiaries so as to cover the population with a significant and completely randomize sample segmented by regions at the national level. To design specific supervisory visits to cover the total population of beneficiaries at randomly selected locations. This activity must be complemented with a redesign of the interview so as to eliminate redundancies and ambiguities.

Beneficiary's graduation

RECOMMENDATION :

To develop a system for graduation criteria of PANFAR's beneficiaries so as to establish the effectiveness on treatment and rehabilitation of the high risk family and their malnutrition children. The development of the graduation criteria will complement all supervisory procedures. besides completing the results indicators for the program. This aspect needs to be considered with the redesign of interview forms to the beneficiaries.

PANFAR's ration

RECOMMENDATION :

To conduct operational research in coordination with NIH so as to design food rations which may combine donated food as well as locally produced ones. The research must privilege children between 6 and 18 months of age. On the other hand the necessary studies and proofs at the local level must be performed to establish new food rations. A study to define the degree of dilution and the way it affects the effectiveness of the program should be conducted in coordination with the NIH and it should pointed out a solution for large family cores.

Special emergency conditions such as floods, frost and droughts deserve an increase in rations so as to compensate for the additional pressure on ration dilution. Other considerations have been discarded due to logistics problems in food distribution.

The designed brochures for menu building with donated foods and other locally purchased must be printed again and duly distributed on a national scale. It is strongly recommended that an appropriate amount of food be destine at the local health post level for cooking demonstrations and to improve the use of food rations.

RECOMMENDATION :

It is truly important to put visible cartels announcing PANFAR's ration in all program participating establishments. This is best vehicle of self control and discipline and was only found in 50% of visited posts.

RECOMMENDATION (Pag.35):

UDES Cuzco must deserve greater efforts to follow up and supervisory visits so as to surmount the above resumed problems.