

# LATIN AMERICA AND CARIBBEAN **HEALTH AND NUTRITION SUSTAINABILITY:**

Technical Support for Policy,  
Financing and Management

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***INCAP Institutional  
Strengthening Project:***

***Strategic Marketing &  
Business Planning Assessment***

***June 1991***

**INCAP INSTITUTIONAL  
STRENGTHENING PROJECT (IISP)  
STRATEGIC MARKETING & BUSINESS PLANNING ASSESSMENT**

*June 1991*

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## ACRONYMS

AED	Academy for Educational Development
CIDA	Canadian International Development Agency
CIES	Centro de Investigación y Estudio de Salud (Nicaragua)
CITA	Centro de Investigación de Tecnología de Alimentación
CNS	Comité Nacional de Semillas (Panama)
COPASA	Compañía Panificadora S.A.
EEC	European Economic Community
ENA	Escuela Nacional de Agricultura (El Salvador)
FUSADES	Fundación Salvadoreña de Desarrollo
GTB	Grupo Técnico Básico
GTZ	German Technical Assistance Agency
IAF	Inter American Foundation
IDB	InterAmerican Development Bank
IICA	Instituto Interamericano de Ciencias Agrícolas
INCAE	Central American Institute of Business Administration
INCAP	Institute of Nutrition of Central America and Panama
INCIENSA	Instituto de Investigación en Salud y Nutrición (Costa Rica)
ISTI	International Science and Technology Institute, Inc.
JSI	John Snow, Inc.
MINSA	Ministry of Health of Nicaragua
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MOT	Ministry of Labor (Trabajo)
MSH	Management Sciences for Health
NGO	Non-governmental Organization
OICN	Organización Internacional de Centros Nutricionales
OR	Operations research
PAHO	Pan American Health Organization
PAN	Programa de Alimentación Nutricional (en Nicaragua)
PVO	Private Voluntary Organization
ROCAP	USAID Regional Office for Central America and Panama
VITAL	Vitamin A for Life Project
UNAN/LEON	Universidad Nacional de Nicaragua/Ciudad de León
UNDP	United Nations Development Program
URC	University Research Corporation

# **INCAP INSTITUTIONAL STRENGTHENING PROJECT**

## **STRATEGIC MARKETING & BUSINESS PLANNING ASSESSMENT**

### **I. INTRODUCTORY SUMMARY**

#### **A. BACKGROUND**

The Institute for Nutrition of Central America and Panama (INCAP) is the largest organization administered by the Pan American Health Organization (PAHO). INCAP has 87 professional staff and approximately 300 support staff working in Central America. INCAP is organized on a matrix basis with coordinating units and technical divisions. It has recently formalized its decentralization process which now includes field staff in all the countries of Central America and Panama. (Refer to attached Organization Chart) INCAP has a Directing Council (similar to a Board of Directors) made up of the Ministers of Health of the seven member countries, the Director of PAHO and the Director of INCAP.

The INCAP headquarters staff in Guatemala operates relatively independently of PAHO, while the country teams (Grupos Técnicos Básicos or GTBs) are integrated into each PAHO country team. Most INCAP country teams consist of three professionals except Guatemala which has seven and Belize which has only one.

Founded in 1949, INCAP's original objective was to determine the nutritional problems of the region in order that solutions for those problems might be learned through research. The results were to be shared with others in the scientific, development, planning and educational communities, particularly with those in the ministries and public universities of member countries.

INCAP's view of the nutritional problems in the region has expanded during the course of its forty-two years. Its concern with human nutrition now includes the full range of maternal and child health issues and related research activities. This has given INCAP a decidedly applied orientation to much of its research, something which is not widely known.

Technology transfer, while acknowledged by INCAP spokespersons and others to be of unequal quality, is something which INCAP has done from its very beginning as a natural complement to its research activities. Activities aimed at technology transfer have included traditional means of scientific and technical publications, technical assistance, conferences, seminars, workshops and collaboration with the region's ministries of health, agriculture, education, and planning; with its national universities; and with a wide range of national and international private voluntary and non-governmental organizations (PVO/NGOs).

In spite of this, misgivings were noted by several clients regarding INCAP's ability to transfer its research findings to the more practical level of the community where it will result in direct benefits to the population. A general perception exists that INCAP is too theoretical. In fact, INCAP's work in applied research is significant but INCAP has not effectively communicated its involvement and its results. Decentralization of INCAP has strengthened its applied service orientation.

The present strategic marketing and business planning analysis for INCAP was requested by USAID/ROCAP to support the development of the new INCAP Institutional Strengthening Project (IISP). The analysis was performed by a two-person team contracted by University Research Corporation and International Science and Technology Institute, Inc., under the LAC Health and Nutrition Sustainability Contract (No. LAC-0657-C-00-0051-00).

## B. SUMMARY OF RECOMMENDATIONS

In the analysis and recommendations that follow, the team has taken into account a number of factors that distinguish INCAP from a typical company or organization that relies exclusively on selling its services to survive.

INCAP is first and foremost a social service organization with a mission to assist the governments in the region to improve the nutritional and health status of the people in greatest need. INCAP's primary clients, Ministries of Health, Education and Agriculture, have great need for INCAP's services but have no money to pay for them.

The emphasis or priority given to diversifying and/or expanding INCAP's client base to include "paying customers" must be developed with the above in mind and should not be to the detriment of INCAP's primary client, the Public Sector.

Other important factors to consider in recommending a marketing strategy are the philosophy of the organization and the attitudes of the employees. In the case of INCAP, the philosophy and attitudes do not lend themselves to a major refocus of priorities from the public sector to the private sector. Nor do most of their services.

INCAP needs to expand its client base, with private business as a minor but important part of that new base. INCAP employees must understand that "marketing" does not refer just to private sector clients, and that promotion and business development or marketing do not diminish their services but do enhance the possibilities of accomplishing the mission of the organization.

**INCAP's primary marketing task is to convince donors and collaborating organizations to finance INCAP's involvement in the delivery of priority services to the public sector institutions and PVOs with which INCAP works.**

A secondary, but important, task of INCAP is to strengthen its capability to provide services on a fee-for-service basis in order to expand its financial base and increase its resources and

ultimately its long-term sustainability. This diversification will improve INCAP's ability to survive, to service its primary clients and to accomplish its goals and objectives.

### C. SCOPE OF WORK

The Scope of Work for this activity specified that the team should design and conduct a preliminary assessment of INCAP's market potential for selected products and services; identify likely areas of future demand for INCAP's products and services by key clients and perceptions of INCAP's competitive advantages. The assessment is to be based on interviews with key INCAP clients in each of its member countries and among relevant U.S. and international organizations.

### D. ASSESSMENT METHODOLOGY

In order to obtain as much information as possible within the limited time, the methodology focused on two activities:

- i) Review of documents (see Appendix 1)
- ii) Interviews with relevant individuals throughout Central America (see Appendix 2)

The time available for visiting the seven countries was limited and the plan developed involved meetings with key people from the Ministries of Health, Education & Agriculture, PAHO, USAID, foundations, universities (both Central American and U.S.), PVOs and private business.

A separate protocol/questionnaire was developed for each of the different types of organizations interviewed (see Appendix 3 for instrument used with U.S. organizations). The protocol focused on past and current INCAP activities and the strengths and weaknesses of INCAP as perceived by clients, collaborating organizations and INCAP staff.

INCAP's marketing capability was analyzed relying on secondary data (studies, reports, and strategies that had recently been written), and interviews with INCAP staff throughout Central America. Demand for INCAP's services and products was analyzed. The analysis focused on both current clients and potential new clients.

Finally, INCAP's competition was identified and an attempt made to indicate those areas (services and products) where INCAP clearly has a comparative advantage. Clients and collaborating organizations were asked to identify any organizations or companies that provided similar services and/or products and had equal or better technical and administrative capabilities. Some of these competitors were also interviewed.

## **II. DEMAND FOR INCAP SERVICES AND PRODUCTS**

### **A. OVERVIEW**

Throughout Central America there is tremendous demand for INCAP's services and products. The greatest demand by far for these services is from client organizations without funds; i.e., Ministries, local universities and research organizations. There is also great need within these organizations for INCAP's assistance.

Local NGOs in the region are very interested in the services of INCAP, both technical and financial. In most cases, they were in no position to pay for INCAP's services.

U.S. Universities and consulting firms expressed great interest in collaborating and buying services from INCAP. They represent a tremendous opportunity for INCAP as they have, in many cases, already identified specific services they would like to buy from INCAP. (See partial list in section II.D.2 below.)

USAID and other international donors indicated interest in INCAP's potential but for the most part lacked adequate information about INCAP's current services and products. Specific areas of interest are listed in section II.D that follows.

Private corporations do not appear to represent a large potential market for INCAP with the possible exception of:

- Cookie manufacturers who can produce the nutritional cookie.
- Agro-industries who might be interested in:
  - Conversion of agricultural waste
  - Recycling of rejected export fruits and vegetables.
- Food processors who require assistance in:
  - Quality control and/or
  - The development of new food processing technology and formulas.

Of the companies interviewed, there was not much awareness of INCAP and consequently not much interest expressed. (Private sector needs and opportunities should be explored in greater depth during the first year of the Institutional Strengthening Project.)

In short, demand for INCAP's services far exceeds INCAP's ability to supply the services, even if financial resources are found to fund the services. INCAP faces a difficult task of balancing the demand from "non-paying" clients with its potential ability to supply the services and to find

donors to pay for them.

INCAP must be careful not to create demand it cannot meet, because it will result in poor quality services and failure to deliver what it promises.

## B. CURRENT CLIENTS/MARKETS/FUNDING

**Ministries of Health** are by far INCAP's largest clients. The large majority of INCAP's work is for or in collaboration with the MOH. Ministries of Health have primary responsibility for nutrition activities in most countries and very limited budgets. The need for INCAP technical (and financial) support is great. INCAP's close collaboration with PAHO in the individual countries provides INCAP both entree and influence in the Ministries of Health and creates a greater responsibility on the part of INCAP to serve the needs of the Ministries of Health.

**Ministries of Education and Agriculture** are also important clients. Both ministries have nutrition programs or nutrition-related programs and depend heavily on INCAP. School feeding programs, the development of fortified foods, etc. are of great interest to the Ministries of Education and food production, testing, quality and security are of interest to the Ministries of Agriculture.

(The quotas paid by the INCAP "member" countries are far less than the cost of the services provided by INCAP to the government ministries. Only by obtaining significant funding from other donors can INCAP meet the demand for services from the ministries.)

**USAID** is by far the largest financial donor to INCAP providing approximately 45% of INCAP's total operating budget. Over 90% of that funding comes from two projects that end in 1991.

**PAHO**, as INCAP's parent organization, provides significant funding to INCAP and is therefore included in this list of funding sources.

**European donors** (Sweden, Switzerland, France, etc.) have been relatively minor clients up to now.

**Non-governmental organizations and foundations** have been important clients for INCAP. In 1989, nine (9) projects were funded.

**Universities**, especially U.S. universities, have represented an important source of funds and collaboration for INCAP in the development of research projects.

**United Nations Organizations** funded 15 projects in 1989.

**Private corporations** have been a very small source of revenues for INCAP largely because INCAP has not pursued this market.

## C. CLIENT PERCEPTION OF INCAP

Overall INCAP is perceived positively by most of its major clients. On the other hand, all of INCAP's clients described significant weaknesses that may change the perception if not corrected soon. The Ministries of Health, U.S. universities and U.S consulting firms (AID contractors) are by far the most positive and USAID bilateral missions are the most negative.

INCAP is perceived as an important resource for technical assistance, training, materials, and funding by Ministries, NGOs, local universities, research centers and even selected businesses. When asked if they would "buy" services from INCAP, most (except the businesses) indicated they would not be financially able.

INCAP is perceived as an excellent collaborating institution by U.S. universities and U.S. consulting firms.

## D. POTENTIAL NEW PROJECTS/FUNDING

Potential funding was identified in this analysis from all types of donors and collaborating organizations. Where possible, it is listed below by country, source, and type of service. The team suggests that INCAP begin to explore these opportunities, if it is not already doing so.

### 1. Country-Specific Potential Projects

#### (a) **Guatemala**

- FUTURES/Rapid III
  - Study on the characteristics of high-risk pregnancies for the Guatemalan Social Security Institute
- CARE does 3-5 evaluations or studies per year and would like to contract with INCAP. Two studies coming up on:
  - Food rationing
  - Child survival
- DIGESA/Ministry of Agriculture & CACYKE, S.A. want to collaborate with INCAP in the promotion of soya as a nutritious component of the daily Guatemalan diet.
- USAID/Guatemala: Three projects are planned with components that are appropriate for INCAP on a sub-contract basis:

- Population/Family Planning & Safe Motherhood (1992)
- Water & Sanitation (1991)
- Demographic and Health Survey (1993)
- World Bank & Instituto Nacional de Salud are developing a nutrition/child survival project with a budget of approximately \$62M over 5-10 years.
- COPASA/Ministry of Education: INCAP should explore the possibility of increasing its cookie royalty.

**(b) El Salvador**

- PROSAMI, a USAID-funded PVO coordination project, has need for training and technical assistance in nutrition and growth monitoring throughout the 7-year project.
- APSISA, a USAID-funded institutional strengthening project will soon be rebid and INCAP could be included as a sub-contractor or collaborating organization.
- World Bank funding for the Ministry of Health has significant nutrition and MCH components.
  - Study on targeting most vulnerable population for potential food stamp program.
- Ministry of Health/European Donors: 30% of the projects that the MOH is presenting to Madrid III are related to nutrition.
- VITAL/USAID Vitamin A promotion project.
- CALMA/WELLSTART joint nutrition venture.

**(c) Honduras**

- GTZ would like to contract with INCAP for technical assistance and training in a variety of areas including food security, nutrition and development, epidemiology information, etc.
- Sweden, Finland and Holland are expanding their funding for health sector projects.
- Save the Children (Britain) expressed interest in further collaboration with INCAP in training of health workers and nurses and production of soya "frijol".

- Ministry of Health has a new project in food production technology transfer in marginal rural areas.
- Management Sciences For Health (MSH) is interested in collaborating with INCAP on a maternal mortality intervention.
- USAID/Honduras suggested that INCAP and the MOH Department of Nutrition submit a proposal to be funded from Health Sector II which has \$200,000 available for nutrition activities. USAID suggested the following:
  - Development of a national nutrition strategy
  - Institutional strengthening of the Department of Nutrition
- Academy for Educational Development/Nutrition Communication Project offers a possible collaboration on a breastfeeding/infant feeding project.

**(d) Nicaragua**

- USAID/Nicaragua
  - New 5-year PVO Project with \$6M for health that may have a role for INCAP.
  - Possible collaboration with PRAGMA on a food needs assessment.
  - Other nutrition/MCH projects as they develop.
- World Bank and InterAmerican Development Bank are looking for projects in Nicaragua.
- New funds are coming into Nicaragua from Norway, Spain, Finland, Denmark and Canada.
- ADRA, Project Hope and Project Concern are beginning new child survival/MCH projects with AID/W funds. There may be components for INCAP collaboration or sub-contracting.
- Holland has a "Médicos en Frontera" project that may have need of INCAP's capabilities.
- Centro de Investigación y Estudios de Salud (CIES) is interested in collaborating on research projects.
- Nabisco would like to collaborate with INCAP in the production and marketing of the nutritional cookie:

- INCA<sup>2</sup> and Nabisco (60% U.S. owned) should consider submitting a **proposal to USAID** for funding to the Ministry of Education to pay for the production and distribution of the cookie. This project would meet many of AID's primary criteria, i.e., support for a priority Ministry activity, involvement of the private sector, support for a U.S. investment in Nicaragua.

**(e) Costa Rica**

- INCIENSA is interested in collaborating and submitting joint proposals on projects related to:
  - Chronic diseases
  - Food analysis
  - Food quality control
  - Food supplements (Vitamin A, iron, etc.)
- World Bank/RUTA/IMAS are jointly developing food coupon project to offset structural adjustment and are interested in collaboration from INCAP in:
  - Project management
  - Development of beneficiary register
  - Quality control
  - Planning, monitoring and evaluation
- IMAS would like assistance from INCAP in:
  - School feeding program
  - Home day care program

(Funding must be identified from a third party.)

**(f) Panama**

- USAID: possible collaboration on Cholera project.

**(g) Belize**

- EEC: Belize offers INCAP an entre into EEC's Lome III and IV funds (designated for Africa, Caribbean and South Pacific countries). Major current activity is a hospital project of approximately \$10M. There are also non-programmed funds for "emergency" activities identified by the MOH.
- USAID is phasing out of health. However, the new USAID Director, Barbara

Sandoval, has a strong health background and could reverse the phase out. Contact should be increased.

- UNICEF priority in Belize is child survival/PHC and will be looking for assistance in developing and implementing the programs.
- Ministry of Health relies heavily on nurses and community health workers for PHC activities and they are not well trained in nutrition. On-the-job training for them and nutrition training in the nursing school are opportunities to pursue. (Funding source must be identified.)

## 2. Potential Projects by Source

### (a) **Universities**

- Kansas State University: Exchange of faculty and students.
- University of Wisconsin/Madison: Follow-up project to look at nutritional status changes over time in villages currently being studied by the university.
- Johns Hopkins University projects in:
  - Interaction between nutrition & infections
  - Vitamin A deficiencies.
- Cornell/Stanford/University of California at Davis: follow-up projects to nutritional intervention activity undertaken years ago in Guatemala (funding from NIH).
- Cornell - Collaboration on a metabolic study on maternal energy consumption (funding from NIH).

### (b) **U.S. Consulting Firms/AID-funded Projects**

- VITAL (ISTI) hopes to collaborate with INCAP on:
  - Country assessments of the breast-feeding situation.
  - Cross-country assessments of the implementation of Vitamin A distribution.
- LAC Health & Nutrition Sustainability (URC & ISTI) has identified the following areas for collaboration with INCAP:

- Breast-feeding assessment in the Dominican Republic
  - Short-term technical assistance in nutrition, child survival, evaluation, Info. systems and applied research
  - Information monitoring/tracking
  - Information dissemination
  - Operations research in child survival/PHC
- Food & Nutrition Monitoring (ISTI) perceives a need for collaboration in the following areas:
    - Food and nutrition monitoring
    - Training in nutrition-related areas
- MotherCare (JSI)
- Quality Assurance/PRICOR (URC/CHS) would like to collaborate with INCAP on the following activities:
    - Review operations research (OR) studies carried out in the Region
    - Development of training courses in OR/applied research for the GTBs
    - OR study on iron supplementation
    - Methodology studies of the Quality Assurance Project
    - Information exchange in the areas of OR, applied research and quality assurance (including translation and dissemination)
    - Evaluation of a manual for Service Quality Assessment/Simplified Systems Analysis Manual
- WASH Project (Water, Sanitation & Health) is interested in collaborating or sub-contracting with INCAP to look at nutrition/health issues related to water and sanitation.
- Healthcom (AED) is interested in providing technical assistance and training in communications.
- PRITECH (MSH) would like to sub-contract with INCAP to provide technical assistance to PRITECH country projects in Central and South America, and serve as a conduit for country funds, i.e., PRITECH would channel funds to INCAP and INCAP would then provide a grant to the host country institution and would support the host country project with ongoing technical assistance. (Could begin as early as the Fall, 1991.)
- Centers for Disease Control (CDC)/Nutrition Division would like to collaborate with INCAP in providing technical assistance to iodine deficiency intervention

projects (i.e., strengthening iodine deficiency control programs in the Ministries of Health) that CDC is trying to develop in Peru and Bolivia. The initial activity involves the training of MOH staff at CDC, and CDC would like INCAP experts to participate in the training before going on joint technical assistance missions. CDC has UNICEF funding for the iodine deficiency activities. INCAP could be paid out of UNICEF funds or with funds from Carlos Daza's office at PAHO. (The activities are to begin during the summer of 91.)

(For more details on these projects refer to Appendix 4.)

**(c) USAID/Washington**

The following centrally funded projects represent potential opportunities for INCAP:

- Breast-feeding Project
- Funding to U.S. universities to develop joint programs with Central American universities and regional institutes like INCAP

**(d) European Community/Madrid III**

The European Economic Community has approximately \$350M of new funds for health for Central America over the next five years. INCAP has discussed the following potential projects with the respective donors:

- An MCH project worth \$8.5M
- \$2.5M from Italy for nutrition education
- A food security project to be funded by Switzerland
- A food and nutrition project to be funded by Holland

**(e) UNICEF**

UNICEF will begin a new regional Primary Health Care Project in 1992 with a large nutrition component.

**(f) World Bank**

The World Bank wants to do a regional study of the impact of structural adjustment on nutrition.

### 3. Most Promising Markets for INCAP

#### (a) **Short-term Emphasis (1-3 years)**

The short-term period coincides with the timing of the ROCAP-funded Institutional Strengthening Project. During those three years, INCAP should focus on:

- Marketing its services to donors and collaborating organizations who will provide funding for the priority activity of INCAP, i.e., serving the needs of the Central American government ministries, universities and local PVO/NGOs:
  - European donors
  - U.S. consulting firms
  - U.S. universities
  - USAID bilateral missions
  - NGOs
  - Japanese
  - World Bank
  - CIDA (Canada)
- Expanding its services to PAHO (which hopefully will result in increased funding from PAHO)
- Expanding the marketing of two existing products:
  - Nutritional cookie (and other nutritious blended food products)
  - Lab services
  - Micro nutrients
  - Infectious diseases
  - Food analysis/food quality
- Strengthening its capability to:
  - Promote its services
  - Write proposals
  - Cost & price its services and prepare realistic, competitive budgets
  - Respond to requests for assistance and proposals
- Analyzing the needs of the private commercial sector in areas consistent with INCAP's mission and capabilities, i.e., food processors, food producers/ farmers, agro-industry and food exporters (in collaboration with U.S. universities).
- Developing agricultural and food science capabilities that can be sold to the private sector (in collaboration with U.S. Universities).

- Testing potential new products and services:
  - Conferences and conference planning
  - Training center
  - Publications (for sale)
  - Technical translations
  - Media/graphic design
  - Logistical and information support for regional technical assistance activities of other organizations
  - Bibliographic searches

**(b) Medium-term Emphasis (3-5 years)**

After three years of the IISP project, it is expected that INCAP will have significantly improved its management systems and marketing capability and, stabilized its financial situation. It is also expected to have upgraded its laboratory facilities. With these improvements in place, INCAP should begin to focus more on:

- Expanding its activities in the private sector, (relative to its public service mandate) perhaps in collaboration with U.S. Universities to the following groups:
  - Food exporters (use of rejected food exports including fishing industry wastes)
  - Farmers (use of agricultural wastes)
  - Food processors (transfer of new food processing technology)
- Developing modified services and products in response to changing needs that were successfully tested and analyzed during the previous three years.

**4. Competition**

Organizations/clients interviewed that rely on essentially free services from INCAP, i.e., ministries, local research institutions, local universities, and local NGOs, indicated that INCAP had very little competition in Central America. In addition, the demand for services from these clients is so great that competition would be welcomed.

Organizations/clients that tend to pay for INCAP's services, mentioned a number of important competitors with the caveat that most have a limited capability in one or more of INCAP's priority technical areas. These included:

- DATAPRO, Guatemala (surveys)
- INCIENSA, Costa Rica (surveys, food testing)

- INISA, Costa Rica (breast-feeding, nutrition related to infectious diseases)
- CESSIAM, Guatemala (Vitamin A deficiencies)
- Wellstart, San Diego (breastfeeding training)
- Nutrition Communication/AED, Washington, DC (nutrition education)
- LAC Health & Nutrition Sustainability/URC & ISTI, Washington, DC
- FLACSO, Costa Rica & Guatemala (agricultural sciences)
- IFPRI, Washington, DC
- U.S. consulting firms (MCH and Operations Research)
- VITAL/ISTI, Washington DC (Vitamin A)
- Central American universities and their research institutes
- U.S. universities
- NGOs
- Independent consultants (especially Central American residents)

It is important to note that almost all of these competitors are also actual and potential collaborators on many projects (and have expressed strong interest in collaborative efforts).

### **III. INCAP MARKETING/PROMOTION CAPABILITIES**

#### **A. INCAP SERVICES OVER THE PAST FIVE YEARS**

A frequently voiced concern during this market assessment was INCAP's absence of clear priorities. It was held that INCAP had a tendency to work in too many technical areas, in some of which it did not have a comparative advantage. Informants identified these areas as Agricultural Sciences, Maternal and Child Health, Oral Rehydration Therapy, Acute Respiratory Infections, Immunization programs. While all generally agreed that INCAP's principal strength was "nutrition", there was little agreement about what nutrition research should, and should not, include. The team, therefore, decided to list INCAP activities in order to determine which areas INCAP was working in, and the human resources it was investing in them.

According to INCAP's March 1991 Boletín Informativo de la Coordinación de Investigación,

INCAP is currently undertaking twenty-nine "research" projects within its three technical divisions of Nutrition and Health (23 projects), Agriculture and Food Sciences (2 projects), and Food and Nutrition Planning (4 projects.)<sup>1</sup>

While most of these projects were begun since 1990 and will conclude by 1993 at the latest, two were begun in 1981 (research on beans), and others in infant diarrhea, maternal/child health related research, and primary health education as early as 1984. In spite of this, several informants held the mistaken impression that INCAP only recently became interested in maternal/child health, and child survival as a means to obtain funds. INCAP, thus, was not regarded as being up to speed on such interventions as ORT, immunizations, acute respiratory infections, etc.

## B. CURRENT PROJECTS AND SERVICES

### 1. Within Technical Divisions

Research, program and/or project interests of organizations are evidenced by the objectives they set for themselves in the projects they are currently undertaking. These interests may or may not coincide with past or future interests. In the case of INCAP, many of the current projects reflect INCAP's early interests in basic research, e.g., the impact of early malnutrition in adolescence (Project Identification Number 0022-823/PN).

However, an analysis of the topics covered in INCAP's present research load shows a primarily applied orientation<sup>2</sup>:

#### (a) **Within the Division of Nutrition & Health**

1. ORT research for primary care applications: since 1984, INCAP PIN 0014-670/PM;
2. Growth Monitoring for primary care applications: since 1984, INCAP PIN 0014-670/PM;

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<sup>1</sup> Numerous of the listed research projects have several research components, each identified with the same project identification number (PIN).

<sup>2</sup> The writers are well aware that the distinction between basic and applied research is not a clear one. Strictly basic research has had dramatic impacts on the quality of human life: the Green Revolutions of India and China are examples of the impact of applications of basic research for greatly increasing food production. At INCAP, INCAPARINA resulted from its basic research projects.

3. Health Education for primary care applications: since 1984, INCAP PIN 0014-670/PM;
4. Comparative Research for assessing the incidence of morbidity in children aged 6 to 36 months, with respect to Vitamin "A" therapy: since October of 1990, INCAP PIN 0029-190/PN;
5. Shigellosis Research: Analysis of the role of Shigella toxin in the activation of mastocytes: since 1988, PIN 0050-930/PN;
6. Diarrhea/Morbidity Research: The impact of installing piped water in rural households of Guatemala for behavior modification: since April 1989, INCAP PIN 0070-025/PN;
7. Food Security/Diarrhea Research: Controlled clinical tests with infants under six months to compare the impact in cases of persistent diarrhea of feeding with powdered milk at normal concentration with the traditional use of diluted whole milk -- since May 1990, INCAP PIN 0071-070/PN;
8. Study of the Relationship Between Breastfeeding and Infectious Disease in Costa Rica, Nicaragua and Guatemala -- since October 1989, INCAP PIN 0075-095/PN;
9. Study of Relationship Between Food Supplements Given to Malnourished Lactating Women, and Amount of Milk Produced -- since November 1989, INCAP PIN 0085-120/PN;
10. The Design and Implementation, at the Community Level, of a Pilot Intervention for the Prevention of the Principal Causes of Prenatal, Neonatal and Postneonatal Morbidity and Mortality -- since February 1990, INCAP PIN 0087-150/PM;
11. Research of Feeding Practices and Food Therapy in Rural Guatemala During Diarrheal Episodes and Convalescence -- since May 1990, INCAP PIN 0088-205/PN;
12. Relative to Research Findings on Feeding Practices and Food Therapy, Design and Implementation of a Health Education Intervention for Parents of Children Under Two Years of Age -- since May 1990, INCAP PIN 0088-205/PN;
13. Evaluation of the Effects of Food Therapies on Persistent Diarrhea -- since May 1990, INCAP PIN 0088-205/PN;
14. Research on the Management of Severe Diarrhea in a Rural Community of Guatemala. This research has several aspects, including behavior modification

of parents and children -- since May 1990, INCAP PIN 0089-170/PN;

15. Research on Maternal and Neonatal Health in Quetzaltenango. Under a USAID funded sub-contract with the John Snow Inc., this research project included a national study on the use of oxytocin -- since July 1990, INCAP PIN 0091-210/PM. This research includes several components:
  - Obstetrical management of mothers and newborns;
  - Factors and specific causes of risks associated with maternal mortality during pregnancy, partum and post-partum;
  - Factors associated with the acceptance and/or rejection of obstetrical cases by traditional midwives;
  - Specific causes and factors associated with perinatal mortality;
16. Research & Development: for the design of an effective relationship between different levels of health care for the detection and management of high risk obstetrical and neonatal cases in hospitals, health centers and by midwives -- since July 1990: INCAP PIN 0099;
17. Research for the development of consistent and systematic criteria for the detection and management of high risk maternal and neonatal cases in health centers, rural health posts and by midwives in four health districts of Quetzaltenango -- since July 1990: INCAP PIN 0099;
18. Ibid for hospitals;
19. Training: develop a midwife training program for the detection and management of obstetrical problems relative to high risk maternal and neonatal cases -- since July 1990: INCAP PIN 0099;
20. Develop and apply an operations research methodology in order to facilitate the project implementation process, and to better measure the impact of project activities -- since July 1990: INCAP PIN 0099;
21. Research in the Prevalence and Risks Associated with the Use of Oxytocin Injections by Midwives -- since January 1990: INCAP PIN 0087-210/PM;
22. Research re: the Results of Reversing the Policy of Free for Children Born in Guatemala City Hospitals, and the Implementation of Program to Promote Breastfeeding -- since January 1990: INCAP PIN 0096-135/PN;
23. Early Malnutrition and its Effects in Adolescence -- since June 1987: INCAP PIN 022-823/PN;

24. Longitudinal Study of the Duration of Amenorrheal Lactation Relative to Lactation Practices -- December 1988: INCAP PIN 0043-811/PN;
  25. Research on the Material and Cultural Determinants Related to Water Usage for Personal and Domestic Hygiene in Santa Maria de Jesus -- since August 1990: INCAP PIN 0101-225/PN;
  26. Longitudinal Study on the Effects of Food Supplements for Mothers on the Birth Weight of Children of Succeeding Generations -- since January 1990: INCAP PIN 0095-185/PN;
  27. Immunological Analysis of Campylobacter Jejuni Cellular Antigens Recognized by Antibodies in Maternal Milk -- since October 1990: INCAP PIN 0111-255/PN;
  28. Secondary Analysis of Existing Maternal Anthropometric Data -- since March 1991: INCAP PIN 0002;
  29. Research on Risk Indicators for Retarded Fetal Growth -- since October 1990: INCAP PIN 0004/670/PM.
- b) Within the Division of Agricultural & Food Sciences**
30. Research on the Effects of Polyphenols and Other Antinutritional Factors on the Digestibility of Bean Protein -- since 1981: INCAP PIN 372/PN;
  31. Research on the Effects of Nutritional Animal Feeds and Other Biological Products for the Increasing Milk Production.
- (c) Within the Division of Nutrition & Food Planning**
32. Research on the Impact of Non-Traditional Export Crops on the Nutrition, Food Security, and Well Being of Highland Guatemalans -- since April 1990: INCAP PIN 0001-200/PN;
  33. Management and Technical Assistance for Food Development and Assistance Programs in Central America and Panama -- since March 1985: INCAP PIN 0019-710/PN;
  34. Macroeconomic Review of Existing Secondary Data Relative to Food, Demographic, and Socio-Economic Variables for Each Central American Country -- since June 1988: INCAP PIN 0067;

35. **Research on the Effects of Community Collaboration with the Supplementary Feeding Activities of the Maternal and Child Health Program of the Guatemalan MOH in the Department of Totonicopan, Guatemala -- since January 1991: INCAP PIN 0103-710/PN.**

2. **Other Products and Services**

- (a) **Incaparina and Other Food Products**

Incaparina was INCAP's first and best known effort to introduce a low cost highly nutritious product into the marketplace. There is little question that Incaparina is a successful, and relatively well known product from a technical point of view. There appears to be a consensus, however, that given its relatively high price, the product has not benefitted that population segment for whom it was primarily intended -- the poor. It is also generally admitted, that Incaparina has not financially benefitted INCAP. Several informants believed that INCAP was not adequately compensated by agreed upon royalty payments, attributing this to INCAP's inability to negotiate a business deal.

Incaparina was the first in a line of INCAP products. More recently INCAP developed the nutritional cookie, currently being distributed by Guatemala's Ministry of Education to primary grade students at the rate of some 1.3 million daily; Panacrema, a nutritional drink developed for Panamanian school children to be taken along with another INCAP developed nutritional cookie made according to a formula utilizing flour mixtures available in Panama. Other countries of the region are discussing these and other products, e.g., an atole (thick liquid) drink for those countries where atole is a traditional food.

- (b) **SIMAP and Map Maker Software Programs**

Both programs were developed by INCAP with the assistance of the USAID funded Futures Group. The SIMAP program was developed for micro computers. It allows the organization and presentation of data from numerous and diverse data bases. It facilitates a wide range of projections relative to health sector, health planning and demographic analyses. The MAP MAKER program allows health and population data obtained through the SIMAP software to be illustrated for any region of the globe. While SIMAP and MAP MAKER are different programs, they have been designed to complement each other and to be used in tandem.

- (c) **Service Products**

INCAP's fundamental mandate, one which was brought to the team's attention several times, is the provision of service to national ministries (health, agriculture, education, planning), universities, technical schools, and PVO/NGOs. These represent INCAP's principal market segments. Estimates of how much time each market segment requires from several GTB teams did not vary greatly:

- 65-80 percent for the ministries
- 15-25 percent for universities
- About 5 percent for PVO/NGOs

The principal service which INCAP/GTB staff provide to member country institutions is technology transfer. This is essentially the "raison d'être" for the GTBs. Some means for effecting technology transfer are technical assistance, program and intervention design, local level collaborative implementation, courses, seminars, workshops, and via publications in scientific and popular/paraprofessional journals. Required preconditions for success in any of these consists of at least the following:

- Appropriate expertise
- Good consulting and training skills
- A solid understanding of the culture in which the technology is to be transferred
- An understanding of the probable consequences of transferring the technology
- The ability to evaluate outcomes, i.e., follow-up.

### C. PAST & CURRENT FUNDING SOURCES

For a great part of its history, INCAP has had a multifaceted funding picture. However, for the past few years, that picture has been dominated by USAID/ROCAP funds for project support. In 1988 the USAID/ROCAP share of INCAP's total funding was 44 percent. ROCAP project support remains roughly the same at the present time, but will be largely eliminated by the end of 1991. A much discussed (and controversial, within bilateral missions) new three-year sustainability project will attempt to place INCAP on a more solid financial and managerial footing by the end-of-project, at which time ROCAP funding will be phased out. It is not expected that INCAP will be self-sufficient at that time but that it will have expanded its funding base and developed a capability to promote and market its services.

Donors following USAID/ROCAP in the level of funding for INCAP are the following:

- EEC Countries: 25 percent of total INCAP funding in 1989. Three countries (Sweden, Switzerland and France) contributed over 1.6 million dollars.
- PAHO provides core funding of approximately 1.2 million annually. PAHO also provides in-country GTBs with a significant in-kind contribution of office space and equipment in the Region's PAHO offices (except Guatemala). PAHO also provides INCAP/GTB teams with telephone, secretarial support, dollar salaries (for all INCAP professional staff), and a line of credit in dollars.
- U.S. universities provided US\$454,631 for the support of ten joint INCAP-US University projects. That amount represented approximately 7% of the total INCAP budget for 1989.

- In 1989, nine international NGOs contributed US\$385,450 for 6 percent of the annual budget.
- In 1988, income from sales (including royalties from Incaparina and the nutritional cookies) amounted to US \$341,937.
- INCAP member countries make an annual contribution. The amounts actually received varies from year to year, due to the problem of no- or partial-payments by member governments: \$315,415 was received in 1988, but only \$246,221 in 1989.
- Private corporations contributed \$9,350 in 1989, in support of two projects.

#### D. INCAP'S APPROACH TO MARKETING

INCAP has had a relatively passive approach to marketing, partly because that has been the "personality" of the organization and partly because donors, Universities, foundations, etc. have pursued INCAP as it was the pre-eminent (and only comprehensive) nutrition resource in Central America. Until very recently INCAP's marketing plan or strategy was to develop proposals for presentation to donors or collaborate on proposals developed by others.

##### 1. INCAP Staffing (Including Consultants)

The professional services which any organization is capable of delivering to its clients and beneficiaries is directly related to the knowledge and experience of its current professional and support staff. A well designed nutritional or MCH intervention, for example, is ineffective if staff are incapable of, or ill-disposed to, carrying out assignments. While the traditions of an organization are important for orienting and motivating succeeding generations of staff, the state-of-the-art expertise of an organization is in the regularly updated minds of its staff rather than in past accomplishments. INCAP must keep this in mind and begin to focus more on its current expertise rather than its past accomplishments.

One of the most attractive prospects that the Institutional Strengthening Project offers INCAP is the possibility of attracting new, top quality talent, and of upgrading the skills of existing staff. This is something which INCAP has traditionally done in a wide variety of ways, including local seminars and workshops, international conferences, and by sending its people off for advanced degrees to U.S. and European universities. The latter practice continues. At the present time three INCAP staff are pursuing doctoral degrees at U.S. universities.

##### 2. Overview of Current INCAP Marketing

INCAP continues to be regarded as the preeminent nutrition authority in the Central

America/Panama Region, containing the most comprehensive package of nutrition-related services. The organization, however, is believed to be in a critical period because of the following factors:

- INCAP's principal donor, AID/ROCAP, is phasing out its funding. By 1995 AID/ROCAP's assistance to INCAP will end.
- Poor communication, the single most important component of a good marketing attitude. Many informants were not knowledgeable about INCAP's current activities and capabilities. Actively promoting INCAP services and capabilities was not part of the mindset of the in-country GTB teams. INCAP is not being promoted/marketed either by word of mouth, good brochures or other types of promotion.
- INCAP is, according to some informants, out of touch with the current needs of the region.
- What appears to be a reputation for not completing work in a timely fashion; for not following up on initial meetings; for promising to do more than it can deliver.
- Poor proposal preparation (which is especially critical vis-a-vis AID).
- Because competition in the region has increased as INCAP graduates and former employees have established their own technical assistance firms or nutrition institutes within the Universities of the region. In addition, traditional AID contractors have developed nutrition capabilities that are available to the region.

In order to cope with the new situation, **INCAP has begun to implement critical changes. INCAP has decentralized its capability to all the countries of the region. This decentralization process has created new challenges, problems, and opportunities for the organization. Attitudes regarding promotion and business development are changing among some of the key senior staff. The management of the decentralization process is being analyzed. A team-building training program is being implemented, in order that in-country GTB teams function as such rather than as individuals. Awareness is growing of the importance of communicating INCAP activities.**

This team's review of INCAP confirmed many of the institutional weaknesses that have been identified previously by AID and others. The team also noted that these administrative, organizational and technical weaknesses are being acknowledged by INCAP and a willingness demonstrated by senior INCAP staff to address them. Another important change underway is INCAP's move from the theoretical (basic research) to the practical (applied research) and from the lab to the community: i.e., whereby the design and implementation of project interventions are based on research results.

In all of the administrative, organizational and attitudinal areas there is still much to be done, especially with regard to marketing, promotion, and business development. This analysis indicates that there is a significant gap between the current INCAP strategy, approach, and programs, and the perception that many people have developed of INCAP over the years.

## E. INSTITUTIONAL MARKETING STRENGTHS AND WEAKNESSES

### 1. Strengths

INCAP's strengths are both tangible (as listed below) and intangible, as in the well known dedication and determination of INCAP people to improve the health and well-being of the Central American population. INCAP's strengths, combined with its overall philosophy of service, **should** enable it to effectively promote and market its services to both existing and new clients.

#### (a) Continuity

INCAP's regional and local presence provides continuity for many government ministries. Given the tendency of many governments of the region to name political appointees to key ministry posts, INCAP's presence in those ministries acts as a bridge between outgoing and incoming administrations. INCAP also is capable of providing continuity to major donor programming. The regular occurrence of major donor staff turnover can have negative policy and program impacts on funded projects.

#### (b) Social Distance

With few exceptions, INCAP staff are local to the countries in which they work. As such they are native bearers of those cultures. The importance of social distance is well known to development workers and social scientists around the world. The mistakes made by culturally insensitive development "experts" are legion. (European-made national boundary decisions for the Middle East and Africa which cross-cut traditional ethnic boundaries is a most glaring example.) Yet the notion was dismissed as an important consideration on several occasions during the course of the interviews. The view that "one cannot be a prophet in his own land" is held by many. INCAP, with its local and regional capability, and access to international experts should be able to benefit from both of these attitudes.

#### (c) Quality Service

INCAP's technical work is of high quality. In spite of numerous concerns about INCAP's delivery and management of services, expressed in the interviews, the teams impression is that clients and donors believe INCAP has a generally solid reputation for quality.

**(d) Decentralization**

INCAP's decentralization decision was seen to provide the Region with the following:

- A greater number of local technicians
- Easier access to INCAP technology
- A greatly improved response time to requests for technical assistance
- In-place potential to provide INCAP with a promotion/marketing capability.

**(e) Access**

INCAP's close relationship to PAHO opens many doors, increases its access to the ministries, and enables it to influence policies related to nutrition. PAHO, through its annual core funding and line of credit provides INCAP a degree of financial stability. PAHO in its effort to strengthen INCAP is expanding its use of INCAP services in areas such as Maternal-Child Health and food security.

**(f) Ministry Contacts**

A strong connection to ministries in all countries of the Region (Ministries of Health, Agriculture, Education, Planning) and a commitment to meeting the countries needs enables INCAP to collaborate in the development and implementation of ministry objectives and priorities in the areas of nutrition and food security.

**(g) University Contacts**

INCAP has excellent relations with the universities of Central America and Panama, and with numerous universities in the U.S. Without exception, all U.S. universities contacted during the course of this market analysis enthusiastically welcomed the opportunity of collaborating on projects with INCAP.

**(h) Staff Dedication**

INCAP staff people have gained the reputation of being doggedly dedicated to INCAP's mission of public service ultimately oriented to the service of the poor, even in those cases which are widely believed to have failed in that purpose, e.g., Incaparina. One concern of INCAP staff and others is that over-emphasizing the private for-profit sector may deflect from INCAP's mission and be destructive of its purpose.

**(i) Well Positioned for Joint Projects**

INCAP is well-positioned to collaborate and develop joint projects with other institutions;

contractors, NGOs, Universities, Agricultural schools, etc.

**(j) Comprehensive Range of Skills**

INCAP has developed a broad range of complementary skills which enable it to offer its clients a comprehensive capability. These include:

- Basic and applied research methodologies
- Food analysis methodologies
- Food technology/food sciences
  - Product development & testing
  - Fortification/enrichment
  - Food handling/storage/logistics
  - Quality control
  - Food safety
- Food security
- Food surveillance
- Operations research
- Technical assistance
- Information dissemination
- Technology transfer
- Materials development
- Formal education (master's degree program)
- Training
- Curriculum development
- Continuing and in-service education
- Survey design and implementation
- Project planning
- Monitoring and evaluation
- Policy analysis
- Design of nutrition strategies
- Information systems and computer services

In the area of Maternal & Child Health, INCAP has developed a significant capability in:

- Nutrition policy
- Micronutrients (vitamin A, iron, iodine)
- Growth monitoring
- Infant feeding
- Diarrhea treatment/dietary management
- Low birth weight infants
- Breast-feeding
- Nutritional needs of high-risk pregnant women
- Maternal/neo-natal mortality

**(k) Technical and Financial Assistance**

INCAP is able to offer its principal clients (regional ministries and universities) both technical and financial assistance.

**(l) Alumni Network**

INCAP has an excellent alumni network throughout Latin America and the U.S. These networks can be used as resources for a wide range of needs, including promotion, business development and collaboration opportunities.

**2. Weaknesses**

All of the weaknesses listed below directly affect INCAP's ability to market and promote its services and products. The weaknesses are the result of deficiencies in the organizational structure, management systems, administrative and managerial skills; gaps in technical capacity, and an insufficient concern for financial sustainability; all of which are targeted in the Institutional Strengthening Project.

**(a) Deadlines**

**INCAP often does not meet deadlines.**

**(b) Response Time**

**INCAP headquarters responds slowly to requests for assistance.**

**(c) Incomplete Service Products**

**INCAP does not always complete the tasks and projects it has agreed to carry out.**

**(d) Communication**

**INCAP communication skills need improvement in the following contexts:**

- **With clients and potential clients (This is especially true with USAID bilateral missions. Most USAID missions have little knowledge of current INCAP activities and as a result do not think of INCAP when looking for technical assistance.)**
- **Internally at the central level**
- **Between the central level and the GTBs**

- Between GTBs of different countries.

**(e) Promotion**

There is **minimal promotion of the organization**, and of its activities and successes. The following factors are at play:

- A **negative attitude toward the need for promotion and marketing** among numerous INCAP staff
- Lack of appreciation for promotion and marketing
- INCAP has not assigned responsibility for promotion and marketing to any particular unit of the organization
- Promotion is not considered a responsibility or task of specific individuals -- especially of GTB staff
- No time is allocated for promotion.

**(f) Management & Administration**

- Management/administrative policies of the decentralization process need clarification
- Policies and procedures related to contracting, the pursuit of new opportunities, and the provision of technical assistance do not appear to be consistent for all GTBs with respect to proposal development, reporting, the utilization and commitment of headquarters personnel, and planning and communication between GTBs and headquarters.

(Examples include incidents which were pointed out by clients and/or potential clients. These include GTZ in Honduras, Nabisco and OR Project in Nicaragua, University of Costa Rica/CITA in Costa Rica, and Univ.of Panama/Nutrition.)

In addition, INCAP procedures for developing and approving contracts with collaborating institutions is cumbersome and slow. (Most universities and consulting firms expressed this view.)

- Reporting requirements of GTBs are too cumbersome and do not meet the needs of the organization -- especially with regard to marketing and communication
- Lines of authority, supervisory responsibilities and reporting between GTBs and headquarters need definition and clarification.

**(g) Interpersonal/Organizational Relations**

INCAP has poor relations with some USAID missions. These appear to be strongly interpersonal. INCAP criticism of AID in those countries where relations are strained is that USAID staff have shown "disrespect" for INCAP staff. USAID criticisms of INCAP were basically that:

- INCAP makes no effort to communicate with the mission
- INCAP does not support USAID health and nutrition policies.

**(h) Perceived as Too Theoretical**

It was widely perceived that INCAP has placed too little emphasis on the application of research results, i.e., many informants still viewed INCAP as a fundamentally academic research organization that is too esoteric and theoretical. This was often the view even though most of INCAP's current research is of a clearly applied nature, concerned with community and maternal/child care health issues such as diarrhea control, potable water, respiratory infections, immunizations, nutrition education, growth monitoring, food security, etc.

**(i) Project Cost Estimates**

INCAP appears to be weak in its ability to correctly cost and price its services.

**(j) Proposal Development**

INCAP's proposal development process is deficient, especially with respect to USAID proposal requirements. AID (and other organizations with funding from AID, e.g., NGOs and private consulting firms) criticisms of INCAP's proposal capabilities have included inadequate and unclear project descriptions, failure to meet proposal deadlines, and poorly estimated budgets.

**F. INCAP MARKETING AND PROMOTION CAPABILITIES**

**1. In General**

Most individuals attracted to technical service institutes like INCAP cannot be expected to have either interest or skills in marketing. They are for the most part highly trained technicians with great interest in their specialties. This appears to be the case at INCAP.

There are, however, some individuals within INCAP (at headquarters and in local country offices) who have excellent interpersonal skills that will enable them to be very effective in marketing/promoting INCAP. These individuals are easily trainable to undertake promotion and marketing activities in the course of their normal work responsibilities.

Given appropriate time and training, and professional marketing support, some of these individuals can assume additional marketing responsibilities, such as brochure, advertising and public service announcement write-ups/designs, market segment surveys, promotion lectures, and business development calls to potential clients. Such an effort, requires the support of senior management, and a professional marketing support/training staff at the headquarters office. Promotion of the organization should be a clearly defined responsibility of senior staff.

## 2. Marketing Attitudes at INCAP

On the basis of what appeared to be a disregard for any form of marketing at the operational level<sup>3</sup>, including active promotion and public relations, and the comments of INCAP staff, the team believes that such an absence is the result of a negative attitude within INCAP about marketing and promotion. One INCAP informant associated marketing with the private sector whose singular purpose was the maximization of profit rather than public service and never the twain could meet.

Marketing within INCAP appears to be viewed as something that there is no time for. Everything else is more important. There also appears to be a notion that high quality work sells itself. INCAP professionals, as professionals in many technical organizations, feel that "marketing" is beneath them and that to market one's services somehow cheapens the service, the employees doing it, and the institution. Albeit difficult and slow, such an attitude needs to be changed and can be.

INCAP has already taken steps to change this "organizational" attitude about marketing. The challenge that lies ahead is institutionalizing the attitudinal change. This will come about by changing individual attitudes via on-going education. A large part of the problem is employee perception of marketing. In many institutions, marketing is seen in terms of a hard sell to make money rather than as a way to promote the strengths of the organization in order that costs be recovered when and from whom they can be recovered; and as a way to achieve the organizations objectives. Many of INCAP's existing staff associate marketing primarily with commercialization (buying and selling), rather than with a process and promotion technique.

## 3. Quality Control

To a large extent, technicians are correct in thinking that high quality work sells itself: certainly to the client/recipient of the specific service or product. At this time, however, the team's analysis indicates that the quality of INCAP's services is often overshadowed by the weaknesses listed above which directly affect the clients perception of INCAP's performance. Until those weaknesses and/or the clients perception of weaknesses are significantly reduced, it is unrealistic to assume that the services will sell themselves.

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<sup>3</sup> Not at the executive level, however. Since assuming the directorship of INCAP, Dr. Delgado has spent a significant part of his time in promotion and marketing activities.

Quality service requires clear lines of authority and responsibility, effective communication, timely response, and follow-up. The service must be useful to the end user and appropriate to the situation. The value of the product produced can be greatly diminished by a failure to provide the "full service". It is this comprehensive service that INCAP must learn to deliver if it hopes to successfully market its products and services.

#### 4. Changes Implemented or Planned

It is clear from reviewing recently developed INCAP plans and strategies that key individuals in the organization are aware of many of the things that need to be done in order to enable INCAP to respond effectively to regional needs and opportunities.

INCAP has taken steps to change the organizational attitude toward marketing and expand INCAP's client portfolio. The decentralization process that began years ago and in the past two years took on an institutional commitment, has, in selected instances, greatly improved INCAP's responsiveness to clients needs. The Director has personally made a major effort to promote INCAP to key donors and other organizations. INCAP has made a major effort to define its goals and to develop strategies to meet those goals.

INCAP's current situation is influenced by both the weaknesses identified above and a perception that many people have of INCAP based on attitudes and activities of the past. Although there is still much to be done to improve INCAP's "marketability", much can be accomplished simply by making people aware of the changes and the recent experiences/activities of INCAP.

### **IV. RECOMMENDED ACTIVITIES TO BE CARRIED OUT DURING THE THREE YEAR IMPLEMENTATION OF THE PROJECT TO BECOME COMPETITIVE AND SELF-SUSTAINING**

#### **A. DEVELOPMENT OF A MARKETING STRATEGY & PLAN**

##### 1. Rationale and Purpose

The marketing plan should include at least the organization mission; objectives; strategy, i.e., target market, competitive position, marketing/service mix; time frame; assignment of responsibilities, all by country and/or region. The strategic thinking and planning that has been done by the Coordinating Committee needs to be further refined and translated into a specific marketing strategy.

INCAP must decide what kind of organization it wants to be, i.e., how many services and in what areas; how many employees; and what clients and donors it wants/needs to work with to accomplish its goals. For example, working with AID implies more involved contracting, accounting and proposal development than working with European donors; working in the private sector implies a different, perhaps more sophisticated marketing approach than working

in the public sector (and perhaps a change in organizational philosophy).

Whatever institutional marketing plan is finally accepted and implemented by INCAP, and in whatever organizational context it is located, there are a number of key marketing/development related functions that must be carried out. These should include, at least, **integration and coordination, data base collection and management, market needs analysis & product design, staff training, communication, regional & local strategy development, public relations/advertising, literature development, proposal development, and policy analysis and formulation.**

**(a) Integration and Coordination**

The marketing activity needs to include the integration and coordination of all components agreed upon in the marketing plan. The work load of the marketing staff needs to be coordinated in an efficient manner, so that job responsibilities clearly complement each other and that tasks are accomplished in a timely manner. New INCAP project opportunities and proposal development require the coordination of in-house clearances, persons to be contacted, the timely input of proposal writers, technical and other specialists, in order that significant numbers of proposals reach funders on time and according to their specifications and instructions.

**(b) Data Base Collection and Management**

There will be need for numerous data bases. These will be directly related to INCAP's marketing needs. One of the most important and frequently used data bases will be for proposal development, and will include files on actual and potential donors. If fundraising becomes a major activity, the number of donor files can number from a few hundred foundations to thousands, including files on individual philanthropists, known to be the most significant donors. These files need to be regularly updated as the funding policies of donors and their board and staff members are regularly being revised and/or changed. Another critical data base is the staff and consultant registry.

Other data bases may include:

- List of current projects and revenue from each
- Revenue by division
- Program to follow-up on new business development and coordinate activities of headquarters and country offices
- Control and follow-up of proposals
- Boiler plate capability statements and administrative/financial data

(See below for more details.)

### **(c) Market Needs Analysis & Product Design**

An essential function of any marketing effort is to continually assess new opportunities for a company's products. In the case of INCAP these will be primarily service products. This will require frequent contacts with potential clients to better understand their current and future needs and how INCAP might be able to respond to those needs. For example: 1) the USAID/Panama mission has no immediate plans to fund health and nutrition projects. But it would like to develop a contingency plan for a health program intervention in the event of a cholera breakout. They asked if INCAP could provide input into such a plan; 2) GTZ, of the German Government, contacted INCAP about its interest in the nutrition field; 3) a health and nutrition committee of the Univ. of Panama asked for assistance in fundraising, etc. A marketing conscious INCAP will look for, and develop such opportunities into traditional or new service products which are consistent with INCAP's mandate.

### **(d) Staff Training**

An important function of the Marketing/Development office will be the conduct of well planned training/sensitizing programs in the "how to" and the rationale/need for promotion and marketing, on a regularly scheduled basis for in-country GTB teams, and for headquarters staff. This training needs to be sensitive to the needs and cultural patterns of the individual countries, and of INCAP staff members. A major objective of the staff training efforts is to attempt to alter negative attitudes about marketing and promotion functions. INCAP staff need to understand that marketing and promotion are not intrinsically profit-seeking.

### **(e) Communication**

A major marketing and promotion function needs to be communication, and in a wide range of contexts including the following:

- Between GTB and PAHO staffs (Guatemala only)
- Between GTB and USAID bilateral missions
- Between GTB staffs and some university faculties
- Between Headquarters staff on missions to member countries and GTB staffs in those countries
- Between Headquarters and GTB staffs
- Between INCAP staff and all other clients and potential clients.

Poor communication will negatively affect any marketing strategy that is implemented. (See below for more details.)

### **(f) Regional & Local Strategies**

Marketing and promotion cannot be done without planning, direction, and the allocation of appropriate time. Albeit flexible, a marketing and promotion plan needs to be developed for the

institution as a whole (including attitudinal issues) and for each GTB in conformity to the needs of each country. For GTBs, marketing goals, objectives and activities need to be included as part of annual work plans. One example might be the following: goal, to establish contact with the private sector; objective, to assess potential needs of 10 private sector companies during the year which INCAP might address; activity, identify and visit 10 companies with potential for INCAP.

#### **(g) Public Relations/Advertising**

A problem found in all countries was a lack of knowledge about specific INCAP projects, i.e., what areas INCAP is currently involved in and overall INCAP capabilities. Public relations is a way to expand knowledge and create awareness of INCAP. INCAP staff should pursue and take advantage of public speaking, panel discussion, and lecture opportunities to address health and nutrition issues as INCAP professionals. They should also take advantage of public media opportunities: newspapers, journals, TV for public service announcements, etc. It is imperative that INCAP learn how to take due credit for its work and accomplishments.

#### **(h) Marketing Literature Development**

INCAP needs to develop a line of promotional materials that are geared for technicians on the one hand, and for executives, bureaucrats, and administrators, many of whom are not technical people. These should be addressed to actual and potential clients in several sectors: government, university, NGOs, major contractors, government agencies, private sector (both agricultural and other.) Also needed are country-specific brochures describing INCAP activities in the different countries of the Region. (See below for more details.)

#### **(i) Proposal Development**

Proposal development is one of the most important means to develop relations with potential donors. The team's view of INCAP's proposal development capability comes exclusively from USAID and USAID subcontractors, and included the following criticisms:

- Project descriptions are not well done
- Budgets are poorly calculated
- Deadlines are not met.

INCAP needs to learn to conform to USAID proposal preparation requirements whether as a prime or subcontractor. Given the potential of direct and indirect funding from USAID (at the bi-lateral, regional and Washington levels), it is important that INCAP greatly improve its proposal development capability, including the employment of a USAID-savvy proposal writer as a member of the INCAP marketing team. (See below for more details.)

## **(j) Policy**

Given the direct impact of executive level policy on any marketing program, the marketing office needs to function as a sounding board for proposed policy formulations relating to the agency's marketing and promotion program. This is another reason why the marketing office needs to be in a direct line of communication with the INCAP Director's office.

### **2. Define Marketing Roles of Headquarters and GTBs**

For each marketing activity, the roles of headquarters and the local GTB's must be clearly delineated, e.g.,

- Executive Director markets INCAP (presents proposals) to European donor, GTZ at its headquarters in Frankfurt
- GTBs promote INCAP to local GTZ country representatives.

(Because we know that one of the first things GTZ/Germany will do when reviewing the proposal is contact the Central American GTZ representatives to get their opinion of INCAP.)

### **3. Select Priority Work/Technical Areas**

In order to establish priority services, one of the initial activities of the marketing plan should be a more in-depth analysis of 1) INCAP's technical capabilities/human resources; 2) needs and priorities of clients and potential clients; and 3) expenses and revenues by Division or technical area, in order to establish priorities, strengthen technical capabilities, determine staffing needs and cost savings.

The establishment of priority work areas is complicated because it must take into account:

- The priorities of the governments and the needs of the people in the region
- The existing technical capabilities of INCAP; i.e., INCAP's ability to provide high quality services
- The interests of donors/clients
- The administrative capability of INCAP; i.e., INCAP's ability to provide services in a timely, cost-effective manner
- Regional priorities as well as local country government priorities.

(The team recommends that the three above-mentioned analyses be done by INCAP staff in collaboration with a marketing consultant. INCAP is familiar with its human resources and its

accounting systems. The client needs analysis creates a reason for INCAP personnel to initiate their marketing/promotion activities and to visit clients and potential clients that are identified in this analysis.)

#### 4. Expand Promotional Activities

- The Executive Director must take on the key role of promoting INCAP.

The Director is the ideal person at INCAP to undertake this activity. Because of the changing situation at INCAP, the lack of current information about INCAP (and in some cases negative views of the organization), it is essential to make a maximum effort (for a limited period at least) as soon as possible. His job description should be revised, if necessary, and the organization structure analyzed to determine the delegation of authority in the absence of the Director and the assignment of responsibilities removed from the Director's job description.

- The organization's capabilities must be documented.

INCAP's marketing materials must be of high quality and tell the "real" story of INCAP. They should document INCAP's accomplishments and activities in a succinct fashion that clearly lets the client know what INCAP can do.

Materials developed should have a standard/consistent design, logo, color, etc. so that people identify the documents with INCAP. An INCAP folder with individual sheets for each type of service should be considered as that would enable INCAP to target the materials to different clients.

- PAHO should be enlisted to help promote INCAP.

PAHO must become more proactive in its support for INCAP and specifically INCAP's funding needs.

At the country level, PAHO's influence with Ministries, international donors, Universities, etc. is considerable and should be utilized however possible to promote and develop funding sources for INCAP. INCAP's name should be added to the signs identifying the PAHO/INCAP offices.

At the central level in Washington PAHO has developed excellent relations with numerous donors in Europe and should use these contacts to help INCAP market its services to these donors.

#### 5. Improve Communication at All Levels

INCAP must take a proactive approach to marketing and promotion, and not expect clients and potential clients to take the initiative or to receive information about INCAP from third parties. Being proactive can increase INCAP's choices about its work and therefore the prospects of

achieving its mission.

INCAP must keep in regular contact with its key clients in order to exchange information, develop better working relationships, and obtain information about new opportunities.

- Headquarters should send information updates/newsletters/reports on a regular basis.
- GTBs should call on clients on a regular basis.
- INCAP should develop a mechanism and procedures for regular communication between GTBs in different countries to exchange ideas, contacts, experiences, etc.

#### 6. Strengthen the Decentralization Process

- At the country level, analyze the technical capabilities of country teams and the priorities/opportunities of the countries in order to determine staffing needs. The first phase of the decentralization, i.e. strengthening relations with INCAP's principal clients, has succeeded. It is time to focus on developing GTB teams that can deliver quality services.
- At the headquarters level, develop policies and procedures that will facilitate the GTBs' activities. The policies and procedures should cover; 1) contracting, 2) report writing, 3) development of new business, 4) use of headquarters personnel, and 5) annual planning (to allow flexibility for new business development).
- Upgrade the administrative/management skills of the GTBs in each country.
- Simplify and revise the GTB quarterly reports. They should be in a form that is easily utilized for monitoring and marketing and does not require an excessive amount of time to prepare. They should provide information on 1) key activities during the period, 2) people and organizations met with, 3) accomplishments, 4) new business opportunities, 5) problems encountered, and 6) specific support required from Guatemala.
- The GTBs should develop a brief country report/ newsletter that can be sent to local INCAP clients (and to headquarters and other GTBs as well).
- Review the overall INCAP organization structure in order to design a structure that facilitates an effective decentralization process, better communication, better project management and that assures effective organizational management in the absence of the Director.

## 7. Develop a Client-Oriented Philosophy

INCAP must continue to move from an approach of "this is what we have" to one of "what do you need". The GTBs appear to be much more effective at this than the headquarters. GTBs are developing annual work plans in collaboration with their principal client, the Ministries of Health.

## 8. Enhance INCAP's Response Capability

Expand INCAP's capability to respond in a timely fashion to requests for technical assistance and proposals:

- Develop and maintain a staff/consultant registry (with required input and updating forms). It should distinguish between headquarters and country staff, and should identify regional and international experts in INCAP priority technical areas by country of residence.
- Assign responsibility for handling and responding to requests for proposals and technical assistance to a particular unit in the organization, and be sure clients and potential clients know who to contact.
- Develop procedures and "boiler plate" materials that will facilitate prompt responses to the requests.
- Develop capability statements for the priority services INCAP wants to promote, e.g., operations research (see Appendix 5, Outline of OR Capability Statement prepared for INCAP by PRICOR).
- Develop the accounting systems and procedures required for preparing proposal budgets.

## 9. Develop a Marketing/Business Development Department

The review team believes that a logical step would be the expansion of one of the existing units to include a marketing/promotion/ business development capability. The initial staff should initially include two professionals, Marketing Director and proposal writer, (see qualifications below) and one support person. The marketing/business development staff's functions should include:

- Assure communication with donors, clients, etc.
- Assist GTBs to promote INCAP in each country.
- Oversee the development of promotional materials.

- Assist the Director to expand/better target his promotional activities.
- Oversee the preparation of proposals.
- Participate in the selection of projects to bid on--keeping INCAP focused on its priorities (and minimizing divisional efforts to expand beyond their capabilities).
- Develop and manage the staff/consultant registry including regional and international experts in the INCAP "focus" areas.
- Develop and assure a capability to respond quickly and efficiently to requests for technical assistance.

The **INCAP Marketing Director** should be a well trained, experienced marketing and business development professional. He/she should be from Central America and have as many of the following qualifications/skills as possible:

- Management and administrative
- Strategic planning (design and implementation)
- Brochure and business literature development
- Teaching and training (excellent platform skills)
- Grantsmanship and fundraising
- Public relations
- Business negotiation
- Good writing
- Experience with USAID contracting
- Experience working with international donors
- Excellent inter-personal communication
- Capable of frequent travel throughout the region
- Financial management/analysis and budget preparation.

The **Proposal Writer** should also be highly qualified with good English language skills. He/she will ideally be knowledgeable of USAID proposal requirements with a proven track record in the submission of proposals to USAID and other major donors; in the development of joint proposals with major USAID contractors, and in the development of proposals for major U.S. foundations.

Regardless of the final organization structure selected for the marketing capability, the new unit should report directly to the Executive Director.

10. Expand INCAP's Skills Upgrading and Continuing Education Program for Headquarters and GTB Staff to Include Marketing

The component of the Institutional Strengthening Project that focuses on upgrading technical and

administrative skills should include marketing in its training objectives.

Priority skill areas to be upgraded should include the following:

**(a) Technical Areas**

Identification of these areas is being done in another technical analysis to the IISP Project Paper. However, based on demand expressed, i.e., areas of opportunity, in our meetings, the team believes the following technical areas should be carefully reviewed with the goal of upgrading if necessary:

- Operations research
- Maternal child health
- Food security/quality control
- Food processing technology
- Communications (including media/graphic design)

**(b) Administrative Areas**

- Promotion/business development
- Proposal writing
- Negotiation
- Budgeting (costing & pricing)

**B. USAID/ROCAP INPUTS**

USAID's principal inputs will be in the following areas:

- Technical assistance
- Training
- Salaries of 2-3 marketing and development (proposal writing/fundraising) professionals and 1 support staff
- Equipment and supplies
- Materials development
- Information system development
- Utilities
- Travel and per diem
- Special studies identified during the initial six months of project implementation
- Legal and audit/accounting costs

Responsibilities of the new professional staff will be: establishing a marketing and promotion office, developing a marketing/promotion capability, providing training support, proposal writing/fundraising, materials development, public relations and communication.

1. Salary Requirements

- Director of Marketing: full-time, 3 years
- Proposal Manager/writer: full-time, 3 years
- Administrative Assistant: full-time, 3 years

Beginning in the second or third year, a second proposal writer will likely be needed.

2. Technical Assistance

- Short-term Consultant(s): 12 personmonths

Technical assistance will be divided into three components:

**(a) Component 1 (6 months)**

This first component should begin in month two or three (after the Director of Marketing has been hired) and continue through month 15. It should focus on the following activities:

- Development of a Marketing Plan & Strategy
- Organization of the Marketing Department
- Development of required data bases
- Definition of the marketing roles of the marketing department and the country offices
- Proposal development.

**(b) Component 2 (3 personmonths)**

Component 2 will occur between months 18-36 and will provide follow-up TA in marketing/development as required by the project.

**(c) Component 3 (3 personmonths)**

This final component will focus on specific market studies, to be identified.

3. Training

- Headquarters staff: 5 persons for 4 weeks
- GTB staff: Approximately 25 in 7 countries for 4 weeks

Training will be conducted throughout the life of the project and focus on the following areas:

- Marketing/Promotion
- Proposal writing
- Negotiation
- Budget development
- Development and delivery of presentations
- Information systems.

4. Travel

- **Eight trips (U.S.-Guatemala) during the course of the three years; three for initial project planning and implementation; three subsequently for special studies to be determined.**
- **Travel by the Marketing Director to all GTB teams for coordination and training in marketing and promotion (two days each); 8 trips to each country during the first year; 6 trips to each country annually during final two years.**
- **Travel by Proposal Coordinator: 4 trips a year to each member country to facilitate proposal development. This is to be done in close coordination with GTBs who will be involved in project implementation.**
- **Per diem:**
  - Short-term consultant(s): 360 days @\_\_\_\_\_/day
  - INCAP staff: 312 days @\_\_\_\_\_/day

5. Equipment

- Desk-top computers with appropriate software (2)
- Laptop computers with modem (7)
- Office furniture and files
- Computer video projector for presentations (7)
- Slide printer (from computer) (1)
- High resolution color printer (1)
- High definition scanner (1)
- Plotter (1)
- Color copier (1)
- Software.

6. Development of Materials and Publications

- Materials and printing costs (3 years).

## 7. Other Costs

- Telephone and fax
- Utilities
- Supplies
- Miscellaneous.

## C. ADDITIONAL RECOMMENDATIONS FOR SUSTAINABILITY

In order to continue providing quality services (in the quantity demanded) to its primary clients, i.e., the Ministries of Health, Education and Agriculture, INCAP must figure out how to finance those services. The following activities should be pursued:

- INCAP, in collaboration with PAHO should attempt to increase the annual quotas paid by the member countries.
- INCAP should explore the possibility of exchanging Guatemala's membership dues arrearages for ownership to the government land occupied by INCAP.
- INCAP should also attempt to bring the other arrears into a current status, perhaps suggesting that the monies contribute to INCAP's endowment.
- INCAP should develop institutional or centrally funded contracts with selected European donors, Japanese and the World Bank.

In order to develop large institutional contracts, INCAP must develop a comprehensive marketing approach to each potential client. The following provides two examples of how this might be done:

- GTZ (German Technical Assistance Agency) sets central funds aside for regional projects and for strengthening regional institutions. The size of these projects is usually \$1-2M over three years, which is normally just the first phase of a longer project. To access these funds, INCAP must promote its services (and its mission) professionally in Germany and in each individual country. To do this, INCAP should collaborate with PAHO in Washington which has been cultivating a relationship with GTZ and will lend more weight to the proposal.

At GTZ's headquarters in Frankfurt, INCAP should visit the regional person responsible for Central America and the technical person in health/nutrition. INCAP should also visit the Ministry of Economic Cooperation in Bonn. A key person from Frankfurt or Bonn should be invited to visit INCAP. On the local level, INCAP should visit the appropriate person in each Embassy and of course the GTZ offices in the countries where they have field teams.

- World Bank/InterAmerican Development Bank (IDB): Again the marketing emphasis must be at both the local and central levels. GTB or headquarters staff should meet with local bank representatives in each country. For the Washington staff, INCAP should arrange presentations to key people in health/nutrition and people with regional responsibilities. Bank people should be invited to visit INCAP and meet the professionals.

INCAP's marketing to the World Bank and IDB should focus on:

- The effects of structural adjustment on health, nutrition and food security; and
  - Assistance in the design and development of social programs focused on minimizing the impact of structural adjustments on the most vulnerable populations.
- INCAP should continue to expand the services it provides for PAHO in exchange for increased core funding.
  - The ROCAP Institutional Strengthening Project should have a ceiling that allows buy-ins from the bilateral missions. This will encourage the missions to buy the services of INCAP and at the same time become more familiar with INCAP and its ability to provide quality services.
  - INCAP should explore the feasibility of establishing a 501 C-3 organization in the U.S. for fundraising.

## **APPENDICES**

- 1. Literature Reviewed**
- 2. Informants/People Contacted**
- 3. Interview Protocols**
- 4. Notes from U.S. Informant Interviews**
- 5. "Descripción de la Capacidad Institucional de INCAP en Investigación Operacional" (prepared by PRICOR)**

## APPENDIX 1

### Literature Reviewed

Fiedler, John L., et al: Organizational Transformation and Privatization: Case Study of an INCAP First Step Success. April 1990.

Horwitz, Abraham (Team Leader) et al: Evaluation of INCAP/ROCAP Projects: ORT, Growth Monitoring, and Nutrition Education (Project 506-0115) and Technical Support for Food Assistance Programs (Project 596-0115.) JSI, under IQC PDC-0262-I-00-7150-00, Aug 1989.

INCAP: Avances en Alimentación y Nutrición. Boletín Informativo Vol. 1, No.1, 1990.

INCAP: Budget Status by Divisions and Source of Funds (to Dec 31, 1989) from Annual Report 1989, page 40.

INCAP: Annual Report 1989

INCAP: Instituciones a las Cuales el INCAP les Brindó Cooperación Técnica Durante 1990. (by country).

INCAP: Descripción Del SIMAP (Sistema de Información por Mapas). No date.

INCAP: Cost data from various years obtained from Informe Anual al Consejo Directivo. Three exhibits: (1) INCAP's Total Nominal Expenditures and Growth Rates; (2) Evolution of INCAP's Expenditures by Source of Funds, 1979 to 1989; (3) INCAP Income Generate from Sale of Goods and Services.

INCAP: Lineas de Acción Para El Bienio 1992-1993.

INCAP: Plan Estratégico Institucional 1991-2000.

INCAP: Pamphlet describing INCAP's origin, mission, organization, technical divisions, resources, activities and accomplishments.

Miranda, Carlos: A Strategic Business Plan for INCAP, Resources for Child Health Project (REACH). Done for USAID/Guatemala under AID Contract No. DSPE-5927-C-00-5068-00, August 1990.

MOH/El Salvador Nutrition Strategy

Nicholson, Ron A., Director ROCAP: response to AID/W Issues Paper re: INCAP Institutional Strengthening Project PID (596-0164), 15 Feb 1991.

Rigby, John T. INCAP Institutional Support Paper - Technical Analyses: Draft dated

April 12, 1991.

ROCAP: Preliminary IISP (596-0169) PP preparation materials prepared by Jeff Goodson, PDO.

ROCAP: P.I.D. INCAP Institutional Strengthening Project (IISP) (596-0169.)

ROCAP: P.I.D. Development for INCAP Institutional Strengthening Project, Dec 1990 (by MSI; submitted by Sandra Callier/ROCAP.

ROCAP: Scope-of-Work for consultants in strategic marketing and business planning for non-profit organizations. March 1991.

USAID/E! Salvador: Mission comments following reviews of 596-0164 PID: Jan 23 1991.

USAID/Washington, Economic Assistance Strategy for Central America 1991 to 2000, January 1991, Washington, D.C.

USAID/Washington, "LAC Moves To Improve Its Role In Nutrition" in The LAC Connection: News in Human Resources, Vol. 3, No. 2, March 1991.

## APPENDIX 2

### Informants/People Contacted

#### In the United States

##### Universities:

Barham, Bradford: Asst. Professor, Dept. of Agricultural Economics,  
University of Wisconsin-Madison  
Brown, Kenneth: Director, Program in International Nutrition/Dept. of Nutrition,  
University of California-Davis  
Caballero, Benjamin: Johns Hopkins University/Institute for International Programs  
Garza, Cuthberto: Cornell University/Division of Nutritional Sciences  
Reed, Carl: Research Associate/Food & Grains Institute, Kansas State University-Manhattan

##### Consulting Firms:

Burkhalter, Bart: ISTI/Food and Nutrition Monitoring Project  
Marquez, Lani: University Research Corp./PRICOR  
Marquez, Lani: University Research Corp./LAC Health & Nutrition Sustainability  
Marx, Martita: Management Sciences for Health/PRITECH  
Mora, Jose: International Science and Technology Institute/VITAL  
O'Hanlon, Barbara: Futures Group/Rapid III  
Taylor, Pat: John Snow, Inc./MotherCare  
Trowbridge, Frederick: Centers for Disease Control, Nutrition Division

#### In Guatemala

Bartlett, A.: John Hopkins/INCAP  
Betancourth, Alvaro: ASINDES  
Casa, Juan: PAHO  
Chacon, Miguel: SIMAC  
Coberly, James: CARE  
Dávila, Sylvia: InterAmerican Foundation  
de Campos, Marit: LUCAM  
de Galindo, Mara: SIMAC  
Delgado, Herman: Director INCAP  
Falla, Berta Leonor: USPADA  
Fisher, Magda: INCAP  
García del Valle, José A: USPADA  
Gonzáles, Alma Irene: ASINDES  
Gordon-Smith, Owen: Trustee, Del Valle University/Planter

Gordon-Smith, John: Planter/Banker  
Gorton, Lynn: AID/Guatemala  
Herrera, Eduardo: Jefe de Mercadeo, ICAITI  
Hernández, Claudio: USPADA  
Ivic, Mario: COPASA  
Jaramillo, Dr. Hernán: UNICEF  
Lainfiesta, Lucy: Christian Children's Fund  
Lara, Peter: PAMI  
Logan, Jane: USAID/Guatemala  
Mancur, Juan H: Director DIGESA  
Newman, Bruce: DATAPRO  
Newman, Carmen: DATAPRO  
Nieves, Isabel: INCAP  
Nuñez, Elmer: Dirección General de Servicio de Salud, Departamento Materno-Infantil  
Pelaez, María Luisa: PRODERE/OPS  
Pineda, Fernando: SIMAC  
Pinela, José F.: SIMAC  
Sánchez, Juan F.: COPASA  
Solomons, Noel: SESSIAM  
Tichauer, Ricardo: UNDP

### **In El Salvador**

Alegría, Roberto: Director, MOA/CENTA  
Angel, Luis Octavio: OPS/OMS  
Armstrong, Kevin: AID/El Salvador  
Blanco, Ana Josefa: CALMA/CISI  
Burleigh, Elizabeth: PROSAMI  
Castañeda-Araujo: MOE/Dirección de Información y Capacitación  
Cerón, Vilma: INCAP/GBT en El Salvador  
Claros, María Elena: INCAP GTB  
Cruz, Jorge Roberto, Jefe Comité Inter-Ministerial: MOH  
de Barraza, Sandra: FUSADES  
de Bonilla, Leticia: Presidente, CISI y CALMA  
de García-O'Meany: MOP y Coordinación del Desarrollo Económico y Social  
de Hernández, Delmy Zelaya: MOH y Asistencia Social/Educación  
de Martínez, Marta Aurelia: UNICEF  
de Tobar, Maribel Fabian: MOH y Asistencia Social/Nutrición  
Gerardo -----, INCAP GTB  
Gómez de Guevaga, Rosa Angelica: MOH/Capacitación Familia  
Hernández de Moran, María Teresa: MOH/Departamento de Nutrición  
Jovel, Victor Hugo: MOA/CENTA  
Melindgo, Carlos Alberto: MOH/Salud Public/Departamento Materno-Infantil  
Miriano, Ana: MOE/Departamento Parvulario  
Montes, Adán: INCAP, Jefe/GTB en El Salvador

Perla-Salmender, Ernesto Rene: MOE/Capacitación de Educadores  
Parma-López, Luis: Tesorero CISI  
Ramos, Laura Edith: MOH/Educación de la Salud  
Sarbelio-Aparicio, Hugo: MOE/Educación Básica MINEO  
Torres, Salomé: MOE  
Tesorero-Tadeo, Delfin: MOE  
Ubina-Barrientos, José Ernesto: MOE/Curriculum de Educacion General  
Valse de Cornejo, Lidia María: MOE/Dirección Materiales Educación

## **In Honduras**

Anderson, Craig: AID/Agriculture/Honduras  
Arias de Moraza, Carmelina: MOE/Dir. General de Educación Primaria  
Barriga, Patricio: AED/HEALTHCOM  
Boddy, Peter: AED/NUTRICOM  
Cross, Peter: MSH  
David, Vincent: MSH  
Dávila, Miguel W.: Jefe, INCAP/GTB  
de Rivas, María Elena: MOH/Sub-Directora General de Salud Pública  
Eluir de Rosales: INCAP/GTB  
Gallardo, Leonei: INCAP/GTB  
Gómez, Dr. Maritza; AIDS Director, MOH  
Haladay, Robert: AID/Health/Honduras  
Leonard, Emily: AID/Health/Honduras  
Loyola, Luis Antonio: Representante OPS/Honduras  
Luc Klein, Jean: Coordinator/GTZ  
Maxey, Michael: AID/Agriculture/Honduras  
Mejía, Hilda Fanny: INCAP/GTB  
Mirando, María Del Carmen: MOH/Dir. Gen. de Alimentación/Nutrición  
Paz, Josefina: SAVE-THE-CHILDREN/UK  
Pineda-Batres, Luis: INA/Secretario General  
Romero, Alfonso: MOE/Director General de Educacion Media  
Sandoval, Mayra: (O.I.C.N., Organización Internacional de Centros Nutricionales, France)  
Trochez, Eduardo: INA/Advisor Technico

## **In Nicaragua**

Acting Representative, OPS/OMS en Nicaragua  
Aburto, Anselmo: MINSA/Dirección de Nutrición  
Altamirano, Humberto: Facultad de Odontología, UNAN en León  
Amador, Juan José: CIES y MINSA/Dirección General de Higiene y Epidemiología  
Argenal, René: Universidad de Managua, Facultad de Ciencias Médicas  
Arrechavala, René: Universidad Nacional Agrícola  
Arrivillaga, Rebeca: INCAP/GTB/Nicaragua  
Ayalde, Liliana: USAID/Nicaragua  
Calderin, Andrés: Project HOPE  
Dorta-Prado, Indiana: Escuela de Tecnología de Alimentos UNAN en León  
González, Guillermo: CIES  
Gutierrez-Morales, Olivia: Escuela de Tecnología de Alimentos UNAN en León  
Herrera, Nubia: INCAP/GTB/Nicaragua  
Long, John: Project HOPE, Interim Director  
Melo, Paz: Universidad de Managua, Facultad de Ciencias Médicas  
Miranda, Luis: Programa Alimentario Nicaraguense (PAN)  
Oporta-Téllez, Augusto: Director, Programa Alimentario Nicaraguense (PAN)  
Palmieri, Mireya: Jefe INCAP/GTB/Nicaragua  
Rodriguez, Walter: NABISCO, Gerente de Mercadeo y Ventas  
Romero, René: Universidad Centro Americana (UCA), Facultad de Ciencias Agropecuarias  
Saavedra, Ligia Soledad: CIES y MINSA/Dirección de Nutrición  
Sáenz, Carlos: Universidad Centro Americana (UCA), Facultad de Ciencias Agropecuarias  
Toruno, Arnoldo: Facultad de Ciencias Médicas, UNAN en León  
Zambrana, Lesbia: CIES y MINSA/Dirección de Nutrición

## **In Costa Rica**

Araya, Jorge María: MOA  
Boucan, Bill: USAID  
Brealey, Ana Mercedes: Social Commission/Presidential House  
Brenes, Haydee: MOH/Nutritional/Evaluation and Monitoring  
Castañeda, Dr. Tarsicio: RUTA/World Bank  
Davis, Harlan L.: IICA/Deputy Director  
de Cespedes, Dr. Carlos: Director INISA  
de Valle, Luis Arturo: IICA/Director of Operations, Central Area  
Esquivel, Dr. Juan: Dean, Faculty of Education, University of Costa Rica  
Fallas, Janet: MOA  
Flores, Miguel: Director/INCIENSA  
García, Pedro: DANEAM/MEP/GTB  
Huydens, Dra. Darina: EEC  
Hernández, Jesús: MOA/Senior Director of Operations  
Kresse, Claus: Project Director GTZ  
León, Dr. Mario, Coordinator Child Survival, MOH

Murray, Betsy: USAID  
Nieto, Mabel: Executive President, IMAS  
Novygrodt, Rosa María: MOH/Sub-Director/Nutrition  
Penna, Raul: Representative OPS/Costa Rica  
Pérez, José: Radio Nederland/Director  
Rivera, Dra. Eugenie: CITA/University of Costa Rica  
Tacsan, Dr. Luis: Department of Nutrition, MOH  
Taylor, Dr. Richard: Sub-Director, CATIE  
Torres-Zorilla, Jorge: IICA  
Urena, Max: MOA  
\_\_\_\_\_: Representative of INCAE  
Vargas, Alexis: Former Director/DANAE/MEP  
Vargas, Dr. Rafael Angel, Director, ACORDE  
\_\_\_\_\_, Julio: Jefe de GTB  
\_\_\_\_\_, Rene: GTB

### **In Panama**

Barba, Julio: University of Panama, Producer of Nutrition Videos (Private Sector)  
Camacho, Noriga: MOA/Comité Nacional de Semillas  
Camarana, Melvin: MOA/MIDA, División de Extensión  
Castro, Carlos: Interim Representative, OPS/Panamá  
Christophe, Guy: CEE/CADESCA  
Carillo, Aristides: MOE/Dirección de Currículo  
Clarey, \_\_\_\_\_: USAID/Panamá  
Correa de Jain, Gladys: MOH/Director of Educational Technology and Training  
de Arrocha, Reynalda: MOE/Curricula Development  
de Pinto, Artemia: MOH/Director of Nutrition & Diatetics  
Hernández-Batista, Izael: MOE, Director/División de Curriculum y Tecnología Educativo  
Ibanez, Ramiro: MOA/Comité Nacional de Semillas  
Lauson, Cirilo: Acting Director, MOH/Panama  
Fernández-Ortega, Mynam: University of Panama, Faculty of Medicine  
Murillo, Eunque: University of Panama, Chief/Faculty of Chemistry & COMAN  
Navarete, Juan de Dios: University of Panama, Faculty of Economics & COMAN  
Quiel, Dismas: CEE/CADESCA  
Rodriguez, Angela: University of Panama, School of Nursing  
Velarde, Rodrigo: MOH/Director, Maternal/Child Care Division  
Villaverde, Pedro: MOE, Director/Division of Student Nutrition & Health  
Yanguéz, Jorge, E.: MOE, Deputy/Division of Student Nutrition & Health

## **In Belize**

Hagarthy, Representative, EEC

Hermida, Dr. Cesar: PAHO Representative

Kasprisin, Kathy: UNICEF Representative

McDuffie, Patrick: General Development Officer, USAID

Nijssen, Tony: Consultant, Dutch Development Agency/PAHO

Partridge, Diane: ODA Representative/British High Commission

Renau, Dr. Ninette: PAHO/INCAP/GTB

Smith, Fred: Permanent Secretary, Ministry of Health

## **APPENDIX 4**

### **Notes from U.S. Informant Interviews**

**Bart Burkhalter, International Science and Technology Institute**  
**Barbara O'Henlan, Futures Group**  
**Lani Marquez, University Research Corporation**  
**Jose Mora, International Science and Technology Institute/VITAL**  
**Martita Marx, Management Sciences for Health/PRITECH**  
**Barry Smith, Management Sciences for Health**  
**Frederick Trowbridge, Centers for Disease Control**  
**Carl Reed, Kansas State University**  
**Benjamin Caballero, Johns Hopkins University**  
**Cutberto Garza, Cornell University**