

PN: AEB-801

96189

**Monitoring And Evaluation (M&E) Systems
For Food Security Impact Of Food Aid**

**Report On A
CARE/Guatemala - IMPACT Workshop
Guatemala, November 6-10, 1995**

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January 1996

This activity was carried out with support from the United States Agency for International Development, Bureau for Global Programs, Field Support and Research, Office of Health and Nutrition under the Food Security and Nutrition Monitoring Project (IMPACT) with financial support from the Bureau for Humanitarian Assistance, Office of Program and Policy Evaluation, Contract No. DAN 5110-Q-00-0014-00 Delivery Order 11.

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1. Summary of the utility of the workshop for CARE Guatemala

1.1 Background

CARE Guatemala has understood the need to consolidate its activities for some time. Consolidation involves the complex task of integrating a variety of programs including MCH, Food for Work (FFW), agricultural production and community banking under a Food Security framework. CARE was not yet prepared to develop an M&E system, and only at the close of the November workshop, appointed a task force to complete the steps needed to reach the stage of developing an M&E system.

By the time CARE Guatemala presented its 1996 Development Project Proposal (DPP), USAID/G-CAP had greatly reduced the size of the geographic area where USAID is willing to support activities. CARE's 1996 DPP includes plans for further geographical shrinking and progressively diminishing numbers of beneficiaries, or clients. USAID had urged, and CARE also desired, to concentrate activities geographically. Further sources of recommendations for CARE refocus had come from two recent studies. First, a rapid assessment in four departments recommended integration of CARE's program with those of other NGOs; the creation, solidification and training of nuclei of community leaders; and the positioning of agriculture as the pivotal point for the program, given the limited access and poor quality of health services. Second, an MCH evaluation concluded that the project design was deficient in that the objective of using food as an incentive for increased use of health facilities was overcome by the greater disincentives of poor accessibility and quality of existing health services; the evaluation reported, however, improved nutritional status of program children compared with non-beneficiary children. CARE revised the food as incentive design, accordingly.

The new 1996 DPP provides for more age targeting and limits on time in program for households receiving food under the MCH program. However, the program falls short of achieving a level of project concentration and project complementary that would create the strongest prospects for ensuring impact on food security. Nevertheless, working within the food security framework has caused CARE to make a constructive reanalysis of the different project pieces and their placement in the framework under the appropriate headings of four objectives: three dimensions of food security--availability, access, and utilization--and a fourth, overriding institutional objective of sustainability through community organization. In the DPP, the intensity of project presence had been inventoried in each administrative division of the country. This step, however, fails to solve the problem of highly diluted project resources due to scattered programs within geographical zones working with different populations (rural MCH, urban sanitation, e.g.). Further, intended institutional strengthening is frustrated by differences in counterpart levels. The counterpart for the program with by far the greatest coverage is at the ministerial level while smaller projects that could complement it are at different lower administrative levels. Thus, CARE recognizes the need for further internal review of future directions. This difficult evolution probably characterizes most of the PVOs who took on high-coverage, essentially feeding programs that over time were converted to MCH, at first in name only. Over the last 10 years, PVOs have tried to transform the

programs by adding nutrition education and growth monitoring/counseling for mothers and/or health staff training, but they face constraints operating out of health ministries short on funds and high on staff turnover. Earlier, these MCH feeding programs were run out of the food distribution sections of PVO offices while smaller technical projects in agriculture, child survival and sanitation might be run by sector offices of the PVO. The increasing integration of food with technical projects has been a recent process and has been stepped up by the food security framework and the more explicit USAID guidelines with respect to integration and measurable impact .

1.2. November 1995 Workshop

The November 1995 workshop included a review of the new PL480 Title II guidelines and had as primary objectives to develop and/or revise M&E systems for food security and to use the process of developing guidelines for a specific PVO as the teaching/learning workshop methodology. Specifically, the week-long effort was to review and refine objectives, and to review and operationalize indicators for the three major food security dimensions: availability, access and utilization. It was planned, and turned out to be true, that working this process would serve as a teaching device for the other attending PVOs and that some of those attending would bring their own experiences at operationalizing indicators into the process. In addition, the process of reviewing objectives and indicators helped highlight deficiencies in the design of CARE's DPP.

Working together during the workshop, the different CARE project heads increasingly perceived the inter-relationships (or lack of them) in their food security framework. Some were only familiar with the section of the DPP pertaining to their program. Thus, gaining an understanding of what the overarching goals and intermediate objectives should be, and how they would be measured, for programs that were parts of the food availability, access and utilization portions was a difficult exercise. What evolved was an awareness by the staff that CARE's only large-scale program is a maternal health program, that the Title II program is 90% oriented to "health", but that the MCH program had few or no supporting components to ensure attaining the objective of adequate biological utilization, the evaluation results notwithstanding. Three days of the workshop were devoted to an attempt at operationalizing the impact/goal indicators and the objectives/intermediate effects and sub-objective indicators. Other attending PVO staff members facilitated and enriched the effort by presenting their own approaches to the process.

1.3. Next steps for CARE Guatemala

The principal next steps defined by CARE to move forward were: an appointed task force comprised of sector chiefs and the M&E office would meet regularly to complete several tasks; review of the Conceptual Framework and of the results in the Rapid Food Security Assessment Survey to guide necessary program changes; integration of the overall project with the activities of other organizations; revision of the DPP and the indicators; development of a detailed implementation plan and M&E system; in support of which technical assistance and other funding sources would be required. In sum, CARE and different project heads through

the process of indicator revision, saw the need to look again at the separate projects to see how they contributed, or not, to likely impact on food security. Further it was clear that they required stronger linkages, consolidation, and integration both within the CARE DPP and with other PVOs and non-governmental organizations (NGOs) and USAID projects.

1.4. Evaluation of the workshop

The workshop participants were pleased with the apportionment of time, though the original agenda in fact could not be completed. In retrospect, it was thought to have been too ambitious, in the light of presenting new concepts to PVO staffs that require considerable effort to gain "ownership" on their part. Those who benefited most were CARE technical staff, other PVO technical and management staff from the country and region, World Food Program and USAID staff members. Unfortunately the workshop was a missed opportunity for counterpart Ministry staff and CARE management (with the exception of the MCH Sector chief) who did not attend enough to participate in or profit from the process.

2. Lessons learned from the workshop

Several issues were discussed in the course of the workshop which may be of interest in resolving problems faced by PVO elsewhere.

2.1. Data sources for indicators

It was recognized that identifying data sources was a necessary first step prior to the selection of feasible indicators. Would there be national studies or reports and surveys that would lend themselves to serving as baseline or annual monitoring in the PVO project areas? Would new studies have to be budgeted out of PVO resources? Should household food be measured by availability or by consumption? Should the measurement be an average of household consumption or be the measurement for the vulnerable members for whom increases are hoped through project activities? Demographic Health Surveys (DHS) which coincide with baseline years and are repeated in five year intervals were considered to be potentially useful for programs with objectives to change or maintain levels of nutritional status in pregnant/lactating (P/L) women and preschool aged children, and to measure certain behaviors practices as they normally include anthropometric measurements. Increasingly PVO needs should be taken into consideration prior to the finalization of the DHS design. Project areas could be over-sampled and a set of questions might be added that would clarify whether the respondent participated in a Title II-assisted program thereby dividing respondents into "program" and "control" groups. In any case, it was thought that DHS data could often serve as baseline even if not 100% coincidental with project startup.

Household consumption data, on the other hand, are not likely to be available through national studies, though there might be special studies that might provide complementary qualitative information. Household consumption surveys would be required to provide baseline and final data to measure the impact goal of increasing calorie availability in the

household. The studies are expensive but provide high quality data and were considered cost-effective by the group.

Qualitative information is vital and should complement quantitative data in order to explain *why* quantitative data demonstrates the results that it does, and especially to provide the viewpoints of clients and community leaders. Qualitative data can be collected at the same time quantitative data are being collected, whether in the form of unstructured questionnaires, interviews, rapid surveys or observation.

2.2 Evaluation design methodologies

Quantitative information is essential for the credibility of a mid-term/final impact study, but it can be gathered in a variety of ways depending on available human and financial resources, and the needs of PVO management, donors, government officials or other stakeholders:

a) primary baseline data collected from control and program populations for comparison with mid-term or final year data from control and program populations for the highest level of scientific rigor; a control group can also be selected at the end of the project, but the comparison does not prove project attribution because there is no data to indicate the groups were similarly at project startup.

b) retrospective data from different program populations to permit a comparison of clients' status upon entrance into the program and after completion of 9 or 12 months; compiled data from structured questionnaires, interviews and focus groups

In undertaking impact evaluations, which do not have a baseline survey, evaluators have found that it is difficult to find "uncontaminated" control groups for Title II-assisted programs where there are many PVOs/NGOs working in poorest areas.

The way indicators are defined has important implications for evaluation design. There is a tendency to define indicators in terms of changes in the condition of a particular household or individual. For example, an indicator of caloric adequacy is defined as "% of households increasing caloric adequacy by 10%". This definition implies that the same households will be tracked over time, in other words, that a panel study design is needed. The time, effort and expense of implementing a panel study design for a project with a 5 year time frame can be much greater than for a cross-sectional design. If the indicator were defined as "% of households with greater than 80% caloric adequacy" or "average household caloric adequacy", a cross-sectional study design could be used.

2.3 Diagnostic versus baseline data information needs

Baseline and problem analysis are often confused. Problem analysis precedes baseline and identifies the nature and magnitude of the problem and separates causes and effects. In the process (which includes quantitative and qualitative information, whether from formative research, participatory community effort, or rapid field surveys), a PVO, often through

brainstorming techniques, takes a decision as to which cause will be attacked in its project(s); many other causes have to go unattended by the PVO. A baseline survey, on the other hand, identifies the condition(s) that are to be changed, and takes quantitative measurements that will be used in a plan or system to evaluate changes in individuals, families, households and communities.

2.4. Indicator selection and definition

Selecting Indicators for the Impact Goal. The most commonly tried and proved indicator for measuring the three dimensions of food security is “x percent of households attaining 80-85-90 percent of their requirements”. Household surveys provide information on household averages of food consumption. In this instance the PVO is emphasizing desired change in intra familial food distribution and vulnerable groups described as children under three years of age and pregnant/lactating women. Thus, there is need to know more than household averages of calorie consumption; to have individual assessments of vulnerable household members’ consumption. The latter, however, could not be followed up for impact in a subsequent household consumption study because the vulnerable members will have changed in five years; therefore special case studies would be needed to gather the final data on individual changes.

The other indicator, change in nutritional status of under-3 or under-5 year old children is relatively straightforward, with a preference for weight/age because this anthropometric measure is more useful to the growth monitoring education process, as well as likely to be more accurately measured under field conditions. Because there are high levels of malnutrition in the country, it was thought that using both cutoffs at <2 Standard Deviations (SD) from standard and <3 SD might be useful to show more clearly “lives saved”. However, it was noted that the use of two indicators would complicate data analysis, since a reduction in <3SD malnutrition would result in an increase in <2 SD malnutrition.

Intermediate Indicator of Food Availability. In searching for a measurement unit to denote greater household food availability that would result from vegetable gardening, raising small animals and increasing the production of basic grains, the selected indicator for these “apples and oranges” was “increase in the market value of the foods available in the household”. Defining the indicator in terms of the economic value of the different component provides a common denominator which will measure the different products produced, irrespective of whether they are consumed by the household or sold.

Intermediate Indicator of Food Access. The access objective related to a village banking project. The food access indicator that was selected was the extent to which household income increased expenditures for foods included in the food basket.

Intermediate Indicator of Food Utilization. The utilization indicator essentially defined objectives related to food consumption by the most vulnerable family members (pregnant/lactating (P/L) women and small children, and reducing the major cause of food absorption loss, diarrhea. There was discussion about the validity of making the first indicator

“increasing the percent of women and children who consume more calories” a part of the final goal with the constraints and potential solutions proposed above.

Food for Work was viewed as primarily significant in terms of infrastructure. Thus if for sanitation works, the project would fit into utilization rather than availability (commodities) or access (income). If building roads to markets, it would more aptly fit the food access objective.

The sustainability objective was untreated. Generally participants felt that there was a paucity of guidance to indicate whether the question was with respect to institutional sustainability (building community organizations that would eventually take on responsibilities) or economic sustainability of activities (cost-recovery). CARE Guatemala treated the sustainability objective as being achieved by strengthening institutions at all levels; this is in line with specific guidance in the Food Security Policy Paper.

3. Workshop details

3.1. Workshop objectives

General:

- 1) Support Guatemalan CS efforts to develop and review M&E systems for food security impact
- 2) Establish guidelines for M&E of CARE/Guatemala's Food Security and Nutrition Project (FONUSEP)
- 3) Increase NGOs, government and other donor involvement: Use workshop to start this process of closer cooperation, that is called for under reengineering (Objective added at USAID/G-CAP request)

Specific:

- 1) Revise and refine CARE's proposed objectives and indicators for FONUSEP 1996-2000, in the context of USAID's Food Security and Food Aid Policy
- 2) Operationalize FONUSEP's goal and objective level indicators
- 3) Define the data requirements for indicator measurement and design data collection instruments
- 4) Define data collection and analysis methodology
- 5) Establish guidelines for the design of the baseline study

- Workshop is to take advantage of IMPACT support and the experience of other NGOs, to present a conceptual common ground and reach agreement on a common point of departure.
- Be able to define indicators of success in Aid and Food Security for CARE Guatemala.
- It is understood that it will not be possible to complete an evaluation plan in a one week workshop, but general guideline will be established.
- Start to define the indicators and the level of success obtained.

3.2. **Workshop methodology**

The workshop methodology included lecture presentations, participatory discussion, and working groups. The final agenda for the workshop is attached in Appendix A.

3.3. **Workshop participants**

Workshop participants included CARE/Guatemala administrative, field and support staff, USAID/G-CAP staff, representatives from the Guatemala missions of CRS, SHARE and Feed the Children; the World Food Program, the Government of Guatemala and the IMPACT project. A full list of participants is attached in Appendix B.

4. **Contextual and methodological presentations**

4.1. **USAID Food Security and Food Aid Policy**

4.1.1. **Introduction**

- Food aid is an important development resource, supporting programs with a range of development objectives
- Food aid activities can have impacts which often go well beyond the immediate distribution of food supplies to needy people.

For example:

- investments in water conservation efforts, supported by food-for-work programs, have potential long-term implications for agricultural productivity,
- school feeding programs are intended to improve student attendance and performance, factors which ultimately lead to enhanced labor productivity and incomes,
- improved health and nutrition achieved through food-assisted maternal and child health programs or food-for-work efforts at improved water and sanitation have immediate implications for individual well-being and also promote productivity and income-earning potential over the long-term.
- Sustainable increases in incomes, improved agricultural productivity, improvements in health and nutrition, and other benefits of food aid programs should ultimately lead to increases in the **availability** of food supplies, improved access to food through own production of food crops, market purchases and other means, as well as the more effective and appropriate **utilization** of food to meet human biological needs.

4.1.2. **Policy Context**

- The concern for demonstrating the food security impacts of Title II food aid programs is based in U.S. Government policy. Enhancing the food security of the poor in developing countries is the primary objective of U.S. food aid programs. According to the 1990 U.S. Agricultural Development and Trade Act:

It is the policy of the United States to use its agricultural productivity to promote the foreign policy of the United States by enhancing the food security of the developing world through the use of agricultural commodities and local currencies accruing under the Act to:

combat world hunger and malnutrition and their causes;

promote broad-based, equitable and sustainable development, including agricultural development;

expand international trade;

develop and expand exports for United States agricultural commodities; and

foster and encourage the development of private enterprise and democratic participation in developing countries.

- While U.S. food aid policy emphasizes food security objectives, a 1993 review by the U.S. General Accounting Office, at the request of the U.S. Congress, found that it was difficult to document the food security impacts of past food aid programs. According to the report, this is in part a result of a lack of operational guidance from the Agency to assist in the identification of food security objectives and evaluation methodologies for food aid programs.

"...it is difficult to determine whether food aid programs promote food security, in part because USAID has not established a clear policy and operational guidance to assist program managers in identifying food security objectives and evaluation methodologies for food aid programs."

- In reaction to the GAO report, USAID has taken several steps. A first step was to develop a food security definition for the Agency: *When all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.*

- By this definition, food security is a broad and complex concept which is determined by the interaction of a range of agro-physical, socioeconomic and biological factors. Like the concepts of health or social welfare, there is no single, direct measure of food security. However, the complexity of the food security problem can be simplified by focusing on three distinct, but inter-related dimensions of the concept, all of which are central to the attainment of food security: **food availability, food access and consumption utilization:**

Dimensions of Food Security:

Food availability: *sufficient quantities of food from household production, other domestic output, commercial imports or food assistance.*

Food access: *adequate resources to obtain appropriate foods for a nutritious diet, which depends on income available to the household, on the distribution of income within the household and on the price of food.*

Food utilization: *proper biological use of food, requiring a diet providing sufficient energy and essential nutrients, potable water and adequate sanitation, as well as measure on knowledge within the household of food storage and processing techniques, basic principles of nutrition and proper child care and illness management.*

- Appendix 3 presents the food security conceptual framework for USAID. highlighting the three dimensions of availability, access and utilization, the nature of their relationship to one another, as well as a brief description of their determinants.

- **Food availability** is a function of the combination of domestic food stocks, commercial food imports, food aid, and domestic food production, as well as the underlying determinants of each of these factors. Use of the term availability is often confusing, since it can refer to

food supplies available at both the household level and at a more aggregate (regional or national) level. However, the term is applied most commonly in reference to food supplies at the regional or national level. PVOs, however, are tending to apply the availability concept to the issue of the agricultural production of food by the household.

- **Food access** is influenced by the aggregate availability of food through the latter's impact on supplies in the market and, therefore, on market prices. Appendix 3 indicates that access is further determined by the ability of households to obtain food from their own production and stocks, from the market and from other sources. These factors are, in turn, determined by the resource endowment of the household which defines the set of productive activities they can pursue in meeting their income and food security objectives.
- Food access also is a function of the physical environment, social environment and policy environment which determine how effectively households are able to utilize their resources to meet their food security objectives. Drastic changes in these conditions, such as during periods of drought or social conflict, may seriously disrupt production strategies and threaten the food access of affected households. To the extent that these shocks often lead to the loss of livestock and other productive assets, they also have severe implications for the future productive potential of households and, therefore, their long-term food security.
- To cope with those shocks and minimize potential declines in food access, households typically adjust their consumption patterns and reallocate their resources to activities which are more insulated from the influence of those shocks. In drought periods, for example, households may shift their labor resources from crop production to non-farm wage employment or sell-off small assets to ensure continued income. They may also adjust their consumption patterns, reducing food intake and relying more on loans or transfers and less on current crop production and market purchases to meet their immediate food needs. Over time, as a crisis deepens, household responses become more costly, leading to the loss of productive assets which can ultimately undermine future livelihoods and long-term food security status. This corresponds to the component of protection in the livelihood security conceptual framework of CARE.
- **Food utilization**, which is typically reflected in the nutritional status of an individual, is determined by the quantity and quality of dietary intake, along with high disease burdens. Poor infant care and feeding practices, inadequate access to, or the poor quality of, health services are also major determinants of poor health and nutrition. While important for its own sake as it directly influences human well-being, improved food utilization also has feedback effects, through its impact on the health and nutrition of a household members and, therefore, on labor productivity and household income-earning potential.
- In any given context, food security concerns may be due to either inadequate physical availability of food supplies, poor access among a specific segment of the population, or inadequate utilization. The conceptual framework in Appendix 3 suggests a hierarchy of causal factors which ultimately influence the various dimensions of food insecurity: adequate food availability at the aggregate level is a necessary, although not sufficient, condition to achieve adequate food access at the household level, which, in turn, is necessary but not sufficient for adequate food utilization at the individual level.
- Another important step in developing an operational policy for the use of food aid by USAID was the Food Security and Food Aid Policy Paper, which stresses the use of food aid as an instrument for the achievement of food security.

- According to Agency policy, the priorities for development food aid programs are:

Programmatic focus:

- improving household nutrition, especially for children and mothers;
- increasing agricultural productivity to alleviate one of the leading causes of hunger; and
- increasing incomes in rural and urban areas through economic and community development and by promoting sound environmental practices.

Geographic focus:

- Sub-Saharan Africa
- South Asia
- USAID will place particular priority to food aid programs that focus on improving agricultural productivity and household nutrition in the most food insecure countries, particularly in Sub-Saharan Africa and South Asia. However, USAID will continue to approve new food aid activities in other regions of the world and in other areas of the program. The program and country priorities are not designed to prescribe arbitrary solutions to the world's problems, nor to restrict the flexibility of program managers.
- As a result of that finding, and in keeping with its mandate to employ performance-based management methods, the Agency has shifted the oversight focus of food aid programs from an emphasis on commodity monitoring and accountability, to one which stresses the food security impacts of food aid programs on their intended beneficiaries. This new management focus is laid out in the USAID Draft Interim Guidelines for FY 1996 PL 480 Title II Development Project Proposals.

Managing for results requires the definition of high level objectives that are achievable, project outputs which support those objectives, and indicators of performance or achievement.

In the current environment of limited food aid resources, there is a need to focus and streamline Title II development projects in order to demonstrate greater impact and to ensure that appropriate monitoring and evaluation systems are established to document the results of that impact.

- This new focus requires that performance monitoring and evaluation systems be introduced into Title II programs to permit USAID and Cooperating Sponsors to demonstrate more clearly their programs' food security impacts. Approval for programs will depend upon the success of field managers in demonstrating that food security impact.

USAID will change its focus from commodity monitoring to a focus on the impacts of food aid programs. Monitoring and Evaluation Systems will be implemented that permit USAID and the PVOs to clearly demonstrate the impact that U.S. food aid programs have on food security.

- Specific elements of the Guidelines include the following requirements for the FY 1996 DPPs:
 - *An external impact evaluation of the project must be planned for in the DPP and conducted no later than the first quarter of the final year of the project.*
 - *The DPP should describe the baseline data utilized and its source, state the indicators developed for monitoring project-level progress during implementation and discuss criteria for assessing impact.*

- *Criteria should be adequate to measure progress in annual reporting and evaluation and should include benchmarks for activity completion and indicators of project effectiveness.*
- *The DPP should describe the information and data collection systems in place or planned that will be used to monitor progress, including data reporting procedures and mechanisms to analyze the data to direct future programming.*
- The emphasis on performance-based management and demonstrating the impacts of Title II food aid programs on program beneficiaries is an important step forward in USAID policy. The establishment of effective M&E systems will ultimately improve accountability as well as program design and management. The information collected by M&E systems should be of equal or greater importance to the PVOs.
- While the guidelines provide clear direction on the role of M&E systems in food aid programs and Agency decision-making, they leave much to the discretion of program managers in terms of M&E system design, and offer an important opportunity for PVOs to influence the definition of feasible and acceptable M&E reporting.
- Previously, food aid was viewed as an unlimited resource, subject to impact reporting and project design requirements that were less rigorous than for projects financed with DA resources. This is no longer the case. FFP wants to be able to approve well-designed projects for a five year period.
- According to the guidelines, USAID Missions are intended to be close partners in project planning, monitoring and evaluation and will submit comments annually for each Title II project. In particular, the DPPs of Cooperating Sponsors, including M&E objectives, benchmarks and indicators, will be subject to review and concurrence from USAID Missions. Emphasis has also been placed on the importance of integrating food aid and other resources:
Food aid is most effective when it is programmed in conjunction with funds for technical assistance and local currencies for logistical support and grassroots development. Food aid can also reinforce the positive impact of other development programs such as nutrition education, family planning, child survival and community development projects. "Food Aid should be better integrated with the other development resources USAID programs."
- A DPP will have better possibilities of being approved when it can demonstrate that it forms part of the USAID Mission's strategy.

4.2. USAID/G-CAP Logical FrameWork and Title II Program

- Five strategic objectives, by order of priority:
 1. Democratization: civil rights and justice system development
-environment and economic growth
 2. Improved family health: Smaller, healthier families
 3. Natural resource management for sustainable development:
-CARE Guatemala focused more on these activities
 4. Trade and labor relations
 5. Basic education
- Humanitarian assistance, the Food Security Policy of Feb. 1995 - need to develop principal indicators.

- The Mission needs to develop its strategic objectives with community participation
- They will take health, and productivity, and human development and combine them in a single SO, where food aid will be programmed, with the advantage of it being easier to see food security impact.
- Need to identify indicators that demonstrate the integration of DA and food aid resources.
- Geographic focus of program on the Zona Paz (except El Peten and including San Marcos). USAID wants to work more in the altiplano and the ex-combative zone.
- USAID/G-CAP is pilot mission for reengineering.
 - Mission has already developed results package for Health, as part of move to replace strategic objective framework with result packages.
- Important themes for the immediate future:
 - Strategies:
 - reengineering
 - country level
 - scarce and decreasing resources (158 million in 1987 to 33 million in 1995, anticipating at least a 30% cut for 1996).
 - food aid represents approximately 30% of USAID/G-CAP resources.
 - Results
 - how to define
 - less focus on inputs
 - less resources means being able to accomplish less.
 - how to measure
 - at reasonable cost
 - the "science of measurement" is very important
 - Counterparts
 - Government of Guatemala
 - Needs to contribute as well. Difficulties foreseen because of loss of Title I monetization funds to make counterpart contributions, in addition to the need to increase level of counterpart funding.
 - Clients/partners. Also need to contribute more.
- USAID/G-CAP proposes Title II program in Guatemala as a pilot program for reengineering.
- With scarce resources, there is much demand for monetization programs in 1996 to implement food security programs. Given the level of demand, all proposals must have a work and activity plan in order for the Mission to calculate the level of support needed.
- Preliminary data for 2 regions (Guatemala City and the South Coast) from the DHS show improvements.
- Use of scarce resources to implement M&E activities. The idea is to have the NGOs use the results as feedback for their activities.
- For the midterm and final evaluations: The point is not to evaluate simply to evaluate. The point is to evaluate when there is something worth evaluating. This is the norm for dollar funded projects.

4.3. Results of LAC HNS Title II Cost-Effectiveness Study in Honduras

4.3.1. The Impact of Food Aid and Income Transfers on Health and Nutrition in Honduras: An evaluation of the Mother-Child Health Coupon and Food Aid programs.

- The study compared the cost-effectiveness of three MCH programs implemented in Honduras:

- **MCH Income Transfer Program (MCH Bono)**
 - * Distributes a monthly coupon worth 20 lempiras (approximately \$2) to children under 5 years of age and pregnant and lactating women in poor families in poor regions of the country.
 - * The beneficiaries can use the coupon to buy food and other products directly from stores, or they can change the coupon for its cash value in the banks.
 - * The beneficiaries must comply with a program of visits to the health center in order to receive the coupon.
- **MCH Food Ration Program (MCH Rations)**
 - * Distributes a monthly food ration to malnourished children under 5 years of age and pregnant and lactating women in poor regions of the country.
 - * The beneficiaries must comply with a program of visits to the health center in order to receive the ration.
- **MCH On-Site Feeding Program (MCH Feeding)**
 - * Distributes prepared foods (Morning snack and/or lunch) in community nutrition centers 6 days a week to children under 5 years of age and pregnant and lactating women in poor regions of the country.
 - * The beneficiaries must take turn preparing the food, and contribute complementary foods such as spices.

4.3.3.1. Results of the evaluation of the Mother-Child Health Coupon and Food Aid programs in Honduras.

- **General results:**
 - The MCH Ration program has positive impacts on health service utilization and on food consumption by beneficiary households, women and children.
 - The MCH Feeding program has a positive impact on food consumption.
 - The MCH Bono program demonstrate little evidence of such impacts. It seems to function more effectively as an income transfer mechanism than as a means to improve the mother/child situation.
- **Specific results:**
 - All the programs are targeted towards the most vulnerable segments of the population, in terms of level of income and malnutrition.
 - The programs represent 3 to 10% of household income for beneficiary households in the bottom quintile.

- Participation in the MCH Ration program increases the number of preventative health center visits.
- The quality of health services in the centers that are affiliated with the MCH Bono and Ratio programs was not worse than in health centers not affiliated with any program.
- Families that participate in the MCH Ration and Feeding programs consume more calories and protein than families not participating in any program.
- Families that participate in the MCH Bono program show no difference in caloric and protein consumption compared with families not participating in any program.
- The two food distribution programs demonstrate a positive impact on caloric and protein consumption by children under 5 years of age, adolescent girls and women.
- The group that participates in the MCH Bono program shows no significant impact on macronutrient consumption, with the exception of protein consumption by children under 5 years of age.
- The majority of mothers in all sample groups do not know of, or do not practice, the most important actions that are needed in the areas of maternal health and child survival. Mothers participating in the MCH Ratio program do have the highest levels of KAP, and the beneficiaries of the MCH Bonos program have higher levels of KAP than mothers not affiliated with any program. Although the differences in KAP that are attributable to the programs are statistically significant, however, they are small in relation to the desired objectives.
- The MCH Bono program is the most cost-effective of the three programs.
- The cost-effectiveness results suggest that, if the principal objective of the programs is income transfer, then the MCH Bono program is the most cost-effective. If a higher priority is assigned to mother-child health and nutrition, however, the food distribution programs, and especially the MCH Ration program, represent the best option.

4.3.2. The Impact of School Feeding and Income Transfers on Education in Honduras.

- The study compared the cost-effectiveness of two programs implemented in the schools of Honduras:
 - **School Income Transfer Program (School Bono)**
 - * Distributes coupons worth 20 lempiras per month (approximately \$2) two or three times a year to the parents of children selected using socioeconomic criteria.
 - * The children must be registered and actually attending school in order to receive the coupon.
 - **School Snack Program (School Snack)**
 - * Distributes a daily midmorning snack to children in approximately 3,700 primary schools in 9 of the poorest departments.
 - * The snack provides approximately 20% of daily caloric and 50% of daily protein requirements.
 - * The community makes a substantial contribution, in the form of time, fuel and money.

4.3.2.1. Results of the evaluation of the impact of school feeding and income transfers on education in Honduras.

- The two programs are targeted more to the rural than urban areas. The School Snack is distributed throughout the rural areas, while the School Bono program is more targeted towards the rural west and south (the poorest areas of the country).
- The two programs have positive impacts on several variables related to education. These impacts were observed in all the children in schools with the programs, and not only in children participating in the program.
- The School Bono program impact is greater than the School Snack program for each of the indicators of effectiveness measured, and four times greater in terms of years gained, which is a useful summary indicator of education.
- The School Snack program increases the rate of advance through school by a quarter year; the School Bono program increased rate of advance by more than half a year.
- The effect of the programs is greater in older children (10-13 years). Children 10-13 years old with access to schools with the Bono program gained almost a year, and older children with access to schools with the Snack program gained almost a third of a year, compared with children in schools with neither program.
- The effects do not vary by sex or poor/nonpoor status of the child.
- Neither of the programs has an impact on the probability of a child being registered at school. This is probably due to the fact that school registration rates in Honduras are very high (86% of 7-13 year olds are registered).
- The School Snack program, and the combined program (schools with both the Bono and Snack) increase the probability of **not** repeating the school year. The same effect is observed with the School Bono program, but to a lesser degree.
- The School Bono program has a highly positive impact on school attendance. The availability of the Bono increased attendance by 6%. The School Snack has no impact on attendance.
- Neither of the programs are associated with systematic differences in academic performance, as measured by Ministry of Education standardized tests.
- Children in households that receive the benefits of the School Snack have higher levels of adequacy for calories, protein and vitamin A. The snack does not substitute for meals at home. Dietary adequacy is not higher for children in households that receive the School Bono.
- Neither the School Bono nor the School Snack program have the capacity, with the current design, to overcome alone all the factors that negatively influence rates of school registration, attendance and academic performance. Important needs still remain; some of which can be addressed by the school systems while others depend on the attention focused on some fundamental economic problems.

4.4. Monitoring and evaluation concepts

- Review of 1996 DPP Guideline requirements for monitoring and evaluation
 - Final evaluation
 - Baseline data
 - M&E system
- Program component terminology:
Inputs→Process→Products→Intermediate Effects→Final Impact
- The Returns to Information: What are the benefits of M&E information access?
- Decision-makers/Stakeholders in M&E Information Systems
 - An effective information system supports decisions and actions taken at all levels within the program
- The Uses of M&E Systems
- Types of M&E Information:
 - Needs Assessments: Problem Analyses carried out as formative research, participatory community analyses, rapid assessment surveys, to complete an analysis of needs;
 - Conceptualization and Design Analysis. Determine priority areas of PVO involvement, identify problems, causes and effects, and take decisions on which of the causes the NGO project (s) will attempt to alleviate.
 - Efficiency (Cost) Evaluations: examine whether the best use is being made of available resources, whether costs can be reduced or benefits extended for the same cost and whether the program is financially viable and sustainable. Questions answered by efficiency evaluations: 1) What are the costs to deliver services to program participants? and 2) Is the program an efficient use of resources as compared to alternative allocations?
 - Program Monitoring (Focus of this M&E Workshop)
 - Impact Evaluations (Focus of this M&E Workshop)
- Program Monitoring:
 - establishes that program inputs, activities and outputs have occurred (Were the funds, foods, and Technical Assistance (TA) available as Programmed? Have the foods been distributed? Have mothers received their nutrition/health classes? Have supervision visits been carried out with the planned frequency and thoroughness?)
 - monitors program costs (How much does it cost to deliver x amount of food and program units to families/individuals?)
 - tracks progress over time in the access to, and quality of, services by beneficiaries (Is the program reaching increasingly larger number of clients as planned? And do the services offered reach more clients and have the content and quality of delivery improved as programmed?)
 - tracks progress in terms of expected impacts of the program on the behavior and well-being of clients? (Do the clients consume more foods that are rich in Vitamin A? Do mothers with preschool aged children receive 2 injections of tetanus toxoid? How long do mothers practice exclusive breast-feeding? -- intermediate effects
 - is useful for improved management, administration, and verification of responsibilities, and as an initial basis for assessing impacts (Monitoring can not only improve how the flow of services works and the appropriate use of human resources, checking out staff assignments and responsibilities, but provides information on individuals or samples of

populations with respect to changes that are occurring in behavior, attitudes, practices, health status, improved access to potable water and to markets (sanitation and roads) (Final results)

- **Impact Evaluation**

- Impact** evaluations gauge the extent to which a program causes change in behavior and well-being at the population level.

- Monitoring** notes only if changes have occurred.

- The assessment of impact necessarily implies attribution of population impacts to program outputs.

- Impacts may be the result of external factors; which are contained in the total impact results and must be separated out to leave only those impacts that are attributable to the program; there should also be a logical linkage from inputs and outputs to intermediate and final results.

- Impact** evaluations are useful in assessing the effectiveness of programs, their relevance to the issues of concern and in future program design.

- Evaluations not only show measurable results, but indicate whether the project components were appropriate for the problem posed, and suggest how the project should be reshaped or refined.

- Questions that are Answered with an **Impact** Evaluation

- Is the program effective in achieving its intended goals?

- Was the level of severe and moderate malnutrition reduced by 40 percent in the target population?; Was the prevalence of diarrhea reduced by 30 percent in the households with preschool aged children?

- Can the results be explained by some alternative process that does not include the program?

- Was there an exceptionally good harvest over the last few years that might explain why the nutritional status of all preschool aged children improved? Or was there an upward swing in the GDP that would have caused the same improvement?

- Is there a link between impact at the population level and the activities of the program?

- Is it likely that the quantity of foods delivered, the quality and number of education sessions received by mothers and the reinforcing messages on the radio were sufficient to cause the improvements in the nutrition status of children under three years old?:

- If program components were not present in the magnitude and quality expected, there can be two answers: 1) a lesser level of inputs/outputs may be required for the desired impact or 2) the impact was the result of causes outside the program.

- **Focus on Impact.**

- **Analysis of Impact** suggests a focus on changes at the population level, rather than the program level, than be attributed to program activities.

- Gross Outcome = all measured changes in an outcome indicator

- This might be the cross-sectional or longitudinal data on the program group which did not have a control group.

- In a program, or intervention, designed to promote oral rehydration therapy and early recognition and referral, there is a reduction in diarrheal prevalence of 50 percent; however another NGO in the same area has undertaken an extensive sanitation program which complements the project activities but is responsible for removing a major

cause of diarrhea. The measurement obtained is thus a gross outcome from which must be isolated the effects of the intervention being evaluated.

-Impact of intervention (net outcome), the change which can be attributed to the program intervention

-Which part of the reduction in diarrheal prevalence can be attributed to the program. If possible, the evaluators would try to find an "uncontaminated" area to use as a control group.

-Effects of Other Confounding Factors. Attribution is a very difficult and important element in evaluation. Efforts are often frustrated because it is impossible to find a control group (which must have similar characteristics to those of the intervention group. The control group does not receive services under the intervention nor from similar projects. In order to control for intervening external effects, baseline data must be taken on this similar population at the time baseline is taken on the intervention group to ensure that initial status is the same. Later during impact evaluation, changes that have occurred in the two groups will isolate the effects of the program. Less rigorous and also less costly is comparing different groups of clients within the program: those who have just entered the program, for example, and those who have been in the program for 9 to 12 months or whatever minimal period is considered necessary for the program to produce changes in the clients' well-being. This is sometimes referred to as a statistical control.

- **Components of M&E Strategy**

- Selection of measurable program goals. Program goals that can be measured quantitatively, that specify the change that is hoped for, based on the baseline status of the target population at the outset of the intervention.

-In an intervention designed to increase food availability, access, and utilization, two measurable goals are: households that have a sufficient number of calories to meet 80-90 percent of requirements; and nutrition status of under three year old children. They can be measured with household consumption and anthropometric surveys.

- Clearly specified M&E Objectives

-for example, increase average household food availability (by food type or by market value of different foods) by x percent over x project years; increase percent of households with access to potable water; increase length of birth intervals by x months; reduce prevalence of children growth faltering; reduce percent of moderate or severely underweight children under x age; percent of target population regularly consuming Vitamin A supplements.

- Program linked to conceptual framework. The design of the project is realistic and rational (inputs and outputs lead to outcomes and impact); the linkages within the conceptual framework permit seeing all of the causes of the problem and the role the project is expected to play. By establishing plausibility of relationships between what may be called **process** indicators--resource availability, agricultural productivity and income-earning potential that ultimately influence levels and quality of food consumption--and **outcome** indicators that measure changes in food consumption, food expenditure and nutritional status, e.g., the framework strengthens data interpretation.

- Cost-effective information system The M&E system should be as simple as possible and limited in data volume, but sufficient for annual reporting not only of outputs at the program level, but of changes occurring at the population level. Systems should take

advantage of national and regional data such as ministry-maintained statistics on agriculture, health and education and of special surveys such as the demographic household studies (DHS), household consumption and nutritional status surveys.

- Operational Indicators Operationalizing indicators requires establishing the procedures for how to measure the factor or behavior of interest and the criteria for how it is to be interpreted. Some food security measurements are: dietary intake, food expenditure levels and nutritional status. Example: Nutritional status may be measured for under-2, under-3, or under-5 population groups, using mid-upper arm circumference, weight-height, weight-age or height-age methods. The criteria would be the appropriate cutoff point to use. The project might hope to reduce rates of malnutrition defined as <2 standard deviations weight-age, e.g.)

- A focused analysis plan. The plan should indicate which key questions the data will answer at all project levels.

- Achievable implementation strategy. The M&E strategy must be feasible with respect to resources and needs; depending on needs of program managers, donors and other key stakeholders, decisions must be made about the amount of data and the frequency of collection that can be carried out and the extent of scientific rigor required.

- Characteristics of Monitoring and Evaluation

Examples: **Products**--tons of foods delivered, health promoters trained, number of infrastructure units constructed; which group? Usually all clients; **Intermediate Effects**--changes in clients' well-being such as reduced rates of diarrhea, increased availability of food at the household level, which group? Sample of clients; **Final impact**--change in nutritional status, change in mortality/morbidity, change in household food consumption, which group? A sampling of client (and control) population.

- Complementary Between Monitoring and Evaluation. Note that monitoring focuses not only on inputs, process outputs, work plans but also on *intermediate effects*.

- Types of Data Uses, and Collection Methods for Different Evaluation Focuses.

- Preparing for Performance Measurement

- Indicator Criteria

- Direct. "Direct" means that the an indicator should be selected which will measure progress at the level intended whether goal, objective, subobjective or product level. Example: "persons trained" would be appropriate for the product level but would be inappropriate (at a lower level) for an objective level such as "improved management"; "reduction of mortality" would be inappropriate at any level except that of the final goal. As earlier noted, indicators for products are at the *program* level, while indicators for objectives/subobjectives representing intermediate effects are almost always at the *population* level; indicators for the final goal are always at the *population* level.)

- Objective. Goal indicators of changes in mortality, morbidity, changes in nutritional status are commonly accepted in the international health community and the indicators at the intermediate effect level in the area of child survival have been more tested and well-known such as expectations for changed patterns of behavior on the part of educated mothers, while these are less universally applied for food availability and access. An objective indicator is one that has meaning for most people and is acceptable by both proponents and skeptics of a program.)

-Available. The choice of the indicator should take into consideration the availability of data to meet reporting requirements. Particularly demanding is the requirement for annual information on program performance. Either this information must be collected from population samples or data might be obtained from periodic surveys, such as contraceptive prevalence surveys, nutrition surveys or Demographic Health Surveys or from annual Ministry reports on education, health and agriculture.

-Practical. Self-explanatory.

-Uni-dimensional. If more than one indicator is considered, thought should be given to the relationship between the indicators so that the results are not likely to be conflicting. Examples: 1) if one indicator is reducing malnutrition of under-3 children with weight-age < 2 Standard Deviations and the other is reducing malnutrition of under-3 children with weight-age < 3 Standard deviations, a downward change in the latter would likely result in an upward change in the former; 2) if one indicator is the prevalence of breast-feeding initiation and the second is mean duration of breast-feeding, the two indicators complement each other rather than confuse.)

-Quantitative. Quantitative data is expected at the program outcome and final impact levels and should be expressed in ratios or percentages rather than absolute numbers. However, for some objectives, such as democratization, qualitative information in the form of a rating scale may be required for reporting. In all cases, qualitative information provides opinions not otherwise available and permits an explanation of results obtained and the adequacy of the process.

-Disaggregated. The indicator should measure the changes at the level of the population that is most relevant given program coverage.

4.5. Operationalization of Indicators for CARE's Final and Intermediate Objectives

Workshop participants in a plenary session attempted to arrive at a consensus for operationalizing the two indicators for the final food security project goal. Then, in three workshops different groups analyzed the components of the ongoing programs and existing problems to arrive at revised intermediate objectives and subobjectives and operationalized indicators for the three objectives of improving food availability, access and utilization.

Final Goal: To improve the food security of the most vulnerable populations in a manner that is sustainable after project completion.

Indicators:

1. Percent of households that consume 85 percent of their caloric requirements.
- 2a. Reduce moderate malnutrition (<2 Standard Deviations from the Harvard standard for weight for age) of children under five years of age by x percent.
- 2b. Reduce severe malnutrition (<3 Standard Deviations from the standard for weight for age of children under five years of age by x percent.

(The percentage of change will be depend on baseline results--what household (and child and vulnerable mother) the based on the results of baseline survey to measure food in the household (and for child and woman) and anthropometry (weight and height) all measures.)

Intermediate Goals and Indicators:

Intermediate Goal 1. Increase the *availability* of staple foods and key sources of vitamins and minerals in the most vulnerable households.

Indicator: Percent of increase in the economic return value(*) of production. (*market value of production, whether consumed or sold).

Intermediate Goal 2. Increase food *access* of highly food insecure households.

Indicator: Percent of households that increase expenditures for foods from the basic food basket.

Intermediate Goal 3. Improve the biological *utilization* of food by the project's target population

Indicators: 1) Percent of P/L women and children under five years of age who increase their caloric consumption by x* percentage (*to be operationalized when baseline data from the home consumption survey are available) *N.B.*, It was thought that this indicator might be moved up to the *Final Goal* level.

2) Percent of decrease in diarrhea prevalence in households with under five Year old children.

Intermediate Goal 4. NOT REVIEWED DURING THE WORKSHOP.

Strengthen national, regional and community institutions' capacity to manage resources dedicated to obtaining and maintaining food security in a manner that is sustainable after project completion.

Appendix 1: Workshop Agenda

MONITORING AND EVALUATION (M&E) SYSTEMS FOR FOOD SECURITY IMPACT OF FOOD AID

CARE/GUATEMALA - IMPACT WORKSHOP NOVEMBER 6-10, 1995

November 6

Time	Activity	Responsible
8:30	Welcome	CARE/G: Salvador Baldizón
9:00	Workshop objectives	CARE/G: Isabel Nieves
9:30	USAID Food Security and Food Aid Policy: Food aid programming priorities Interim Title II DPP guidelines	IMPACT: Anne Swindale
10:30	Coffee break	
10:45	USAID/G-CAP Logical Framework, Title II program and Reengineering	USAID/G-CAP: Margaret Kromhout
11:30	Results of the LAC HNS Title II Cost-Effectiveness Study in Honduras	Anne Swindale
12:00	Food security framework and principal activities of FONUSEP Mother-Child Health (MCH)	Borys Chinchilla
12:30	Lunch	
1:30	Food security framework and principal activities of FONUSEP Agriculture and Family Health (PANUFAM) Urban environmental sanitation (PROSANA) Income generation (Community Banks)	Carlos Piedrasanta Gustavo Hernández Mynor Corzo
3:00	Food security framework and principal activities of SHARE Guatemala	Byron Flores
3:30	Coffee break	
3:45	Food security framework and principal activities of CRS Guatemala	Luis Alonzo
4:15	Food security framework and principal activities of Feed the Children Guatemala	Efrain de los Rios
4:45	Food security framework and principal activities of CARE/Honduras	Gloria Manzanares

November 7

Time	Activity	Responsible
8:30	M&E concepts in the context of CS needs and USAID requirements Food security monitoring requirements Food security evaluation requirements Evaluation strategies Baseline and final evaluation Qualitative evaluation	IMPACT: Joyce King
10:30	Coffee break	
10:45	Qualitative methods M&E concepts in the context of CS needs and USAID requirements cont.	Isabel Nieves Joyce King
12:15	Lunch	
1:15	Food security M&E: CARE Honduras experience	Georgina O'Conner
2:00	Community based M&E: SHARE Guatemala experience	Byron Flores
3:00	Coffee break	
3:15	Review of FONUSEP goals and objectives Final goal: discussion and review of proposed indicators Operative definition of indicators	Anne Swindale

November 8

Time	Activity	Responsible
8:30	Review of FONUSEP goals and objectives (cont.)	Anne Swindale
10:30	Coffee break	
10:45	Presentation of working group methodology	Anne Swindale
11:45	Intermediate goals: discussion and review of proposed objectives and indicators Availability: objectives and indicators Access: objectives and indicators Utilization: objectives and indicators	Anne Swindale
12:30	Lunch	
1:30	Working groups (by food security component: availability, access, utilization): Indicator review and definition	Facilitators: Swindale, King and Nieves
3:30	Coffee break	
3:45	Continue working groups	Swindale, King and Nieves

November 9

Time	Activity	Responsible
8:30	Continue working groups: Operationalization of indicators	Swindale, King and Nieves
10:00	Coffee break	
10:15	Continue working groups	Swindale, King and Nieves
12:15	Lunch	
1:15	Continue working groups: Variable definition and identification of data needs to measure each component's indicators	Swindale, King and Nieves
3:15	Coffee break	
3:30	Plenary Report from Working Group 3: Utilization	Liliana de Chávez

November 10

Time	Activity	Responsible
8:30	Plenary Report from Working Group 2: Access	Clara Aurora García
10:30	Coffee break	
11:00	Plenary Report from Working Group 1: Availability	Carlos Piedrasanta
12:30	Lunch	
1:30	Plenary Report from Working Group 1: Availability (cont.).	Carlos Piedrasanta
2:00	Next steps for CARE Guatemala	
2:30	Workshop evaluation	
3:00	Close	

Appendix 2: Workshop participants

USAID/G-CAP

Program Office

Margaret Kromhout

Julia María Hussa

CARE Guatemala

Programming Unit

Salvador Baldizón

Isabel Nieves

Health Sector

Dumana Brahman

Borys Chinchilla

Liliana Chávez

Agriculture and Environment Sector

Carlos Piedrasanta

Luis Moreira

Clara Aurora García

Water and Sanitation Sector

Dora Arriola

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Microenterprise Sector

Mynor Corzo

Logistic support

Ana Lesbia Tecún

Elena Pinillos

SHARE Guatemala

Byron Flores

CRS Guatemala

Kristen Sample

Luis Alonzo

Feed the Children Guatemala

Joel Reyes

Efrain de los Ríos

CARE Honduras

Gloria Manzanares

Georigina O'Conner

World Food Program

Duelio Pérez

Government of Guatemala

Ministry of Health

Alma Aída Hernández

SEGEPLAN

Ma. Elena Blanco

IMPACT Project

Anne Swindale

Joyce King

Mendez-England

Stephanie Campbell

Diagram 2. Food Security Conceptual Framework

