

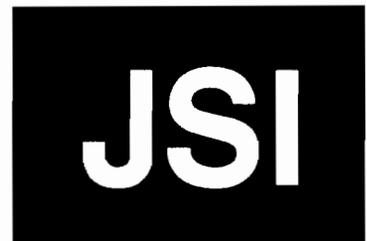
**EVALUATION OF GUATEMALAN  
PL-480 PROGRAMS**

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## EXECUTIVE SUMMARY

This Report evaluates, for the first time in 17 years, the PL-480 Title II Program in Guatemala. CARE and Catholic Relief Services, Inc. (CRS) have administered the Program for more than 20 years. Their well-established logistics and reporting systems enabled the USAID to monitor food-related aspects of the current Program adequately, until recently, with the part time services of a local-hire program specialist. For many years, the Mission left programming of Title II to the PVOs and did not adequately monitor planning and implementation of complementary activities accompanying food distribution. Presently concerned to improve efficiency and development impact of Title II, the USAID commissioned this Evaluation. James M. Pines, Janet W. Lowenthal and Joyce King, under contract to IQC John Snow, Inc., visited Guatemala for a total of ten person-weeks between January 17 and March 17, 1988.

The Title II Program included \$3,885,000 worth of donated commodities during FY87 and is expected to distribute a like amount during the current fiscal year. Following the 1976 earthquake in Guatemala, Title II food distribution was more than three times bigger than the current program, which now benefits from storage facilities and logistics systems created then.

In FY88, Guatemala will also receive about \$18,000,000 worth of commodities for sale under Title I and \$800,000 in a Section 416 project being implemented by World SHARE, Inc. Contributions from World Food Program (WFP), the German Food for Work Agency (COGAAT), European Economic Community (EEC) and others make the 24,560 tons of Title II food a small part of the estimated 380,000 metric tons of donated or concessionary food expected by Guatemala during 1988. Lack of coordination among international donors made calculation of the exact amount impossible, but it is clear that macroeconomic disincentive effects of Title II are negligible.

Recent survey findings show that more than 30 percent of Guatemalan children under six suffer from moderate or severe malnutrition. Estimates of growth stunting from chronic undernutrition exceed 80 percent, with incidence of all nutrition deficiencies highest among indigenous communities in the rural highlands. National per capita food production and income will be lower in 1988 than in 1981. These conditions, with the disparity between inflation and wage increases, make continued food aid essential for maintenance of food consumption by low-income families.

The political context, in which a new, more democratic government must increase taxes and reduce spending to restore economic growth and financial stability, justifies use of Title II to alleviate consequences of structural adjustment for the poor. Recent violence in Guatemala, leaving many widows and abandoned children, increased the need for supplementary food programs oriented more to providing welfare than to accelerating development.

The CARE program includes;

- a) monthly MCH food distribution to 270,000 beneficiaries at 630 Ministry of Health facilities throughout the country, under an agreement with the ministries of Defense and Health,
- b) an Urban Food for Work Project with the Municipality of Guatemala City, initiated as an 18-month emergency program in October, 1986 and expected to be renewed before expiration in April. The Project provided temporary employment for 5,690 workers, and related benefits for 22,760 of their dependents.
- c) The CARE-INAFOR-Peace Corps Project, assisting 20,000 families in 370 communities of 14 departments with FFW activities expected to increase farm production and conserve natural resources, and
- d) provision of food for 16,500 beneficiaries in 107 orphanages and similar institutions as an Other Child Feeding component.

CRS, through Caritas, national social welfare agency of the Catholic Church, distributes commodities in;

- a) an MCH Project for 68,000 beneficiaries in 327 distribution sites located in 11 of Guatemala's 13 dioceses,
- b) a Food for Work project in the departments of San Marcos and Chiquimula, with 2400 workers and 9600 family member beneficiaries, and
- c) an Other Child Feeding component serving 3600 recipients in 56 institutions throughout the eleven dioceses.

The Government of Guatemala paid CARE \$265,000 and CRS \$140,000 in 1988 as contributions to project costs. Nominal contributions from recipients, averaging less than \$1 a year, cover costs of bringing food from regional warehouses to local distribution sites. CARE monetized 700 tons of rice for \$85,000 in 1987 to cover food transportation costs in the urban food for work project.

CARE and CRS have not succeeded in tying their MCH food distribution with activities that could improve nutrition impact of the commodities, though CARE's food through the MOH is often strengthened by ongoing immunization and ORT components: CARE has helped the Ministry of Health introduce growth monitoring, but implementation remains uneven. Some Caritas sites offer nutrition education and related health services. Both agencies recognize that their MCH projects may have encouraged excessive dependence on food distribution and are planning to target in a manner that limits time in the programs and to add services expected to improve impact on infant mortality and malnutrition. Although the voluntary agencies have not themselves provided complementary health services to accompany Title II MCH distributions, Ministry of Health facilities and many Caritas MCH sites offer growth monitoring, nutrition education, immunization, ORT and other services. There exists a promising base for development of both a more

effective Ministry of Health MCH services system, particularly with current efforts to reach outside health centers and posts, and a complementary private system at Caritas sites.

CARE has used an Enhancement Grant of \$250,000, made in 1986, to install a system for monitoring logistical aspects of food distribution and eventually MCH activities of the Ministry of Health. Program activities to accompany food distribution continue to depend on the understaffed and underfunded ministry. The 15 well-trained supervisors hired by CARE through the Enhancement Grant could be an effective force for helping the Ministry to implement uniform growth monitoring and effective targeting.

MCH activities in the CRS MCH Project vary with the initiative of each diocese and are modest at best. Well-conceived, CRS-Caritas pilot health projects covering all eligible beneficiaries in the Departments of Jalapa and Chimaltenango are not yet fully underway, but show promise for increasing health and nutrition impact of MCH distributions.

Activities in past MCH projects have been little more than family food distribution, in which designation of vulnerable women and children under six as the target group provides a screening criterion acceptable in needy communities. Widespread dilution of benefits throughout the family, and limiting families to two recipients, makes significant nutrition impact unlikely. The absence of baseline and later data made assessment of nutrition impact impossible.

Attribution of any alleged nutritional changes to MCH food distribution alone would not be justified, since health facility services, rather than likely small increments to child intake, could account for the results. The relatively small numbers of low birth weight babies and children with third degree malnutrition may reflect impact of Title II distributions and other services, though attribution would require extensive further study.

Nutrition consequences of MCH food distribution can be increased by targeting more clearly on infants under two, the group in which onset of serious malnutrition is most prevalent. Accompanying distribution to this group with (e.g.) oral rehydration, immunization and nutrition education can reduce malnutrition and infant mortality significantly. Since reduction of infant mortality is an important Mission development objective, and immunization and oral rehydration are key elements of the \$16,700,000 Child Survival Project, integration of Title II and MCH services should begin immediately.

CARE and CRS Food for Work activities also relate closely to Mission strategy. In both, food is used to encourage innovations that increase farm output and conserve the soil, outcomes that contribute to Agricultural Development Strategy goals.

The CARE Urban FFW Project supports the Mission objective of strengthening democratic institutions. The PVO and the Municipality collaborate with community committees to build substantial drainage, retaining wall and other construction that benefits workers, who also receive food as incentive. The community groups practice well the

principles of local democracy and self-help. Although the Municipality's performance still leaves much to be desired, the Project has helped to institutionalize responsible and democratic municipal response. Municipal contributions to the welfare of poor neighborhoods, by providing construction assistance and materials, improve income distribution and encourage broader democracy.

The Urban Project has not yet introduced education activities programmed to increase health impact and improve maintenance of completed construction. Introducing non-formal education as part of initial community organization is generally more effective than waiting until work is done.

A cumbersome food distribution system, with workers picking up individually weighed packages at a distant central warehouse, can be improved. Involvement of community committees in distribution should be tested and, if successful, would also contribute to the Project's community organization goals. This innovative and impressive FFW activity merits continued support and approval of a currently proposed expansion to four more cities.

The Agroforestry Project is also impressive. Title II food is a small but useful part of the collaboration among CARE, INAFOR, Peace Corps and local communities that results in conservation measures that increase crop yields by 25 percent or more, community tree nurseries that continue to operate after food support ends and other improvements. The food is used very carefully and flexibly to encourage innovation by reducing risk, to maintain family food intake while farmers invest in terracing and tree planting, and to help communities build nurseries and related capital improvements.

The modest CRS-Caritas FFW component, though not directly linked with Government, benefits from Ministry of Agriculture (DIGESA) extension work. Compost piles ("aboneras"), encouraged through food incentives, improve the environment, reduce cultivation costs and increase farm income. Though hard to quantify, substantial anecdotal evidence suggests that many farmers, enjoying higher yields, no longer migrate seasonally for scarce and poorly paid plantation work on the coast. With INAFOR help, the component has led to establishment of community nurseries and reforested areas likely to remain after food distribution ends. CRS and Caritas need to help participating community groups use the temporary windfall income provided by food distribution for development of community funds that can be used for new activities.

CARE can be a useful collaborator for achieving Mission goals involving improved performance by Government ministries. The CRS-Caritas contribution involves little direct work with Government, but offers the best available instrumentality for channelling benefits of Government activities to Guatemala's most needy communities. This independent, privately oriented approach also offers good prospects for continued activities after food distribution ends.

The CARE and CRS Other Child Feeding components, like their MCH distributions, emphasize the need for the Mission to strike an explicit balance between use of Title II for welfare and for development. The food budget support offered to worthy institutions through OCF helps Guatemala cope with ever-increasing social welfare burdens at a time when higher taxes are reducing private contributions. The family food aid called MCH helps poor people stay alive during harsh economic conditions. Neither OCF or MCH should be reduced with less than a year's notice, even if the Mission elects to use Title II only to accelerate development.

Satisfactory resolution of the relation between food-aided welfare and development requires distinguishing the "welfare group" that needs continued food subsidy from other beneficiaries and communities that can, with USAID and other help, eventually replace donated food with crops or income from their own efforts. Distinguishing these two groups provides a rationale for phasing out food distribution at individual sites and for achieving the Mission goal of integrating food distribution with priority development activities.

Integration requires reorganization of food aid management in the Mission to assure promotion of Title II use, serious consideration of food distribution alternatives by technical offices, and programming based on preferred alternatives selected. Technical offices should not be involved in monitoring food distribution, which should be another responsibility of the office promoting developmental use of Title II. Inviting proposals from CARE, CRS and other PVOs, after USAID determination of developmental and related Title II priorities, will preserve PVO independence and still be compatible with the integration of Title II and development.

The proposed USAID food office should also, with INCAP help, monitor total U.S. and international commodity assistance, and support efforts to coordinate donor and implementing agency activities. The Office must also monitor, and be able to rely on, rapid approval of proposals for use of local currency to complement developmental food distribution. Ready availability of Title I and other sources of local currency should make monetization of Title commodities rarely necessary in Guatemala, but only if food and related support requests are approved and implemented together. At least one full-time food aid officer is required for a new food aid office and additional professional help would increase effectiveness. Consolidation of all food aid planning and monitoring in one office may improve efficiency enough to permit staffing without increased ceiling.

AID/W support of the Title II Program has been effective. Mission and FFP planning of Section 416 distribution has been less impressive. They introduced a SHARE Section 416 Project without adequate consideration of implications for Title II. SHARE distributes food through the Archdiocese of Guatemala City's Caritas office, already assisted by CRS-Caritas, and has a Food for Work project with the same municipal office that works with CARE. The pending proposal to convert SHARE activities into a Title II project should not be approved until this duplication is eliminated. Differences in rations and administration, along with substantial sales of SHARE administered commodities, have generated damaging competition and injured the reputations of the Title II agencies. SHARE should be invited to present a Title II proposal calling for it to serve as an "umbrella"

organization that would help the Mission manage food distribution to the many worthy local institutions and PVOs that request small amounts of commodities.

The volume of Title II commodities in Guatemala should not be increased until the participating PVOs have integrated food distribution more effectively with development and have developed three-year plans for phasing out distribution in selected communities. The Mission should support such plans by making local currency available for FFW and other activities likely to help communities maintain food consumption without donated commodities. Improved Title II targeting and reduction of benefits in some communities will allow assistance to new groups, and redirection of program, without higher allocations of commodities.

## RECOMMENDATIONS

### The USAID

1. The USAID should immediately establish a Food Aid Office, with at least one full-time officer, responsible only to the Mission Director.
2. The Food AID Office should:
  - a) promote use of Title II in support of priority development objectives;
  - b) help technical offices assess the role of Title II and alternatives for using it;
  - c) link PVOs with technical offices and assist them to integrate Title II with development goals;
  - d) work with INCAP, WFP and the Agricultural Attache to maintain adequate records of U.S. and international food aid, and to coordinate food aid donations, and
  - e) eliminate duplication and competition among projects by rationalizing activities of implementing agencies.
  - f) sort out where food programs are overlapping and work with the PVOs to end one or the other program;
  - g) ascertain which needy areas are not being served and with PVO(s), determine the feasibility of serving them
3. The USAID should revise Title II program objectives to identify an explicit balance between social welfare distribution and integration of food aid with Mission development goals, taking full account of political and humanitarian considerations that make abrupt reduction of benefits undesirable.

4. The USAID should invite SHARE to submit a Title II proposal, and related multi-year plan, to serve as an umbrella organization for managing small distributions to worthy local institutions and PVOs, provided that SHARE agrees to end current duplicative distributions through the Archdiocese and Municipality of Guatemala City.

5. The USAID should program Title I, Title II, Section 416, ESF and project funds as complementary elements of a strategy integrating Title II and development.

6. As part of this complementary strategy, USAID should program Title I and other local currency proceeds to finance direct and complementary costs of food distribution as required.

7. The USAID should make every effort to assure that PVOs promptly receive host government owned local currency, generated through Title I and ESF, to finance food distribution and complementary activities, permitting monetization of Title II commodities only as a last resort.

8. The Mission should consider all Title II activities either as developmental--projects with a beginning, middle and final phaseout or phaseover--or as welfare with that clear designation. The PVOs should be informed that their new submissions should be presented in this manner.

9. The Local Currency Committee should link approval of proposals for use of host government owned local currency, generated through Title I and ESF, to requirements for effective integration of food distribution and development.

10. USAID should assist CARE and CRS in identifying and searching for needed technical expertise to develop improved MCH programs. USAID should also invite proposals that will enhance all aspects of MCH activity, particularly improved targeting, growth monitoring, and other complementary activities.

11. Mission staff should help the PVOs develop and present proposals for integrating Title II with development, simplifying proposal requirements and procedures wherever possible.

12. USAID should promote collaboration with the MOH which will result in a broader role for CARE and its supervisors. Specifically, USAID should encourage, with CARE and other TA, the development of a system for the collection and analysis of nutrition status data. USAID should provide necessary TA and oversee that this information is compiled and analyzed annually or periodically to provide USAID and the GOG an up-to-date record of progress made in the CARE/MOH health centers and in CRS centers of Chimaltenango and eventually Jalapa departments.

13. USAID should actively assist CARE in obtaining MOH agreement on new guidelines that give priority to and focus on the most vulnerable MCH beneficiaries and that permit wider coverage of vulnerable families. To this end, the Health Office could help obtain agreement of the MOH on the need for a Food Aid/Health Technical Committee to consider modifications in the MCH Guidelines that were last revised in May 1987.

14. The USAID Rural Development Office should work with CARE and CRS to link current and potential Food for Work activities to objectives of the Action Plan, including crop diversification among small farmers.

15. The Mission Human Resources Office should bring CARE, CRS and the Ministry of Health together and guide them in development of shared uniform standards for integrated MCH services, education materials, baseline data collection and related information systems.

16. The Mission should not consider further the possibility of a Title II School Feeding Project, since WFP already meets the likely goals of any such activity, and because the requirements of installing a new food distribution system would tax Mission management capacity unduly.

17. The Mission Director should discuss CARE's Urban Food for Work Project by appropriate discussion with the Mayor of Guatemala City and/or his staff and carry out needed improvements.

18. The USAID should do everything possible to expedite availability of ESF funds approved for use in the expansion of CARE's urban FFW activities to four more cities.

19. The USAID should promptly and quietly distribute all remaining Section 416 cheese and butteroil from warehouses to institutions presently served by CARE and CRS OCF components, avoiding any identification with SHARE and mentioning CARE or CRS only if they approve.

## CARE

### The MCH and OCF Projects

20. With prior agreement by MOH and USAID, CARE should prepare a proposal for USAID Health Office consideration that would increase the number of field supervisors (from 15 to 25-30) so that their responsibilities may be enlarged to include:

- a. The provision of technical assistance in targeting procedures and growth monitoring at Ministry of Health MCH distribution sites;
- b. Helping the Ministry take growth monitoring data from MCH sites for computerization at MOH headquarters; providing feedback analysis to centers;
- c. Linking up with channeling (outreach) efforts with TA in referring identified malnourished children to food programs, and in growth monitoring and reporting;
- d. Encouraging community organization efforts, building maximum participation of beneficiaries into MCH food distribution and growth monitoring programs.

21. CARE should identify for discussion with the Food Aid Officer those distribution sites which might be phased out due to overlap with other PVO food distributions or which have good development potential and are lower in priority than areas that should be, and can feasibly be, reached by CARE.

22. CARE plans for termination of MCH distribution should be accompanied by appropriate activities, such as the proposed village banks, expected to increase food production or income enough to maintain family food intake without donated food.

23. CARE and the Mission should work with the MOH to prevent any suspension of food distribution, such as that which occurred during the first two weeks of January in 1988, because of government-wide vacation policies.

24. CARE should identify selected institutions, now receiving commodities in the OCF component, with the most potential for replacing donated food from other sources in three years, and should then advise them that a three-year phasing out of commodities will begin in the next fiscal year. CARE should be advised not to take any new OCF programs (except those for children under five or malnourished that are on-site feeding and which cannot be handled by another PVO).

25. CARE should work with the MOH to change current guidelines on beneficiary contributions so that they may be increased.

#### The Urban Food for Work Project

26. At all sites where work has not yet begun, CARE should introduce non-formal education through community committees as part of the construction effort, emphasizing facility maintenance and health practices related to the construction.

27. CARE should encourage community groups and individual families to use part of the windfall income represented by Food for Work to initiate community or family savings.

28. CARE should advise all community committees about the free legal assistance being given to some by a local group of lawyers.

29. With the best-organized and most trusted community committees, CARE should test the management of food distribution in the community, having CARE social workers accompany committee members from the warehouse initially.

30. CARE should plan for systematic evaluation of community committees and activities after at least one year has elapsed since completion of all food-supported work at construction sites.

31. Whenever food-assisted construction has been completed successfully, CARE should help community committees and members decide what they propose to do next and then try to link them with necessary CARE and non-CARE resources.

32. To encourage community access to additional resources, CARE should increase efforts to coordinate with other donor agencies.

33. CARE should work with the Municipality toward agreement on more realistic goals, continuing to emphasize that completed construction and self-sustaining committees are more effective, developmentally and politically, than unfinished work and disillusioned poor people.

34. CARE should work with community committees to prevent FFW recipients from working at more than one site or in other programs.

#### The CARE-INAFOR-Peace Corps Agroforestry Project

35. CARE should coordinate with the USAID Rural Development Office to maximize integration of the Agroforestry Project with the Aid Mission's Agricultural Development Strategy.

36. CARE should seek USAID help for INAFOR, to improve the likelihood that the forestry agency can continue to meet Project commitments.

37. The Project should increase efforts to coordinate with other donors, to reduce differences in rations and work requirements among programs, and to reduce duplication of beneficiaries.

38. The Project should reassess economic viability of community nurseries and consider improving sustainability by broadening product lines or changing pricing policies.

#### CATHOLIC RELIEF SERVICES AND CARITAS

39. CRS and the national office of Caritas should seek agreement with the Archdiocese of Guatemala to divide service areas, so that present duplication and inefficient parallel systems can be eliminated.

40. CRS and the national office of Caritas should make no further food donations available to the Archdiocese until SHARE distributions to the Archdiocese have ended.

41. CRS should help the national Caritas office prepare a proposal, expanding the pilot Chimaltenango project, to request USAID support for a paid staff person in each participating diocese to link communities with Ministry of Health, DIGESA and other resources useful for improving development impact of food aid.

42. CRS should help Caritas bring diocesan Caritas representatives together at least once a year, to familiarize them with available resources, model projects, and other work-related information.

### The MCH Project

43. The CRS-Caritas MCH Project should, without modifying duration of distributions to lactating mothers, begin infant rations at four months and continue benefits through 30 months, providing food to children over 30 months only if malnourished.

44. CRS should seek additional support for non-recurring costs initial of staff and equipment that will make pilot testing of the Jalapa MCH Project more likely to demonstrate viability of the project hypothesis.

45. CRS should identify selected MCH distribution communities with good development potential and plan to end food aid within three years, accompanying phaseout plans with FFW and other activities likely to permit replacement of donated commodities and additional funds for development activity, as is being done in Chimaltenango and will be in Jalapa.

46. CRS and Caritas should, with community consent, increase recipient contributions in the MCH Project and help communities use the additional funds for development activity.

47. Caritas should encourage the dioceses to shift MCH distribution gradually to sites that lack access to MOH and other services. CRS should also work with the Food AID Officer who will be compiling lists of existing food distribution sites and preparing a site map, and will be consulting the PVOs for agreement on fair criteria to use in case of duplication.

48. In communities with access to MOH centers, Caritas should instruct diocesan representatives to check for duplicate participation by beneficiaries.

### Food for Work

49. CRS and Caritas should view Food for Work as a development tool, useful for helping MCH communities replace donated food by increasing farm production and income.

50. CRS and Caritas should coordinate with the Peace Corps to encourage use of the Peace Corps and AID small-projects funds for FFW and other activities in MCH communities.

51. CRS and Caritas should encourage development of revolving funds, appropriate pricing policies, and family savings from additional income among FFW beneficiaries.

## INTRODUCTION AND METHOD

This is the first evaluation in 17 years of the USAID/Guatemala (USAID) PL-480 Title II Program, which includes food distribution and related activities managed and implemented by CARE, Inc. (CARE) and Catholic Relief Services, Inc. (CRS). A Section 416 food distribution project operated by World SHARE, Inc. (SHARE) and the USAID's substantial PL-480 Title I commodity sales, also part of the food aid program, are discussed only in relation to the Title II Program. The evaluation's primary purpose was, first, to determine whether current Title II projects are achieving their stated goals of improving the health and nutrition status of mothers and pre-school children, and, second, how Title II projects can contribute more effectively to accomplishment of priority development goals described in the Mission's Action Plan. Among other goals, the evaluators were also to assess project benefits. The evaluation was also expected to guide future programming. The evaluation addresses these questions in the context of key economic, political, social and health-related conditions that prevail in Guatemala today.

Administered through IQC John Snow, Inc., the evaluation began with a planning visit from January 18-30 by team leader James M. Pines. In addition to scheduling the team's later site visits, refining methodology and identifying key issues, Pines reviewed documents and interviewed staff at U.S. PVO and counterpart agencies.

Pines, with team member Janet Lowenthal, continued field work from February 15 through March 5. Joyce King joined the team on February 28 and remained until March 12. The team members visited 70 distribution sites in 14 of Guatemala's 22 departments. Security considerations limited areas for field visits and scope of questions.

The evaluators conducted no formal surveys, but employed a "focus group" technique, using an INCAP manual, to generate information about program outcomes and impact. With help from local staff, the small groups of recipients addressed informally a common set of questions about food habits, effects of additional food, and perceptions of infant growth. The many languages spoken in Guatemala presented no problem. Local staff served as interpreters when required. The Ministry of Health reportedly lacks speakers of local languages at some sites, but CARE and CRS-Caritas programs are not handicapped by language problems.

Criteria affecting choice of sites to visit included: a) geographical distribution (highlands, coast); b) urban and rural; c) "good" and "bad" performance, based on PVO assessment (presence of growth monitoring, nutrition, education, etc.); and d) diocesan and other differences in administration.

Pines reviewed CARE and CRS Food for Work activities, Ms. King assumed primary responsibility for examining the CARE MCH project, and Ms. Lowenthal's work emphasized CRS MCH sites and implications of diocesan autonomy. The entire team shared in producing the Report's conclusions and recommendations.

Excellent cooperation by the USAID and from all agencies involved in Title II activities enabled the team to get a lot of information in a short period of time. Various USAID and agency representatives joined in site visits and in discussion of issues, but the team bears sole responsibility for the Report.

Dale Humphrey, a personal services contractor working on food aid in the USAID, provided indispensable planning and coordination services for the evaluation. The team acknowledges his many services with thanks.

## I. THE PROGRAM CONTEXT

### A. Economic Conditions and Trends

Guatemala has a total population of 8,414,000, with a per capita GNP of \$1,160, an annual per capita real GNP growth rate of 2% (from 1965-1984), and an annual rate of inflation of 9.4% (1973-84). Forty-two percent of the population lives in urban areas (up from 36% in 1970), and 57% of the country's labor force is in agriculture.

Guatemala's economy has been under severe stress from diverse sources during the 1980s. GNP grew faster during the 1970s. Political and economic conditions from 1980 through 1985 produced a decline in real incomes among the poor, a fall in per capita food production and availability, and a reduction in coverage and quality of health and other social services. It is difficult to quantify the economic impact of political events. Reliable data are not available.

Moreover, military conflicts in El Salvador and Nicaragua have disrupted the export of Guatemalan products, including clothing and other manufactured goods, throughout Central America, adding to unemployment and reducing foreign exchange earnings. As a result, the quetzal has been devalued, increasing Guatemala's debt burden and adding to economic pressures. Finally, widespread drought in 1986 and 1987 has aggravated recent economic difficulties.

Early in 1986, following the inauguration of the elected civilian President Cerezo, USAID joined the IMF to help the Government of Guatemala initiate structural adjustment policies intended to restore stability and economic growth. These policies include increasing tax revenues, encouraging non-traditional agricultural and other exports, and managing debt service on Guatemala's more than \$2,500,000,000 in foreign loans. Inflation, which peaked at an annual rate of 37% in April, 1986, has been reduced and real per capita government spending on health, which declined by 50% during 1980-85, has increased recently.

However, the structural adjustments that have produced this positive result have, at least temporarily, increased economic pressure on the country's already marginal poor. The adjustment process is far from over. For example, the Government-owned electric company is now seeking a 20% rate increase to help it meet the increased burden of foreign debt caused by decline of the quetzal.

These economic developments have occurred against a backdrop of highly skewed income distribution. The National Directorate of Statistics uses data showing that the bottom quartile of the population receives only 7 percent of total income, as shown in Table 1 on the following page.

Even these dismal figures underestimate poverty in the rural areas. The Mission economist emphasized that urban incomes average nine times as much as those of the rural population. Fragmentation of landholdings due to rapid population growth, and increases in the number of landless laborers, aggravate rural income differences. At the same time, although urban residents are clearly better off, increased unemployment due to recession and structural adjustment has worsened existing pockets of urban poverty. Much of the population does not speak Spanish and more than 20 other languages are spoken, mostly by indigenous residents in the highlands. This adds to cultural and economic isolation of the indigenous poor, though bilingual education is improving the situation.

### Health and Nutrition

Health and nutrition data illustrate the consequences of poverty in Guatemala. Infant mortality data averaging 67 deaths per 1000 live births in 1985 mask regional disparities that show desegregated rates exceeding 150 per 1,000 in some rural areas. As of 1986, average life expectancy at birth was 59.6 for males (up from 52.1 in 1970), and 63.4 for females (up from 55.7 in 1970). Here, too, estimates are much less favorable for rural indigenous populations. An estimated 52% of the total population, but only 16% of the rural population, has access to potable water. Forty percent of urban dwellers, and 17% of the rural population, have reasonable access to safe water supply. The population's breakdown by age shows 44.6% under 14 years old, 52.3% between 15 and 64 years of age, and 3.1% at age 65 or above.

Recent reports by the World Bank, INCAP and others indicate that health conditions, already among the worst in the Western Hemisphere, have been deteriorating for nearly a decade. The World Bank's January 1987 report on Guatemala: Economic Situation and Prospects describes the relation between falling incomes and declining health status since 1980: "...in 1980/81, before recession began, about 32 percent of families were in extreme poverty," unable to afford more than 60 percent of a minimum food budget. A similar number were classified as being in moderate poverty, also unable to afford enough food. The Report goes on to assert that "Worse, poverty has tended to increase over the past four to five years because of the drop in real per capita income". The Report adds that "The health situation may well have worsened since 1981 in correspondence with the overall economic decline and reduced public outlays in the sector" (p. 43- 45).

Table 8.6: Distribution of Poor Families by Income Deficit and Region, 1980-81

Region	Deficit in Minimum Food Basket (extreme poverty)										Deficit in Minimal Goods and Services Basket (extreme & moderate poverty)														
	Number as % of 100 Families of total or less		% of Extremely Poor Families by Deficit Range					More than 50%					Number as % of 100 Families of total or less		% of Poor Families by Deficit Range by					More than 50%					
			11-20%	21-30%	31-40%	41-50%	than 50%		11-20%	21-30%	31-40%	41-50%	than 50%		11-20%	21-30%	31-40%	41-50%	than 50%		11-20%	21-30%	31-40%	41-50%	than 50%
All Guatemala	422,237	32	18	17	19	16	15	15	840,883	63	8	12	14	16	14	14	36								
Central Urban	35,679	17	25	19	16	15	10	15	114,570	54	9	9	13	13	14	42									
Urban - Rest of Country	76,703	28	16	19	18	15	14	18	163,202	60	8	11	12	15	14	40									
Rural Areas	309,855	36	18	16	20	16	15	15	563,111	66	8	12	15	17	14	34									

SOURCE: The basic data were generated from SECEPRAM, General Directorate of Statistics, National Household Survey of Income and Expenditure, 1979-81. (Guatemala: 1983)  
 National Development Plan 1984-86, Global Plan Income Distribution (Guatemala 1983)  
 a/ Relative to total number of families (poor and non-poor) in a given region.  
 b/ Includes both extremely and moderately poor families.

## 1. Nutrition Levels and Trends

Though experts debate precisely what percentage of the population is malnourished, all recent surveys indicate that malnutrition is widespread, that well over half of all children under six suffer at least first degree malnutrition, that the problem is most severe among rural indigenous groups and children of landless laborers. Children under two are the group most vulnerable to malnutrition, If their nutrition can be improved, growth stunting among older children, due to chronic malnutrition, will diminish.

The Ministry of Health and UNICEF (State of the World's Children, 1985) report that 80% of pre-school children are chronically malnourished. Figures presented by other institutions are more conservative, but still very high.

The Central American Nutrition Institute (INCAP) completed a survey in 1987 showing, for example, that 57 percent of children under five were underweight and 84.3 percent exhibited growth stunting from chronic malnutrition. The Survey Report (p.23) adds that these figures exceed findings for comparable communities in a 1983 survey, suggesting deterioration of nutrition status in recent years. Although the 1987 survey, made to explore results of an AID-assisted agricultural diversification project (520-T-034/0255), was limited to 906 small-farm families in the highlands, other reports confirm Guatemala's serious malnutrition problems.

A broader 1986 national survey of maternal and child health and nutrition, also made by INCAP, included 18,691 families in 119 aldeas (small villages) from all 24 of the Ministry of Health's regional divisions. The most severe malnutrition was found among poor Indians in the more inaccessible highlands, though all regions had serious problems. El Quiche, Solola, Jalapa and San Marcos were the health regions with most malnutrition.

According to this 1986 survey, weight retardation of infants increased from birth to 17 months of age, peaking at 45 percent and then stabilizing (see Table 2, next page). INCAP suggests that this finding, with weight retardation defined as weight-for-age more than two standard deviations below the WHO reference standard mean, justifies classifying infants under 24 months as at highest nutritional risk and as the priority target group for health and nutrition programs (p.13). The survey also found that 56% of children under 36 months had no vaccination card, and 73% had never been involved in growth monitoring or related health services (even without considering the likelihood that many infants receive only part of their required immunizations, and that participation in health services may be sporadic and inadequate). Additional findings, that 20 percent of infants suffered from severe diarrhea during the 15 days preceding inquiry and 35 percent had respiratory infections during the same period, emphasize the interaction between malnutrition and infection.

Nutrition Status in Latin America and the Caribbean, a report prepared for AID by Sigma One Corporation in 1986, declares (p.iii) that "Guatemala exhibits nutrition problems of greater magnitude than those predicted by the country level socio-economic indicators." This probably reflects recent

Table 1  
CUADRO 30

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PORCENTAJE DE NIÑOS MENORES DE 36 MESES DE AMBOS SEXOS  
SEGUN CATEGORIA DE RETARDO EN PESO, POR EDAD

CATEGORIAS DE EDAD (MESES)	RETARDO EN PESO, EXPRESADO COMO CATEGORIAS EN PUNTAJE Z			
	< - 2.0	-1.99 a -1.0	-0.99 a 0.00	0.01 a 3.0
0 - 2	7.3	13.9	31.3	47.5
3 - 5	10.6	16.4	34.4	38.6
6 - 8	20.6	29.7	28.9	20.8
9 - 11	32.7	36.1	20.2	11.0
12 - 14	45.7	32.4	14.7	7.2
15 - 17	45.0	34.5	14.3	6.2
18 - 20	43.4	37.4	13.6	5.6
21 - 23	42.3	35.4	16.7	5.6
24 - 26	42.6	31.1	18.1	8.2
27 - 29	41.0	36.0	16.6	6.4
30 - 32	38.6	40.5	15.3	5.6
33 - 35	41.4	38.8	14.8	5.0
TOTAL	33.6	31.3	20.3	14.8

Sources: Encuesta Nacional Simpleada  
de Salud y Nutrición Materno Infantil  
[NCAIP - Guatemala City, August 1986  
Tables (no page number)]

stagnation of agriculture and deterioration of health services, superimposed on the highly skewed distribution of land and income. Taking constant food prices and continuation of income growth trends, Sigma One predicted malnutrition of more than forty percent for 1990, indicating that improvement in nutrition status will be very slow.

## 2. Causes of Malnutrition

At the household level, the primary cause of malnutrition in Guatemala is low purchasing power. The majority of Guatemalan families neither earn enough to buy an adequate diet or own enough land to grow enough food for themselves.

Poverty is compounded by inadequate health care, lack of potable water and sanitation facilities, and counterproductive household practices (cited repeatedly as "lack of education"). Hygiene and weaning practices are particularly critical. Large family size is another major contributing factor. The early onset of malnutrition suggests that early introduction of solid food should be a key message in any health or nutrition education efforts.

In addition, specific cultural factors dominate as causes of malnutrition in particular regions, so that more detailed investigation of agriculture and food habits should accompany attempts to increase nutrition impact of Title II.

## 3. The Ministry of Health (MOH)

The MOH is officially responsible for providing primary health care (PHC) to the entire population. The percentage of Guatemala's budget allocated to the health sector has actually decreased over the past 15 years, falling from 12.4% in 1970 to 7.7% in 1984 and increasing slightly to 8% in 1987. Within the MOH, a mere 0.5% was allocated in 1983 to maternal/child health services, while 83% went to the nation's 37 public health hospitals (in urban areas). Hospitals still take the lion's share (85% in 1987).

In operational terms, these low budgetary allocations mean health centers and health posts that are seriously understaffed and understocked, lack of supervision for rural personnel in particular, low pay and inadequate training throughout the system.

The MOH has made various efforts over the past 15 years to institutionalize a primary health care system. Most of these efforts have been inspired, financed and, in many cases, even implemented by outside donors, principally the Pan American Health Organization and AID. These programs emphasize immunization and ORT campaigns, with special outreach (channeling or canalization) efforts. In three departments, the MOH Nutrition Division is trying out a growth monitoring component in the channeling program. Frequent changes in the Ministry and among senior staff have damaged institutional continuity and further reduced MOH effectiveness.

The resulting turnover in MOH staff, programs and priorities has taken its toll on all concerned, including outside agencies offering assistance. Current plans of USAID and other donors to spend over \$20,000,000 on Child Survival through the Ministry offer some promise. However, a current bitter strike by health workers and heavy criticism of the present Minister make the future especially uncertain. Even with the best of intentions, realism and a sense of history it is suggested that it will be years before the Ministry of Health is able to implement a functioning primary health care system.

### C. The Food and Agriculture Context

#### 1. Local Food Production

Guatemala's food production has not been able to keep up with the country's 3.2% annual population growth. Maintaining current consumption as population increases would become more difficult if food goals more related to bringing food availability into better balance with nutritional needs of the poor were introduced.

The World Bank Report (p.22) shows corn production increasing by 3.5 percent during 1980-85. Production of beans, which had dropped more than 12 percent in the preceding five years, grew by 11.4 percent in 1980-85. Per capita calorie availability remained about equal to per person needs during the period, which meant that, because of the highly skewed distribution of income, availability for lower income groups was substantially less than their requirements. Since per capita income in 1985 was 18 percent below the 1980 level, it is clear that the Guatemalan poor have had increasing difficulty meeting their food needs since 1980. Under the most favorable assumptions, Guatemalan food production is unlikely to grow at more than four percent annually, leaving little possibility of significant improvement in access to food by poor people.

More than 75 percent of poor people's calorie intake comes from corn and beans, grown mostly on small farms often less than one hectare (about 2 1/2 acres) in size. Food production has varied inversely with output of traditional farm exports, causing skepticism, expressed in the Agricultural Development Strategy, about the Government's stated intention to increase both exports and food production at the same time. The Strategy's encouragement of production of non-traditional, fruits and vegetables for export, among small farmers previously limited to growing staples, may reduce per capita food availability as cropping patterns change.

## 2. Amounts and Sources of Donated Food

USAID planning documents show expected USAID and World Food Program (WFP) food aid for FY89-93 at:

Title I/III	Title II	WFP
\$135,948,000	\$24,870,000	\$32,926,000

This five-year projection indicates both the magnitude of food aid and the relatively small part represented by Title II. The WFP program went from 13,000 MT in 1986 to 47,178 in the following year. Sporadic but substantial donations from the European Economic Community (EEC) and member countries increased the food aid total, to 434,000 tons, as shown in Table 3 on the following page.

Though the Government has supported efforts to centralize and coordinate food planning, much remains to be done. The Caritas office of the Archdiocese of Guatemala City, for example, receives commodities from the Title II CRS program, the SHARE Section 416 project, a Swiss PVO called Enfants du Monde, and the EEC, while negotiating with other potential donors. Though the Archdiocese is unusually effective at seeking and using food, the example emphasizes the need for coordinated planning.

There is little assessment of the total impact of donated food on incentives of local producers. The Guatemala dairy industry complained of excessive cheese shipments, for example, and commodity storage facilities are reported to be scarce. Duplication of benefits to individual recipients and compatibility of services in food-related programs receive little attention. Different size rations in the same areas and overlap of distributions encourage cynicism among beneficiaries. The apparent unusually large sales of donated food in Guatemala City may reflect these deficiencies in coordination.

## 3. Guatemala's Agricultural Development And Nutrition Strategies

The Government of Guatemala gives high priority to domestic food security and plans for the country to be self-sufficient, defined in part as requiring no more food aid, by 1992. There is as yet little evidence that the admirable Guatemalan goal can be achieved.

Governmental cooperation with the Mission's agriculture and rural development strategies has been good, but the need to increase exports, as well as the sharp division between the subsistence and commercial sectors in Guatemalan agriculture, make increased food production difficult to attain. Assisting the small farmers, essential for expanding food production, requires major expansion and improvement of agricultural extension services, for example, will take many years.

The Government's agricultural strategy is accompanied by an effort to maintain food consumption of the poor through INDECA, the national agricultural marketing agency. INDECA stabilizes prices and availability of corn, beans and rice through buying and selling at appropriate times.

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FOOD AID BY DONOR\*

	MT
USA	67 532
CANADA	10 841
FINLAND	424
GERMANY	50
NETHERLANDS	2 323
ITALY	50
DENMARK	40
TOTAL . . . . .	81 206

\* Excluding Title I/Sugar Quota Programmes

FOOD AID BY AGENCY

	MT
CARE	26 251
CRS	6 107
WFP	17 178
SHARE --	2 837
AID Title I	260 600
AID Sugar Quota	89 355
TOTAL . . . . .	432 336

Commercial Imports = 348.123 MT  
(Cereal, pulses, and vegetable oil)

Source: INTERFAIS, period July 1986-December 1987.

During the evaluation visit, INDECA announced in the press that current supplies of the three basic staples are adequate and that the immediate future should present no serious price or availability problems.

INDECA does **not** constitute part of any Guatemalan nutrition policy. Its mandate is primarily economic. Despite years of effort by INCAP, Guatemala has no serious national nutrition strategy or set of coordinated policies. Indeed a widely-heralded innovation fortifying sugar with Vitamin A was implemented for several years and only recently temporarily suspended inexplicably. Even iodization of salt is also currently less effective than before.

The Ministry of Health's Operating Plan for 1987 describes an ambitious multi-sectoral nutrition program, to be implemented by the Ministry's Department of Food and Nutrition. The Department's budget is less than Q31,000 (\$12,400). Nevertheless, it is clear that there are people in the Ministry who understand the need for an integrated national approach to malnutrition and will be sympathetic to USAID and PVO efforts to help the Ministry improve the nutrition impact of food distribution and related activities. What is being done in the way of installing weight for height Tables (Nabarro) in the clinics and promoting growth monitoring is supported by CARE and other donors.

Guatemala has a national school feeding program, supported with WFP commodities, that primarily addresses educational goals. MOH programs pay lip service to addressing malnutrition, but are primarily curative. The fragmentation of primary health care services has diluted development of a sound nutrition strategy in the health sector, the keystone for a national multisectoral nutrition strategy. In the absence of a reasonably effective nutrition surveillance system, all other efforts to address malnutrition problems can only be partial and inadequate at best.

Guatemala's food strategy provides a useful requisite for an eventual nutrition strategy. Once total food availability comes more into balance with national nutrition needs, it will be possible to improve the relationship between consumption and nutrition status through interventions that redistribute available food and are accompanied by appropriate nutrition-related services.

#### 4. AID's Agricultural Development Strategy

The USAID Agricultural Development Strategy, in draft, gives priority to increasing non-traditional agricultural exports by Guatemala. The World Bank Economic Report makes the same recommendation. Both documents emphasize the recent declines in traditional exports such as sugar, cotton and coffee, and express concern at the failure of food production to keep up with population growth.

The Agricultural Development Strategy contemplates programming of \$80,000,000 in Title I funds and \$60,000,000 in ESF loans and grants during 1988-92, to achieve and maintain an agricultural GDP growth rate of four percent by

1990. While the substantial volume of Title I sales will help to meet Guatemala's aggregate food deficits, only Title II and Section 416 aid can be directed to the needs of specific poor target groups.

#### D. The USAID Context

The Title II program context also includes a USAID in the throes of rapid expansion, with total assistance to Guatemala in FY88 expected to be about 400 percent more than in FY84. Pressure on staff has increased greatly, which partly explains why the Mission has left Title II food distribution planning and implementation to CARE and CRS. Monitoring of the work of these two experienced PVO's has been left to the part-time efforts of a busy local-hire specialist in the Program Office. The PVOs have responded well before, during and since the 1976 earthquake, when Title II was three times the size of the present program. Management time for monitoring the combined "regular" Title II programs of the two PVOs, totalling about \$8,000,000, is less than what has been needed to guide introduction of a new \$400,000 Section 416 project operated by World SHARE, Inc.

Title II is small compared with the \$18,000,000 of Title I sales expected for FY88. During FY87, Sugar Quota commodities valued at \$12,600,000 were sold along with Title I food.

USAID has understandably been more concerned with effective use of Title I resources than with coordinating food aid or improving the well managed and modest Title II program. Nevertheless, increased concern for integrating food assistance with other development activities has led the Mission to begin reassessing the state and role of Title II. The Program Office has asked a personal services contractor (PSC) to develop a management plan that will assure more adequate consideration of Title II by technical offices.

This Title II evaluation is intended to raise awareness of Title II potential for accelerating development and improving impact of other Mission activities. Consultants reviewing the Agricultural Development Strategy identified many promising Food-for-Work alternatives for reinforcing high priority agricultural work. These alternatives and others can absorb more Title II commodities than can possibly be authorized for Guatemala.

#### E. Implications of Program Context for Title II and Mission Objectives

**Role of Food Aid:** Guatemala presents a classic context for the use of food aid to alleviate impact of structural adjustment on the poor. Under prevailing economic conditions, food aid can be an important tool for preserving economic momentum and protecting groups at risk.

**Nutritional Impact of Supplementary Feeding Programs:** Economic and health indicators emphasize that supplementary food alone is unlikely to improve health and nutrition status significantly. Increases in family food consumption, unaccompanied by changes in these other causal variables,

are unlikely to have much impact on infant malnutrition. Current Title II MCH projects therefore serve primarily as income supplementation and cannot be expected to significantly improve infant nutrition.

**Selection of Beneficiaries:** The Title II programs in Guatemala do not give any priority to infants under two. All under 5 or 6 year olds are eligible and few under one year old are monitored. If linked more effectively to the USAID's Child Survival Strategy, which emphasizes immunizations and oral rehydration therapy, the projects are likely to have far more nutrition impact.

**Reducing Infant Mortality:** The Ministry of Health acknowledges that primary health care reaches less than 35 percent of the population. Current Mission Child Survival activity seeks to increase this percentage, through channeling for example as an essential avenue for reducing infant mortality from 79.8/1000 live births in 1984 to 60.9/1000 by 1990. Given the constraints confronting the MOH, however, the improvements in primary health care necessary to lower infant mortality to this extent are likely to take far longer. MOH data show that infant mortality actually rose from 68.2 in 1986 to an estimated 69.7 during the first semester of 1987. In the meantime, PVOs are playing an important supporting and complementary role, extending the coverage of primary health and related services to families and communities not now reached in MOH Centers.

**Coordination Among Donors of Food:** Although the National Reconstruction Committee, with INCAP help, is currently exploring ways to coordinate donors and implementing agencies involved in provision and distribution of food aid, the present situation remains almost chaotic. Food distribution projects with different requirements and rations compete in the same areas. Parallel distribution networks exist with little effort by administrators to improve efficiency by combining them. Communication among donors and among implementers of food distribution remains very limited.

**Program Management.** It is no exaggeration to say that the USAID is at a crossroads regarding Title II. It can continue the current program that serves primarily to protect food intake of poor families, reprogram to emphasize development-related projects, or strike a desired balance between the two directions. Assuming that some Title II commodities will be addressed more directly to development, the many promising developmental alternatives for food distribution require more careful consideration of priorities and prospective project results.

Depending on the decisions taken about Title II directions, the Mission may be obliged to organize planning and monitoring of food assistance quite differently. The relationship between PVO sponsors and the Mission may change. USAID technical offices may be called on to take Title II far more seriously than at present. This evaluation provides a framework for identifying and resolving these and other critical issues affecting the future of Title II in Guatemala.

## II. THE PROJECTS

### A. MATERNAL/CHILD HEALTH AND OTHER CHILD FEEDING

#### 1. CARE

CARE has been working in Guatemala for 25 years, distributing Title II food through Ministry of Health Centers. Since 1963, CARE food distributions have continued without interruption even through the worst of the violence. No CARE vehicle was ever attacked or robbed. Since 1980 CARE has made special attempts to link food distributions with other MCH components. The first effort, SINAPS, surpassed its initial goals but was dissolved after two years due to financial and institutional problems. The second effort, at MOH initiative, was to extend the SINAPS concept into three highland departments. However, the program never got off the ground due to the government's financial difficulties. The present effort also seeks to use food distribution as a vehicle for helping the MOH improve its delivery of key MCH services, particularly; health and nutrition education; and health outreach with special attention to the major causes of infant mortality (diarrheal disease, severe malnutrition, lack of immunization, early weaning, etc.)

At present MCH personnel in 615 of the existing 1,094 health clinics in all 22 Departments of Guatemala receive and distribute CARE food to children under five years of age and to pregnant and lactating women. About 70% of MOH clinics are centros supposedly staffed by about 10 people, including a doctor, graduate nurse, several auxiliary nurses and a rural health technician (tecnico). However, many centers are not fully staffed. In some centers, traditional midwives, or comadronas are also integrated into MCH activities. The other health clinics are puestos (posts) and unidades (units), staffed by auxiliary nurses with six to nine months training. It is the auxiliary nurse who is most often in charge of the CARE feeding program whether in centers, posts, or units. In the Centers, other health staff, including doctors, registered nurses and health technicians, help with different aspects of the program.

For the MCH program, CARE distributed approximately 14,000 tons of Title II commodities last year, worth about \$7 million (including ocean freight). The Government of Guatemala covers the major share of administrative expenses incurred in the program, including internal transportation. CARE also contributes to administrative expenses, and AID has provided funds for program improvements through an Enhancement Grant. The program is further supported by contributions from mothers/families. The cost of the program last year is estimated at \$8.5 million for 286,000 women and preschool children, or nearly \$30 annual cost per beneficiary. Breakout of costs is shown in the Appendix. The food costs alone, it can be noted, come to \$2.35 per 10-pound ration (CCC plus ocean freight).

Some MCH families receive one ration, others, two or three. According to a sampling of CARE data compiled by the team, an average of 1.6 rations was received in each family. Each ration consists of 10 pounds of food as follows: 3 pounds of soy-fortified bulgur; 3 pounds cornmeal; 3 pounds of nonfat dry milk and 1 liter of oil. Nutrients provided in each ration

are 616 calories and 28 protein grams. The value of a ration was estimated by the PVOs at Q8.90 or about \$3.56. The market value of 1.6 rations in a family (\$5.70) is thus significant to a rural family. On the other hand, total calories daily from the foods, 616, or for 1.6 rations, 986, would make up less than 10% of food energy needs for an average household of 5.7 (Source: Health Office, USAID) or 6.0 (CARE data).

According to MCH admission criteria, many of the 286,000 are either malnourished or in "precarious economic situation". It is by no means certain, however, that the beneficiaries receiving food are the neediest or most malnourished Guatemalan vulnerable population. The Health Service reaches but 35% of the population and it seems likely that those totally outside the health system and in the most inaccessible areas may be among the neediest. Outreach efforts will undoubtedly bring many more of the reachable into the feeding program if, as discussed further on, the program can absorb them. Other agencies provide food outside the health system including CRS/CARITAS.

In 1986, CARE requested AID funds to undertake measures to improve management and quality of the MCH program. As stated in its proposal for a \$250,000 Enhancement Grant, which was approved in 1986, specific objectives (to be achieved by the end of FY 88) are; to target feeding programs to vulnerable populations in 650 health clinics; to assure that educational and outreach primary health care activities are occurring in 25% of them; and to have 90% of the centers meeting standards for sound management and guidelines for beneficiary selection. The means for attaining these objectives is a monitoring system manned by 15-17 supervisors whose work in turn is checked by four validators. The primary objectives of the monitoring system are to oversee food management, ascertain perception of the program on the part of clinic personnel and beneficiaries; adequacy of components; amount and use of beneficiary contribution, and the maintenance of records and facilities.

CARE experimented with the supervisors' schedules and has now developed a feasible plan for workload and intensity of visitation. The supervisors rotate among four CARE zones, visit 6-7 randomly-selected clinics per month, and five randomly selected beneficiary homes adjacent to the clinic. At least 60 clinics and 300 beneficiary home are visited each month. Thus clinics are visited more than once a year.

CARE developed two questionnaires to be filled out by the supervisors: 1) at the time of the clinic visit, to assess management procedures; 2) at the time of the visit to beneficiaries, to crosscheck information received at the clinic and to ascertain beneficiary perception of the program. CARE also has the supervisors prepare a qualitative report based on the center answers that is in fact a performance rating (essentially on food handling and management up to this time, though there is information being gathered about home visits, frequency and source of nutrition/health talks and whether health records are up to date). It was intended that the supervisors would also collect nutrition status data, and this is planned for the future. Thought had been given to weighing children in the beneficiary homes, for example. An obstacle has been occasional reticence on the part of health personnel to provide non-food information to the supervising staff.

MCH Guidelines were agreed between CARE and the MOH in May 1987 as to targeting and time in the program. Eligible are under five year old children and pregnant and lactating women, who "as determined by the health service are malnourished and in a precarious economic situation". ("Se consideran beneficiarios del programa: las mujeres embarazadas, en periodo de lactancia y a los niños de 0-5 años, que presenten déficit en su estado nutricional, identificados por el equipo de salud y que muestren una situación económica precaria.") Following pregnancy and lactation of the mother, the infant is to be enrolled at about one year of age at which time the mother is taken off the rolls.

Norms for MCH growth monitoring, according to the Nutrition Chief of the MOH (Sra. Hernandez) are that children are to be weighed and height taken every three months. Centers and posts have weighing instruments; units normally do not. Beyond the monitoring in the health clinics, the MOH is planning to include growth surveillance in its outreach program, and has begun a pilot effort to add growth monitoring to immunization and ORT components in the three Departments of Solola, Baja Verapaz and Zacapa. Community maps are being prepared by the health technicians and different colored cards made to identify under ones, 1-5s, pregnant women, and lactating women.

The mothers are normally asked to pay \$.10 per monthly ration (25 centavos); more than that is specifically prohibited under the Guidelines. The money is to be used only for direct program expenses: transport; repackaging; materials for education talks and demonstrations or other program improvement expenses.

CARE's Other Child Feeding Program (OCF) provides Title II food for beneficiaries aged 2-14 years in 123 institutions in about half of the Departments of Guatemala. Most of the projects are classified as nutritional centers or nutritional rehabilitation centers though, very often, this is but one program in a package covered by the sponsoring agency. The OCF program is highly varied; it included beneficiaries of the highest priority, children in serious malnutrition, and it includes others who are considered of much lower AID priority, such as older children in school. According to the list furnished by CARE, the 123 institutions include: 62 nutritional and nutrition rehabilitation centers; 10 snack programs (refaccion); 17 day care (jardines, comedores infantiles, guarderías) and the rest are "projects", Evangelical activities, hospitals and school feeding. Most of the program sponsors are church and community groups, such as the Christian Children's fund, the Lion's Club, Evangelical and other Churches.

OCF rations provided per individual are the same as those for MCH, 10 pounds per child, with a nutritional value of 616 calories and 28 protein grams. This might provide one half of the energy needs for a small child but less for the older children.

Costs for the highly diverse OCF program can be estimated only for the Title II food and CARE and GOG administrative and transport expenses, as follows:

USG Title II food, 2,380,000 lbs..	\$420,000	
Ocean freight @ 33 1/3%.....	140,000	
		\$560,000
CARE administration.....		3,150
GOG administration to CARE.....		28,753
Center, transport.....		16,887
Total.....		\$608,790

Not included are lodging and clothing costs where relevant, costs of staff, buildings and maintenance. The food, administration, and transport came to \$35.81 per beneficiary.

OCF logistics are handled in the same manner as for the MCH program except that inland transportation costs from CARE's warehouse in the capital to each feeding center are covered by the feeding centers themselves.

## 2. CATHOLIC RELIEF SERVICES/CARITAS.

CRS has been distributing PL-480 commodities since 1968 based on an agreement with the Government of Guatemala and with Caritas, the social arm of the Catholic Church. The agreement with the Government provides for duty free entry of food commodities and other relief supplies, exemption from port fees, handling and storage costs, and payment of inland transport from the port of entry to regional warehouses.

The program operates under the aegis of Caritas which has a national directorship headed by Monsignor Juan Gerardi, Auxiliar Bishop of the Archdiocese of Guatemala City, and 12 largely autonomous dioceses. The food distribution program operates in nine of these dioceses, which cover 19 of the nation's 22 departments. The program has 13 diocesan warehouses, from which food is sent to 376 distribution centers, mostly in rural areas (nearly half in the very poorest, highlands areas).

The MCH program serves 68,000 beneficiaries, and the OCF program has 3,600 recipients. CRS and Caritas distribute food received from other donors and are involved in other work. Food distribution is less than half the total activity of each.

Caritas allocates commodities to each diocese on the basis of need and logistical capacity to administer the program. The dioceses in turn make similar judgements in allocating annual allotments to individual distribution centers, each with an average of 187 beneficiaries. Each bishop appoints a Diocesan Director. Each diocese operates its own food distribution program through the parish network and the number of distribution points ranges from nine to fifty-four. These distribution centers are staffed by volunteers who often work under the supervision of religious personnel (usually lay persons known as catechists).

CRS/CARITAS programs have operated continuously during these years, but during the early 80's distributions were suspended at various sites, when the Army took over several regional warehouses. CRS and Caritas have a much improved relationship with the government now in office. They do encourage diocesan personnel to collaborate with government agencies at the local level, including DIGESA, MOH, and INAFOR.

The Archdiocese of Guatemala City has incorporated a separate Caritas office that operates a larger program than the National Caritas. The only diocesan Caritas with a legal identity separate from the national organization, Caritas/Archdiocese serves 330,000 beneficiaries at 750 sites. Communication and coordination between the National and Archdiocese Caritas offices are limited. Until Caritas/National becomes a stronger leader of Guatemala's Catholic welfare and development programs, CRS will be unable to turn full responsibility for Title II administration over to the National office. In the meantime, by helping Caritas/Nacional provide useful services to diocesan programs, CRS contributes to development of a coordinated national Catholic development effort.

CRS acknowledges that in the past its programs have been food distributions only. Up until a year and a half ago, there had been virtually no effort either to use food as a development tool, nor to assess nutritional other impact.

However, beginning with the current five-year planning cycle (1987-1991) the organization has taken major steps toward rethinking and redesigning its feeding programs.

Two enhanced feeding/child survival projects, Chimaltenango and Jalapa, have been designed, and the first has started. If New York approves the Jalapa project, CRS will be right on schedule, with its plans to expand at the rate of two projects a year. It is planned that seven more projects will be developed over the five year period, adapting and improving the designs as necessary to meet local needs and building on past experience.

CRS/Caritas' first new MCH project, in the very poor and largely indigenous department of Chimaltenango, will provide basic health and nutrition education to all 30 village-level maternal/child beneficiary groups in the department, with a total of 10,360 pregnant or nursing women and children under six. This effort will assist about eight beneficiary groups each year. An experienced bilingual rural health technician will give monthly presentations to each group at food distribution centers on basic health and nutrition education themes, as well as on key health care interventions including growth monitoring, immunization, and prevention and control of diarrheal disease. In a complementary phase, the project will link beneficiary groups with local development agencies, as part of the longer term process of identifying other resources to help the community meet its needs.

The second MCH pilot project, pending approval in the New York Office and scheduled to begin July 1988, is to be implemented in the department of Jalapa. 4,455 beneficiaries will receive food and basic health and nutrition information on how to reduce infant mortality. This project will also assist in mobilizing available resources to meet community needs. It

is planned to establish a diocesan well-child clinic (taking advantage of an unused parish clinic facility in good condition) as the focus for technical support for the training and supervision of rural health promoters, and subsequent child survival activities for program beneficiaries. At least one rural health promoter for each of the 31 Caritas food distribution centers in Jalapa will be trained during the two year funding period; ongoing supervision and follow-up training will also be provided on a permanent basis. In the meantime, the MCH Program conforms to the following characteristics:

**Selection of Beneficiaries:** Historically, beneficiaries have been selected on the basis of informal annual surveys made by volunteers from each distribution center. Economic rather than nutritional criteria are used, in an effort to identify the neediest families with preschool children or pregnant and nursing women.

Numerous site visits suggest that volunteers are effectively targeting poor members of their own communities, and requiring "graduation" from the program when the youngest child reaches six (or, in some cases, five). Although the demand for the donated commodities far exceeds the supply in every community visited, the criteria for participation are well-accepted.

However, although the participation criteria serve as adequate screening devices, in practice they bear little relation to nutritional goals. Diocesan personnel, volunteers, and beneficiaries themselves make no effort to hide the fact that the food is shared among all family members, with no attempt even to reserve more for those theoretically targeted by the program.

CRS proposes to emphasize, through nutrition education, the importance of targeting the food within the family. When possible, it also hopes to initiate on-site preparation and distribution to target beneficiaries. However, discussions with rural beneficiaries demonstrate the difficulties of each approach. Virtually all mothers interviewed rejected the idea of withholding food from older children. Lack of central food preparation facilities, long distances between homes, and lack of time were cited as obstacles to daily, on-site feeding schemes.

**Ration Composition:** The ration composition for the MCH program includes:

<u>Recipient Category</u>	<u>Product</u>	<u>Monthly Ration per Person</u>
Children under six	Nonfat Dry Milk	2 Pounds
	Bulgur Wheat	1 Pound
	Vegetable Oil	1 Pound
	Yellow Corn	2 Pounds
	Wheat Flour	1 Pound
		-----
		Total 7 Pounds

(Pregnant women and lactating mothers receive the same ration plus two extra pounds each of milk and corn.)

The ration's size and composition is based on an analysis of data on Guatemalan diets, conducted by an INCAP nutritionist contracted by CRS for this purpose. This ration is designed to provide participating children with 459 calories, and 16.9 grams of protein daily; and to give lactating and pregnant women 674 calories, and 30.5 grams of protein. This ration package has an estimated local market value of 6.70 quetzales. Combined with the estimated regular caloric intake of beneficiaries, it comes close to meeting the daily calorie and protein levels recommended by INCAP for Central America.

**Other Child Feeding:** The CRS and Caritas Title II Program also includes a small Other Child Feeding component that provides commodity budget support for 56 institutions in eleven dioceses. The commodities become part of the total food budget of the institution, though each receives a stated number of rations. The component includes food for 3600 beneficiaries.

Field observation disclosed that the institutions served provide substantial benefits to poor children. Day care centers, orphanages and schools, for example, often include useful education and health services. The institutions pick up the commodities at local warehouses at their own expense. The PVO involvement with each institution includes no complementary activities and is limited to occasional monitoring of the food.

Most of the institutions depend on Title II for 25-50% of their food budgets and have been doing so for years. Some receive contributions from local and international sources that, if increased, could be used to replace Title II commodities. If USAID decides to reduce OCF support, it is important that phasing down begin with the places that are most able to replace Title II commodities. In any case, beneficiary agencies will need a year's notice of any reduction and at least three years to seek new resources.

The OCF component plays an important developmental role by assisting education, health and female employment. It should not be dismissed lightly, though reasonable efforts to phase out the better financed institutions and replace them with needier ones would contribute more to building Guatemala's private social services network.

**Logistics:** The CRS Plan of Operations spells out in detail the logistical arrangements for moving the food from the port to the 13 diocesan warehouses (bodegas), at government expense. From there, individual Caritas Nutrition Committees pick up their food supplies each month, using their own transportation paid for by beneficiary contributions.

To date, this system has proven satisfactory. Most of the regional bodegas were built after the 1976 earthquake, and are spacious, clean and orderly; food is properly stacked on wooden pallets. At local centers, the food is usually picked up in the morning and distributed the same afternoon, so storage facilities need be no more than minimal. Spoilage and delays do occur on rare occasions. Basically, however, the system works

well, thanks to careful management and oversight on the part of both CRS and CARITAS, and to the seriousness with which local Committee members take their responsibilities.

The major bottleneck, delays of up to nine months in bringing commodities from port to regional warehouses, was due to Government delays in paying the transport companies. This has now been largely overcome by the establishment of a CRS/CARITAS revolving fund of \$55,000, which permits a partial advance payment to the transport company and enables it to wait for the usually late Government funds.

**Monitoring:** Program monitoring is carried out by both CRS and Caritas staff, according to the arrangements explicitly laid out in the Action Plan (pps. 24-25). These arrangements, involving Caritas Nacional, truck drivers, diocesan officials, warehouse managers, local Caritas Nutrition Committees and the beneficiaries themselves, appear to work smoothly. In addition to formal documentation, CRS and Caritas both have field staff who independently visit the port, take physical inventories at warehouses, and perform end-use checks at distribution centers.

**Costs:** In addition to the PL-480 commodities valued at \$696,528, with ocean freight estimated at \$233,374, the MCH/OCF programs receive \$208,500 annually from CARITAS (of which \$58,800 comes from beneficiary contributions) for administrative and warehouse support. Total costs for the entire MCH/OCF program come to about \$400,000 annually.

**Complementary Activities:** The range of activities to complement food distribution at individual sites depends primarily on the interests, capabilities and external resources within each diocese. In Jalapa, the incoming bishop is anxious to mobilize diocesan resources to facilitate integration of MCH services with food distribution. In Quetzaltenango, on the other hand, the local bishop turned down this same approach because that diocese already has primary health care activities underway, independent of food distribution.

In many cases, complementary activities reflect efforts at the community rather than the diocesan level. Well-intentioned but fairly primitive growth-monitoring efforts have recently been initiated at a few sites in Jalapa. Health promoters or resident PVO workers give sporadic chats ("platicas") or demonstrations in food preparation at many sites, but seldom in a systematic way. In any case, beneficiaries at many remote CRS sites have such limited access to water, land, sanitary and medical facilities, much less money or time, that they are hard put to implement anything they may have learned.

In better-off dioceses, food distribution sometimes leverages private funds for complementary activities. At a day-care center in Quetzaltenango, for example, Title II commodities accounting for approximately 50% of the total food budget enabled community volunteers to raise the rest of the center's budget from private sources. Also in Quetzaltenango, food is distributed in a clinic run by German Benedictine nuns. The food substantially increases the clinic's coverage, while the nuns obtain funds and supplies for MCH services from sources in Germany.

A group encountered in San Marcos deserves special mention. While visiting this FFW site to see a community tree nursery prepared by 11 males, the evaluators were met by a group of more than fifty women, who invited them to view a classroom that they had built, as well as two of several family gardens maintained by individual members. Conversation disclosed that they were MCH beneficiaries, who had been helped to form a club and pursue independent activities by a group of nuns.

These cases illustrate the potential for turning CRS-Caritas MCH projects into broader and more developmental efforts. Although few groups can be given the 12 years of attention already provided by the nuns in the last example, there are clearly many possibilities available for linking current MCH mothers with volunteer or other assistance to develop groups oriented to educational and self-help activities of many kinds.

The pilot projects in Chimaltenango and planned for Jalapa are designed to become permanent. Initial, start-up costs will be covered by CRS/New York, but then, through instituting a nominal increase in monthly beneficiary contributions, CRS foresees that these, as well as all other designs to be developed over the five year planning cycle, will become financially self-sustaining by the conclusion of the funding period.

While the overall goal of these two MCH projects is the same, the project designs vary in order to accommodate differing local resource bases, the needs of the respective target populations, and socio-cultural idiosyncrasies in the two departments; CRS will develop the additional seven designs in the same manner.

CRS foresees that the project goals are not only the provision of health and nutrition education for beneficiary women but also the implementation of key health care interventions with beneficiary groups--specifically, growth monitoring, coordination of immunization efforts with the MOH, and the provision of ORT packets to complement the diarrheal disease control education component. The specific education messages and interventions have been selected based on a study of epidemiological data; their actual presentation will be adapted as necessary to best address local needs and conditions and be translated into local languages as appropriate. (Carnet (health cards), too, will be printed in the local language). In addition, in all cases, emphasis will be placed on seeking to build up strong working relationships between the beneficiary groups and local (government or non-government) development agencies, in an effort to provide a permanent mechanism for increased local self-sufficiency (e.g., increase local food production in coordination with DIGESA which will in turn, help lessen dependency on donated food resources). Until local food production does increase, the program will depend on donated food.

CRS also intends to continue designing projects in a way that will ensure permanent follow-up (supervision, follow-up training, etc.) through monthly meetings between the local Caritas beneficiary group committee members, and project and diocesan personnel, even after the one year education intervention program has been carried out with each respective beneficiary group. In Jalapa, health promoters trained under the project will also attend monthly supervisory/in-service training sessions with the

project's medical staff on a permanent basis. Also in the design is continuous monitoring/evaluation of immunization, growth monitoring and diarrheal disease control efforts. Program staff will analyze the results and review them with representatives from the beneficiary groups at the monthly meetings. Thus, problems can be identified and additional support and training be provided as needed on a permanent basis even for "graduate" groups.

It is very desirable that these efforts lead to more. Most of the AID Mission's projects aimed at reducing infant mortality depend on the MOH's infrastructure for delivering child survival interventions. The CRS/Caritas network can provide a supplementary channel for delivering services to populations that in many locations are well beyond the reach of the MOH. The network also helps to extend the reach of MOH facilities to nearer Caritas sites by collaborating with MOH staff.

**Program Impacts:** It is extremely difficult to determine the program's impact in nutritional or health-related terms, given the absence of any baseline data, the sporadic nature of growth monitoring efforts, and the acknowledged dilution of nutritional benefits within the family. The most that can be concluded is that the food is providing basic budgetary support to needy families, and that supplementary feeding is presently unlikely to achieve more than that, in view of the highly unfavorable health, educational and economic context in which the program operates.

The program's implications for self-government and participatory community development also deserve attention. At all food distribution sites, the local community selects a Caritas Nutrition Committee to handle local transportation, distribution, and collection of contributions for the food. Committee members hold office for about a year, and take this role extremely seriously. Some Committees are all male, allegedly because members lift the heavy bags of commodities. The evaluators spoke with several all-female Committees as well, a break with tradition that the members noted with pride. By fostering community cooperation, enhanced participation of women, and local leadership, the Caritas Nutrition Committees offer a base on which to build more far-reaching development programs. This contrasts sharply with the MOH posts and centers, where overburdened staff have had little time to encourage community organization and participation.

## B. Food For Work

### 1. The CARE Urban Project

When the USAID made Q7,000,0000 available to the Municipality of Guatemala for an emergency public works program early in 1986, there was no stated intent to develop a permanent community-based system for continued urban development. When the Mission invited CARE to propose an innovative project for using about 4,000 metric tons of Title II commodities, there was also no preconceived intent. Nevertheless, CARE and the Municipality have collaborated in the planning and execution of an outstanding activity, supported by Food for Work, with important physical and institutional consequences for many poor neighborhoods (barrios) of Guatemala City. Though new, and still with some serious problems that require attention, the Project has already generated requests for similar activity from four other municipalities. The project's organizational structure is shown in Diagram 1 on the next page.

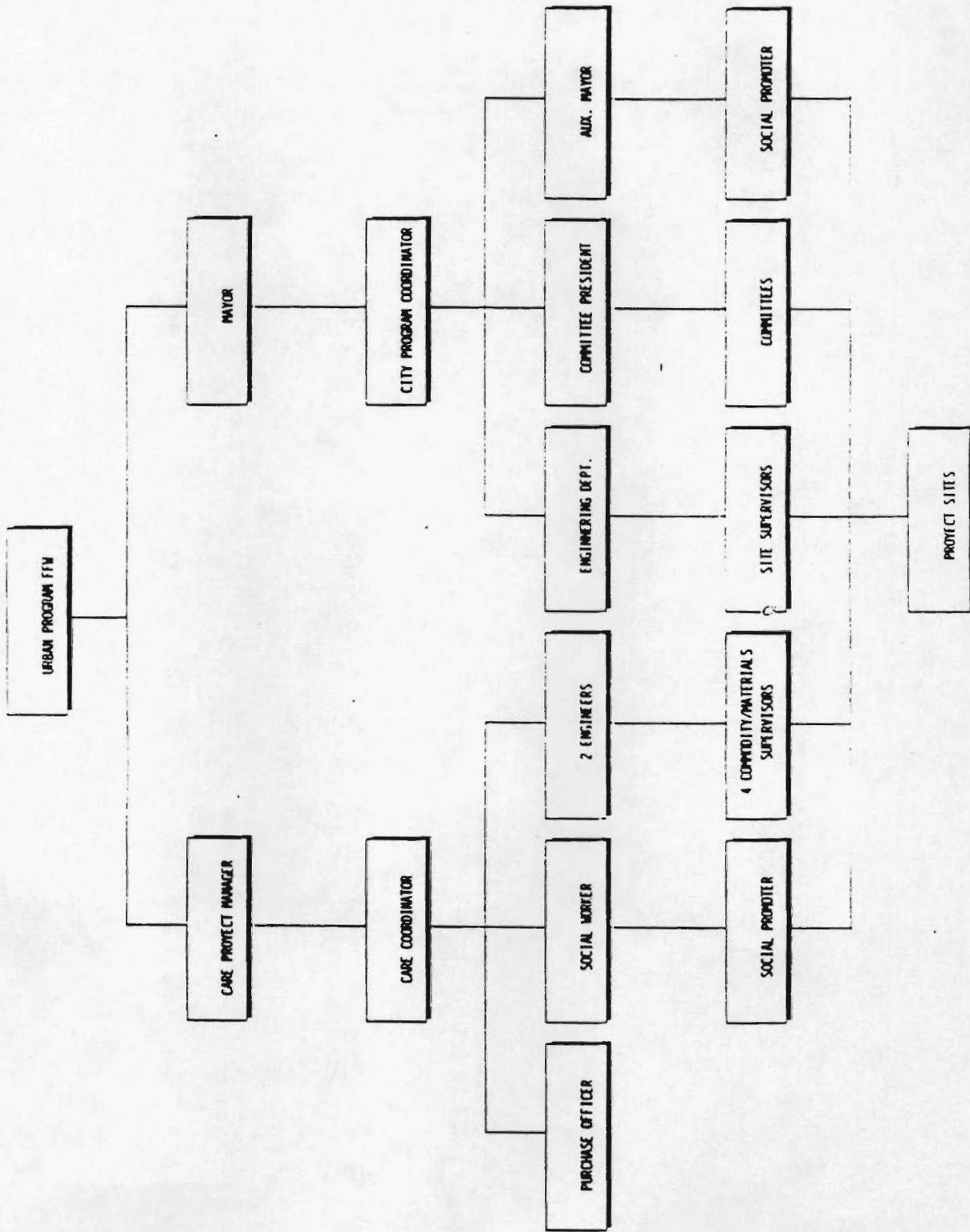
CARE and the Municipality's Food for Work Office proposed to use food as an incentive for work on roads, sidewalks, drainage and related construction in 55 communities during an initial 18-month period. Although intended primarily to provide work for the more than 150,000 unemployed workers in the capital, the Project included several innovative features that have proven especially effective. Unlike many urban FFW projects, which typically provide food to poor people for sweeping the streets and other routine tasks with little permanent consequence, the Municipality proposed major construction work responding to long-standing requests of participating communities. A backlog of designs and plans, though less extensive than represented initially, allowed rapid initiation of the work.

Because proposed construction responded to community needs, it was possible to treat the food as incentive, calling it a "collaboration" instead of regular wages. CARE and the Municipality agreed to work through community committees who would mobilize workers and play other important roles in getting the work done. This community development method eliminated the "straw boss" approach often found in more impersonal urban FFW projects and created the possibility of institutionalizing community committees as a more permanent feature of the barrios. Many neighborhoods already had committees, but few had completed work as complex as that proposed by the Project.

Project managers made clear to the committees that continued community development activity might not be supported with donated food or municipal resources. Using baseline information collected by municipal social workers, which showed community groups with various levels of organization and effectiveness, Project staff continued community organization work. They emphasized self-help and the need for community committees both to continue maintaining completed structures and to initiate other development activities. The desire to alleviate unemployment and complete construction projects led to some premature starting of work, before some communities had been adequately "prepared." Managers now acknowledge that more careful consideration of community readiness produces better results.

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Diagram 1  
URBAN PROGRAM FOOD FOR WORK  
CARE GUATEMALA



Projects in four communities had to be terminated for "lack of community organization" and "lack of interest in continuing." Only one construction project has completed all phases, though 17 others are proceeding satisfactorily and 22 others are in various pre-construction phases.

Despite the clear failure to achieve the ambitious and unrealistic goal of working in 55 communities within 18 months, the Urban FFW Project is nevertheless an impressive achievement compared to most others anything like it. Urban Food for Work involves difficult problems and this Project has addressed many of them successfully.

Most of the construction activities include three or four phases, such as drainage systems, retaining walls, communal water tanks and garbage disposal areas. The completed work may have a fair market value of more than \$100,000, without considering the added value of improved sanitary conditions, earthquake protection and conservation.

The Project has experimented to develop more effective techniques for using commodities. It soon became clear, for example, that introducing food too soon encouraged reliance on it, rather than on the perceived value of the construction project, as the inducement for work. While managers recognize that, for many people, the commodities received provide welcome economic support, they continue to emphasize that the food is not a wage payment. Few beneficiaries rely on food distribution as their sole source of income, which reduces the temptation to sell commodities and encourages the idea of temporary incentive.

After some unhappy experiences providing food to workers for just showing up for work, the Project has shifted to a productivity-based compensation system. Though it required much more task analysis, estimation of worker productivity and record keeping, this innovative approach has professionalized Food for Work in a way rarely found in other Title II projects. Workers know that six hours of reasonably hard work will yield a food package, including 3.75 pounds of corn, 1.89 pounds of beans, and 6 pounds of rice, worth about five quetzales (US\$2), the legal minimum wage for unskilled labor. Those who work harder or are more skilled may earn more, but committee concern to balance equity and efficiency spreads the work and prevents excessive compensation for a small minority. Limiting families to one worker per day evens out benefits and also keeps family food compensation low enough to discourage selling. The project administrator estimates that the typical family augments income by \$39 to \$58 per month.

Project staff send a list of the community's workers and their output, prepared by the committee, to a central warehouse every month. Warehouse workers, employed by CARE, prepare individual packages based on the records. Food is not distributed at job sites. Workers go to the warehouse to pick it up, usually losing half a day of work time to do so. This rather cumbersome and costly distribution method may have been worth the extra cost initially, because it eliminated many problems associated with on-site distribution in other FFW projects. Now that many of the

committees are more experienced and have won the confidence of their constituents, delegating food distribution to the committees may be a useful step for improving efficiency and building community organization.

Community committees store and control equipment, tools and materials owned by the Municipality. CARE reports that shortages and misappropriation occur often enough to make community administration of food distribution still a risk in some areas. Nevertheless, food distribution needs continued attention, to (e.g.) reduce time and cost of packaging as well as to encourage eventual assumption of more responsibility by the committees. Until community members have more confidence in the integrity of their committees, it is difficult to imagine currently proposed small-business revolving fund projects doing well.

CARE and the Municipality collaborate well at job sites, but are having great difficulty in project administration and in negotiating a new agreement to replace the original one that expires in April. The PVO manages all food and the city controls all tools, materials and equipment. CARE staff includes a part-time expatriate coordinator and five nationals. CARE's two engineers, two social workers and warehouse manager work closely with Municipality staff. Constant shifting of municipal employees to other jobs has reduced effectiveness by preventing development of an experienced core group for the Project.

Articulate spokesmen for the community-oriented approach direct the Municipality's FFW office. The Office sometimes rushes construction before sufficient design and community organization have been done, but CARE assistance provides quality control that increases effectiveness. The shared approach of the two agencies helps them work out many technical and administrative problems without rancor, but others remain.

CARE complains that (e.g.) Municipality staff promise to start new construction before enough initial work has been done, sometimes favor communities that are not really poor, and go on to new work before current work is finished. Interviews at Project sites confirmed that the Municipality's performance is ragged at best. At two sites, committee motivation had flagged because the Municipality had been promising for months that construction would begin "next week."

While some of CARE's problems with the "Muni" are typical of relationships between an architect or construction superintendent and the general contractor, others are more serious. Unless CARE, with USAID help, can persuade municipal officials that good work and kept promises are better politics than what has been going on so far, the Project may not hold together. That would be too bad, because it is bringing to the urban poor, for the first time, a fair share in municipal services and public works. The situation is still promising enough to make renewal of the Project a high priority for the Mission. Current negotiation of a renewal agreement has been difficult. However, as a "sign of good will" the Municipality has offered to establish a revolving fund that would reduce delays in supplying materials, and there are other promising signs.

CARE received Q400,000 from GOG funds derived from an ESF grant given to the Municipality, for transport and administrative costs. An additional \$85,000 was provided by monetizing 700 MT of rice. Project costs also include Q5,000,000 to be spent by the Municipality for materials and equipment.

By the end of the first phase in April, 1988, The Project will have distributed 3,600.5 metric tons of commodities, worth \$1,007,100. The commodities include rice, yellow corn and beans. CARE states that these commodities reflect what was available rather than any preferred combination. For example, Guatemalans prefer white to yellow corn and Project beneficiaries admitted to occasional sale of the Title II corn to buy what they like better. There is no evidence of major abuses and the committees, supported by CARE vigilance, identify and resolve problems quickly.

**Future of the Project:** Some questions raised in the scope of work for this evaluation are premature. It is too early, for example, to judge whether the community committees will survive and go on to new accomplishments. The current status of many is sufficiently impressive to make reevaluation, a year after a construction activity ends, a high priority. CARE and the Municipality will then be better able to assess possible deficiencies in their community development efforts.

It is also premature to raise questions about scope and impact of education activities included in the project. Project and community workers have had their hands full administering construction and food. The original goal of 55 projects was overly ambitious and reflected lack of experience with the problems that have emerged. CARE should now assist in development of community-based education linked directly to specific completed construction. The committees are an appropriate vehicle for educating community members in how to improve maintenance and effectiveness of their projects by, for example, instituting garbage disposal practices suited to new drainage systems. There is no need for classes or "charlas" (chats) about health. The Project is an outstanding opportunity to illustrate the potential of non-formal education as a community development tool. As new construction begins, it would be far better to integrate the education activities with the work, instead of waiting. It is harder to bring people together after food distribution ends, and the food provides a convenient initial incentive for attendance at the first educational events.

It is puzzling that the USAID approved a Section 416 SHARE FFW project with the Municipality before the CARE activities were under control. The Municipality still has difficulty meeting deadlines for (e.g.) designs and equipment on site. The SHARE project employs a different and perhaps equally valid approach, the work being undertaken is useful, and SHARE execution has improved steadily. Nevertheless, SHARE's entry on the scene has certainly detracted from municipal performance in the CARE project and has encouraged invidious comparisons. There is plenty of room for SHARE Title II activity in Guatemala, but not with the municipal FFW office while CARE is still there.

Conversations with committee members revealed considerable uncertainty about what they will do after completion of initial construction projects. Many clearly offer an outstanding vehicle for continued development activity. Nevertheless, before CARE or anyone else works with them on other projects, it is important to reassess community needs, motivations, and committee capability. Any new project is likely to require an initial community organization and development effort that is only slightly less than what has been necessary in the Urban FFW Project.

#### Monitoring and Reporting

CARE monitoring and reporting on the urban project are outstanding. The progress of each construction activity, and the relation of food remaining for distribution in it, are followed closely. Organization of work each day and recording of attendance and output are orderly. Tasks are assigned and performed professionally. Engineers provide technical supervision of execution for works of considerable sophistication and value. If financially strained municipalities are ever going to provide useful services to their poor people, this urban model is one of the best ways to do it.

#### Some Concerns

As in any positive evaluation, some cautions are appropriate. For example, CARE and the Municipality acknowledge that the poorest neighborhoods are rarely suitable for community-assisted construction. Land tenure is uncertain, recent immigrants often view their situation as temporary, and other obstacles intrude.

A visit to a construction site known as Betania illustrated what can go wrong. A beleaguered committee president, now working almost alone, described sadly how initial mobilization of 300 workers had dwindled to the point where completion of the water system was now in doubt. More important than this unfortunate outcome, however, is the fact that CARE and the Municipality are now working effectively to salvage the situation and learn from it. Other site visits exhibited far more positive outcomes. Conversations with the Committee Presidents at Landivar and Plaza de Toros, for example, could be presented at workshops to illustrate the best of what community development can produce.

#### Project Impact

It is possible that, if the Municipality could afford it, private or municipal crews could build the public works being done by the Project at lower cost. Any cost difference would be modest, because presence of donated community labor on the jobs offsets some of the inefficiency that may result from inexperience of local workers. Though difficult to quantify, other economies from the community-based approach suggest that the Municipality has found a more efficient alternative than contract construction or conventional public works approaches. As a result, many public works will be built that might never have been undertaken, had the Municipality been obliged to rely solely on public funds.

Interviews with community committee members and workers revealed a sense of ownership in relation to completed construction that is rare in most public works. There is good probability, though never certainty, that maintenance and use of completed facilities will be better than usual. Communities will have more realistic expectations of what can be obtained from the Municipality. The use of donated food, whatever the market value, is cheaper for the Municipality than meeting payrolls.

The CARE-Municipality Urban FFW Project merits as much support as the USAID can provide. It is still an experiment and a very promising one. Expansion to four more cities, now being planned, is desirable, though the new counterparts are likely to be less competent technically than in the capital. The Guatemala City project works well partly because commodities and money were provided together. It is essential that any expansion receive the same advantage. Immediate availability of the ESF local currency approved for the new urban project is vital. Although the GOG funds made available through the ESF have been allocated, it is not yet clear if they will be available in time to support food aid.

The Mission's priority goal of strengthening democratic institutions is well served by the Urban FFW Project. Despite the problems, communities are learning that, through democratic organization, they can successfully seek their rights from Government, and the Municipality may yet learn that the best way to stay in office is to respond honestly and efficiently to the reasonable requests of the communities. Both are also learning to resolve reasonable differences and misunderstanding by mature discussion. There is a long way to go, but the Urban Project is helping to move Guatemala City toward an effective democratic model.

## 2. The CARE Rural Food for Work Project (CARE/INAFOR/Peace Corps FFW)

A recent case study of the CARE/INAFOR/Peace Corps Project (We Did This Ourselves, by Nations, Burwell and Burniske), submitted to Peace Corps in December, 1987 describes technical aspects of the Project in impressive detail. The report also makes a convincing case that collaboration among the three participating agencies has been the key to Project success. A balanced discussion of the role of Food for Work (pp.8-17) emphasizes that the use of food has been an important, though not indispensable, factor in encouraging the work and innovation by small farmers that has increased their yields and protected their land through sound conservation practices. The Project, also known as the CARE Agroforestry Project, illustrates well the advantages of "inserting" food into a technical project, instead of starting with a "Title II project" and adding technical resources.

Site visits during this Title II evaluation largely confirmed the conclusions of the exhaustive report to the Peace Corps. Borrowing heavily from that report, the evaluation builds on the discussion of Food for Work and identifies generalizations useful for other Title II programming in Guatemala.

The Program currently operates in 13 departments, with 10,661 active farmers from 393 communities. There are 193 agroforestry committees and 250 tree nurseries producing more than 3.5 million trees annually. Since

1974, food has been used as an incentive to encourage subsistence farmers to initiate soil conservation and reforestation practices on their own land and on lands managed by their communities. Table 4 on the following page shows the volume of commodities and estimated number of beneficiaries since 1978. The low 1984 figure reflects a shifting of activities from highlands to coast when political violence made work impossible in many areas. The near doubling from 1986 to 1987 followed a severe drought in most participating departments.

#### Ration Size and Composition

The daily ration for a work day includes;

corn-2 pounds
rice-2 pounds
wheat flour-2 pounds
red beans-1 pound
soy oil - .25 pound
<hr/>
7.25 pounds

Bulgur wheat and corn meal, used early in the program, were dropped because recipients failed to use them. Project teams, including representatives from the participating agencies and the local resident community promoter, decide when and how the food incentive will be used, subject to broad general guidelines. Workers may be compensated according to tasks completed or hours worked. INAFOR, the national forestry agency, brings commodities from the CARE warehouse in the capital to sites, where daily, weekly or monthly distributions are made. Peace Corps volunteers, beside providing technical assistance in forestry, work with INAFOR project coordinators to manage food distribution, though local promoters are becoming more involved. The Volunteer's involvement with food falls within Peace Corps guidelines and the agency considers the project assignments to be very appropriate work for Volunteers.

Although the food allotments sometimes resemble wages, the Project makes clear to beneficiaries that food is a temporary incentive furnished to help them cover family needs while trying out new practices that will protect the soil and increase yields. This "working capital" approach applies primarily to the poorest farmers, for whom the time spent (e.g.) building terraces or planting trees means losing a day's pay for agricultural labor, or diminished food crop cultivation on their own land. Project staff emphasize that the need for food incentive is greatest among the poorest farmers. For others, also poor but a little better off, the incentive provides added inducement to innovate. At sites where motivation is stronger and value of the innovation is accepted more widely, Food for Work is not necessary and the Project omits it.

Despite formal reference to a standard daily ration, flexibility in food distribution characterizes the Project. When and where food will be used, how much will be given, and to whom, vary widely and Project staff typically answered questions with "It depends on the situation." Further inquiry elicited an unusual and very creative approach that makes commodities truly a flexible tool for enhancing development impact. Staff

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Table 4

FOOD DISTRIBUTION

<u>FISCAL YEAR</u> (July - June)	<u>QUANTITY</u> (lbs.)	<u>BENEFICIARIES</u> (#)
1978	427,000	11,404
1979	688,000	11,986
1980	691,000	13,820
1981	929,000	18,580
1982	1,008,000	20,160
1983	518,000	10,360
1984	149,000	2,980
1985	948,000	18,960
1986	856,000	17,120
1987	1,659,000	11,060
<b>TOTAL</b>	<b>7,873,000</b>	<b>136,430</b>

Note: The number of FFW Beneficiaries is calculated at an average of 50 lbs. per worker. This figure was determined from the records where the number of beneficiaries was available.

PRODUCTS UTILIZED

- |                      |                             |
|----------------------|-----------------------------|
| White Flour          | * WSDM (Whey Soy Drink Mix) |
| Soybean Oil          | * Pinto Beans               |
| Bulgur               | Red Kidney Beans            |
| CSM (Corn-Soya Milk) | Rice                        |
| * Sorghum            | Corn                        |

\* = minor quantities, under 20,000 lbs. Total.

often proceed without using food, but just as often employ it to help achieve specific goals. They recognize, for example, that food for work is more likely to be needed when (e.g.) workers are landless or otherwise very poor, benefits are indirect or longer term, or risks to the farmer are high. Food is used to pay caretakers of community nurseries temporarily, with the intention of stopping it when revenues from a nursery can cover the payment. Many nurseries appear to be too small for unsubsidized sustainability, but the Project minimizes dependence on the commodities.

The CARE Project Coordinator presents a well-articulated plan for phasing out use of food at specific sites. She also described a useful division of communities among a) communal producers currently operating self-sustaining agroforestry enterprise, b) development groups, with good potential for achieving family self-sufficiency at a higher income level, and c) protection groups organized primarily to undertake conservation activities for the benefit of a wider community. Use of food differs among the groups, with the protection group requiring the most. Project guidelines are presently being modified to assure that, while remaining flexible, food distribution does not involve giving anyone more than the daily ration.

Observation and comments made clear that the Project's desire to use food flexibly is hampered by existence of other distribution programs, in and near participating communities, that follow different rules. In some cases, people refuse to work for little or no food because their neighbors receive food without working. This illustrates the need to improve coordination of food distribution activities among donors and among implementing agencies.

### Project Outcomes

Project reports, as shown in Tables 5 and 6 on the following pages, show completion of substantial numbers of terraces, reforested areas, nurseries and other environmentally useful outcomes. Individual farmers report yield increases of 25 percent or more, and some no longer migrate to the coast for temporary poorly-paid farm work. These results have not yet been quantified.

At a Workshop on forestry and food aid, sponsored by Peace Corps/Guatemala during February 8-12, 1988, forestry experts from six other countries visited Agroforestry Project sites and expressed strong approval of both technical aspects of the work and the innovative use of Title II commodities. The foresters and participants from the three agencies involved in the Guatemala project showed only modest enthusiasm for use of donated commodities to support natural resource activities, emphasizing the need for flexibility. They agreed that the kind of "pinpointing" of food distribution practiced in Guatemala could contribute substantially to soil conservation, reforestation and agricultural productivity.

Community committees, with help from Project promoters and Peace Corps Volunteers, manage the food adequately. Distributions are made against carefully kept records of work. Small amounts of food are stored in communities without major problems.

Table 5

## ACTIVITIES ACCOMPLISHED

1979-1987

FISCAL YEAR (JULY-JUNE)	1979	1980	1981	1982	1983	1984	1985	1986	1987	TOTAL
<b>I. Soil Conservation</b>										
1. Terraces (ha.)	42	43	67	87.7	90.5	96.5	84.5	78.5	153.2	742.9
2. Conservation Ditches (ha.)	321.2	816.2	123.2	209	286.9	70.8	78.1	68.5	171.9	2145.8
3. Live/Road Barriers (ha.)	12.5	8.6	3.3	53.9	296.9	24.7	27	96.8	431.6	934.2
4. Compost Bins (000's m <sup>2</sup> )	28	2.5	3.6	2.1	3.7	4.1	4	7.7	12	58.3
5. Pasture Grass Planting (ha.)			8.5	15.5	9.4	11.5	9.6	16.5	37.6	131.3
6. Maintenance of Soil Conservation Structures (ha.)										
7. Gulley Stabilization (ha.)	152	4	4	7				27.7	250.8	278.5
8. Contour Planting (ha.)	135	12								167
9. Tractor Work (ha.)	19	16								147
										26
<b>II. Reforestation</b>										
10. Forest Tree Seedling Production (millions)	2.3	2.1	3.6	3.1	2	2.7	3	3.3	3.3	25.4
11. Fruit Tree Seedling Production (000's)	10.6	12.5						54.8	148.2	228.1
12. Seedling Distribution (millions)	2.3	2.1	3.2	2.7	2.4	2.7	2	2.1	2.7	22.2
13. Seedling Establishment (ha.)					68			68	241.6	369.6
14. Direct Seeding (ha.)								61	31.7	92.7
15. Plantation Management (ha.)								279.8	553	832.8
16. Live Fencing (ha.)								8.5	92.8	101.3
<b>III. Education/Training</b>										
17. Conservation Demonstrations (#)	1482	928	844	657	890	811	2022	1489	2083	11296
18. In-Service Seminars for Promoters (para/day)								875	1095	1970
19. In-Service Seminars for Technical Personnel (para/day)								376	505	881
20. In-Service Seminars (#)					3	5	2			10
<b>IV. Other</b>										
21. Stoves Constructed (#)					498	701	770	665	97	2731
22. Formation of Fire Brigades (#)							6	50	116	170
23. Management Plans (#)								9	161	170

JHE



CARE gave INAFOR two trucks, which have been used to transport commodities. Recent expansion of distribution has taxed the forestry agency's ability to keep sites supplied. The problem is likely to become worse, since INAFOR has suffered major budget cuts and is presently being reorganized. The agency's future is hard to predict, but it is clear that continuation of the Agroforestry Project will require a substantial infusion of Title I or other local currency funds.

Project staff are presently developing plans for phasing out individual sites in (e.g.) three years. It is not clear, in some cases, how nurseries and some microenterprises will be able to continue without food, but alternatives are being explored. Terminating food distribution seems very sensible where use of food as working capital has enabled farmers to grow enough additional food to replace the aid. Only another look, at least a year after food distribution ends, will determine whether the community committees and other institutions involved with food assistance are likely to survive.

### 3. CRS Food for Work Projects

CRS and Caritas have FFW activities only in the departments of San Marcos and Chiquimula. San Marcos started first and Chiquimula work has been slowed by current drought conditions that brought approval of 500 tons of additional food for emergency relief. The evaluation included observation and interviews at five sites in San Marcos, where eight projects had been completed recently or were still under construction. An interview with the volunteer president of the diocesan Caritas committee confirmed that the diocesan approach to Food for Work uses food as an incentive and tool for development, and that considerable care is taken to avoid disincentive effects. Observation and interviews confirmed that the 55 small projects so far approved constitute a modest but impressive illustration of how FFW can be used. San Marcos activities have so far involved 5610 workers. Since each worker receives rations based on four dependents, more than 28,000 people have received some help through the San Marcos work.

It was clear, for example, that most of the community groups work even when food is not available. Recent delays in shipments led to a period in which wheat flour could not be distributed. Nothing was substituted, and workers knew that there would be no "payback" when the flour arrived, but projects continued anyway. The groups nevertheless acknowledged that, without the food, they would be unable to do longer and larger projects, because of the need to meet family food needs some other way. Many individuals working on community nurseries and tree-planting projects saw the food as useful protection against the risk that they were wasting their time.

Although neither Caritas or CRS recognized what was happening, the Food for Work Project also produced an interesting capital-building effect. In Santa Teresa, for example, the community group had spent over \$100 of their own money for materials being used for a bridge. Project food had supported workers building the bridge. Their willingness and capacity to contribute had clearly been strengthened by the food subsidy. If groups were encouraged to set aside funds during the periods when they receive

food, they would be better able to continue development activities after FFW ends. The uncertainty facing a community nursery developed with Title II help in Santa Rosa also illustrates the problems that occur when food aid is not linked with community contributions to a fund. The eleven group members responsible for the nursery are unclear about how they can continue it. They have not accumulated funds and have not been helped to set a pricing policy that will permit self-sustaining operations.

Despite the failure to encourage capital accumulation and assist in provision for sustainability, the Project exhibited many positive aspects. Five part-time diocesan promoters, who receive 80 Quetzales monthly (\$32) and walk for hours to visit sites, have inculcated in many groups a concern for soil conservation and reforestation that compares favorably with that observed in the CARE Agroforestry Project. The same supervisors have linked community groups with INAFOR, DIGESA and other Government resources. They have helped the groups identify appropriate technical help within their communities and from outside. Each Project group has an individual responsible to Caritas for the Project, and these leaders uniformly showed both technical competence and democratic leadership. In many cases, especially those involving large compost heaps known as aboneras, group efforts have led to later imitation by other community members.

Caritas invites proposals from communities in the diocese, and the supervisors spread the work and help in preparation. Nevertheless, more remote and less sophisticated communities sometimes receive less attention than better organized groups with more experience in seeking help. Approved projects are announced every six months and the groups know that they will receive food temporarily, usually for six months and never for more than a year.

The FFW projects are always for eleven workers or a multiple thereof (e.g., 22,33), since this makes it easier to deliver the commodities, which come in 55 and 110 pound sacks. The stated monthly ration per worker plus four dependents is 20 pounds of flour, 10 pounds of bulgur, 20 pounds of yellow corn, and 2 1/2 pounds of oil. All are well accepted. The market value of the ration of \$7.60 per month, or 95 cents for each of the eight days worked per month. This is at the low end of the agricultural wage scale for the region.

The absence of milk produced little complaint, though it would be welcome. Most work is done on weekends and the participants, who generally have no land or not enough to feed their families, clearly appreciate and use the food. Most knew that it comes from the United States. Practices differ, but it was clear that many groups share the work, so that few participants have a full month (8 days) of work. The groups decide who works and allocate food on both hourly and task bases. They collect and manage funds for transport costs from the diocesan warehouse in San Marcos, handle distribution, and maintain adequate records. Most of the participating groups have clearly had the benefits of past community organization efforts, and their indigenous culture includes a tradition of working together. Nevertheless, they present a dramatic example of self-help, private and governmental collaboration, and the use of FFW to accelerate development. It is unfortunate that the fragmentation of land

ownership and the difficulties of getting water place severe limits on the development potential of most communities, but impact of the Project seems outstanding in relation to the modest costs.

These costs are borne mainly by the diocese and the recipients, though Caritas, with CRS help, is providing \$5,756 per year for three years, for materials and equipment. The 55 construction projects, all developmental, involved approximately \$131,288 worth of commodities in FY1987. Bridges, paving of roads, community tree nurseries, reforestation and the aboneras have been the main activities, though the FFW supports indirectly many other activities being undertaken by the community groups.

It is not clear that the San Marcos Project can be duplicated in other departments, since community characteristics, diocesan interest and ability, and local resources vary widely. The USAID should certainly encourage and support CRS and Caritas efforts to try the model elsewhere, since it contributes substantially to Mission objectives at almost trivial cost.

By giving the commodities to groups, Caritas reduces administrative burdens substantially. The supervisors monitor the food as they help the community groups with construction. Assumption of responsibility by the groups reduces costs and provides practical experience in democratic decision making. The commodities are in no way the principal focus of the projects. They are, rather, a useful addition to a continuing community development process, as in the CARE Agroforestry Project.

The only major concern of the Evaluation relates to what happens when food distribution ends. Individual sites have this problem when they are unable to get approval of new activities, and the whole diocese will eventually face the same problem. CRS and Caritas need to do much more to link community groups with other private and governmental sources of support. The groups need more help, especially while receiving food, in building revolving funds and in making nurseries and other projects self-supporting. At the family level, where aboneras have increased productivity and family income, the voluntary agencies should be doing more to encourage use of some part the additional income for private or community investment. Although all of the participating families and communities remain poor, they now have better prospects for modest but self-sustaining continued development. CRS and Caritas, having correctly used Food for Work as temporary incentive, need to think more about how beneficiaries can continue to progress after the food ends.

### III. PROGRAM RESULTS

#### A. MCH AND OTHER CHILD FEEDING

##### 1. IMPACT

**Nutritional Impact.** The CRS/Caritas programs have had no growth monitoring component so that no nutritional status impact study could be made. The CARE/MOH programs do have growth monitoring with the limitations described elsewhere, but the data are not compiled in a manner that could be collected for this type of evaluation. More basic, there has been no longitudinal study made in Guatemala though INCAP would like to carry out such work in the future. Cross-sectional survey data taken by INCAP in 1986 are available for sentinel communities in the different departments and could serve as a basis for comparison. INCAP could create a model as baseline for future evaluation use by cleaning and matching available community data. USAID might ask the consultative group for counsel on such a possibility for the future. Another potential source of impact data that USAID may wish to consider is through including questions in the follow up data collection in the demographic health survey that ask whether participants have been receiving food aid or not, how long and how much and then compile and analyze data on whether nutritional status and health behavior in the two groups are different. The information could be used as baseline for future study once more targeting and complementary components are in place.

Major constraints argue against attempting impact evaluation for several years:

1) Attribution of project-induced impact in the best of situations is difficult.

2) Program characteristics that make impact likely are absent in the Guatemala programs. Widespread dilution of distribution among family members, large family size, substitution effects and the absence of complementary services make it most unlikely that the projects have affected health or nutritional status. Poor infant feeding practices in Guatemala, including late and often inappropriate introduction of solid foods, have not been systematically addressed through the programs. Nieves of INCAP, in her recent study of food-aided families (1988, 50 families in San Miguel, Petapa and Villaneuva), noted that mothers have no perception that underweight children need special attention with regard to food. Her team also observed a very low degree of insistence by health staff that the donated food should be given to small children.

In the meantime, CARE supervisors could begin immediately picking up in their random center samples, summaries from the monthly clinic reports that are prepared as to number or percent in normal, moderate and severe malnutrition according to the WHO weight-for-age chart and the number or percent in green, yellow or red according to the Nabarro table. These could eventually be computer analyzed, and be the first step toward a national growth surveillance reporting system. It will be desirable to obtain the nutrition data by age group, and the MOH should be asked to prepare its monthly report in that manner so that it would be feasible to

extract the information during CARE visits much more simply. Compiling data while building toward a future surveillance system appears to be the most practical way of obtaining impact data on the program. By offering technical assistance for data analysis, USAID could request annual summaries of nutritional status from both CARE and CRS for use by the USG and the GOG.

**Economic Impact.** Distributions clearly have impact on family intake, providing under 10% of energy needs (986 calories) in an average size family. While the local market value of the food is estimated at slightly more than \$5.70 for the average 1.6 rations per family, and this may represent 25% of rural income, that is based on the assumption that the food acts as income or replaces money that would otherwise be spent on food. Program managers and mothers admitted they sometimes sold part or all of the milk in order to buy sugar and condiments (especially in areas where milk is scarce and expensive). Nieves noted that the major obstacle to better food use in the families she studied was the lack of complementary foods, particularly sugar which is very expensive in Guatemala. In other areas, sales were rare, and many observers familiar with the program speculated that more difficult economic conditions have resulted in better use of the foods in the home (less waste, giving to chickens, etc.). There was no indication from interviews and site visits that there was any reduction in family income-producing efforts or food purchases because of the donated foods. Further, beneficiaries rarely exhibited the kind of dependency created by more substantial welfare programs. When asked what they would do if food distributions ended, most indicated they would continue to struggle to survive. The notion of dependence should be applied with care. Guatemalan poor people clearly rely on the food, but it does not generally bring about the kind of dependence claimed to exist among U.S. welfare beneficiaries.

**Incentive Impact.** Program managers always said they thought attendance by mothers at growth monitoring and education classes would decrease drastically without food distributions, that it would decrease somewhat for immunizations, and not at all for medical services. On the other hand in cases where families have enjoyed regular MCH services, attendance cannot clearly be attributed to the incentive of free food. Distribution has been going on for so long that, if women had been willing to attend before, they now view food as an element of the services. Thus, withdrawing the food would reduce attendance but that would not establish that Title II had been a necessary incentive. A temporary incentive can help to attract women to an unfamiliar service. Further incentive presumably would be required when economic trade-off for time and transport cost are factors.

The community committees that manage Caritas distributions reflect another important impact of the CRS-Caritas MCH Project. They are elected democratically, must apply eligibility criteria in ways acceptable to their communities, and are accountable to the recipients. Observation and interviews suggested that they are a relatively underused resource, capable of much more development activity. Caritas and the dioceses unfortunately lack staff and funds to help the committees effectively, but CRS should make a more systematic effort to familiarize both with the many private and governmental sources of help available in Guatemala. The OCF projects

provide budget support to worthy institutions that clearly increases food consumption by needy people. A few of the institutions in both the CARE and CRS projects provide nutrition-related services, including effective nutrition recuperation, but most include only education and modest health services. The two voluntary agencies do little more than provide the commodities and check occasionally on their use. Neither views OCF as a "program" and both seem almost embarrassed to be part of these useful welfare efforts at a time of increased interest in developmental uses of food aid.

The USAID and the voluntary agencies can make OCF more developmental by letting the better off receiving institutions know that support must end eventually. Some receive substantial international help and in (e.g.) three years would easily be able to replace the food. The Archdiocese of Guatemala City is another promising source of commodities for institutions now assisted through Title II. There are many very poor (e.g.) day care centers and orphanages doing useful work where continued food aid may be indispensable for survival. Since the total amount of OCF activity is modest, maintaining the present levels of help to these neediest cases will not distort Mission and PVO strategies much. To improve efficiency, the USAID and the PVOs could turn all OCF shipments over to either CARE or CRS. This would simplify recordkeeping and provide some economies in transport.

## 2. PROCESS

**CARE Management.** Although there are occasional hitches, such as a recent five-month delay of commodities apparently due to a slip-up at CARE/New York, the flow of food is generally regular and CARE prepares a computerized weekly pipeline report. Because CARE's volume is so high, it has a transportation company that works almost exclusively for CARE. Consequently, transportation arrangements on CARE's part are dependable and routinized, even though the Government is not always fully compliant with its part of the bargain. In field interviews, most program managers and mothers reported receiving all or nearly all of their rations regularly over the past year, with the exception noted above. CARE has made a dramatic effort to improve management in the health network with its innovative monitoring system. An assumption for the moment, which the team believe well founded, is that regular detailed supervision of centers and crosschecking with the beneficiaries will improve the program. CARE has for example discovered abuses in the collection and use of mothers' fees, and has followed up with letters and visits. They have also insisted that beneficiaries meet the criteria in the guidelines. Reporting has improved as well as integrity of reply according to the supervisors. There has been a good response to matters relating to food handling and storage, but CARE has to tread more lightly with regard to strictly health matters, earning MOH's (and USAID's) confidence and collaboration.

**CARE Program.** CARE's supervisory and validating team are not logistics or food handling experts, but professional staff experienced as health technicians, social workers, nurses or agricultural/community workers. They have enormous potential for helping the MOH improve its program if the MOH is willing to accept that help. This staff is perfectly capable of taking nutrition status data by age group and beginning compilation of what should become the growth surveillance system.

At present, complementary activities at individual sites range from occasional talks on nutrition, to required classes, and even to a full-fledged development program in one model case. A selection of CARE questionnaire data show that the range of attendance rate for mothers who attend classes is from 43-54%. The auxiliary nurse most often gives the lesson, then as close second and third, the doctor and registered nurse. Periodically, social workers and health technicians give the education. Unfortunately as stated above according to Nieves' study and information from focal groups, the nutrition messages mothers are receiving are vague and inadequate. Rarely did the centers report to CARE supervisors the presence of blackboards, markers, flannelgraphs or rotfolios. The team noted the presence of rotfolios on diarrhea and immunization in most of the centers visited. The model center, Palestina de los Altos, illustrates the kind of integrated program that can be achieved. This center, staffed by outstanding personnel, does not have to pay for transportation and has used mother contributions as seed money to put together an outstanding program of nutrition and health education, latrine construction with materials provided by the municipality, wells, with pumps promised by UNICEF and the distribution of rabbits and chickens, with an outreach component to detect beneficiaries at high risk due to malnutrition and other problems.

While many complementary activities are desirable to produce the best developmental use of food, the most urgent and immediate steps are those related to beneficiary selection, targeting, time in program, and establishment of systematic growth monitoring. Subsequent steps will be training of trainers, field research and development of educational materials, improvement of home visits and promoting community development programs.

Beneficiary screening poses the problem that must be addressed as early as possible. High poverty levels in the country (63%) and high rates of malnutrition in the under five population (80%) have meant that almost all families are "eligible" under existing Guidelines. Further, no limit on time in program is imposed by the Guidelines. It is apparent that the health clinics cannot possibly accommodate all of the eligible clientele. The program tends to stagnate with the same families remaining eligible. The team studied CARE data on population and number of enrolled under five children in several departments; it showed that current coverage of the preschool group in CARE-served communities is highly uneven, ranging from as low as 5-8% to as high as 38-45%, with an average 22%. No decision has been made about what should be done to improve individual targeting--the program has simply filled up in the past on first come, first served basis, leaving many of the most vulnerable and most cost-effectively served--i.e., youngest children and first-time mothers--out of the program. Because a family may remain eligible (and usually does) for many years, many have been in the program for 5-6 years and even up to 10 years, which means few places for new mothers/families who have not previously benefited from the program.

USAID's help will be needed to obtain MOH agreement on the broader role that CARE might play in its supervisory and reporting functions, and to obtain MOH agreement on new guidelines that will give priority to and

focus on the most vulnerable MCH beneficiaries and permit wider coverage of vulnerable families. To this end, the Health Office could help to obtain agreement of the MOH on the need for a Food Aid/Health Technical Committee to consider modifications in the MCH guidelines that were last revised in May 1987. International and voluntary agencies delivering foods to "MCH" recipients should be part of that Technical Committee and participate in technical decisions, as well as organizations that support food distribution programs, such as UNICEF. As required, the Committee should call on outside technical expertise to resolve special problems.

The team is recommending that the Technical Committee take into consideration the following options and suggestions:

#### Monitoring System/Monitoring Tools.

Weights and heights of children are now recorded in individual health records, each several page document filed in a medical folder by number. The ages, weights and heights are also listed on a monthly report which is sent to the District Office; included are data on those children receiving food and on children who are seen by the Doctor in consultations (sometimes the same). Few individual cards are being used at this time because they are not available. The monthly reports are not compiled for purposes of national growth surveillance.

CARE should assist the MOH by expanding its existing computerized monitoring system to collect nutritional status data from center monthly reports at the time of field visiting. CARE should develop a model reporting system which can be transferred to the MOH to be included in the Health Information System being developed by MOH and USAID. The collaboration of CRS/Caritas, who will also be collecting nutritional status data, should be solicited so that maximum uniformity of system is assured.

It is suggested that the format of the nutrition status reports be according to age group for all 0-24 month old children by six-month cohorts with indication of (1) the percent of children in grades of weight-for-age Gomez classifications of normal, moderate or severe malnutrition and/or (2) the percent of children who have been ascending on the growth chart, failing or remaining the same. Information by month should be available but consolidated reporting on a quarterly basis should be adequate. (This assumes that weight-for-age monitoring will be adopted for small children.)

It is suggested that the validity of the soon-to-be implemented WHO weight-for-age chart (there is a discrepancy between the present centile lines and WHO standards which it states it is graphing) be determined and that the corrected chart be printed and made available throughout the country.

It is recommended that a single monitoring tool be used for each child:

-The WHO weight-for-age chart be used for all children from birth to 24 months of age. It is recommended that weights be taken every month.

-The Nabarro table be used for screening children above 24 months of age for the purpose of weeding out children whose weight is proportionate to height that is a factor of growth stunting, from others who are malnourished and in need of continued food distribution.

#### Beneficiary Targeting and Time in Program

According to selected CARE data from beneficiary questionnaires (October 1987) analyzed at the time of the team visit, 31% of the beneficiaries were under two years of age, 56% 2-6 years of age, 3% over six years and the remainder, 10%, pregnant and lactating women. In a sub-sampling of MOH centers visited, there were closer to 20% pregnant and lactating women and 80% preschoolers (without age specified). These data suggest that if the program targeted only children under two and pregnant/lactating women, about half of current beneficiaries would be eligible, and therefore half of the space would be available for new beneficiaries.

Because coverage of families is deficient and there are often long waiting lists of mothers who have not been enrolled in the program (nor have their small children's growth been monitored), it is recommended that participation in the food distribution part of the program be limited per family or mother and that this period be established at three or four years.

It is recommended that all infants and children under two years of age be enrolled and monitored in a preventive health program which gives special emphasis, for the benefit of health workers and mothers, to the Most Vulnerable Groups (under two year olds and pregnant/lactating mothers). Children up to two would be weighed monthly while the Older Children Program for those above two years of age would be weighed less frequently.

Geographical targeting, too, has been on a first come, first served basis, with CARE responding to the requesting sites and carrying out programs on an open-ended basis. The monitoring system offers a rational basis for selecting out poorly performing centers. However, there is not yet a plan for moving into needier communities by phasing out of communities where there is duplication of beneficiaries. In many of the field sites visited, both CARE and CRS/CARITAS were present, and there were examples of beneficiary duplication. These should be corrected immediately. It may also be appropriate for CARE to phase out of well-running programs that are in economically viable communities, and to open a dialogue with the GOG for eventual phasing over to the government of partial responsibility for food supply to centers that will continue to need it for the foreseeable future.

The USAID Food Aid Officer would work with the different PVOs to develop a food-site map, define "duplication" and "overlapping" and develop criteria for phasing out one or the other overlapping programs. The USAID Food Aid Officer would also help to assess feasibility and special needs (warehousing, trucking, training staff, introducing Title II) for supplying foods to now unserved but needy communities (especially MOH health centers not now served by CARE or World Food Program). It would thus be a shared

responsibility between USAID and the PVOs to delineate the neediest areas and populations, feasibility of access and operation, and to find the necessary support to make food delivery possible if a positive decision is made.

Mothers fees. CARE found in its monitoring that there were abuses in the use of funds at several sites. These were often identified through crosschecking of beneficiaries with what had been stated in the centers, an effective outcome of the monitoring mechanism. Team interviews noted that contributions most often were used to pay for transport, repackaging, for token wages for distribution activities. Use of these contributions varies, depending on whether the food is delivered directly to the distribution site (as it most often is) or whether the community must pay local transport to the health post. Although the Government is committed to underwriting transportation costs, it covers only expenses to principal points. Those in the most isolated sites, thereby are the ones who must pay out the fees for transport (and therefore not benefit from developmental uses of the fees). Many beneficiaries indicated that they would be comfortable with even doubling the 25 centavos. Since many centers lack even the most basic program resources such as pencils, paper and educational materials, higher fees and more rigorous auditing may be a better approach than the current limit. Revision of the Guidelines would also be required.

#### B. The Food for Work Projects

Attributing impact to food distribution in FFW projects requires consideration of what would have happened without it. The same compost piles ("abonerias") that are an outstanding accomplishment of the Caritas FFW activity in San Marcos, for example, were adopted by equally poor MCH committee members interviewed at Sanyuyo in Jalapa without food. In CARE's Agroforestry Project, some beneficiaries adopt conservation practices without food, while others do so only with Title II incentive. In the CARE Urban Project, however, the construction projects are so big and take so much time that staff and communities agree that many would never be completed without food assistance.

The community development approach followed in all of the FFW projects, using food as stimulus or support but not primarily as a wage for labor, leaves commodities with a minor, though often important role. Impact cannot be measured by (e.g.) counting trees, but must be viewed primarily in terms of accelerating development. It helps to get things done faster and sometimes better. It reduces risk and provides working capital, which may be critical for some participants and less familiar innovations. However, all project staff emphasize that there is high risk of sapping motivation if commodities are not distributed with care. Impact of both food and the projects are therefore frequently greater where the use of food is less.

This paradoxical outcome should be taken into account by FFW and the USAID, as it already is by the PVOs. People will work without food distribution, if the benefits seem important enough to them and they can afford the time. The need for food varies inversely with the income of the

participant and the perceived benefits of the work. When risks are great, the work is long or especially hard, and community organization and individual motivation are low, more food will be used. That the evaluators could deduce these criteria by observing and discussing use of FFW in the projects reflects very favorably on FFW activity in Guatemala.

As Title II is integrated more effectively with Mission development activities, and supported accordingly, it will become more difficult to attribute impact to food distribution. FFW and the Mission can use routine evaluation data to measure project impacts, but only special studies will permit realistic attributions to the use of food.

The Urban FFW Project requires no special study, since the only construction project now finished, and all others to be completed, depend on commodities in the sense that, without food, they would not be finished. In the other FFW activities, all concerned parties should take pride in the flexible and creative use of food distribution that has generally improved outcomes of development projects without detracting from the more important community development and democratic institution-building goals of the projects. It would be most unfortunate if the desire to "push Title II food" should encourage less careful planning and practices by the PVOs. If physical construction and movement of commodities become priorities, the most effective use of FFW will be as wages in typical contracted public works projects. When workers do things that are personally important to them and are not just sources of income, Food for Work must be used more carefully.

### C. The Role of Women

The CARE Urban FFW Project illustrates well the use of food distribution to improve the status of women. CARE and the counterpart Municipality FFW Office estimate that, on weekdays, close to 80 percent of the urban workers are women. Women also serve on many community committees, though at one site where more than 90 percent of the workers were women, the entire committee was male.

More important than the number of women participating are the special problems of female employment addressed by the Project. CARE and the Municipality were obliged, for example, to develop a compromise on the amount of food allocated for completion of construction tasks, when it became clear that productivity of men and women differed significantly in performing manual labor. The agencies also identified tasks, such as placing bricks, where women were often more productive than men. Managers modified work assignments to maximize productivity and related food allocations for all.

A practical, equitable and non-discriminatory arrangement has evolved, that honors the "equal pay for equal work" principle, opens up many new skill development and job opportunities for women, and reinforces the role of women in the community committees. Development of women leaders has been a significant impact of CARE's activities. Proposals for continued urban work should deal explicitly with reinforcement of these promising

results. The Agroforestry Project has also provided work opportunities for women, but the sociocultural context and the nature of the work have made it more difficult.

The CARE and CRS MCH distributions also benefit women, but in a different way. The projects reinforce the traditional maternal role of women, but contribute to independence by increasing women's control of resources. Monthly food distributions directly to women protect them against the widely acknowledged reality that increased food or income received by males often fails to benefit the rest of the family.

Both agencies are obliged to honor traditional patterns of male domination, but their conduct of projects has begun to erode masculine prerogatives. Many Caritas MCH committees include women, though men still dominate most. Further improvement can be accelerated by more specific consideration of ways to build on the monthly gathering of women to receive food. Modest income generation activities, skill training and more explicit development of women's capacity to manage food distribution, for example, merit increased attention. A current CARE proposal to encourage microenterprises among MCH beneficiary groups, which can take advantage of food distributions to reduce the risk of financial losses, is an appropriate next step.

#### IV. MAJOR ISSUES

##### A. Improving MCH Services to Reduce Infant Mortality:

In order for food to have its strongest impact on child survival objectives, it must be targeted to the most vulnerable groups and be accompanied by components that have been found to maximize its effect on child health: an assured daily amount of food should reach the most vulnerable member, i.e. the under two year old and the pregnant or nursing woman; coverage in the community and in the country needs to be sufficient to assure that a large percentage of the neediest and most malnourished is being reached; growth monitoring on a monthly basis should be carried out as a means for detecting failing children and for teaching mothers the importance of food to her child's growth; immunizations, diarrheal disease management and health education and care are also needed to assure the best use of foods given.

In order to make the food available to vulnerable groups, several steps are necessary: there must be a continuing campaign to convince health staff and the population about the vulnerability of the smallest children and the pregnant/lactating woman. That message of vulnerability is lost when there are grouped in a program all children up to five or six years of age. While older, malnourished children cannot be dismissed, the first priority of the health service should be a preventive program for targeted groups.

The stated norms of frequency for monitoring growth progress are every three months--inadequate to detect in time failing children at the highly vulnerable age between 4 and 24 months. The failure to focus on the youngest ignores clear evidence from INCAP and other data that early onset of malnutrition is a more critical problem in Guatemala than growth deterioration after the second year. Some facilities were giving higher priority to infants under three, but most treat all children under five (and six) equally. The lesser frequency of growth monitoring also means less counselling and contact with mothers about their children's health.

The stated three months' monitoring norms are not followed universally. The team observed that districts adopted their own schedules, some weighing all under one year olds monthly, or every two months, or more often quarterly or weighing infants up to three months of age, every month, and thereafter, every two months up to one year, and after that every three, four or six months. Most often the child at weaning age was being weighed quarterly or every six months. The purposes of growth monitoring are mainly lost to the program though much valuable time is devoted to the task. Another problem is that the smallest children who under the guidelines are not enrolled until about one year of age, or when the mother has ended lactation, are often not being weighed because, according to some staff "they are not enrolled" in the program. A clear distinction needs to be made about the need for growth monitoring with or without food distributions.

The use of both the weight-for-age chart and the weight-for-height tables in clinics has often caused confusion and fear in the centers. The colors on the weight for age chart from top to bottom are, green for

normal, descending to yellow for concern, and finally red for danger; the colors are in reverse positions on the Nabarro board, with green on the bottom and red on top. (A taller child--likely to be low in weight for height will be up higher--in the red--on the board). Since a formerly eligible child on the WHO chart may be found to be ineligible on the Nabarro board, the staff and attenders naturally see it as a threatening new instrument. As noted earlier, the team thinks the weight-for-age chart is appropriate for the under two year olds while the weight-for-height table might be useful for screening over two year olds. One instrument should be sufficient.

Standardizing and improving weighing practices and frequency by age group are the first steps to be taken, along with the printing of an agreed individual card that can serve as a clinical tool and an educational resource with mothers. Standardizing the monthly reports as the data base for a growth surveillance system is another priority action to be taken. At the moment, most centers could not tell the evaluators what had happened to nutritional status.

Watching staff laboriously record weights and other information in copious, but unnecessary, detail made clear the need for some simple technical assistance. Where one person distributes food, weighs children, records information and offers advice, the situation at many sites, simplifying tasks becomes indispensable.

Despite the deficiencies observed, the Ministry of Health facilities, activities and staff are a very promising base for implementation of feasible growth monitoring activities that can improve effectiveness of Title II distribution. Physicians interviewed at health centers were almost uniformly so dedicated and competent that they merit special mention. Underpaid and overworked, they seemed ready to respond to technical assistance that would ease work burdens without reducing effectiveness.

The CARE supervisors, whose initial mandate was to improve handling of food distribution, already provide informal help with growth monitoring. Most are trained health technicians and, with a little training, would be outstanding providers of more formal help. Observing supervisors during site visits suggested that, despite the possible threatening implications of their control task, they have built relationships with MOH staff that would make them effective consultants.

It will not be easy to reach agreement with the Health Ministry about what the growth monitoring system should look like. Assuming that some meeting of the minds occurs, the Ministry may also be reluctant to have CARE assume a more technical role than simply monitoring food distribution. Nevertheless, the USAID should use the leverage provided by the Child Survival Project to encourage both implementation of a simple growth monitoring system, and reliance on an expanded network of CARE supervisors to provide the help needed to make the system effective. Unless the MOH growth monitoring system becomes part of an integrated Child Survival program, impact of work on immunization, oral rehydration and other components will be seriously impaired.

Refining the current targeting of MCH food distribution can also help to increase program impact, reduce costs, and ease pressures on overburdened health and food distribution staff. If a separate ration is provided to infants when they reach four months, instead of following the current practice of waiting for a year, the importance of introducing food early to supplement breast feeding can be emphasized. Limiting rations for children over 30 months to those showing malnutrition or specific risk conditions will reduce food distribution work, and again emphasize for mothers the importance of proper care during earlier years. Explaining to mothers that the infant should receive more of something appropriate, not necessarily the commodities included in the ration, will reduce likelihood of dilution and contribute to more adequate growth.

The Ministry of Health is clearly unable at present to maintain, supervise and support current posts and centers. The wide array of private non-profit health facilities in Guatemala, if properly coordinated, can be a useful parallel health system to complement the Government network. Many Caritas MCH sites, for example, already work closely with the public system. It is important, therefore, that standardization and improvement of growth monitoring include the private network. The CRS-Caritas Jalapa Project illustrates an appropriate model for linking private and public systems effectively.

#### B. Disincentives, Dependency and Phaseout Plans

The Title II MCH program in Guatemala illustrates the dangers of creating dependency by distributing food without clear plans for phasing out individual sites by a definite date, or for turning program responsibility over to a local agency. The same failure to plan for terminating food distribution to individual sites and families often reduces incentives among local producers and workers, but this is less of a problem in Guatemala. Title II is marginal with respect to the broader disincentive of lower producer prices stemming from Title I and other commodity sales. Title II food is under five percent of all donated and concessionary commodities received by Guatemala and goes almost exclusively to recipients whose market purchases of food diminish little because of the distributions.

Title II FFW support is clearly temporary and linked to completion of specific tasks, which greatly reduces disincentive effects. In some cases, the existence of food distribution through Title II, or sources beyond control of the PVOs, has caused recipients who would formerly have worked gratis to insist on food for working. The PVOs emphasize that the food is not a wage, but a stimulus for community work. Especially in the Urban Project, where construction projects may take a year to finish, very poor workers, however dedicated to their communities, need the food to survive.

The CARE and CRS MCH projects have for more than twenty years built a pattern of food distribution with minimal beneficiary responsibility or obligation that falls within most definitions of dependency. Families interviewed said, almost without exception, that the donated food forms a critical part of their food consumption. They continue to grow food, because rations are too small to maintain acceptable family intake with less. At present, with good reason, families in both MCH projects assume

that they will receive food indefinitely while eligibility continues. Since families remain eligible as long as there is a child under five (CARE) or six (CRS), twenty years of participation is easily feasible. The two PVOs, though now with more reservations, recognize the dependence created and are beginning to seek ways to reduce it.

Any attempts to reduce or eliminate dependency should avoid abrupt disruption of family consumption. At least one year's notice of intent to reduce rations seems essential, with (e.g.) gradual reduction to termination taking place over three years. Transition will be most effective if accompanied by activities expected to increase family income during the period. Temporary FFW activities, for example, can cushion the ending of MCH benefits. Where little development potential exists, and termination involves real hardship to beneficiary families, decisions to continue distribution should explicitly acknowledge the social welfare objective. In drought areas, for example, PVOs can seek emergency rations or, if conditions have not reached emergency status, can present the USAID with information justifying continued distribution.

The Mission can also reduce dependence by helping the Ministry of Health to assume full responsibility for food distribution in a more limited, clearly targeted MCH program. The Ministry could, for example, provide rations for all infants under (e.g.) 24 months and to those under six showing unsatisfactory growth or frank malnutrition according to specified criteria. Distribution would be linked with growth monitoring and other activities likely to improve health and help assure intake by the preferred recipients. This model encourages mothers to assume full responsibility for infant welfare after the first two years by preparing them to do so and keeping children in the program until they reach satisfactory nutrition levels.

Integration of food distribution with MCH services would change dramatically the nature of current Title II MCH projects. If food distribution is indeed an incentive for continued attendance at health facilities, the effect would continue in a better targeted program. If the MCH services impress mothers, they should be willing to continue bringing children for services after eligibility for commodities ends. After 24 months, frequency of visits for MCH services often diminishes and, if services are reasonably effective, most children can be maintained at adequate health and nutrition status.

The CRS-Caritas MCH Project has already developed a pilot project for the Diocese of Jalapa that would complement Ministry of Health activities and reduce dependency among Project families. The pilot project does not yet have enough funds to conduct a fair test of the promising concept described. While the CRS Director's concern to keep the pilot effort modest to promote sustainability is admirable, a substantial infusion of USAID funds for (e.g.) capital expenditures and training would not violate that concern. Sustainability depends on capacity to cover recurrent costs, and is not impaired by outside provision of non-recurring start-up costs.

Improving the nutrition impact and reducing dependence in both MCH projects clearly depends on improving performance by the Ministry of Health. The present state of growth monitoring in the Ministry, for

example, makes rapid improvement unlikely. However, if the PVOs and the manager of the USAID health project can agree on growth monitoring goals and the relation of food distribution to them, the model described above provides a promising direction for redirecting the MCH projects. The CARE monitoring system, which is already giving the Ministry useful information about the progress of growth monitoring in health posts and centers, can easily be converted to a technical assistance service that helps the Ministry respond to problems that monitoring identifies.

Although Title II food distribution is likely to continue in Guatemala for many years, individual families, sites and projects can still be phased out so that other needy communities can benefit. Continued distribution is also compatible with shifting responsibility for programs, including provision of commodities, to governmental and private agencies. Title I can help to ease the transition to Guatemalan administration. For example, the USAID should begin planning, with the Ministries of Defense and Health, for transfer of the CARE MCH Project to them. Since the Defense Ministry already covers transport costs and CARE's administrative expenses, transfer would deal primarily with food purchases and financing of increased technical assistance from CARE. Unless the USAID addresses the issue of transferring responsibility, the dependency-creating MCH distributions will continue indefinitely.

Different considerations affect planning to phase over Food for Work. The CARE Agroforestry Project, for example, illustrates a desirable relation between increased farm income and the shifting of food distribution to new sites. Project plans include activities that support gradual reduction of commodity use at sites.

CRS can also do a lot to link FFW with termination of MCH distributions at specific sites. Gradual replacement of MCH distribution by temporary Food for Work, in communities with development potential, can cushion transition and convert commodities into a more developmental resource.

This Report does not presume to present a blueprint for transition or termination. It suggests, rather, that future Title II planning should address these issues more explicitly, and illustrates some promising approaches. Any transition strategy must deal with the constraints imposed by current dependency patterns, limitations of Ministry capability, and commitments of PVOs.

It is unrealistic to propose transfer or termination without simultaneously making available to PVOs and government the resources necessary to implement changes. Unless Title II programming is linked closely with disposition of local currency and access to Child Survival and other project funds, food distribution will continue to reinforce dependence in Guatemala.

## C. Planning and Management of Title II Programs

### 1. USAID/Guatemala

Mission monitoring of Title II activities has justifiably relied heavily on the experience of CARE and CRS, delegating to them much of the work often done by Food for Peace offices. The two agencies move commodities well, report responsibly, and avoid conduct that might reflect unfavorably on the Mission. The Program Office has also left planning of activities complementary to food distribution in PVO hands. For example, CARE staff describe the impressive Urban FFW Project as the outcome of an invitation to find productive use for an unexpected addition to the USAID's Title II resources.

The advent of SHARE, a U.S. PVO that started Section 416 commodity distribution in Guatemala during 1987, increased food aid management burdens dramatically. An unfortunate shipment of cheese in impractical seven-pound cans, which were soon being sold all over the capital, for example, required attention not easily given by the overburdened Program Office. CARE and CRS were criticized for sales of "SHARE cheese" by a Guatemalan press unfamiliar with the nuances of PVO roles and U.S. food aid policies.

The cheese example illustrates the interdependence of Title II and Section 416 activities. It also emphasizes the importance of monitoring new PVO sponsors effectively. Isolation of food aid in the Program Office reflects the past implicit assumption that Title II could be left to the PVOs and be treated outside the mainstream of Mission programming. While that assumption is still valid for monitoring present CARE and CRS food distribution, it no longer reflects new FFP and USAID/Guatemala policy toward programming of commodity assistance.

**Programming Commodity Assistance:** While PVOs may still be encouraged to bring good ideas for developmental uses of food to the USAID, such as the Urban FFW Project, the Mission now seeks to program food distribution as a more integral part of technical projects addressed to specific development goals. Only after technical priorities, and related food distribution options have been identified would PVOs and others be invited to offer proposals. A new agency seeking involvement in food distribution, as SHARE did, would first be asked to review with technical offices their needs for integrating food. This approach was not followed with SHARE and the result was a project that, while possibly desirable, does not link food aid with USAID development strategies.

Mission and PVO dialogue about Title II is expected to deal much more than previously with USAID strategic priorities and the role of food distribution in specific technical projects. Assuring adequate consideration of possibilities for reinforcing technical projects with food distribution, and assisting in the planning and monitoring of linkages identified, require more staff time and a different organization of food aid management in the Mission. A proposed reorganization is presently being designed by a PSC in the Program Office.

Whether the current proposal to place food aid in the Human Resources Office will be implemented is not yet clear. Doing so would certainly help to link Title II with Child Survival and other HRO priorities, but might increase the difficulties of integrating it with Agricultural Development and Title I. More important than formal organization and hierarchical position is the presence of a staff person with authority, capacity and time to promote Title II food distribution as part of technical projects, and to work with technical offices and PVOs on planning and implementing Title II projects. Regardless of title, the officer assigned must have sufficient high level support to stimulate good faith consideration of Title II and appropriate response by technical offices.

**Joint Planning of Food and Complementary Resources:** Integration means looking at all food aid and development assistance as combined resources available to achieve Mission goals. Issues such as the appropriate balance among Title I, Title II and Section 416, for example, become part of development planning. Use of Title I as a mechanism for transferring Title II responsibilities to Guatemalan agencies would be a key consideration in planning Title II food distribution. Food for Work would be viewed primarily as a tool for encouraging innovation and construction essential in Mission projects. Agricultural strategy, seeking increased output among small farmers, would be linked to plans for ending use of donated food at sites achieving higher production.

Integrated planning also implies joint planning of food and complementary resources. In Guatemala, where substantial Title I and ESF local currency are available, PVOs should not be obliged to monetize Title II commodities. If a proposed food distribution project is clearly linked to a Mission development activity, making sufficient funds available to the PVO and counterpart agency should become routine, with commodities and funds planned together and arriving in timely fashion.

Monetization of Title II commodities is then a last resort after full consideration of local currency available from other sources. As the Local Currency Committee reviews both developmental uses of Title I proceeds and the role of Title II, it should be able to assure provision of the necessary complementary resources. PVO creativity would remain a primary source of ideas for developmental uses of food aid, but in a context that gives priority to distribution that reinforces Mission projects. Instead of ad hoc requests for monetization or funds, the PVOs need to receive approval of required financial assistance at the same time as they receive commodity allocations.

Accepting the idea of coordinated planning for commodities and complementary resources requires substantial improvement in the planning and making available of local currency. For example, CARE is presently waiting for Q1,600,000 of approved ESF funds to support expansion of the Urban FFW Project to four more cities. Unless the Ministry of Finance and others involved speed up the local currency system, CARE will have the commodities long before the money. The USAID does not control the system, but should be giving high priority to encouraging and assisting the Government to improve it. Unless PVOs can be assured that financing and

commodities will arrive as needed, they will understandably prefer to monetize Title II commodities, an alternative that gives them far more control over the local currency.

## 2. AID/Washington

The USAID expresses satisfaction with AID/W support of the Title II program. Proposals receive attention promptly, phone calls and correspondence are answered, and requested information forwarded when required. While much of the positive relationship may stem from stability of the Guatemala program, run well by CARE and CRS for so many years, Washington response to field needs appears to have improved during the last year or two.

If integration of food and development is to succeed, FFP will have to become more involved in monitoring Washington approval of Guatemalan ESF expenditures. CARE, awaiting Q1,600,000 of Mission-approved ESF funds, has little idea whether Washington or the Guatemalan Government is responsible for the failure of funds to arrive to date, nine months after the request. FFP and the LAC Bureau will need to communicate and coordinate far more than in the past, if development planning and Title II planning are to be linked effectively. Each will be pressing the other, as appropriate, to assure that commodities and complementary resources arrive as needed.

## 3. Monetization

Monetization of Title II commodities is a last resort for financing costs of food distribution and complementary services, since USAID/G has substantial other sources of local currency. As Title II becomes integrated more effectively with Mission development goals, project funds, and other sources supporting Title II needs, monetization should be reduced further. CARE monetization of 700 tons of rice for about \$85,000, a pending \$67,000 request for support of a pilot village banking project, and a May, 1987 request for \$156,000 of monetization sales illustrate the kind of small and time-consuming requests that can be funded much more easily from other funds available to the USAID and to the Government.

If the Local Currency Committee becomes more sensitive to PVO needs for Title II enrichment, and increases coordinated planning of Title II and development activities, anything the Mission considers worth doing will logically involve funding for all related costs, including those associated with food distribution.

The PVOs prefer to monetize Title II commodities because it gives them better control over timing and availability of funds. If, however, the Mission can improve approval and delivery of local currency from Title I and other sources, PVO concern can be alleviated. Guatemalan governmental difficulties in getting approved local currency allocations into the hands of those expected to spend the money have caused major delays in project execution by PVOs and others. While the USAID cannot control Government's conduct, it should be pressing hard for more effective systems. When delays in local currency availability stem from AID/W delays, FVA/FFP must

continue to expedite response. For example, CARE is still waiting for Q1,600,000 approved as an ESF grant for expanding the Urban FVA/ FFP Project to four other cities. The commodities are on the way and the money is not yet available. CARE understandably laments that it did not instead monetize Title II commodities to finance the expansion.

Although the PVOs are not yet comfortable with the "indirect monetization" possible by increasing beneficiary contributions, CRS is already exploring the idea. CARE could, for example, raise \$67,000 for the Village Bank pilot project, by making it a Food for Work project with contributions high enough to fund project-related expenses. If the women are sufficiently impressed by village bank possibilities, and simultaneously receive food for working, they are likely to be willing to contribute. Poor people actually benefit much more through this "indirect monetization," that makes commodities available to them at very low cost, than through commercial monetization that favors higher income groups.

Any food distribution and program activity costs that would be underwritten by monetizing Title II commodities should be important enough to the Mission and the Government to justify funding from other sources. The modest amounts of local currency that can be derived from typical Title II monetization can more easily and efficiently be managed as part of Title I and other Government sales already occurring. Challenging PVOs to persuade technical officers and the Government that PVO innovations merit support helps to assure eventual institutionalization of outstanding projects. The Mission and FFP may still choose to finance an occasional project by monetizing Title II food, but integration of food aid and development implies that food distribution and related activities are important enough to be funded from regular sources of development support.

#### D. Ration Characteristics and Community Sales

The problem of Title II and Section 416 commodity sales by Guatemalan program beneficiaries requires continued attention. Sales of Section 416 cheese present the most serious problem. There is widespread acknowledgment by staff and recipients that Title II sales also occur, though more often in urban than in rural areas.

On February 13, two evaluators were offered clearly marked Section 416 American cheese and butteroil for Q8 per seven pound can, in front of a major capital hotel. One seller claimed to have received the commodities for working at a project. The other said he had bought the cans for resale. They did not object to being photographed and appeared to view the selling as a routine and accepted practice. Similar experiences were recounted frequently by other consultants, Guatemalan friends and USAID staff.

On the same day, the evaluators found a PL-480 flour sack, filled with corn, in the Antigua market. The vendor had bought the sack for Q.75 (US\$.30) and filled it with local corn, so the appearance of violation was incorrect. Nevertheless, meetings with beneficiary groups turned up frequent admissions of occasional sales, though nothing suggesting heavy

commercial purchases or other serious abuses. The recent case study of CARE's Agroforestry FFW Project, quotes a CARE staff person as saying (p. 10 ):

"After the family gets the food, it's up to them to decide how to use it. Once the farmer has received the ration, he has received the incentive for his efforts. We don't try to tell him what to do with the food itself."

This is not the typical view of CARE or CRS staff. Both agencies appeared to exercise adequate vigilance and prompt response with respect to sales. Nevertheless, the quote, though contrary to food aid regulations, reflects a reasonable and widely held attitude toward FFW and the prohibition against sales. It is difficult to attach strings to food distribution when it is compensation for work done. Staff of MCH projects have an easier time explaining why sales are forbidden. The quotation is not offered as a criticism of the PVO or speaker, but to clarify for the USAID and for AID/FFP some of the inherent tendencies toward increased sales as FFW increases. Only by understanding the factors that encourage selling can reasonable steps to reduce it be taken.

Although food rarely serves as the sole source of income for beneficiaries in CARE and CRS projects, a two-beneficiary family can often earn more food for work than it chooses to consume. The FFW projects recognize this and, by limiting earning potential, encourage consumption. Even when the family would consume a quantity of food equal to the ration, inclusion of unacceptable commodities leads to sales. Bulgur and yellow corn have sometimes been sold because people prefer other foods. Sometimes the commodity is acceptable, but comes in impractical quantities or sizes. Section 416 cheese, given in 7-pound cans to families without refrigeration and with little experience consuming it, was an invitation to sell that was accepted eagerly by participants.

INAFOR's difficulties in meeting transportation schedules has led to some late deliveries of Agroforestry Project commodities. When deliveries are finally made, some workers receive more food than can be consumed and have sold part. High value commodities, such as oil and NFD, may be sold to buy more calories in cheaper forms, rational consumer behavior that nevertheless breaks the rules. In some cases, when food distributed is almost the only income, the family must sell some to buy (e.g.) firewood and other essentials.

The PVOs have changed commodities and ration sizes. They have limited the number of workers per family and reduced hours on many occasions. Both agencies have terminated sites after encountering major selling by food program staff.

Another step that could lessen the problem involves viewing consumption as an aggregate, instead of trying to control end use by individual families. For example, if recipient groups were encouraged to exchange Title II commodities among themselves as desired, the spirit of the law would not be violated. Poor people would still consume the Title II food as intended by PL-480. Permitting barter among recipients would reduce the advantages of selling commercially, where the price is often

much less than retail value. The PVOs would be far more comfortable giving this instruction than they are with the unenforceable warning that selling is prohibited. Detection and sanctions for more serious violation could be intensified, since policing of individual families would need less time.

In this age of increased monetization of Title II commodities, rules applicable to individual families should be revised. Monetization by them, and certainly bartering, benefit poor people; on the other hand, selling to commercial marketers, as in monetization, benefits higher income groups more than the poor. Guatemala illustrates the dilemma of enforcing regulations against selling, because the relatively professional FFW activities understandably create a sense of uninhibited possession among beneficiaries. FFW projects would benefit, if the Guatemala experience leads to more realistic guidelines on sales.

#### E. Coordination

Lack of coordination among food aid donors, implementing agencies, nutrition education activities and growth monitoring practices is a common problem, but the Guatemalan situation is so chaotic that it presents a major obstacle to effective integration of Title II and development. Finding out how much donated food comes into the country was a major task and, after considerable effort, the data are still conflicting and incomplete. No implementing agency seems to know or care what any other is doing. Neither the USAID nor anybody else knows what competition and duplication exist among programs. Estimates of malnutrition are based on various standards and definitions, with INCAP trying vainly to introduce some consistency.

The growth monitoring situation is perhaps the most confusing of all. CARE, CRS, the Ministry of Health and others, including the AID Mission, support or are implementing various systems with different charts and methods. The Ministry is committed to both charts and the Navarro Board, a useful tool for offsetting the limitations of age-related weight charts, but considered by many to be unnecessary and inappropriate for a nationwide nutrition surveillance system.

PROPAG, the AID-funded INCAP project addressed in part to improving coordination of food aid programs, sponsored a promising seminar intended to encourage coordination in Guatemala. INCAP is continuing to try to bring agencies together, but it will be a long while before anything really useful occurs.

A new food aid office or officer in the Mission can do much to improve communication and cooperation at all levels. The initial approach need be little more than getting agencies, including the USAID, to talk to each other and keep each other informed. Only later is it likely that any one of them will actually collaborate with the others, because all are so independent and committed to their own agendas.

For Title II, a simple map showing where all distribution sites are and who operates them would be helpful. Activities of other agencies can then be added to it. Comparison of agency practices, such as ration size,

possible if agencies sit down with each other, though making them less competitive and more consistent will be harder. Getting the Ministry of Health, the USAID, CARE and CRS to agree on methods and procedures for effective nutrition surveillance, including growth monitoring, is critical for improving the development impact of Title II MCH projects. Because it has the leverage of substantial project funds, the USAID is the logical agency to initiate the process. It is not necessary that all agencies do the same thing, but what they do should at least be consistent. The Ministry can continue with its complex and sophisticated system, for example, while others implement only parts of it.

Interviews at Caritas distribution sites revealed that many mothers do receive nutrition education, but from a variety of often inaccurate or inconsistent sources. Development impact of Title II food distribution can be improved by bringing together all agencies involved in nutrition and related education. ASINDES, the Aid-supported umbrella group for voluntary agencies, should be encouraged to address the problem. Title II is only a small part of the food aid coming in to Guatemala, so the absence of effective central coordination of needs and responses does not affect it critically. Nevertheless, the current situation in which the volume of food aid is taxing storage capacity, threatening dairy production and overburdening Government's administrative absorptive capacity also affects Title II effectiveness. The Mission needs to increase efforts to link planning of Title I and Title II with more systematic assessment of the plans and actions of other donors.

Coordination of food aid and related activities will not occur overnight, but some immediate initial steps are needed. The first priority is the simple step of bringing people together and encouraging them to talk with each other. A new food aid office, with INCAP help, should be able to do that.

## V. THE FUTURE OF TITLE II IN GUATEMALA

### A. Welfare or Development?

The direction and content of future Title II activities in Guatemala depend on some basic decisions about the relative importance of welfare, including income redistribution, and development as program goals. Those most in need of food assistance for survival are rarely the most effective target groups for development activities. They are, for example, often less accessible, have fewer skills and resources, and are less organized.

USAID Title II MCH and OCF food distribution activities are welfare oriented. Though often accompanied by growth monitoring and other useful health services, lack of precise targeting and extensive sharing of food among family members, make the projects much like family food distributions. When health services are totally lacking, as at many CRS/Caritas sites, the risks of welfare dependence are even greater.

Much of the Food for Work is more developmental, but it is not clear that those served effectively are the most needy. It is difficult, for example, to provide FFW projects that not only give work to landless laborers but also provide them with more permanent development benefits. The impressive urban FFW activities are feasible only in more established areas, where land ownership questions have been resolved and feelings of community have had time to evolve. Recently settled areas, often involving illegal invasions, contain large numbers of the poorest people.

It is important to recognize that many families and communities are likely to require subsidies for the foreseeable future, regardless of development efforts, to reach even a minimum acceptable food consumption level. Others, with more development potential, can increase food production or income enough, within a reasonable time, to maintain food consumption without continued food aid. In CARE's Agroforestry Project, for example, Food for Work stops when the community can maintain increased farm production without it.

Calling welfare "bad" and development "good" oversimplifies difficult value judgments. In the current economic and political context of Guatemala, there are clearly substantial numbers of very poor people, including many widows and orphans, for whom Title II food is almost indispensable. They have few other sources of help. At the same time, there are other poor people for whom Title II can be an important development tool that will help them to achieve a sustainable higher level of income and health.

If the Mission elects to continue the current CARE and CRS MCH projects primarily as income subsidies for very needy people, present eligibility criteria provide a useful way to screen beneficiaries and allocate scarce food resources. However, better targeting, improvement of current growth monitoring, and development of integrated MCH services, can convert the MCH projects into effective elements of the Mission's strategy for reducing infant mortality.

There is a range of intermediate positions in which, for example, some communities might continue to receive MCH food under current criteria, while more stringent nutritional standards are applied in others. The CRS project could be continued in present form, while CARE's MCH Project becomes more nutritionally oriented and hence more limited.

Institutions now supported by the Other Child Feeding components continue to provide important social welfare services and other benefits, such as preschool education and day care facilities for working mothers. Withdrawing Title II commodities from them would cause extreme distress and damage perceptions of the United States.

SHARE, which is interested in administering a Title II project in Guatemala, could withdraw from current Section 416 activities and take over Other Child Feeding, if CARE and CRS consent. With its excellent local connections, SHARE would also be an appropriate "umbrella" PVO for helping the Mission meet the many small requests for commodities received from local institutions and PVOs.

Perhaps in reaction to earlier welfare emphasis, the USAID now places high priority on using Title II to increase development impact. Development is typically understood to mean both MCH improvement of human capital and agroforestry and natural resources activities. Development also encompasses encouragement of democratic institutions, an outcome well illustrated by the grassroots community development work of the CARE Urban Project and the Caritas nutrition committees. Although rarely included, increasing the capacity of Guatemalan private and governmental agencies to care for the poor and deprived falls well within many definitions of important institutional development. By this last criterion, any "welfare" distribution that gradually phases in management and financing by Guatemalan institutions also contributes to development.

Evolution of a new Title II strategy requires explicit decisions about the desired balance between welfare and development goals. The strategy also requires reviewing priorities among development goals, and considering the likely contribution to them that can be achieved through Title II alternatives. As more clarity emerges about what the Mission most wants to accomplish, and what Title II can contribute to accomplishing it, most issues of program design and management will be resolved more easily.

It is important that zeal for increasing development impact not lead to precipitous termination of food distribution in needy institutions and communities that have come to rely on it. After up to 20 years, such reliance is reasonable. There are sound political and humanitarian considerations for maintaining distribution, or for phasing it out gradually. A three year termination plan seems reasonable, since anything longer is often not taken seriously.

This evaluation has given most attention to the potential for linking Title II food distribution to infant mortality, nutrition and rural development goals. Though food might also contribute, for example, to education goals, existing coverage through World Food Program and the advantages of competing alternatives such as FFW and MCH make reinitiation of school feeding unwise. The long experience with existing PVOs and

programs, coupled with the difficulties of starting new activities in the current Guatemala context, makes improving the development impact of present projects a much more efficient approach than looking for major new alternatives. This conclusion should not bar promising pilot efforts, but at this time there is little basis for going much beyond a) strengthening development impact of MCH projects, b) linking Food for Work more effectively with rural development and natural resources goals, c) strengthening democratic institutions by using Title II commodities in community organization and d) reducing risk of financial loss in small business development.

### B. Next Steps

Fifteen years of lack of adequate attention to Title II cannot be made up for overnight. There is so much to be done that the temptation to postpone doing anything must be resisted. A number of specific priority actions follow that are both feasible and essential for beginning the process of improving efficiency and development impact of Title II.

The Mission must first designate clearly the person or persons responsible for carrying out the recommendations of this Report that are accepted. The designated staff must have enough access to highest decisionmaking levels in the USAID to give them leverage with technical offices and PVO's. Full-time services of Dale Humphrey and half-time work on Title II by Roberto Perdomo, for example, could accomplish the priority actions described in this section of the Report, if they are left free to take the necessary steps and are supported well by the Office of the Director.

The Mission's food aid officers, once designated, should then advise CARE and CRS that no new projects, or renewal of old ones, will be approved unless accompanied by three-year plans for phasing out food distribution in at least 30 communities. These plans should include other activities, by the PVOs or different agencies, expected to bring about food production or income increases equal to the commodities being withdrawn. The communities chosen for phasing out of food distribution would be selected on the basis of their economic development potential.

The officers should then invite the two PVOs to meet with the Mission Health office, the Agricultural and Rural Development Office, and any others deemed appropriate (e.g., Private Enterprise), to begin the process of joint planning for integrating Title II with priority development projects. If SHARE agrees to withdraw from distribution through the capital Archdiocese and Municipality office, it should also be encouraged to prepare development-oriented Title II plans with help from USAID technical offices. SHARE should also be invited to serve as the umbrella organization for helping the Mission to manage small commodity distributions to worthy local institutions and PVOs.

The food aid officers would then explore availability of Title I, ESF and other funds, seeking ways to finance services and other costs essential for proper support of development-oriented Title II projects. The Mission

Director would emphasize to the Local Currency Committee and to technical offices the need to program support funds, and to make them available at the appropriate times, to complement commodity delivery.

Collaborating with INCAP, the Food Aid Office would take initial steps toward a) mapping Title II site locations, b) systematizing the tracking of U.S. and international food donations, c) bringing implementing agencies together to reduce duplication, competition and inefficient parallel systems, and d) preparing a food aid strategy and related project plans, incorporating outcomes of PVO-technical office discussions.

Success of the foregoing depends in part on satisfactory collaboration from the PVOs. US and local PVOs should be encouraged to integrate their development work with USAID action plan objectives, and to incorporate food distribution into it whenever beneficial. As the experience with SHARE demonstrates, use of new agencies will require much more monitoring, and will therefore slow the process of integrating Title II and development. CARE and CRS, by reason of their long experience with food distribution and development, can be expected to continue playing a prominent role in any Mission food aid strategy.

Improving Title II is more a problem of organization and coordination than resources. Local currency is available, technical offices and PVOs have many common interests, and commodities can be obtained with full confidence that PVO networks can deliver them efficiently to places where they will help maintain family intake of poor people and accelerate development.

## RECOMMENDATIONS

The first of the following recommendations, the establishment of a Food Aid Office, is given highest priority by the evaluators. As many of the remaining recommendations would involve changes in approach that can be immediately initiated, while others require a more continuing process, the evaluators urge early attention to all, with priority given to special windows of opportunity as they appear.

### The USAID

1. The USAID should immediately establish a Food Aid Office, with at least one full-time officer, responsible only to the Mission Director.

2. The Food AID Office should:

- a) promote use of Title II in support of priority development objectives;
- b) help technical offices assess the role of Title II and alternatives for using it;
- c) link PVOs with technical offices and assist them to integrate Title II with development goals;
- d) work with INCAP, WFP and the Agricultural Attache to maintain adequate records of U.S. and international food aid, and to coordinate food aid donations; and
- e) eliminate duplication and competition among projects by rationalizing activities of implementing agencies;
- f) sort out where food programs are overlapping and work with the PVOs to end one or the other program;
- g) ascertain which needy areas are not being served and with PVO(s), determine the feasibility of serving them.

3. The USAID should revise Title II program objectives to identify an explicit balance between social welfare distribution and integration of food aid with Mission development goals, taking full account of political and humanitarian considerations that make abrupt reduction of benefits undesirable.

4. The USAID should invite SHARE to submit a Title II proposal, and related multi-year plan, to serve as an umbrella organization for managing small distributions to worthy local institutions and PVOs, provided that SHARE agrees to end current duplicative distributions through the Archdiocese and Municipality of Guatemala City.

5. The USAID should program Title I, Title II, Section 416, ESF and project funds as complementary elements of a strategy integrating Title II and development.

6. As part of this complementary strategy, USAID should program Title I and other local currency proceeds to finance direct and complementary costs of food distribution as required.

7. The USAID should make every effort to assure that PVOs promptly receive host government owned local currency, generated through Title I and ESF, to finance food distribution and complementary activities, permitting monetization of Title II commodities only as a last resort.

8. The Mission should consider all Title II activities either as developmental--projects with a beginning, middle and final phaseout or phaseover--or as welfare with that clear designation. The PVOs should be informed that their new submissions should be presented in this manner.

9. The Local Currency Committee should link approval of proposals for use of host government owned local currency, generated through Title I and ESF, to requirements for effective integration of food distribution and development.

10. USAID should assist CARE and CRS in identifying and searching for needed technical expertise to develop improved MCH programs. USAID should also invite proposals that will enhance all aspects of MCH activity, particularly improved targeting, growth monitoring, and other complementary activities.

11. Mission staff should help the PVOs develop and present proposals for integrating Title II with development, simplifying proposal requirements and procedures wherever possible.

12. USAID should promote collaboration with the MOH which will result in a broader role for CARE and its supervisors. Specifically, USAID should encourage, with CARE and other TA, the development of a system for the collection and analysis of nutrition status data. USAID should provide necessary TA and oversee that this information is compiled and analyzed annually or periodically to provide USAID and the GOG an up-to-date record of progress made in the CARE/MOH health centers and in CRS centers of Chimaltenango and eventually Jalapa departments.

13. USAID should actively assist CARE in obtaining MOH agreement on new guidelines that give priority to and focus on the most vulnerable MCH beneficiaries and that permit wider coverage of vulnerable families. To this end, the Health Office could help obtain agreement of the MOH on the need for a Food Aid/Health Technical Committee to consider modifications in the MCH Guidelines that were last revised in May 1987.

14. The USAID Rural Development Office should work with CARE and CRS to link current and potential Food for Work activities to objectives of the Action Plan, including crop diversification among small farmers.

15. The Mission Human Resources Office should bring CARE, CRS and the Ministry of Health together and guide them in development of shared uniform standards for integrated MCH services, education materials, baseline data collection and related information systems.

## Appendix 1

COUNTRY PROFILE: GUATEMALA 1987TOTAL VALUE OF FOOD AID  
( \$ MILLION )

	<u>FY 85</u>	<u>FY 86</u>	<u>FY 87</u>	<u>FY 88 (CP)</u>
TITLE I/III	19.7	15.4	22.0	18.0
TITLE II REGULAR/EMERGENCY	4.4	5.5	6.9	8.8
SECTION 416 REGULAR/SUGAR QUOTA	0	6.7	12.6	NA
SECTION 416 DAIRY LINK	0	1.2	0	0
TOTAL	24.1	28.8	41.5	26.8

SUMMARY COUNTRY ASSISTANCE PORTFOLIO

	<u>FY 85</u>	<u>FY 86</u>	<u>FY 87</u>	<u>FY 88 (CP)</u>
DA	58.0	36.9	33.5	33.3
ESF	12.5	47.9	114.8	80.0
FOOD AID	24.1	28.8	41.7	26.8
TOTAL	94.6	113.6	190.0	140.1
% FOOD AID OF TOTAL ASSISTANCE	25%	25%	21%	19%

VALUE OF FOOD AID BY PROGRAM  
( \$ MILLION )

## CURRENT YEAR FY 87

	<u>DCC APPROVED</u>	<u>PROJECTED*</u>	<u>FY 87 TOTAL</u>	<u>FY 88 (CP)</u>	<u>FY 89 (ABS)</u>
Title I/III	23.0**	-0-	22.0	18.0	18.0
Title II Regular	6.9	-0-	6.9	8.8	8.8
Title II Emergency	1.7	-0-	1.7	1.7	-0-
Section 416 Regular	-0-	-0-	-0-	-0-	-0-
Section 416 Sugar Quota	12.6	-0-	12.6	NA	-0-
Section 416 Dairy Link	-0-	-0-	-0-	-0-	-0-
WFP Regular	3.4	-0-	3.4	3.4	3.4
TOTAL ALL PROGRAMS	47.6	-0-	46.6	31.9	32.2

\* amount against reserve

\*\* \$1 million not utilized.

VOLUME OF FOOD AID METRIC TONS  
CURRENT YEAR FY 87

	<u>DCC APPROVED</u>	<u>PROJECTED</u>	<u>FY 87 TOTAL</u>	<u>FY 88 (CP)</u>	<u>FY 89 (ABS)</u>
Title I/III	149,000	-0-	149,000	115,000	164,000
Title II Regular	13,000	-0-	13,000	16,500	16,500
Title II Emergency	11,560	-0-	11,560	3,100	3,100
Section 416 Regular	-0-	-0-	-0-	-0-	-0-
Section 416 Sugar Q.	63,000	-0-	63,000	NA	-0-
WFP Regular	14,300	-0-	14,300	14,300	13,000
TOTAL ALL PROGRAMS	250,860	-0-	250,860	148,900	1,600

DCC APPROVED TO DATE/VOLUME BY METRIC TON  
CURRENT YEAR FY 87

	<u>WHEAT</u>	<u>RICE</u>	<u>CORN</u>	<u>OIL</u>	<u>MILK</u>	<u>BEANS</u>	<u>OTHER</u>	<u>TOTAL</u>
Title I/III	115,000	-0-	14,000	20,000	-0-	-0-	-0-	149,000
Title II Regular		2,000	8,200	1,200	750	800		13,000
Emergency	-0-	1,800	7,800	1,060	540	360		11,560
Sec. 416 Regular	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Sec. 416 Sugar Quota	7,000	6,000	50,000	-0-	-0-	-0-	-0-	63,000
WFP Regular	-0-	-0-	7,135	1,200	-0-	145	5,300	14,280
TOTAL ALL PROGRAMS	122,500	9,800	42,135	23,460	1,290	1,305	5,300	250,840
UMR	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
FOOD AID + UMR	122,500	9,800	42,135	23,460	1,290	1,305	5,300	250,840
Import Requirement								

*fy 88 48,000 wheat / fl. (05.5 m)  
22,000 veg. oil (08.0 m)  
13.5 m*

FY 1987 ANNUAL BUDGET SUBMISSION

TABLE XIII

P.L. 480, TITLE II

COUNTRY: Guatemala

SPONSOR'S NAME: CRS

FY 1987

**A. MATERNAL AND CHILD HEALTH** **TOTAL RECIPIENTS** 68.3

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>(Thousands)</u>	
		<u>KGS</u>	<u>Dollars</u>
68.3	Bulgur	353 ✓	81.2
68.3	Yellow Corn	791 ✓	102.8
68.3	NFDM	739 ✓	81.3
68.3	VegOil	374 ✓	327.6
68.3	Wheat Flour	366 ✓	84.2
<b>TOTAL MCH</b>		<b>2,623</b>	<b>677.1</b>

**B. OTHER CHILD FEEDING** **TOTAL RECIPIENTS** 3.6

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>(Thousands)</u>	
		<u>KGS</u>	<u>Dollars</u>
3.6	Bulgur	37 ✓ <sup>OK</sup>	8.5
3.6	Yellow Corn	82 ✓ <sup>with cable</sup>	10.7
3.6	NFDM	77 ✓	8.5
3.6	VegOil	20 ✓	17.6
3.6	Wheat Flour	38 ✓	8.8
<b>TOTAL OTHER CHILD FEEDING</b>		<b>254</b>	<b>54.1</b>

**C. FOOD FOR WORK** **TOTAL RECIPIENTS** 12.0

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>(Thousands)</u>	
		<u>KGS</u>	<u>Dollars</u>
12.0	Bulgur	125 ✓ <sup>with cable</sup>	28.8
12.0	Yellow Corn	279 ✓ <sup>with cable</sup>	36.3
12.0	VegOil	33 ✓ <sup>with MARCH</sup>	29.2
12.0	Wheat Flour	259 ✓	59.5
<b>TOTAL FOOD FOR WORK</b>		<b>696</b>	<b>153.8</b>

**TOTALS (In 000's)**

**No. of Recipients** 83.9 **MT's** 3.6 **Dollars** 885.0

*revisión -*  
 - Se redujo la cantidad de algunas de las provisiones por aproximación de costo - \$35 - a \$85. - (cable mayo - \$789.1)  
 - Dada tal vez la baja tasa de aumento de precios -

PEOPLE INTERVIEWED

USAID: Anthony Cauterucci - Director  
Paul White - Deputy Director  
Richard Burke - Program Officer  
Harry Wing - Chief, Rural Development  
Liliana Ayalde - Chief, Human Resources  
Samuel Skogstad - Chief, Economics  
Thomas Kellerman - Program Office  
Dale Humphrey - Program Office (PSC)  
Roberto Perdomo - Food Officer, Program Office  
John Massie - Human Resources Office

AID/FFP: Judy Gilmore - Chief, Latin American Programs  
Richard Loudis - Guatemala Program Officer  
Hope Sukin-Klauber - FFP/FVA

U.S. Embassy  
Pat Perrin - Political Section

ROCAP: Elena Brineman - General Development officer and  
Nutrition Adviser

INCAP: Dr. Edmundo Alvarez - Director of PROPAG  
Dr. Martin Immig - Director of Research  
Tito Rivera - PROPAG, coordination division  
Mara Galinda - PROPAG, communication division  
Joseph Coblentz - Technical Adviser  
Dr. Isabel Nieves - Anthropologist

Ministry of Health:  
Dr. Enrique Vazquez - Director of Supervision and Evaluation  
Dr. Victor Calderon - Dep. Dir. of Supervision and Evaluation  
Dr. Edmundo Chang - Office of Research  
Lic. Luis I. Ariza S. - Director of Nutrition Monitoring  
Lic. Alma Hernandez - Head of Nutrition Division, MOH

INAFOR: Rodolfo Guzman - Coordinator, Region I  
William Ordonez - Coordinator, Region VI

Peace Corps:  
Ing. Basilio Estrada - Coordinator of Agroforestry Project  
five Peace Corps Volunteers

Municipality of Guatemala City:  
Ing. Carlos Valle - Director of Food for Work Office  
Ing. Roberto Mota - Supervising Engineer

World Food Program: Roque-Castro - Director of Guatemala Office  
Claudia von Roehl - Assistant Director

CARE: Ed Brand - Director, Guatemala  
Dr. Emily Moore - Nutrition Adviser (NY)  
Peter Van Brunt - Director, Latin American Programs (NY)

Dan O'Brien	- Regional Advisor for Health
Barbara Jackson	- Director, Health Program
Elena Vega	- Director, Monitoring System
Michael Goldberg	- Director, Urban Project
Kirsten Johnson	- Director, Agroforestry Project
Gary Berniske	- Former Director, Agroforestry Project
Carlos Garcia	- Director of Food Distribution
Ing. Ricardo Cabrera	- Chief engineer, urban project
Lic. Francisco Marroquin	- Chief of community development (urban)
Osbero Rene Tul Gomez	- Validator
Raul Rudno Burgos	- Validator
Antonio Cifuentes Ochoa	- Validator
Candido Esteban Miranda	- Supervisor
Elsa Yolanda Garnica	- Supervisor
Aroldo Gonzalez Cos.	- Supervisor
Luis Gonzalez de Leon	- Supervisor
Flavio Fuentes Camar	- Supervisor
Cesar Otroy Garcia	- Supervisor
Rodrigo Gonzalez Aguirre	- Supervisor
Carlos Soch Batz	- Supervisor
Jaime Quan	- Supervisor
Noe Alfredo Pineda	- Supervisor

**Adenauer Foundation:**

Dr. Willibold Frehrner	- Director, Guatemala Office
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**Catholic Relief Services:**

M. Daniel Moriarty	- Director, Guatemala
Nick Mills	- Asst. Dir., Latin America (NY)
Adolfo Fuentes	- Food Program Coordinator
William Vazquez	- End Use Checker
Susan Hewes Calderon	- Health Consultant

**Caritas/Guatemala:**

Monsgr. Julio Betancourt	- Bishop, Diocese of San Marcos
Ruben Monterroso	- Director
Benito Herrera	- Director of Food Program
Padre Carlos Rodriguez	- Diocesan Director, Jalapa
Silvia Garcia	- Head of food program, Chimaltenango
Ruben Perez	- Pres. of diocesan committee, San Marcos
Sor Flavia	- Diocesan Director, Chimaltenango

**Caritas/Archdiocese:**

Klaus Lampkin	- Coordinator of food programs
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**SHARE/Guatemala: Janet Esquivel**

- Director

Bart Burkhalter

- Consultant

**FINCA Foundation: John Hatch**

- President

**Penny Foundation:**

Johann Nottebaum

- Ex-Board Member

- 1/3

PAVA Foundation:

Carmen Torres - Chair, Board of Directors  
Dickie Miller - Board of Directors

Planning Assistance Corp.

rural development consulting team:

Charles Patterson  
Kenneth Swanberg

Appropriate Technology International:

William Gschwend - Director of Latin American Programs

Roosevelt Hospital:

Dr. Manuel Garcia - Oral Rehydration Unit  
Dr. Julio Calderon - Pediatrician

Chemonics, Inc.

John Guy Smith - Adviser on post-harvest losses

## LIST OF SITES VISITED

(The evaluators interviewed at least one staff person at all open sites and also conducted individual and group interviews with committee members and beneficiaries at most sites)

### CARE MCH PROJECT

- Guatemala City - Centro de Salud, Zone V  
Centro de Salud, Zone VI  
Puesto de Salud, Loma Tendida  
Puesto de Salud, Pontezuelas
  
- Quetzaltenango- Centro de Salud, Palestina de los Altos  
Centro de Salud, San Lorenzo  
Puesto de Salud, Santa Maria de Jesus  
Centro de Salud, San Pedro  
Puesto de Salud, Salcaja (closed, on strike)  
Puesto de Salud, Zunil (closed, on strike)
  
- Retalhuleu - Puesto de Salud, Nuevo San Carlos  
Puesto de Salud, Cuyotenango
  
- Suchitepequez - Centro de Salud, Rio Bravo
  
- Escuintla - Centro de Salud, La Democracia
  
- Totonicapan - Puesto de Salud, San Andres Xecul
  
- Chiquimula - Centro de Salud, Chiquimula  
Centro de Salud, Jocotan
  
- Izabal - Centro de Salud, Navajoa  
Puesto de Salud, Mariscos  
Centro de Salud, Los Amates
  
- Zacapa - Puesto de Salud, Estanzuela  
Puesto de Salud, San Jorge  
Puesto de Salud, Santa Rosalia  
Puesto de Alud, Vado Hondo

### CARE OCF

- Guatemala City- Casa del Nino #4  
AMG International Verbena Project  
World of Opportunity, Inc.-Hogar para Ninos (Mixco, Dept. of Guatemala)  
Palencia Evangelical Day Care  
Colonia Infantil, Nutrition Rehabilitation Center, San Juan Sacatopeques
  
- Chiquimula - Nutrition Rehabilitation, Centro de las Madres, Jocotan

CRS/CARITAS Food for Work (all in San Marcos)

San Jose Caben - vivero project, road project  
Corinto- vivero project, aboneras  
Santa Rosa vivero project  
San Rafael Soche vivero project  
Santa Teresa bridge, vegetable garden, aboneras

SHARE Food for work (all in Guatemala City)

Colonia Juana de Arco (Zone 18) - resurfacing street  
Alameda Norte (Zone 18) - model municipal waste disposal  
project with National Housing  
Bank  
Colonia Santa Isabel (Zone 3) - retaining wall

Others- Oral Rehydration Unit, Roosevelt Hospital, Guatemala City  
School of the Sisters of San Francisco, San Marcos  
Warehouses in Chimaltenango, Quetzaltenango, San Marcos

Zacapa - Nutrition Rehabilitation, Christian Children's Fund,  
Teculután.

CARE URBAN FFW (all in Guatemala City)

Betania I  
Centra, Verbena (Zone 7)  
Chatarra, Verbena (Zone 7)  
Central Norte y Joya IV, (Zone 7)  
Cochera, Zone 7  
El Carmen, Zone 6  
Jesus de Buen Esperanza, Zone 6  
Landivar, Zone 7  
Plaza de Toros, Zone 13  
Sante Fe, Sector IV, Zone 13  
Santa Fe, Sector V, Zone 13

CARE AGROFORESTRY FFW

Jutiapa - Cerro Gordo  
Obrajuelo  
Panalvio

Quetzaltenango - San Juan Ostencalco

CRS/CARITAS MCH

Guatemala City- El Tejar

Chimaltenango - Clinica Behrhorst, Chimaltenango  
Chuinimachica (Municipalidad de Patzún)  
Chichoy Alto ( " " " )  
Chipiacu ( " " " )  
El Caban ( " " " )  
Saragoza ( " " " )  
Chirijuyu ( " " " )  
Buena Vista ( " " " )

Jalapa - El Durazno  
Sanyuyo  
Caserio Los Gonzalez, Xalapan  
La Paz

Quetzaltenango Maria del Camino  
Ciudad del Niño el Pinal

San Marcos - San Rafael Soche

Teconicapan - Juchaneb

CRS/CARITAS OCF

Chimaltenango - Hogar de Niños Douglas

Quetzaltenango- Guarderia Eva de Yglesias