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**DISPLACED AND STREET CHILDREN'S PROJECT
PROCIPOTES**

**Proyecto de Chicos Integrados por Trabajo, Educación y Salud
("Children Unified by Work, Education, and Health Project")
September 1994 - December 1998**

PROJECT ASSISTANCE COMPLETION REPORT

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TABLE OF CONTENTS

List of Acronyms	III
Executive Summary	I
1 0 BACKGROUND	1
1 1 Environment	1
1 2 Project Design	1
2 0 PROJECT DESCRIPTION	3
2 1 Goals and Objectives	3
2 2 Implementation	4
2 3 Participating NGOs	4
2 4 Beneficiaries	6
3 0 COMPONENTS	9
3 1 Education and Recreation Component	9
3 2 Health Component	10
3 3 Socio-Economic Support Component	12
3 4 Community Participation Component	13
3 5 Institutional Coordination	14
3 6 Indicators	16
4 0 PROJECT ADMINISTRATION	18
4 1 Personnel	18
4 2 Training and Technical Assistance	19
4 3 Methodology for Service Delivery	20
4 4 Monitoring and Evaluation	21
5 0 FINANCIAL MANAGEMENT, MONITORING, AND EVALUATION	23
5 1 Budget Preparation and Analysis	23
5 2 Financial Monitoring	24
5 3 Organizational Structure/Personnel	25
5 4 Cost per Beneficiary Analysis	25
6 0 EVALUATIONS AND AUDITS	26
6 1 Evaluations	26
6 2 Audits	27
7 0 PROJECT ACHIEVEMENTS	28
7 1 NGO Network Development	28
7 2 Field Staff	28
7 3 Strategies and Methodologies	28
7 4 Successful Sustainability of the Project After USAID Funding Ended	30

TABLE OF CONTENTS (CONTINUED)

8 0	LESSONS LEARNED	32
9 0	RECOMMENDATIONS .	35
10 0	POST PROJECT ACTIVITIES	38
11 0	ANNEXES	
	Annex 1	Profile of Participating NGOs
	Annex 2	Risk Factor Scale
	Annex 3	Education Component Flowchart
	Annex 4	Health Component Flowchart
	Annex 5	Community Participation Component Flowchart
	Annex 6	Quarterly and Annual Indicators
	Annex 7	Achievements of Health, Community Participation, Education, and Mental Health Components
	Annex 8	PROCIPOTES' Organizational Chart
	Annex 9	Training Given to the NGOs' Technicians
	Annex 10	Project Obligations and Expenditures

List of Acronyms

ACISAM	Training and Investigation Association for Mental Health (Asociacion de Capacitacion e Investigacion para la Salud Mental)
ADESCOS	Community Development Associations (Asociaciones para el Desarrollo Comunitario)
AGAPE de El Salvador	Association AGAPE of El Salvador (AGAPE de El Salvador)
AMS	Association for Self-determination and Development of Salvadoran Women (Asociacion para la Autodeterminacion y Desarrollo de Mujeres Salvadoreñas)
ASAPROSAR	Salvadoran Association Pro-Rural Health (Asociacion Salvadoreña Pro Salud Rural)
DCOF	Displaced Children and Orphans Fund
FUMA	Maquilishuat Foundation (Fundacion Maquilishuat)
FUNDEMUN	Salvadoran Foundation for the Development of the Woman and the Child (Fundacion Salvadoreña para el Desarrollo de la Mujer y el Niño)
FUSAL	Salvadoran Foundation for Health and Human Development (Fundacion Salvadoreña para la Salud y el Desarrollo Humano)
IDB	Inter-American Development Bank (Banco Interamericano de Desarrollo)
ISPM	Institute for the Protection of Minors (Instituto de Protección al Menor)
MSCI	Medical Service Corporation International
OEF de El Salvador	Association for the Organization and Education of Female Entrepreneurs (Asociacion para la Organizacion y la Educacion Empresarial Femenina)
OPG	Operational Program Grant

List of Acronyms

OPRODE	Professional Development Organization (Organizacion Profesional de Desarrollo)
PACD	Project Action Completion Date
PROSAMI	Maternal Health and Child Survival Project (Proyecto de Salud Materna y Supervivencia Infantil)
PROCIPOTES	Displaced and Street Children's Project (Proyecto de Chicos Integrados por Trabajo, Educacion y Salud)
SNF	The National Secretariat for the Family (Secretaria Nacional de la Familia)
ISSS	Salvadoran Social Security Institute (Instituto Salvadoreño del Seguro Social)
UNICEF	United Nations Children's Funds
USAID-ES	U S Agency for International Development/EI Salvador

EXECUTIVE SUMMARY

Introduction

The twelve years of civil conflict that shook El Salvador in the 1980s and early 1990s had an enormous impact on Salvadoran families. Loss of jobs, homes and family members coupled with the fear of violence and the collapse of national and local institutions resulted in the disruption of community and family values and a rise in negative behaviors such as domestic violence, abandonment and crime. Deprived of familiar social safety nets and support systems, more than 270,000 children have joined the workforce, many under deplorable and dangerous conditions. Over 6,000 Salvadoran youths are believed to be "street children", deriving much of their support and council from their peers. More than 2,000 street children are believed to reside in metropolitan San Salvador.

In October 1994, USAID/El Salvador responded to the growing need for assistance to this highly vulnerable group with an Operational Program Grant entitled "Displaced and Street Children's Project". Known locally as "Proyecto de Chicos Integrados por Trabajo, Educacion y Salud (PROCIPOTES)" (Children Unified by Work, Education and Health), the Project was created to provide social and economic assistance to the growing number of street children and to help them reunite with their families and communities. With funds provided by the USAID Displaced Children and Orphans Fund (DCOF), and USAID/El Salvador, Medical Service Corporation International (MSCI) proposed, implemented, and managed the PROCIPOTES Project.

Established by the U.S. Congress in 1989, DCOF is administered by the Office of Health and Nutrition of USAID/Washington and focuses on issues of loss and displacement among three groups of children in the developing world: street children, children orphaned as a result of HIV/AIDS, and unaccompanied children affected by war. The two-fold objective of the Fund is to improve services to these children and to strengthen local NGOs that provide services for them.

Prior to USAID's PROCIPOTES effort, only one Salvadoran NGO, the Olof Palme Foundation, had implemented a program for the rehabilitation and support of street children. PROCIPOTES not only provided services to displaced children between the ages of 6-18 years, but it also developed an innovative prevention program to keep an even larger population of at-risk school children from falling through the social safety net.

Project Description

The Purpose of the PROCIPOTES Project was

- 1) to support a network of five local NGOs committed to helping high risk street and displaced children to improve their living condition by providing access to education, vocational training, and employment opportunities, while improving

their mental and physical health and emotional security through counseling and education. PROCIPOTES also served as an advocate to promote public awareness of children's rights and the need for services.

- 2) to strengthen the NGO network by improving the participating organizations' institutional management as well as technical and administrative skills that would enable them to sustain long-term initiatives.

At its completion, PROCIPOTES' direct beneficiaries numbered 13,800 including 9,000 children and 4,800 immediate family members. The majority of the latter category were single mothers. Of the 9,000 children, 52% were boys and 48% were girls.

Approximately four percent (500) of the total direct beneficiaries were designated "children in crisis." These children, essentially abandoned by parents and relatives who were often addicted to drugs, required complete rehabilitation. The rest of the children were working children, youths or students considered to be at high risk of becoming problem adolescents and adults.

Services were provided by the Project through four components: education/recreation, health, socio-economic support, and community participation. The health component included physical health and mental health sub-components.

The Education/Recreation Component provided opportunities for both formal and non-formal education. Formal education programs consisted of scholarships and tutoring in literacy and school-related subjects. Non-formal education programs included vocational counseling, outreach programs to promote the rights of working children, vocational training programs, and training programs for volunteers, family members and teachers. Recreation activities included the organization and sponsorship of sports events and field trips as well as athletic and league competitions.

The Health Component consisted of mental health and physical health activities. Support for mental health included group and individual psychological services for children and their families, preventive health programs, and educational programs for children and their parents. Physical health activities included medical screening for disease (including HIV) and nutritional deficiencies, and disease prevention services (such as community health awareness programs) that were implemented through mothers/fathers committees, inter-institutional committees, and support groups.

An important aspect of the health component was the selection and training of community volunteers whose involvement in the Project was crucial to the success of activities in all four components. The Project's coverage was increased by the recruitment of volunteers who were involved in training and leadership promotion. By the end of the Project, 675 volunteers were actively participating in Project activities.

The Socio-economic Support Component sought to enable beneficiaries and their families to improve their living conditions. Elements of the program included placement in vocational workshops, the development of micro-enterprises, and small loans to individual entrepreneurs. Because the participating NGOs had little experience and staff to manage rotating funds, this component was discontinued in 1996.

The Community Participation Component sought to involve the community in seeking solutions to the problems of street children. It included volunteer and community mobilization as well as institutional strengthening and development through the formation of committees of parents, children, volunteers and institutions.

Results

PROCIPOTES was able to bring together many diverse groups to address the problems of street children. It accomplished this by fostering and promoting inter-institutional cooperation among both local and National Government organizations through sponsorship of special programs and joint workshops. Project collaborators included City Halls, Civilian National Police (PNC), the Ministry of Education, the Ministry of Health, the Ombudsman for the Defense of Children, the Salvadoran Institute for the Protection of Minors (ISPM), and the Ministry of Justice.

The Project created a unique risk scale which permitted each child to be accurately evaluated and placed into a group with similar needs. Based on this, PROCIPOTES then developed an integrated model of service delivery that included formal and informal education, recreational and cultural activities, physical and mental health programs, and a mechanism for facilitating community participation in the Project's activities.

One major factor in the Project's success was the preservation of maximum implementation flexibility which allowed the package of services to be tailored to the needs of children in each participating community. This resulted in a sense of community ownership that was the cornerstone of the Project and its best hope for sustainability.

Another major accomplishment of PROCIPOTES was the development of a model for delivering mental health services at the community level. This model allowed children and their families to overcome past abuses, violence, and neglect and to assume new, more positive roles as family and community members.

Five NGO community associations implemented the Project's activities. This approach demonstrated the important role of the community and the family, rather than government agencies, in decision making and service delivery to affect positive changes in the lives of the street children.

During the life of the PROCIPOTES Project

- 168 children recovered from drug addictions and never relapsed,
- 1,106 children received complete scholarships,
- 1,066 children completed and passed their school grade,
- 656 beneficiaries participated in, and completed, vocational training and work,
- 1,883 children in crisis corrected their behavioral problems through therapy,
- 3,500 children benefited from medical consultation and treatment,
- 1,965 boys and girls were organized into Children's Committees,
- 1,423 parents were organized into Parent's Committees,
- 420 institutions and organizations participated in committees,
- 20,508 beneficiaries participated in health education activities, and
- 30,252 people participated in activities that promoted children's rights

At the completion of USAID funding, four of the five participating NGOs had developed sources of funding that permitted them to sustain a significant portion of their programs. The fifth NGO's program was absorbed into the GOES' activities for street children.

Conclusions and Lessons Learned

Perhaps PROCIPOTES' most significant achievements were the rehabilitation and reintroduction of the participating street children back into their families and society, and the reduction of the risk factors that favored the children's return to the street. Empowering communities to become advocates in the fight against the abuse of children, however, was probably equally important. The Project also demonstrated that the control of other risk factors such as premature sexual activity, early teenage pregnancies, sexually transmitted diseases, and management of healthy interpersonal and family relationships are still major challenges in need of attention.

As in most programs that attempt to find solutions to problems, prevention is more effective and less costly than rehabilitation. The investment of human resources through social mobilization was a particularly appropriate response to one of the most crucial problems facing children. This approach is especially relevant in El Salvador because youth are now the predominant demographic segment in the country.

During the Project's final year of operation, PROCIPOTES' tangible results increased and the Project's staff and volunteers matured in their ability to deal with the problems of the street children. This demonstrated the effectiveness of the original project design.

PROCIPOTES' intervention strategy was a direct outgrowth of observations that NGOs had an untapped capacity to effectively mobilize community resources to service the needs of children at risk and at less cost than government provided social services. The Project promoted and reinforced this capacity by strengthening the NGOs' managerial capabilities, promoting volunteer recruitment, supporting community mobilization, and encouraging coordination between NGOs and the government.

The number of beneficiaries, both direct and indirect, increased substantially as a result of the Project's mid-term review. That review recommended that group interventions rather than interventions targeting individual children should be emphasized. The result of the increased emphasis on group intervention and the improved NGO staff experience after 1997 include, by the three remaining project components

Education/Recreation Component. During the Project's four years, some 38,500 beneficiaries participated in this component. Of this total, 22,900 or 60%, benefited in the final year of the Project. From 1997 to 1998, increases by indicator ranged from 1% for beneficiaries that completed and passed their current grade to over 700% for the number of volunteers who learned how to support their community by participating in educational training events.

Health Component encompassing both physical and mental health sub-components, the Health Component served a total of approximately 136,200 persons over the life of the Project. Of these, approximately 71,200 (52%) were seen in 1998.

Mental Health Sub Component during the four years of the project, approximately 54,100 beneficiaries participated in its activities. The beneficiaries of the mental health sub-component increased from approximately 14,800 in 1997 to approximately 36,700 in 1998, representing a 147% rise. From 1997 to 1998, the increases by indicator ranged from 45% for beneficiaries recording an increase in self esteem to a 210% increase in the number of beneficiaries who participated in activities relating to improving community awareness about child abuse and family violence.

Physical Health Sub-Component approximately 82,149 individuals participated in the physical health sub-component over the four year LOP. The fact that 34,519 (42%), of the participants were registered in 1998 is evidence of the increasing momentum of the Project. Those who joined the program in its later stages are believed to have been less needy since the demand for medical services increased by only 6% in the final year (32,000 in 1997 to 34,000 in 1998). In addition, after 1997, there was an overall 50% decline in the number of volunteers and institutional supporters. Possible explanations for this fact include the perception that the later recruits required fewer direct services and the volunteers' perception that support for the Project would end in 1998. Nevertheless, it is of interest that the largest proportion of volunteers, collaborators and institutional supporters was recruited in 1998. That number, approximately 500, represented 27% of the total for the LOP.

Community Participation Component approximately 44,700 individuals took part in the community participation component during the LOP. Of this total, approximately 18,000 or 40%, participated in 1998. While services were actively delivered throughout the closeout period, the number of volunteers, parent committees, community assemblies, and participating institutions declined in the final year. This is interpreted as a need for continuous attention to volunteer recruitment and an equal need to retain existing volunteers as well as replace those lost to attrition.

As part of the Community Participation Component, PROCIPOTES conducted several workshops in 1998. The focus of the workshops was to support gender equality regarding responsibilities toward children in the family. The workshops also helped to define the roles of NGOs and community leaders and to underscore the importance of organizational development as well as financial and administrative sustainability in that process.

Recommendations

Several aspects of the PROCIPOTES Project are worthy of being replicated in other programs, as well as of receiving continued support from non-USAID sources. These include the Project's emphasis on community participation and institutional commitment of both governmental and private sector institutions to the problems facing street children. Another area that has potential for replicability and sustainability is the program of service delivery to the target population that involve a closer working relationships between donor organizations, and the strengthening of the technical and managerial capability of participating NGOs.

A Note on Cost Effectiveness

As a pilot project, PROCIPOTES demonstrated several approaches that can be used to address a problem that gnaws on the social fabric of most countries in Latin America and the World.

While the expenditure to beneficiary ratio appears to be less than cost effective, a project such as PROCIPOTES must be viewed in the broader context of the social and economic costs borne by nations facing the complex and growing street children problem.

Street gangs, while socially unacceptable, are one self-sustaining (albeit negative) approach to providing support to street children. The cost to society in terms of stolen property, lives lost to drugs and prostitution, and the expenses of prisons and expanded police forces to deal with the fall out of crime have a cost to beneficiary ratio that far exceeds the investment in PROCIPOTES or any other street children's program.

As with most social issues, the problem is a "pay me now or pay me later" proposition. The consequences of the "no action alternative" are staggering. USAID and the Government of El Salvador deserve credit for having the foresight to support this experimental and ground breaking project that successfully addressed some of issues related to street children.

The problem of street children is not uniquely Salvadoran. In fact, it is hemispheric if not global in nature. Its legacy is as exportable as it is frightening, and the cost of its remedy will be borne by the international community, one way or another.

1 0 BACKGROUND

1 1 Environment

As a result of the displacement and fragmentation of families during the 12 years of civil conflict in El Salvador, significant numbers of children became homeless. These children who were orphaned, abandoned, or forced to rely on only one parent (usually their mother) eventually made the streets their home. At present, a large number maintain some family ties and return to their homes at the end of the day, while others remain in the streets where they sleep, beg, or steal to survive.

Following the signing of the Peace Agreement in January 1992, unemployment and poverty became dominant social factors in El Salvador as did the migration from rural to urban areas. The disintegration of families due to death, disappearance, or social turmoil led to increasing levels of stress among remaining family members. Family disintegration resulted in physical or verbal abuse, violence, and in many cases, child abandonment. One result was that many children were forced to work and earn income for their families or for their own support.

In the post war period, domestic violence has been identified as one of the factors which forced children into the streets. Efforts to minimizing this trend have been limited and isolated because the institutions that could provide services to deal with this problem have lacked the knowledge, experience, and technology to do so.

In 1991, the Olof Palme Foundation and the Salvadoran Institute for the Protection of Minors, Instituto Salvadoreño de Protección al Menor (ISPM), conducted research related to the issue of street children. The research results indicated that the majority of the children living in the streets were deprived of opportunities to attend school and did not have adequate family support systems. The study also revealed that children's opportunities for progress and personal development were limited and that their exposure to drugs, prostitution, violence, delinquency and other destructive phenomena was increased by their life in the streets.

1 2 Project Design

In 1994, a comprehensive analysis was conducted of the social conditions facing families served by the USAID-supported Maternal Health and Child Survival Project (PROSAMI). Based on this analysis, an unsolicited proposal to address this problem was submitted to USAID/ES by MSCI. The proposal focused on the implementation of a pilot project to improve the lives and futures of displaced and abandoned street children.

The Project strategy was

- 1) to support a network of five local NGOs to work with street and displaced children as well as those at risk of becoming street children by providing access to education, vocational training, employment opportunities, mental and physical health services, and emotional security through counseling, training, and increased awareness among the general public of the problems and the rights of these children, and
- 2) to strengthen the five participating NGOs by providing technical assistance to improve their technical, financial management, and administrative skills

After review by USAID/ES, the proposal was forwarded to the USAID Displaced Children and Orphans Fund (DCOF) in Washington, D C The DCOF was established by the U S Congress in 1989 and is administered by the Office of Health and Nutrition of USAID/W The DCOF focuses on issues of loss and displacement among three groups of children in the developing world street children, children orphaned as a result of HIV/AIDS, and unaccompanied children affected by war The objectives of the DCOF are to improve services to these children and to strengthen local NGOS that implement services for the children and their families

With assistance from the Olof Palme Foundation, the Displaced and Street Children's Project (PROCIPOTES) was initiated in September 1994 through Operational Program Grant No 519-0420-G-00-4111-00 The DCOF approved \$500,000 for a two-year period The Project was subsequently extended through December 31, 1998 The total funding allocated for PROCIPOTES was \$1,905,500 Project funding was also provided by USAID/ES in the amount of \$300,000 and \$100,000 for the years 1997 and 1998, respectively

2.0 PROJECT DESCRIPTION

Under another USAID-funded project, PROSAMI, MSCI had developed mechanisms and methodologies used to support a network of Salvadoran NGOs. Initiated in 1991, the PROSAMI Project was designed to assist high-risk rural communities in strengthening their ability to prevent, detect, and manage the most serious causes of maternal-child illnesses and deaths. PROSAMI initially funded 36 NGOs and supported health projects in 1,200 communities in El Salvador's 14 Departments through a USAID/ES Cooperative Agreement.

The selection of NGOs to participate in the PROCIPOTES Project was based on criteria that were used to create the PROSAMI network of indigenous NGOs. A profile of the NGOs which participated in PROCIPOTES is found in Annex 1.

PROCIPOTES activities were designed to be consistent with Articles 24, 28 and 31 of the UN sponsored Children's Rights Convention. Those Articles state that health, education and recreational activities are fundamental children's rights. PROCIPOTES focused on the promotion of mutually supporting attitudes, strengthening of values, and the development of intellectual and emotional behavior that would give children greater opportunities to be productive adults within society. Prior to PROCIPOTES, only one NGO, the Olof Palme Foundation, had worked on rehabilitating street children.

2.1 Goals and Objectives

Goals

The initial Project goals included increased formal and informal educational opportunities, improved access to basic health services, and expanded opportunities for recreational activities.

The project was structured to identify and provide the children with

- literacy and formal education programs,
- vocational instructions and employment opportunities,
- economic opportunities through lines of credit and micro-enterprises,
- improvement in nutrition and health, and
- emotional stability through individual and group counseling and reintegration into a healthy family environment.

Objectives

The specific objectives with regard to the beneficiaries were to

- improve the literacy levels of the target population,
- promote cultural and recreational activities,
- improve the physical and mental health of the target population,

- increase beneficiary access to job training programs and economic development, and
- promote closer association with the community to provide a safer, more productive environment for the children's developing years

2.2 Implementation Schedule

Project implementation consisted of two phases during the first year. The first phase included program start-up (September 1994 to January 1995). Major activities accomplished during the first phase included

- establishing the field office and hiring of two Project Coordinators,
- standardizing operational procedures for the field office and the participating NGOs,
- conducting interviews with institutions that had a history of working with children,
- developing an Annual Work Plan,
- identifying and selecting participating NGOs,
- receiving and reviewing proposals from the participating NGOs,
- conducting diagnostic surveys of the communities and their target populations, and
- selecting and training of NGO personnel

The second phase of project implementation (February 1995 to September 1995) included implementation, monitoring, supervision, and evaluation of field activities. The major tasks conducted during this period included

- signing sub-grant agreements with the participating NGOs,
- assisting the NGOs to create job descriptions and staffing patterns,
- contracting personnel for each NGO,
- assisting NGOs to develop their annual work plans,
- conducting workshops to coordinate objectives and standardize the NGOs' technical approach to this Project,
- conducting diagnostic surveys of the communities,
- identifying the target population, and
- evaluating the institutional capacity and capability of each NGO

2.3 NGOs Selected to Participate

The initial NGOs selected to participate in the project during the first quarter of 1995 and the location of their operations are shown in Table 1

Table 1
Initial Participating NGOs and The Location of Their Operations

Name of NGO	Departments/Geographic Location
ACISAM in El Paisnal ASAPROSAR FUNDEMUN OEF FUMA	Metropolitan area of San Salvador Santa Ana Usulután San Vicente San Miguel

The NGOs that were active participants in the Project through September 30, 1998 and the location of their operations are shown in Table 2

Table 2
**NGOs Which Participated in PROCIPOTES and
the Location of Their Operations at PACD**

Name of NGO	Departments/Geographic Location
ASAPROSAR OEF OF EL SALVADOR AGAPE OPRODE AMS	SANTA ANA USULUTAN and SAN VICENTE SONSONATE LA LIBERTAD SAN MIGUEL

Two NGOS did not complete the project through the PACD for the following reasons

- the Program focus and geographical site of one NGO, FUMA, changed,
- the management direction, program focus and administrative practices of another NGO, FUNDEMUN, were not consistent with the evolving direction of the Project and its service interventions

During the Project's four years of implementation, eight NGOs participated (see Table 3)

Table 3
NGOs That Participated In the PROCIPOTES Network

ACISAM	Training and Investigation Association for Mental Health
ASAPROSAR	Salvadoran Association Pro-Rural Health
AGAPE of El Salvador	Christian Charity Association for Social Service
FUNDEMUN	Foundation for the Development of Women and Children
OEF of El Salvador	Association for the Organization and Education of Female Enterprises
FUMA	Maquilishuat Foundation
OPRODE	Professional Development Organization
AMS	Association for Self Determination and Development of Salvadoran Women

2 4 Profile of Beneficiaries

In an effort to target high risk areas where a significant number of children were living in the streets, the Project focused its efforts on marginal urban areas as well as in the departments traditionally serviced by the participating NGOs

To optimize planning and resources, the target population was divided into three groups Based on UNICEF's 1994 guidelines, the classifications were

- working children,
- children at risk of becoming street children, and
- street children

Working children are defined as those children who have a home but work for a living *Children at risk of becoming street children* are those children who are prone to living in the streets as a result of their adverse environment and circumstances *Street children* are those children who are homeless and live in the streets

Based on this classification, NGO staff initially selected 80 children to participate in the Project The number of children recruited by the NGOs by the second quarter of 1995 was 125 Of these, 112 were boys and only 13 were girls

This first group was recruited by the NGOs' informal educators from locations where the children spent most of their time such as markets, bus terminals, and parks The children recruited met certain program selection criteria

- had previously taken part in the initial diagnostic survey,

- exhibited characteristics of abandonment, sexual or verbal abuse, dependence on a single parent, or were working,
- had no police record,
- had no background of mental illness, and
- were not under psychiatric treatment

The average age of the initial group of children was between 9 and 17. Eighty-seven (70%) were classified as children at high risk because they were sniffing glue and solvents and did not attend school. The remaining 30% were classified in the low to moderate risk category. The majority of children in crisis among the initial group were boys.

The children were later classified in one of three categories - at some risk, at high risk or in crisis - depending on the characteristics exhibited. In 1996, a risk scale was designed specifically for the purpose of more accurately placing children into the most appropriate category.

The initial risk scale was refined in 1997. This revised risk scale (see Annex 2) involved the following six elements and was used for the remainder of the Project:

- family environment,
- psychosocial well being,
- economic situation,
- health,
- education,
- community environment

The revised risk scale is contained in Annex 2.

The introduction of the refined risk scale allowed the use of a more standardized definition with which to define and prioritize the beneficiaries and their needs, and to design more effective programs to meet those needs.

The mothers of the recruited children were organized into support groups. These groups, which were usually employed in the local markets and plazas, were considered an essential part of the beneficiary population.

In 1996, the number of direct beneficiaries increased to 300, or 60 per participating NGO. The inclusion of immediate family members brought the total beneficiary population to 1,020.

In 1997 and 1998, the Project shifted its emphasis from individualized service interventions to a group service model. This modification was made in response to the findings of the mid-term evaluation team. (The basis for the modification of the strategy and methodology is discussed in Section 6.0.) This decision resulted in an increase of the Project's target population to a total of 10,000 beneficiaries (2,000 for each participating NGO). By the end of the Project, the target population reached 13,800.

direct beneficiaries The distribution of children included 9,000 boys/girls and 4,800 immediate family members, primarily single mothers Of the 9,000 child beneficiaries, 52% were boys and 48% were girls

A total of 4% (500) were categorized as children in crisis who required complete rehabilitation due to their state of abandonment and, in many instances, drug addiction The rest of the children were working children and youths or students at high risk

3.0 COMPONENTS

The Project's major activities were initially divided into four component areas

- Education/Recreation Component,
- Psycho-social Development and Integration Component (evolved into the Health Component in 1997 and included both mental and physical health),
- Socio-economic Support Component (discontinued in 1996¹), and
- Community Participation Component

3.1 Education/Recreation Component

The Project started in 1994 with the objective of promoting and facilitating access to education and recreational activities for street children within the geographic areas serviced by the initial participating NGOs

The Education/Recreation Component included formal and non-formal educational opportunities. Formal education programs included scholarships as well as tutoring and literacy programs. Non-formal education programs included vocational counseling, outreach programs promoting children's rights, vocational training programs, and training programs for volunteers, family members and teachers. Recreation activities included sports events, field trips, as well as athletic and league competitions.

The education/recreation activities were designed to take place with the assistance of local service clubs, neighborhood schools and other organizations involved in the provision of local services and programs.

Among the secondary objectives of this component were

- literacy promotion,
- school attendance enhancement,
- access to cultural and recreational activities, and
- access to a non-formal education system including tutoring outside the classroom as an incentive to enter the regular educational system. Non-formal education was an option for those children who were not accustomed to the formal programs of the public school system.

In 1996, the goals for the Education/Recreation Component were refined to extend access to formal and non-formal education programs to 300 children between the ages of six and eighteen in the risk, high risk, and crisis categories. Two major outcomes were planned for that year:

- 60% (180 children out of 300 of the target population) would become literate, and
- 100% would participate in cultural and recreational activities

¹ Reasons for discontinuing this component are explained on page 12

Following the Mid-Term Evaluation in 1996, the focus of attention was revised. The redesigned Education/Recreation Component was initiated in January 1997 and continued to the end of the project in 1998. Its objectives were to

- include 500 boys and girls from the in-crisis and high-risk categories and their families in formal and non-formal educational activities,
- involve 500 boys and girls and their families in recreational and cultural activities,
- increase the support provided by community institutions for educational, recreational and cultural activities

The Project's initial target population was 500 boys/girls from the streets and their immediate relatives. The indirect beneficiaries, who were also served through the Project, included school children at high risk and their families as defined by the risk scale. Together these two groups totaled 13,800 beneficiaries. This population benefited from educational programs such as literacy circles, education in physical and mental health, and organization and leadership advocacy in the community.

During the four year LOP, approximately 38,500 beneficiaries participated in the educational component. Of this total, 22,900 beneficiaries, (60%), participated in the final year of the Project.

3.2 Health Component (Mental and Physical)

Originally called the Psycho-social Development and Integration Component, the Health Component had sub-components for mental health and physical health. Mental health interventions included group and individual psychological counseling for children and their families, preventive health programs, and education programs for children and their parents. Physical health interventions included general medical screenings, preventive health activities, community health awareness programs, and screening for HIV infection.

The Health Component's objective was to improve the target population's physical and mental health and well being. Physical health interventions initially included individualized medical assessments and screening for each child.

Mental health strategies were designed to identify and treat the effects of the abuse and violence to which many of the children were exposed in their daily lives. At the same time, interventions attempted to restore the children's self-esteem and the sense of trust in their families and other adults. To determine the correct balance of interventions and resources needed to provide these services, a study was conducted in September 1995. The objective was to develop a psychological profile of the boys and girls in the at risk, high risk, and in crisis categories.

The study identified deficits in intellectual and emotional development, deficiencies in visual and motor skills, personality disorders, as well as difficulties in developing

interpersonal relationships with family members Based on the study's findings, two objectives were established for the mental health service interventions of the Project

- to improve the mental health of the children and their families through individual and group activities, and
- to improve the mental health conditions of the boys and girls and the members of the community through preventive programs

Starting in 1995, service delivery methods used by each NGO targeted individuals rather than groups While this approach was beneficial to the recipients , it was felt that the cost was high and probably unsustainable In 1997 a decision was made to adopt a more cost effective, group approach which was implemented for the remainder of the LOP PROCIPOTES was the first project in El Salvador to utilize a group service methodology The NGOs experiences with individualized service delivery during the first two years were beneficial to the Project in that they helped staff members to improve their skills as providers and effectively facilitated the 1997 transition to the group approach

In addition to the individual and group interventions that were provided to the target population, increased emphasis was placed on the inclusion of families and communities NGO staff focused their activities on families and members of the community to identify sources of primary healthcare services, food, clothing and shelter

The participating NGOs also conducted public awareness programs which included the following topics

- drug use prevention,
- sexually transmitted disease prevention,
- reproductive health,
- prevention of violence towards infants,
- prevention of interfamily violence,
- the basis for social development of children,
- non-violent conflict resolution,
- improvement of self-esteem, and
- personality enhancement

The primary mechanisms to increase public awareness about these issues were community campaigns and forums that were conducted as part of festivals and marches

The total number of beneficiaries for both the physical and mental health sub-components was approximately 136,200 over the four year LOP, of which approximately 71,200 received services in 1998 The number of mental health sub-component beneficiaries increased from approximately 14,800 in 1997 to approximately 36,700 in 1998 The number of beneficiaries of physical health interventions was 33,152 in 1997 and 34,519 in 1998 The definition of beneficiary included both those

who received services as well as those who supported the delivery of those services such as the volunteers, collaborators, and local institutions (Annex 7) The rationale behind this definition was that those members of the communities who either received services or supported the delivery of services benefited from their participation in the Project through an increased understanding and awareness of the issues facing the children as well as through the provision of services to the target population

During the LOP, approximately 54,100 individuals received some mental health services through the Project, of which approximately 36,700 beneficiaries did so in the final year of the Project In the Project's final year, all indicators increased Self-esteem measurements increased by 45% and participation in child abuse prevention activities was up 210% over 1997 levels Annex 7 gives a more complete account of indicator changes

In the physical health sub-component, approximately 82,149 beneficiaries participated during the LOP of which 34,519 (42%), participated in 1998 While the number of beneficiaries who received medical services increased from approximately 32,000 in 1997 to approximately 34,000 in 1998, the number of volunteers and institutional supporters declined approximately 50% on an annual basis The number of volunteers, collaborators and institutional supporters was approximately 500 in 1998, representing 27% of the total for the LOP (Annex 7) The decline in volunteers, collaborators, and institutional supporters was due to the decreased attention given to volunteer recruitment and retention, as well as the communities' knowledge that the program was ending

3 3 Socio-Economic Support Component

The Socio-Economic Support Component had the following objectives

- develop support strategies for a work and study program for adolescents between 13 -15 years of age,
- promote vocational training for adolescents between the ages of 16-18,
- promote small loans and income generating micro-enterprises to families so that their children would have increased opportunities to attend formal education, and
- develop strategies for providing scholarships

Children 12 years or younger were encouraged to stay in school rather than learn vocational skills The goal was to increase the children's daily income through alternative methods In several locations, technical assistance was provided to the NGOs by U S Peace Corps Volunteers

The component was discontinued in 1996 because the participating NGOs lacked the experience and resources to manage rotating funds It was also felt that it was not appropriate to invest the resources to make the NGOs proficient in this area With additional time and resources, a socio-economic component could complement the other project components to create a long-term impact that would support greater individual independence as well as more sustainable interventions

Although this component was terminated in 1996, the scholarship awards were continued by the NGOs through the LOP. The scholarship awards were made using Project funds which supported 100% schooling of the target population between the ages of 6 -12. These awards were given to 780 children in the in-crisis category the Project's primary target population. These children were not only mainstreamed into the formal education system, but follow-up visits were provided to ensure meaningful improvement in their academic performance.

3.4 Community Participation Component

The primary objective of the community participation component was to promote community participation in seeking solutions to issues facing children living in the streets (Annex 5).

Other objectives of this component were to

- promote a link between the community and the target population with the NGO serving as the catalyst for the Community Based Organizations (CBO) wishing to strengthen local involvement and to serve the target population,
- create a greater awareness in the community about street children and possible solutions to their problems, and
- organize the community to address the Project's objectives and promote community solutions to its problems and weaknesses.

The Community Participation Component included volunteer and community organization mobilization as well as institutional strengthening and development through the formation of Children's Committees, Parents' Committees, Inter-institutional Committees, and other support groups. The selection and training of community volunteers was instrumental in the success of all activities.

After the Project's Mid-term Evaluation, and in accordance with its recommendations, Community Based Groups were created. These groups included Boys/Girls' Committees, Parents' Committees, and support committees. In late 1996, this effort became the key to the communities' support of, and work with, children. Each committee had a minimum of 10 participants. Through September 30, 1998 a total of 20 committees were formed, each with an average of 25 members.

The purpose of these committees was to involve children with their parents in the efforts to identify the issues impacting the communities' children. The committees also attempted to find solutions to the problems identified in their community and to find resources to implement them. This approach fostered leadership and helped to empower the beneficiaries.

In mid-1996, Inter-institutional Committees were formed to support children's rights and to encourage community participation. Through September 30, 1998, six Inter-institutional Committees were formed with an average of 22 institutions, (including

businesses), in each committee. The involvement of the private sector and representatives of the local government in the project's implementation was a major accomplishment of PROCIPOTES.

Each NGO designed and implemented programs that emphasized children's rights according to the UN Convention on Children's Rights. Campaigns against violence and child exploitation were an integral part of the NGOs and the communities' activities. The volunteers who were involved were recruited and trained by the NGOs' team of technicians and were instrumental in the component's success.

In 1997, substantial efforts were made to involve volunteers and collaborators in promoting the Project's activities. These efforts included training in volunteer philosophy, motivation, recruitment and selection. This process resulted in an increase in coverage, improvement in the quality of service delivery, optimization of human resources and most importantly, the establishment of a sense of ownership by the communities of the Project's service interventions. (Annex 7 discusses the achievements of each component and the number of volunteers that contributed to the activity.)

During the Project's LOP, approximately 44,700 members of the community were engaged in the Community Participation Component.

In addition to service delivery and volunteer/community participation, several workshops were conducted in 1998. The focus of the workshops was to support gender equality relating to family responsibilities to the children, to promote NGO and community leadership, and to strengthen organizational development with emphasis on financial and administrative sustainability.

3.5 Inter-Institutional Coordination

From its inception, PROCIPOTES had a strong commitment to coordinate its work with other institutions. It was anticipated that through community and institutional strengthening, the Project would have the most viable opportunity for sustainability after the PACD.

In 1995, coordination with the U.S. Peace Corps allowed the Project to take advantage of the Peace Corps' experience in credit management and micro-enterprises. Although this collaboration was initially implemented in several of the areas served by the participating NGOs, the joint effort ended when the activities under the Socio-economic Component were terminated in 1996.

The Project also collaborated with the Institute for the Protection of Minors (ISPM), the National Secretariat for the Family (SNF), UNICEF, Radda Barnen, and Save the Children. Technical assistance was coordinated through the Olof Palme Foundation since that organization's objectives and target populations were the closest to those of PROCIPOTES. With Peace Corps funding, joint field training was conducted in April and May, 1995 with Olof Palme's Street Educators.

Inter-institutional coordination included local as well as national government participation. Representatives from PROCIPOTES, City Halls, the Civilian National Police (PNC), the Ministry of Education, the Ministry of Health, the Office of the Ombudsman for the Defense of Children, the Salvadoran Institute for the Protection of Minors (ISPM) and the Ministry of Justice all participated in these collaborative efforts.

Table 4 contains a list of organizations with which the PROCIPOTES collaborated.

Table 4
INSTITUTIONS WITH WHICH PROCIPOTES
COORDINATED AND SHARED ITS WORKING MODEL

Ministry of Education
Ministry of Justice
Institute for the Protection of Minors
National Secretariat of the Family
Olof Palme Foundation
New Life Foundation
UNICEF
U S Peace Corps
Baptist Church
Panamerican Health Organization
Save the Children
Attorney General's Office
FEPADE
Covenant House
The National Civil Police

In 1996, a Permanent Working Group was formed as a result of the "Forum Against Violence". This group worked predominantly with gangs and violence issues that were not the focus of the PROCIPOTES Project. The Project coordinated with other institutions which were working with street children and children at high social risk to create working alliances even though Project staff were not part of the Permanent Working Group after 1996.

PROCIPOTES also collaborated with the Pan American Health Organization (PAHO) in work sessions and information exchange. The purpose of these activities was to share the experiences and data of PROCIPOTES and PAHO's own Community Service Project that was initiated in 1997. The PAHO project targeted the youth population in northern San Salvador. PAHO used the PROCIPOTES community participation approach to encourage continuing community support.

In 1998, local and international inter-institutional coordination was incorporated into the overall PROCIPOTES sustainability plan. Through community and institutional involvement, a forum was developed for the participation of volunteers and collaborators.

and the social mobilization of beneficiaries and the communities to expand the opportunities for growth

With this goal in mind, an institutional video was prepared which described the plight of street children in El Salvador and the work that PROCIPOTES had pioneered to help these children. The video also highlighted what remained to be accomplished. The video, "From the Streets To Hope", ("De la Calle a la Esperanza") was first shown at an IDB Forum on street children held in Mexico City in June 1998. At the IDB forum, the PROCIPOTES video was chosen to be shown at a video festival in Gramado, Brazil in August of the same year. In Brazil, the video was shown along with those of 25 Latin American Network video production that featured a variety of social issues. This video, and the festival itself, gave PROCIPOTES a great opportunity to share its knowledge and experience with communicators from Latin America, international NGOs, local NGOs, community members, and other interested parties.

Active coordination between Project staff and institutions such as FEPADE and the Ministry of Education continued until the end of the Project. Project staff also served on an Advisory Committee that developed policies and guidelines to support programs that were tailored to the needs of children and youth affected by social exclusion. Project experiences were also shared with other institutions including Covenant House which hosted a seminar in May 1997. This meeting allowed NGO technical teams to participate in discussions and presentations relating to children in crisis.

The Salvadoran Institute for the Protection of Minors (ISPM) sent delegates to visit various PROCIPOTES sites and expressed an interest in continuing the work initiated by the Project. In addition, following a meeting with Inter-American Development Bank representatives in Washington, D C , PROCIPOTES was requested to share its guidelines on the preventive attention model that the Project developed for children and adolescents.

3.6 Indicators

Indicators were developed to monitor progress toward the goals defined in the Annual Work Plans. These indicators were also used to measure the activities conducted by each NGO, including the number of beneficiaries who participated in Project activities. This process allowed yearly and quarterly comparisons to be made and modifications to be proposed where indicated.

As a result of observations made during the mid-term evaluation, a review was conducted of both the indicators used by the Project and those used by similar projects in Central and South America. The results of this review indicated that no institution working in Central or in South America had developed an appropriate list of comprehensive indicators.

While the indicators used for PROCIPOTES needed refinement, no viable alternatives were identified prior to the PACD. The indicators that were used allowed the Project to monitor progress such as the transition from individual based interventions to the group

based service delivery methods adopted following the Mid-term Evaluation. The development of indicators throughout the life of the Project proved to be a challenging process that relied on the flexibility of assessing, modifying and correcting the indicators used to reflect the progress and achievements of the Project.

A list of the quarterly and annual indicators used in 1997-1998 is found in Annex 6.

For numerical achievements from 1995-1998 refer to Annex 7.

4.0 PROJECT ADMINISTRATION

The Project was conducted under the supervision of the Office of Health (SO3), USAID/El Salvador. USAID/El Salvador and the DCOF provided funds for technical assistance, training, and commodities for participating NGOs under an operational grants program. Medical Service Corporation International, (MSCI), was selected to implement the Project.

To reduce costs, MSCI initially used administrative and financial staff from the USAID/El Salvador funded PROSAMI Project. These personnel allocated their time to the PROCIPOTES Project on an "as needed" basis. The staff members involved had the appropriate technical and administrative skills and were familiar with USAID's monitoring and reporting requirements. The time spent by the PROSAMI staff in supporting the PROCIPOTES activities was funded by the PROCIPOTES Project. Following the initial start-up period and into the second year, PROCIPOTES Project staff assumed a greater role in the on-going operations of the project.

The NGO selection process consisted of an invitation to NGOs that were already participating in the PROSAMI Project. This was done because these NGOs were familiar with the requirements of operating in an integrated network of local NGOs and were skilled in working with their communities on family and youth issues. The NGOs selected were also experienced in promoting community based service interventions, in mobilizing resources, and in sharing the costs of the services provided.

4.1 Personnel

The personnel assigned to the Project in the start-up phase from 1994 through 1995 included one Project Director/Coordinator and one Secretary. Technical and administrative functions were undertaken by staff from the PROSAMI Project. This situation was modified in 1996 when the Project was extended and the staffing pattern expanded from 2 full time personnel, supplemented by part-time staff, to a full time staff of eight personnel.

The Project hired an Administrative Assistant and a Training and Technical Supervisor in July and October 1995, respectively. In December 1995, two Technical Monitors were added to the staff to support the Health, Community Participation, and Education/Recreation Components. The two remaining positions, Financial Monitor and Driver were filled in April and May 1996.

In addition to the full time staff, the Project received support from PROSAMI in financial management, administration, and management information systems for the Project's computer programs. Warehouse space was also shared with the PROSAMI Project. Financial management, warehouse, and logistical services were provided on an "as-needed" basis through MSCI's home office personnel in Arlington, Virginia.

The PROCIPOTES technical team provided each NGO in the network with continuous monitoring, evaluation, and technical support. The three members assigned to the

technical areas were the Field and Training Supervisor, the Technical Monitor for Education and Health, and the Technical Monitor for Community Participation. In 1996, each NGO was visited once per month by one of the two Technical Monitors. In October 1996, the position of Field and Training Supervisor was eliminated due to budget constraints.

NGOs' Technical Personnel

During the first quarter of 1995, a two person staff was hired for each NGO in accordance with its approved budget. In 1996, each NGO was authorized to increase its Project personnel from two staff members to seven. The seven positions were

- Chief of Project,
- Education Coordinator (performed administrative duties in addition to supporting formal and non-formal education programs),
- Education Facilitator (conducted workshops and facilitated educational fairs and events. This position was eventually consolidated with the Education Coordinator),
- Psychological and Crisis Coordinator,
- Cultural and Recreation Coordinator,
- Community Participation and Economic Support Coordinator, and
- Accountant

PROCIPOTES developed personnel selection criteria in coordination with the participating NGOs. Although Project personnel were not directly involved in the NGOs' personnel selection process, the Project staff did participate in the interview process at the request of any NGO. While the NGO technical teams remained the same from 1997 through the closing of the NGO sub-grants in September 1998, various duties and responsibilities were revised and modified to conform to the Project's shift in emphasis from individual interventions to group service delivery.

4.2 Training and Technical Assistance

Training was an integral part of the Project's support services to the NGOs. Training by Project staff provided NGO personnel with substantive information on such issues as social upheaval, drug addiction, and domestic violence.

The training needs were determined in two ways:

- professional and personal needs were identified by the NGOs' field staff technicians from their own experience, and
- observations were made by the PROCIPOTES Technical Monitors during their monthly field visits and evaluations.

The first PROCIPOTES training event took place in 1995. Eight technicians from the NGOs spent a week working together with the Olof Palme Foundation's Street Educators. At this point, the technicians were taught methods to approach children in crisis situations and their families. They were also taught methods for conducting group

evaluations by the Street Educators After the first training session, there was a follow-up period in which Olof Palme's Street Educators worked with the NGO technicians to refine their skills and put into practice their newly acquired knowledge

The high level of training and technical assistance that was subsequently provided by PROCIPOTES' technical staff positively influenced the productivity of the NGO network The training provided was increased during the Project's transition from individual to group interventions The continuous emphasis on training helped to make the transition as smooth as possible The value of the training received by the NGO staff is also evidenced in their increased value in the job market and the recognition by other institutions that have bid for their services following the end of the Project

Details of the training conducted during the LOP is contained in Annex 9

4 3 Methodology for Service Delivery

During the first two years of work, the Project provided nine basic services to its target population

- individualized tutoring to 100% of the target population,
- vocational counseling, placement and follow up,
- group and individual programs in recreation and sports,
- psychological evaluations aimed at producing individualized plans for each child,
- progressive behavioral counseling for the target population,
- health education,
- mental health education and support services including individual and group therapy for children and family members Special attention was given to victims of child abuse, rape and street violence,
- individual scholarships for formal and non-formal education, and
- small loans for working youth and family members

After the Mid-Term Evaluation in August 1996, the Project model was substantially modified The most noticeable changes in service delivery methodology were

- group interventions increased and individual treatments decreased proportionately,
- psychological tests previously applied to the children were suspended,
- indicators were revised to make them more specific and measurable, and
- the information system was simplified

The development of strategies and actions to introduce the Mid-Term Evaluation's recommendations into the Project took place at the beginning of 1997 The Project team, together with the NGO technical teams, worked closely to make the transition as smooth as possible

4.4 Monitoring and Evaluation

The Project's activities were reported on a monthly as well as quarterly basis. During the first year of activities, the Project Director/Coordinator periodically visited the initial NGOs in the network. Following their hiring in 1996, the Technical Monitors were given responsibility for the periodic monitoring and evaluation of Project activities through the PACD. Their duties also included:

- meetings with the technical teams of each NGO. Each technical component was evaluated based on the four steps of the administrative process (planning, execution, monitoring, and evaluation),
- solving problems that affected the implementation of service delivery interventions to the beneficiary population, and
- analysis and discussion of beneficiaries' problems including
 - 1 individual diagnosis and the development of medical, psychological and educational profiles,
 - 2 an individual treatment plan for each child designed by the technicians from each project component,
 - 3 follow-up and individual progress monitoring in the different areas of intervention, and
 - 4 monitoring of the technicians' performance by supervisors who accompanied them in their activities with the target population
- monthly technical evaluations and submission of recommended corrective actions, as necessary

Early and systematic monitoring, and the analysis of results obtained from evaluation visits reinforced the need for monthly meetings with the NGO Coordinators. This strategy became a source of positive feedback for both the Project staff and the NGO staff. It allowed the Project to:

- standardize criteria by each component,
- learn about the experiences in the six different project locations in El Salvador,
- share training requirements and experiences within the NGO network,
- discuss the approaches used in each of the components,
- conduct on-site regional training activities,
- provide follow-up and coordination of events within the network,
- review the psychological, pedagogical and medical profiles of the target population,
- discuss the network's consolidated quarterly results,
- discuss the NGOs' experiences by component, and
- provide follow-up to the 13 NGO technicians who participated in the Central American Peace Scholarship Program (CAPS Program)²

² Description of the CAPS Program can be found in Section 7.2

Joint technical and financial evaluations were conducted by the Project staff and NGO personnel in 1997 in order to optimize physical and financial resources. These monitoring and evaluation efforts by the Project's technical team provided a balance between technical requirements and available resources. Children and representatives from the communities participated in these discussions.

5 0 FINANCIAL MANAGEMENT, MONITORING AND EVALUATION

An integral component of the Project's design was financial and administrative training, monitoring, and evaluation assistance provided to the participating NGOs. These services were part of the overall institutional strengthening efforts directed toward the Project's integrated approach to strengthening technical and managerial capacity.

Technical assistance was provided to train NGO personnel in proper accounting and financial systems to allow them to discharge their financial fiduciary responsibilities and external donor and reporting requirements. Visits to the NGO field offices, as well as continual monitoring and follow-up assistance to the NGOs, increased their awareness of the benefit of, and the need for, proper financial and managerial controls on financial and physical resources. These efforts to provide institutional strengthening encouraged the NGOs to maintain accurate financial records, prepare timely reports, and receive satisfactory audit opinions from independent accounting firms.

5 1 Budget Preparation and Analysis

As part of the overall financial systems and managerial capacity building efforts, the Project's financial and technical staff provided guidance and support to the NGOs for the development and monitoring of annual work plans and budgets.

The budget process was initiated in the fourth quarter of each preceding year and included training for both new and existing NGO personnel. Following the submission of their first draft budgets, the Project's technical and financial personnel compared the budget with the Annual Work Plan for consistency and program integrity. The NGO staff and the Project staff met to finalize the budget and work plan for the following year. The objectives of the preparation and review process for the Annual Work Plan and budget were to strengthen the NGOs' capabilities and assure consistent project efforts through the uniform application of service interventions and related monitoring, evaluation and reporting.

5 2 Financial Monitoring

Monitoring and evaluation support given to the NGOs had a dual function. First, monitoring and evaluation efforts safeguarded Project assets and assured accurate and reliable financial and managerial reporting. Second, the monitoring and evaluation process was the basis for the participatory support, training and strengthening of the NGOs. Efforts were made to ensure that these services were collaborative and focused on results and accountability.

Three primary functional areas of NGO activity were examined during monitoring visits - technical, financial, and management/administration. Logistics, including the receipt and distribution of goods, was included in the management and administration functional area and did not constitute a major commitment of physical or financial resources.

Financial evaluation elements included

- timely and accurate financial reporting,
- account reconciliation, and
- USAID liquidation reporting, bank account reconciliation, budget analysis, internal control, and counterpart contributions

Important benefits of PROCIPOTES' successful implementation of an efficient financial system were the reduction of year-end audit costs, accurate books and records, and sufficiently documented counterpart contributions. The benefit to both the Project staff and the NGOs from the monitoring and evaluation process was the ability to quickly identify deficiencies and develop corrective actions through training.

The primary objective of the integrated technical, financial, managerial and administrative monitoring and evaluation process was to strengthen the NGOs' institutional capacity. The desired result of the training, monitoring, and corrective action initiatives was to increase the potential for NGO sustainability following Project completion.

The following factors, both positive and negative, were observed during the life of the project:

□ Negative Factors

- general lack of previous experience of most NGOs to keep records, prepare adequate financial reports, be financially accountable, and manage the receipt and disbursement of commodities,
- lack of qualified personnel capable of meeting the NGOs' fiduciary responsibilities,
- lack of administrative and financial internal controls,
- high personnel turnover within the NGO, including accounting personnel, and
- poor human resource development as a result of limited non-programmatic funding (i.e., funding in addition to support provided through the Project), and, therefore, limited training opportunities

□ Positive Factors

- positive NGOs' attitudes regarding active participation in financial and administrative training seminars and events as well as individualized strengthening efforts for each NGO,
- early development of financial and administrative manuals including formal policies and procedures responsive to external requirements. The early development of such manuals, policies and procedures avoided the internal control and systems weaknesses that could have resulted from the lack of such controls and systems, and
- consensus among NGOs regarding Project design weaknesses, and identification of plans and time frames for corrective actions

Implementation of a formal process by the NGOs for the evaluation, follow-up and closing of independent audit findings proved to be a successful outcome of the Project's financial training, monitoring and evaluation activities. The formal audit process used during the Project was designed to be responsive to USAID requirements and to provide transparency of financial information. This was the first experience in an audit process for most of the NGOs in the network. This experience proved valuable because it introduced participating NGOs to financial concepts such as internal control, accountability, financial reporting of counterpart contributions, and fiscal responsibility.

The formal training, monitoring, evaluation and corrective actions used in the Project were successful during the follow-up and closing of the independent audit reports and related audit findings.

5.3 Organizational Structure and Personnel

The Project's organizational structure is shown in Annex 8. The number of PROCIPOTES personnel varied from two (1995) to seven (1998). The personnel in the participating NGOs also varied during the LOP with a total of 35 technical personnel in the field in 1996 and 1997.

5.4 Cost per Beneficiary Analysis

In increasing the coverage to direct and indirect beneficiaries through the group intervention model that combined preventive and curative action, the cost effectiveness by intervention decreased substantially. The difference in costs was established by

- increasing the number of beneficiaries served,
- increasing the Project's geographic target area,
- increasing the number of activities and events for the beneficiaries,
- increasing the services provided by each technical component,
- increasing the involvement of other sectors in supporting the Project,
- increasing the participation of the community through volunteers, collaborators, and committees, and
- increasing the number of beneficiaries receiving academic support and vocational scholarships.

It was, however, difficult to establish a cost per beneficiary relationship because of the diversity of the services rendered to the target population. For instance, there are considerable resource differences in the rehabilitation treatment of a child in crisis versus the prevention of school truancy in a child at low risk.

6.0 EVALUATION AND AUDIT

The Project was formally evaluated in 1996 and audited by an independent audit firm every year from 1994 through 1998. In addition, every NGO was audited by an independent audit firm at the end of each year. The primary purpose of the Mid-Term Evaluation was to assess the progress of the Project from 1994 to August 1996, and to determine the extent to which the Project had achieved its objectives. The evaluators were also asked to make recommendations for future activities.

The evaluating team was comprised of Mr. George Coleman, an independent technical consultant, and Ms. Catherine Savino, who represented the Displaced Children and Orphans Fund (DCOF). Both had prior experience working with children's programs and in conducting evaluations.

6.1 Evaluation

The principal evaluation methods included review of Project documents, interviews with related individuals, and field visits. A questionnaire was designed by the review team and used to guide interviews in the field with the NGOs.

The review team confirmed that the target project population included children at high risk and in crisis. Through a specially designed model of professional service delivery, the Project was able to reach this vulnerable group through a network of NGOs. The training provided by the Project to the NGO technicians gave them skills and a greater level of competence to work with the target population under diverse conditions. While these strategies were appropriate initially, the review team felt that some changes were necessary as the Project evolved.

To make the Project more cost-effective and more accessible to the target population, the team of evaluators made the following recommendations:

- explore the use of other mechanisms of service delivery that are more cost effective,
- increase the number of beneficiaries served,
- focus less on individual interventions and more on group interventions,
- discontinue the battery of tests applied to the children,
- rewrite the indicators to be more specific and measurable,
- emphasize progress in quantifiable terms in the reports, and
- simplify the formats to the extent possible. Only data that is useful to the Project's administration or the technical evaluations should be recorded.

The review team also recommended that the Project should serve a larger population by modifying its past strategy. It also stated that the modifications should not decrease the quality of services rendered nor jeopardize the development of human resources which were considered to be the cornerstone of the Project.

6 2 Audits

In addition to the Mid-Term Evaluation, independent financial audits performed by the accounting firm of Price Waterhouse Coopers concluded that strict accounting methods and controls had been implemented by the Project staff and the participating NGOs. Those accounting methods and controls were considered to be efficient and transparent and supported the safeguarding of Project assets. The accounting procedures employed provided sufficient internal controls for the PROCIPOTES staff to properly account for the use of Project funds for all purchases and activities.

7 0 PROJECT ACHIEVEMENTS

PROCIPOTES was a successful pilot project whose achievements included

7 1 Development of An Efficient NGO Service Delivery Network

The process for selecting NGOs was based on MSCI's institutional capacity and history of participation in similar activities, in this instance, the USAID PROSAMI Project. This approach minimized the need for a more costly and time consuming NGO organizational evaluation. The NGOs selected were organized into a network which worked through the communities and served as a catalyst for Project interventions. They optimized limited resources and provided a realistic approach to sustainable service delivery following Project completion.

7 2 Creation of a Motivated Field Staffs Through Training and Supervision

PROCIPOTES' success depended heavily on the ability of field office and NGO staff members to transfer knowledge and information to children's families and the communities served by the Project. It was important to adequately prepare NGO personnel to serve the target population, to provide continuous follow-up of their work, and to assist them in modifying their technical approaches to the beneficiaries. This was accomplished by providing NGO technicians with continuous support through regular monthly visits. PROCIPOTES' Technical and Financial Monitors. These visits were supplemented with training sessions focused on psychological evaluations, education techniques, psychotherapy, and vocational training. Training also focused on institutional strengthening for subjects such as administration and management, monitoring and evaluation, data collection and analysis, and financial report preparation and analysis.

Some technicians received additional training through the Central American Peace Scholarship Program (CAPS) in community development techniques, organization of youth programs, drug rehabilitation, and helping victims of drug use or violence in the family. This training produced a group of professionals with increased level of expertise that was ideal for work with street children. The professionals worked with the community to facilitate the children's rehabilitation and reinsertion into the community, as well as the counseling of family members to improve their relationships with their children. These efforts led to a better quality of life for the children and their families.

7 3 Design, Introduction, and Implementation of Innovative Strategies and Methodologies for Dealing with Street Children's Problems

- The initial step in the Project's implementation included a diagnosis of the community to be served to gain a preliminary understanding of the needs of the target population. A detailed assessment was performed of the resources available in each community. The list of resources, people, and institutions was used to develop opportunities for training and/or recruitment of volunteers.

- The service delivery model evolved from individual psychological interventions focused on the rehabilitation of troubled youths to an integrated model that included formal as well as non-formal education and school tutoring programs in addition to cultural and recreational activities
- The health component included medical check ups as well as treatment or referrals for observed mental health problems. This approach was instrumental in working with the children and their families and helped to address one of the primary factors leading to abuse and abandonment
- The participation of the community gave the Project strength, cohesion, and an opportunity for sustainability. It also promoted the development of advocacy activities related to children's rights
- Local communities were enriched through the formation of Parents' Committees, Children's Committees and Inter-institutional Committees. These enabled communities to become organized and prioritize, plan, and execute activities. Community participation established the basis through which the Project's NGOs could continue providing services to the target population in at least 4 of the 5 departments served by the Project after USAID funding terminated
- Children's participation in the improvement of their own well being was encouraged throughout the life of the Project. Their participation in identifying needs and priorities, in the preparation of action plans, and in the implementation of the activities was crucial to the Project's success. Their participation also helped them to develop strong ties with their communities
- The advice provided by the Technical and Financial Monitors to the NGO technical teams facilitated the effective use of both human and physical resources. The increased capability gained by each NGO in the areas of financial management and administration enabled them to produce effective reports and evaluations. These skills facilitated the close-out process during the annual independent audits and provided the institutional capabilities that permitted the Project to continue after the termination of USAID funding
- The development of indicators and a unified procedure for collecting and reporting data enabled the Project to accurately compare results achieved to Project goals
- Reports and a video presentation about the Project's work and accomplishments were successful in gaining credibility, cooperation, and the support of government entities as well as local and international NGOs. The recognition of the work performed attracted support from other organizations as well as requests for information about the PROCIPOTES service delivery methodology
- Efforts to increase the public's awareness of the issues facing street children resulted in their inclusion in the national planning agenda. This activity involved FEPADE, the Ministry of Education, USAID and other institutions, during their

participation in the National Childhood Network That Network is now part of the Central American campaign against child abuse

- During the LOP, the NGOs were successful in their efforts to share knowledge and experiences with the communities in which assistance was provided The NGOs also used the mass media to increase public awareness as well as to gain the support of businesses and local institutions to promote children's rights and to obtain additional human and physical resources
- One of the most impressive achievements of the Project was that the Mayors and Governors of the Departments where the Project was implemented provided both personal and logistical support as well as volunteers from their offices to help children and their families Local private businesses such as laboratories, pharmacies, and restaurants provided in-kind support for many of the activities
- The Fire Department and the Armed Forces Brigades collaborated with NGO personnel by providing facilities including basketball courts and soccer fields as well as vehicles to facilitate the children's participation in community recreational and cultural activities
- Vocational training and the strategy to ensure that children in the "Learning for Work Program" continue with their regular school courses were well received approaches to the requirements of the children who had special needs related to their living conditions
- To support sustainability of the NGOs within the communities, PROCIPOTES' strategy focused on institutional and managerial strengthening This strategy included the planning and implementing of multiple workshops in which practical, as well as theoretical, methodologies were introduced The purpose of this action was to focus the community on the sustainability of the Project's service delivery interventions after the Project ended The objectives of this process were the
 - ◆ analysis of several approaches to sustainable activities with reduced funding including increased community involvement and more focused interventions,
 - ◆ development of sustainability plans by each NGO for the continuation of those Project components, or portions of those components, that were viable and fundable in the short term and expandable in the long-term as additional funding was identified

7 4 Successful Sustainability of the Project After USAID Funding Ended

Of the five participating NGOs that were in the network as of September 30, 1998, all developed sustainability plans and were expected to continue the Project in their communities Adjustments to the service delivery model occurred as a result of the reduction of personnel and funding The group of volunteers and collaborators already recruited will be an important source of support to assist the NGOs to continue serving

the targeted beneficiaries including the children who will replace the ones who "graduate" from the program

The four NGOs expected to continue after the PACD (AMS, AGAPE, ASAPROSAR, OEF) will provide services to their beneficiaries because they were able to make funding arrangements with private enterprises and international donors. Their achievements within the Project have given them credibility and access to additional funds.

These NGOs recognize that they must continue to attract funding for project continuation as an ongoing activity.

8.0 LESSONS LEARNED

As an innovative project to address the problem of Salvadoran street children, PROCIPOTES had little or no guidance from the experiences of other programs. As such, every activity undertaken was in effect an innovation in a pioneering effort to alleviate the personal and social burden represented by the plight of street children. Some of the more important lessons learned include

Investing in Institutional Strengthening Has a High Pay Back in Program Implementation

Drawing from the striking success of the PROSAMI Project, a decision was taken to enlist the aid of local NGOs in a program of behavioral change. In most respects, the NGOs, while willing and motivated, lacked the institutional strength to perform the tasks and account for the resources put at their disposal. The need to invest in NGO institutional strengthening was probably the most important lesson learned.

Developing a Technician Profile Facilitates Team Building

The development of a profile for the technicians based on the needs of the Project was vital to creating the multidisciplinary teams that were the key to the success and diversity of the Project. Developing multidisciplinary teams of psychologists, educators, social workers, sociologists and other professionals was a far more efficient approach to implementation than allowing the professionals to work in isolation. The lesson was that objective selection of team members based upon a match of skills and needs was far superior to the selection of personalities based upon intuition.

Conducting a Training Program Based Upon Experience Allows for Course Corrections

Continuous training and monitoring of staff based on feedback from the experiences and needs of the implementers and the observations of supervisors helped to address problems and to make adjustments to the Project. This approach also helped to identify leaders among the technical staff. The Project used community assessment tools to foster a sense of community ownership of the Project and to encourage public participation.

Standardization of Technical Criteria Promotes Program Unification

An early decision to unify and standardize the technical criteria and indicators for community diagnosis, planning, implementation and evaluation allowed cross comparisons between the experiences of different local areas. The approach also promoted a higher degree of professionalism and friendly competition as well as fiscal accountability on the part of participating NGOs.

Integration of Service Delivery Conserves Resources and Eliminates Duplication

The development of an integrated model for service delivery which included health, education, and community participation components permitted the Project to offer a mix of assistance that might be needed by each beneficiary. The alternative, to give equal weight to each component, would have resulted in duplication, waste, and a divisive competition for resources among the implementers.

Group and Individual Counseling as Well as Adherence to a Holistic Approach to Service Delivery Promotes the Welfare of the Child Rather than Treating Symptoms

Related to the integration of services was the early concentration of PROCIPOTES on meeting the needs of the whole child rather than on addressing the individual shortcomings of the child's experiences. This holistic approach communicated a sense of worth to the child that is often lacking in other programs and resulted in improvements in relationships with parents, teachers, and peers as well.

Extremely important in the holistic approach was the role of counseling of children in groups and individually. This approach permitted the adaptation of the program and its resources to the child rather than insisting on conformance from each child to what the program was offering. PROCIPOTES' counseling program included a psychological component that was integrated with practical considerations which also needed attention. It is doubtful that a purely psychological approach would have had much impact if it had not been accompanied by the provision of food, medical services, and shelter.

Development of Survey Tools to Monitor Individual and Program Progress Promotes Community Participation

The preparation of a diagnostic survey in each Department and the yearly update of this document were helpful in assessing the human and institutional resources of each community. The surveys also avoided the duplication of effort.

The technical advisory and monthly monitoring of activities in the field together with the activities of the technical teams were important tools for analyzing Project experiences.

One important lesson learned was that it is possible to mainstream groups of boys and girls who participated in the Project into the formal education system. This was facilitated by a non-sophisticated follow-up plan which allowed for reinforcement in weak areas and addition of non-formal education in appropriate areas. Based on Project indicators, the children who were enrolled in school remained in school and passed with satisfactory grades.

Community Involvement Can Be Effectively Encouraged and Coordinated By Existing Institutions

Working through Community Boards of Directors, NGOs can facilitate the participation of communities in similar projects. PROCIPOTES learned that if follow-up is provided at least once every two months, the empowerment of the beneficiaries and the communities is more likely to occur.

Conventional Approaches Are Not Always the Most Effective

In the course of implementation, PROCIPOTES attempted to use more conventional interventions rather than new ones. In many cases, the conventional approaches were effective. Some lessons learned "the hard way" include:

- the standardized psychological tests used in the United States were not useful for the children in El Salvador because of their complexity and their requirement for a relatively high degree of follow-up and analysis,
- the use of sophisticated psychological tests that required qualified personnel to administer them proved to be ineffective due, in part, to the amount of time needed to administer them,
- it was observed that individual therapies were relatively costly,
- the halfway houses where the children could spend the night and bathe or have something to eat were of questionable value. This observation is due, in part, to the fact that these facilities often lacked permanent personnel to give guidance and supervision required by the children and the funding to provide 24-hour per day services,
- the high turnover of trained personnel resulted not only in the loss of those human resources but also required time and funds to train new personnel.

9 0 RECOMMENDATIONS

While the lessons learned were valuable, PROCIPOTES successfully demonstrated one approach to solving the complex problem of improving the lives of displaced and street children. The Project's approach does not represent the only one that could be taken and was limited in both scope and target population reached. Addressing the problems of displaced and street children in El Salvador was expensive in terms of both human and physical resources. The diverse nature of expertise the Project required could only be applied through a team effort that involved professional care givers, social workers, families, communities, and the institutions of El Salvador. Based on this holistic approach, PROCIPOTES made major improvements in the health, economic security, educational attainment, and vocational opportunities of the lives it touched. The integration of these resources was essential, yet it was not without cost.

Recommendation 1 Provide Sufficient Resources for a Long-Term Effort

Given the complexity of the problem, future programs are not likely to be less challenging or less costly. The "pay now or pay later" alternative, however, suggests that it should be sooner rather than later since the environment facing these children in special circumstances is getting worse instead of better. Today's Salvadoran children face a diminishing number of opportunities for formal education, increasingly fragmented family environments, decreased access to cultural and recreational activities, greater economic disadvantages, poor physical and/or mental health, and general biases towards the disadvantaged. With the costs, complexities of service delivery, and number of children in need increasing, there are no quick, easy, or inexpensive solutions.

Recommendation 2 Work Through Local NGOs and Communities and Invest in Improving Their Capacity to Manage and Implement Programs

The ability of PROCIPOTES to deliver services was important and was vital to the Project's early success. The key to sustaining any future effort, however, is likely to be in the ability of the implementing organizations to involve local NGOs and the communities in the program. To the extent possible, major investments should be made in strengthening the capacity of these institutions to plan, allocate and administer resources, account for expenditures, and monitor progress in addition to delivering services.

Recommendation 3 Plan for Sustainability From Day One Through Advocacy, Team Building, and Fund Raising

Local NGOs working together with communities as well as local and national governmental institutions offer the best opportunity for program sustainability. From the earliest point in the implementation process, the communities and the NGOs need to identify and attract additional financial and human resources. Increased awareness and financial resources can best be achieved through a continuous dialogue between

the communities, the NGOs, and the Government. The dialogue should emphasize children's rights, investment for the future, and the ultimate cost of the "do nothing alternative"

Although not perfect, the Project did improve the lives of many children and raised the consciousness of the participating NGOs, government institutions, and the communities to a badly neglected social problem. There is room for improvement both in the methodology and in the capacity of the institutional infrastructure needed to modify and sustain future interventions.

Recommendation 4 Keep Projects Simple and Monitor Them Using Appropriate and Quantifiable Indicators

Goals and objectives of future efforts should be realistic given the relatively short LOPs of most projects. For example, the integrated model of service delivery used by PROCIPOTES may be appropriate in a limited geographic area that has a relatively small number of children in crisis. The model may be less appropriate on a national basis or in an area with a large and growing population of children who need services.

For PROCIPOTES, selection of output indicators was an elusive goal. While the Project's many input indicators provided valuable information on progress in implementation, indicators to measure long-term impact on individuals or the communities in which they live was not accomplished.

The selection of project indicators should be a priority in future projects and be completed prior to, or at the time of, project inception. Indicators may be refined as the project evolves. Definite tangible results, with clearly identified indicators, should be a primary requirement of any future project. The indicators chosen, whether project specific or component specific, should be quantifiable.

Recommendation 5 Consider Differences Between Communities as Well as Children When Selecting Services and Interventions

The differences between rural and urban environments, various peer pressures, the availability of public and/or private services, and accessibility to the target population should influence the type of services that can effectively be provided. Of course, programs should be planned with ambition and optimism, but selecting a goal that is unrealistic or requires inputs beyond those that can be furnished by the community is unlikely to be sustained when the external funding runs out.

The NGOs that participated in PROCIPOTES developed capabilities that should be preserved and reinforced by the Salvadoran public sector as well as international donors. Local NGOs have a difficult time raising funds, but their capabilities are a valuable national resource. This was acknowledged by the Government which continued to fund portions of the Project following PROCIPOTES' PACD.

Recommendation 6 Make Regular Internal and External Evaluations an Integral Part of the Implementation Process

Future projects to assist children in crisis should include frequent and periodic evaluations of the quality and appropriateness of the interventions used as well as of the Project's progress in meeting its objectives. This approach will facilitate early corrective actions and modifications and serve as an important fulcrum for leveraging additional financial support. For example, a mid-term evaluation was conducted for PROCIPOTES that materially influenced the direction and targets of the Project. If an independent review, or panel of experts, had been consulted on a more frequent basis, additional useful modifications might have been identified, discussed, and implemented.

10.0 POST PROJECT ACTIVITIES

The following information was submitted by the NGOs that participated in the PROCIPOTES Project and continued to provide services after it had terminated. Four of the five NGOs that participated in the Project through the PACD have actively continued the Project's service delivery interventions to varying degrees. The activities of the fifth NGO has been modified and assimilated into the Government's programs for the treatment of children. The programs of AMS, OEF, ASAPROSAR and AGAPE have been continued while the program of OPRODE has been taken over by ISPM.

AMS has recruited volunteers from local universities. The technicians who were originally trained through PROCIPOTES have trained the additional volunteers following the PACDS. The technical staff consists of 2 technicians, 1 social worker and 8 volunteers. The project's focus has been changed to include initiatives to prevent trafficking in children and sexual exploitation. AMS continues several components of the PROCIPOTES Project, but has expanded beyond the children in crisis category. Increased emphasis has been placed on the prevention of child prostitution. The beneficiary population in this area includes 150 children.

OEF continues to implement key Project elements with the exception of the sports component. This component required more time and resources than were available to purchase equipment following the termination of PROCIPOTES funding. OEF has received support from the ISPM for the provision of scholarships. OEF currently has 1 social worker, 1 psychologist and 1 teacher as well as volunteers from local universities. There are 125 child beneficiaries receiving scholarship awards from OEF.

ASAPROSAR has continued the Project's components with 4 staff members including 3 psychologists and 1 social worker. The staff works with 200 children and places heavy emphasis on fund raising to support its activities. The NGO's operating budget covers the 4 staff members and a limited amount of equipment.

AGAPE has continued working with children using PROCIPOTES' main components although increased emphasis is being given to the level of poverty as a high risk factor rather than anti-social conduct or drug addiction. AGAPE currently works with 168 direct beneficiaries and 4,173 indirect beneficiaries.

Although OPRODE no longer works with the target population, the ISPM has collaborated with it to offer scholarships and support other OPRODE educational activities. The ISPM works with 200 children in La Libertad who make a living from fishing. While it does not differentiate between street and working children, ISPM does focus on children at risk with emphasis on the protection of children's rights.

11.0 ANNEXES

PROFILE OF NGOs PARTICIPATING IN PROCIPOTES

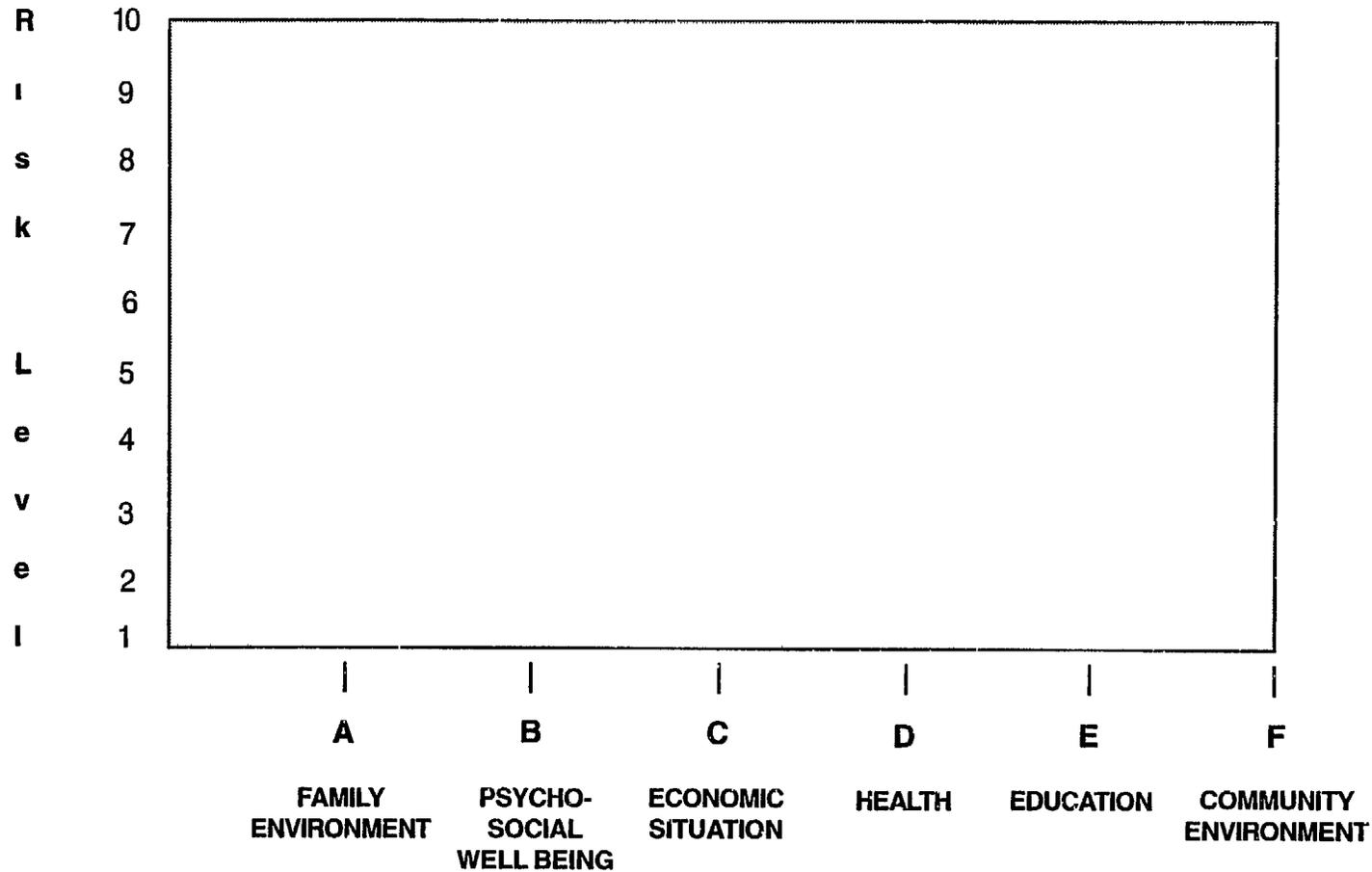
- ASAPROSAR** A private institution dedicated to human development without political preference. Founded in 1972, it obtained its legal status in October 1985. Its goal is to improve the living conditions of peasant families through preventive health interventions and through community mobilization and participation.
- OPRODE** Founded in 1990. Its purpose is to promote social, moral and spiritual growth of the individual as well as the integrated development of communities.
- AGAPE** Founded in 1978, it focuses on the most vulnerable sectors of society. Its approach emphasizes human development through sustainable projects and mechanisms funded by international support.
- AMS** Founded in 1986, its mission is to facilitate the involvement of peasant women and the informal sector in the promotion of local and regional platforms to support women's rights.
- OEF** A private non profit, apolitical organization founded in 1985. Its mission is to facilitate the participation of women in rural and urban-marginal areas. This mission is accomplished through a process of organizational, entrepreneurial, and vocational training, primary health care, technical assistance in business, and loans.
- FUMA** A private institution founded in 1985 whose mission is to contribute to integrated human development at the community level, primarily for solutions to problems regarding health. FUMA places emphasis on those groups at highest risk. It carries out its work through programs focused on health, education, environment, and gender promotion.
- FUNDEMUN** A private institution founded in 1989, with a main office in San Salvador and field offices in Usulután and Chinameca. The mission of FUNDEMUN is to contribute to improving the living conditions of rural and urban marginal families through the development of community participation of women and

men in programs protecting women's and children's health and the generation of income

ACISAM

Provides services to promote psychological awareness in two groups - direct victims of the armed conflict and people from marginal communities lacking basic social services, both in the rural and urban areas. Services have been directed towards preventive mental health activities, focusing on residents and community leaders, school children, parents, teachers, associations and their members utilizing psychological awareness, training, communication, and promotion approaches

RISK FACTOR SCALE



SCALE

- 1-3 low risk
- 4-5 moderate risk
- 6-8 high risk
- 9-10 crisis

Children in the PROCIPOTES Project fell predominantly within two categories moderate risk (60%) and high risk (40%)

Criteria Used in Classifying the Target Population in the Risk Factor Scale

	A FAMILY ENVIRONMENT	B PSYCHOSOCIAL ENVIRONMENT	C ECONOMIC SITUATION	D HEALTH	E EDUCATION	F COMMUNITY ENVIRONMENT
L O W R I S K	-Both biological parents, 3 siblings total	Hyperactive, aggressive behavior Possesses normal social skills Difficulty with verbal expression Possible victim of neglect/ abuse	-Child doesn't work outside home Both parents work Mother at home -Income above minimum wage	-Child with average height/ weight for age House with electricity lack of potable water -Sanitary latrines -No illness other than normal childhood ailments Has balanced diet	-Child in school -Chronological grade level compatible -Makes average grades -May have difficulty with reading or writing -Has organized/unorga- nized play time	-Lives in stable neighborhood -Beer and/or cigarettes available in neighborhood stores -No visible drug abuse problem among inhabitants of the neighborhood -Access to local security (law enforcement police) Access to community support groups
M O D E R A T E R I S K	-Single parent household (biological or extended family) with absentee mother/father, 5 siblings total	Aggressive behavior Low self esteem Poor social skills Deficient interfamily communication Victim of neglect/abuse	-Child works sporadically outside home for parent Parents or family member working/one adult figure stays at home Family income is at minimum wage	-Height/weight below normal for age Limited access to potable water -Unsanitary latrines -Child suffers problems related to intestinal respiratory, skin diseases -Lack of balanced diet	Child with inconsistent attendance in school/ high absenteeism -Has repeated one or more grades Out of place with chrono- logical age and grade level Makes poor grades, demonstrates learning difficulties Limited play opportunities	-Living in transition neighborhood Beer and/or cigarettes and hard liquor available in most neighborhood stores -One or more bars (cantinas) nearby -Visible substance abuse among adults and youth population -Access to local security (law enforcement police) Limited access to community support groups

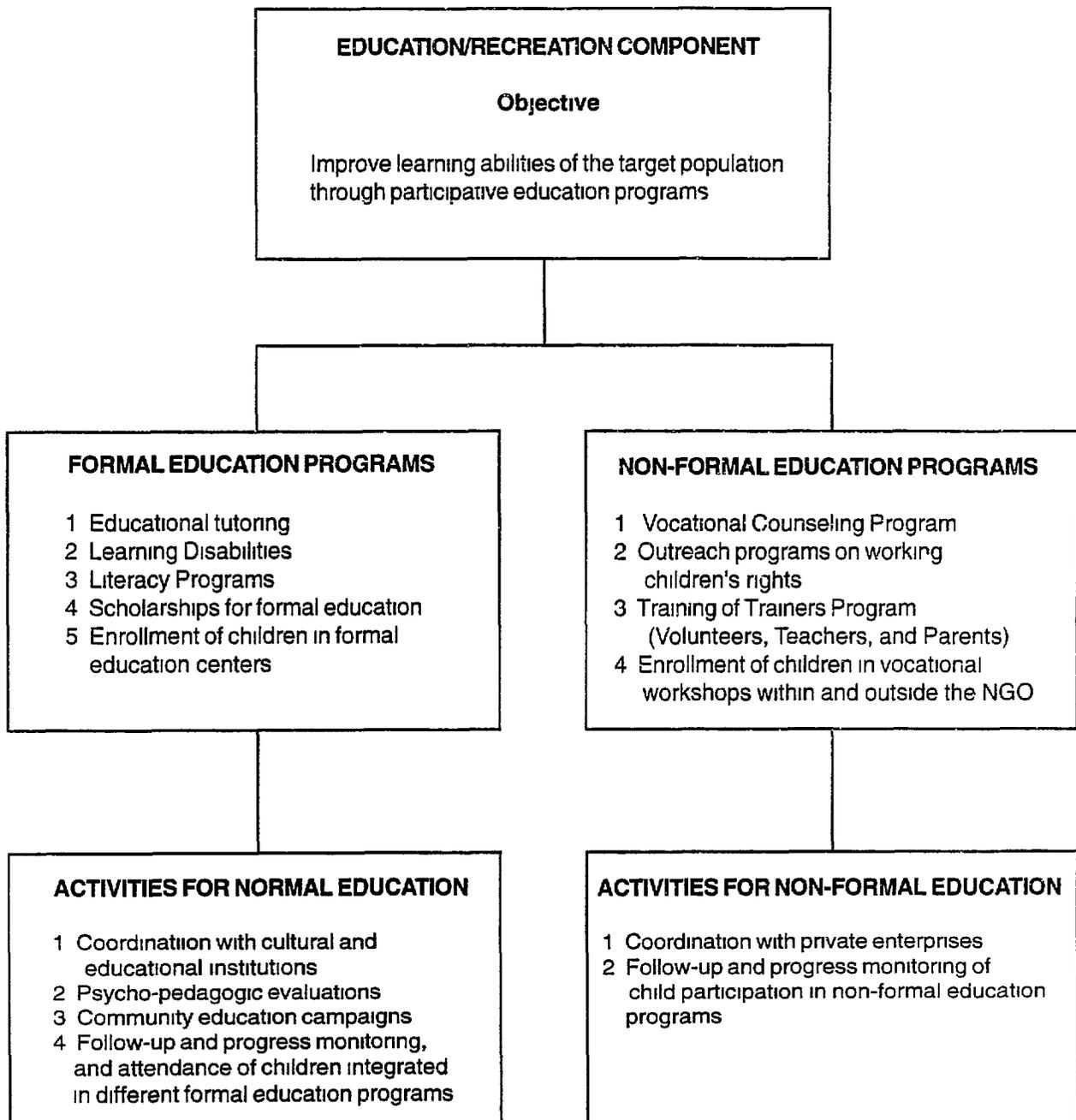
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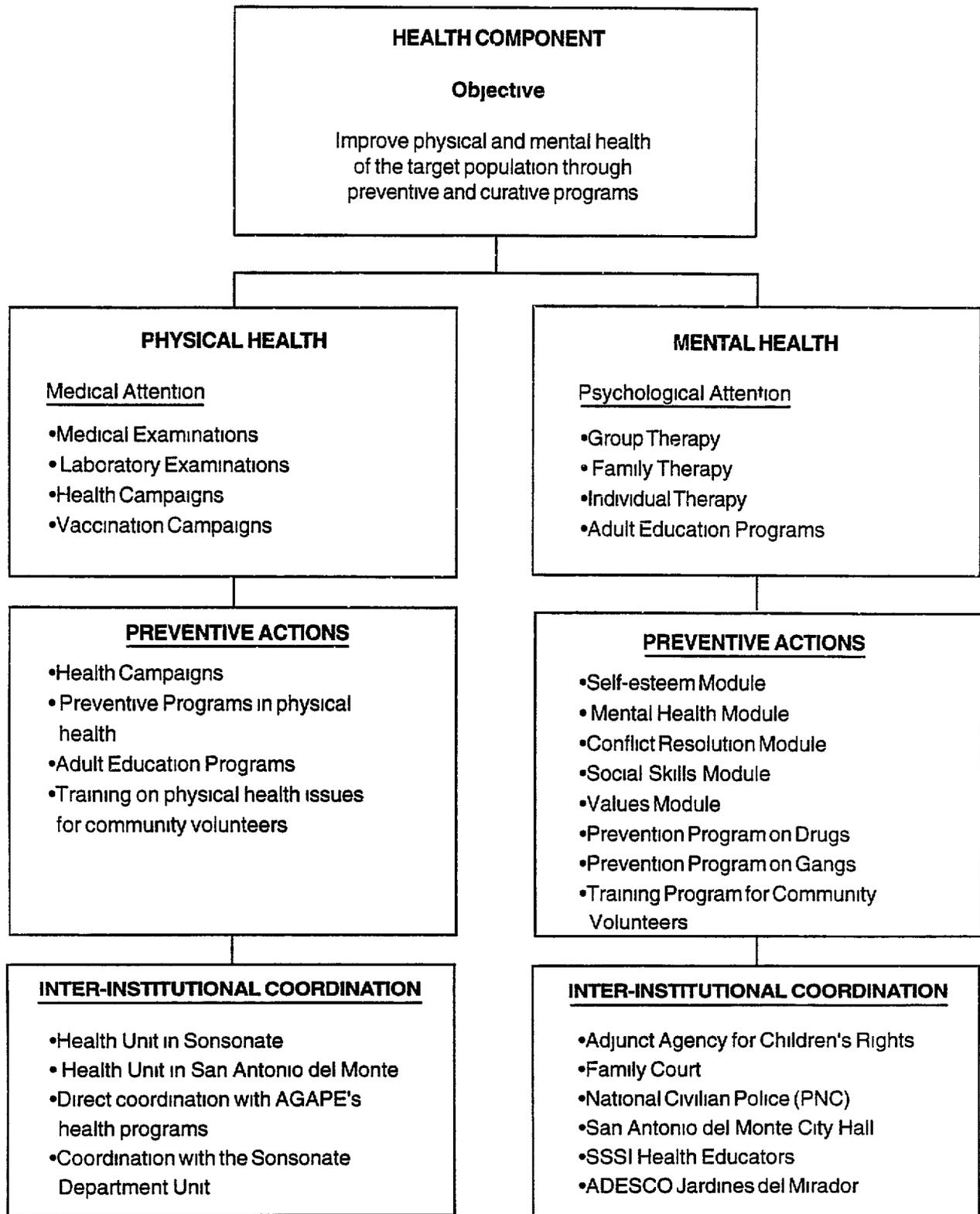
A FAMILY ENVIRONMENT	B PSYCHOSOCIAL WELL BEING	C ECONOMIC SITUATION	D HEALTH	E EDUCATION	F COMMUNITY ENVIRONMENT
Single parent/guardian not biological, more than five children	Anti social behavior Poor self image Victim of emotional/physical abuse Tendencies to victimize others physically Possible first time offender	- Child works full time in/out of home Adult figure may/may not work -Income below minimum wage Probable victim of exploitation	Stunted growth No access to potable water/consumes contaminated water -Overcrowded unclean living quarters -Living quarters shared with animals Constant intestinal, respiratory and skin disorders Possible infections related to sexually transmitted diseases	-Semi illiterate school drop out (for 1 or 2 years) -Learning disability -No organized play opportunities -Limited recreational opportunities -Some vocational skills	-Living in overcrowded semi urban slum settings Presence of one or more gangs Drugs alcohol and other substances available from a variety of sources Insufficient public security -Absence of community programs for substance abuse
No parent/no guardian, the gang is the family, lives in streets or slum housing	Anti social behavior Victim of physical/emotional abuse In conflict with the law Emotionally unstable Needs professional treatment Victim of abuse No self esteem	Child supports him/herself Victim of exploitation -Earns minimum wage or less through illicit or illegal means	-Nutritional deficiencies Anemic Variety of illness related to environment contamination -Needs treatment for sexually transmitted diseases Possible permanent damage from lack of treatment Physical/sensorial disability	-Semi illiterate or illiterate -School drop out (more than 2 years) Never attended school -No vocational skills No access to healthy recreation	Lives in public places Shares one room/shelter with 5 - 10 others Neighborhood characterized by high level of violence Ample access to drugs alcohol and other substances Public security virtually absent

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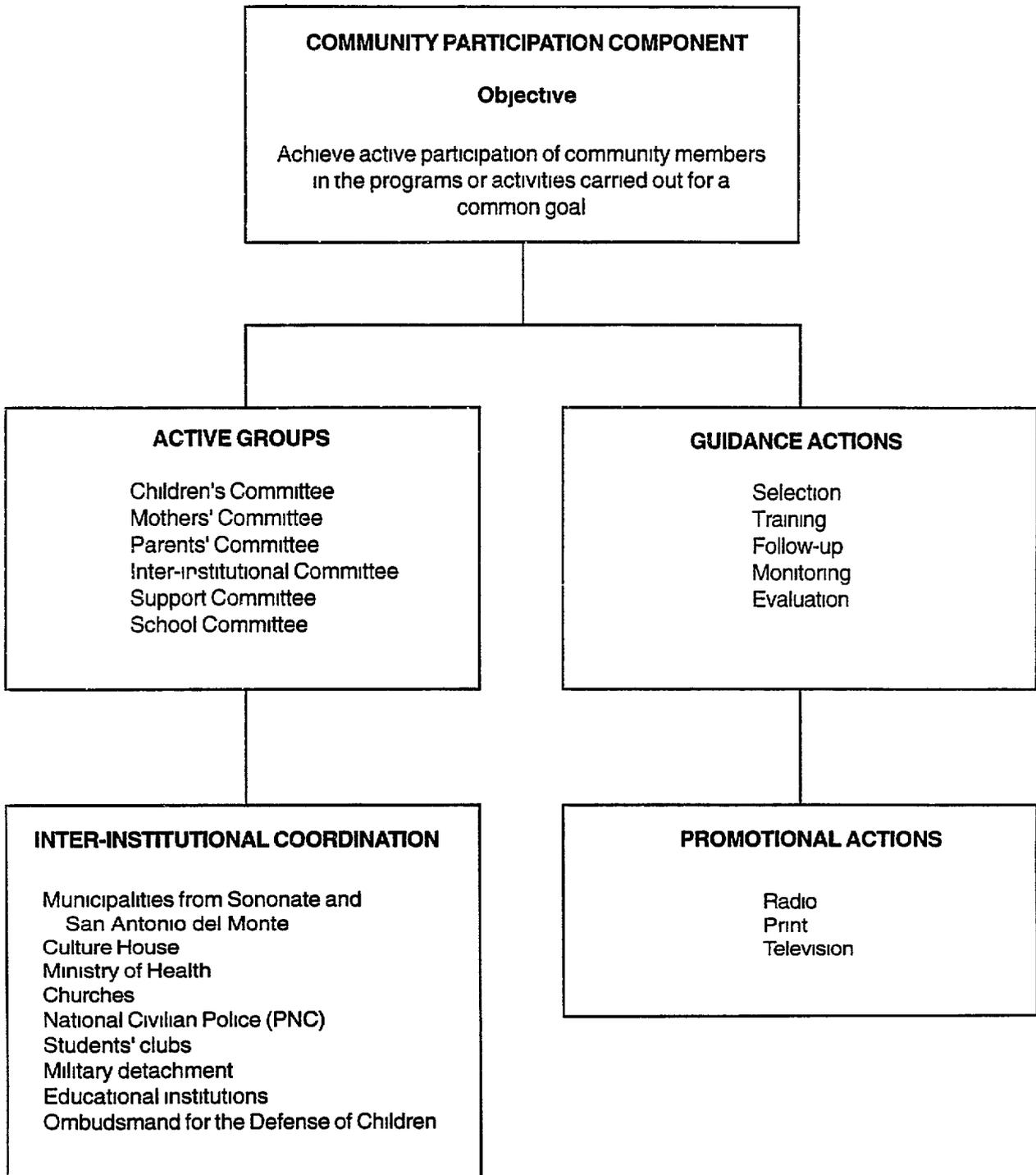
EDUCATION/RECREATION COMPONENT FLOWCHART



HEALTH COMPONENT FLOWCHART



COMMUNITY PARTICIPATION COMPONENT FLOWCHART



QUARTERLY AND ANNUAL INDICATORS

A EDUCATION/RECREATION COMPONENT

- 1 Beneficiaries who participated in literacy courses
- 2 Scholarships (school/vocational) awarded
- 3 Beneficiaries who attended school regularly
- 4 Beneficiaries who participated in tutoring programs
- 5 Beneficiaries who have shown improvement in their learning problems
- 6 Boys/girls who completed and passed grade
- 7 Beneficiaries who participated in vocational training and outreach programs on working children's rights
- 8 Beneficiaries who have participated in sports, cultural, and recreational activities
- 9 Number of volunteers who have participated in training events
- 10 Collaborators who supported the component activities
- 11 Number of institutions which supported the education activities
- 12 Beneficiaries who have participated in discussions related to this component

B HEALTH COMPONENT

- 1 Beneficiaries who have participated in health education activities
- 2 Beneficiaries treated for intestinal parasitic illnesses
- 3 Boys/girls whose nutritional level improved
- 4 Families benefited by home visits
- 5 Relatives who participated in support groups for parents
- 6 Beneficiaries from 6-18 years old in the high risk category whose aggressive conduct decreased
- 7 Beneficiaries who have decreased drug abuse
- 8 Beneficiaries who have participated in activities against child abuse and intrafamily violence
- 9 Volunteers who have participated in training events supporting this component
- 10 Collaborators who supported this component
- 11 Institutions which supported the activities of this component

QUARTERLY AND ANNUAL INDICATORS

C COMMUNITY PARTICIPATION COMPONENT

- 1 Beneficiaries who participated in activities that promote Children's Rights
- 2 Beneficiaries who participated in Children's Committees
- 3 Beneficiaries who participated in activities organized by the Children's Committees
- 4 Mothers/Fathers organized in committees
- 5 Persons who participated in Community Assemblies
- 6 Persons who participated in support committees
- 7 Volunteers who participated in training events supporting this component
- 8 Collaborators who supported this component
- 9 Institutions which participated in inter-institutional committees
- 10 Beneficiaries who participated in discussions

ACHIEVEMENTS OF THE HEALTH COMPONENT
1995 through September, 1998

INDICATORS	BENEFICIARIES				
	1995	1996	1997	1998	TOTAL
Beneficiaries who received medical treatment	*	345	655	2,500	3,500
Beneficiaries who participated in health education activities	*	13,200	28,074	17,809	59,083
Beneficiaries treated for intestinal parasitic illnesses	*	360	1,164	2,604	4,128
Boys/girls whose nutritional status improved	*	360	2,126	2,604	5 090
Volunteers who have participated in training events or supported the health component	*	120	427	112	659
Collaborators who supported this component	*	60	660	203	923
Institutions which supported the activities of this component	*	32	46	58	136

* Data not available

ACHIEVEMENTS OF THE COMMUNITY PARTICIPATION COMPONENT

1995 through September, 1998

INDICATORS	BENEFICIARIES				
	1995	1996	1997	1998	TOTAL
Participating volunteers	*	59	217	167	443
Boys/girls participating in committees	*	60	1,244	661	1,965
Parents participating in committees	*	60	755	608	1,423
Institutions participating in committees	*	64	273	83	420
People participating in community assemblies	*	1,200	2,115	1,211	4,526
People participating in activities to promote children's rights	*	5,850	14,064	10,338	30,252
Number of collaborators supporting project activities	*	48	753	409	1,210

* Data not available

ACHIEVEMENTS OF THE EDUCATION COMPONENT

1995 through September, 1998

INDICATORS	BENEFICIARIES				
	1995	1996	1997	1998	TOTAL
Beneficiaries who have participated in literacy courses		135	155	138	428
Beneficiaries attending school	80	360	500	500	1,440
Beneficiaries who completed and passed grade	40	234	450	342	1,066
Beneficiaries who received scholarships (school/vocational)	7	76	291	732	1,106
Beneficiaries who participated in tutoring activities	80	283	391	568	1,322
Beneficiaries whose learning problems have improved	80	142	353	464	1,039
Beneficiaries who participated in vocational training and outreach programs on working children's rights	27	30	290	309	656
Beneficiaries who participated in sports, cultural, and recreational activities	80	275	2,567	4,139	7,061
Volunteers who participated in training events of the component	*	28	56	348	432
Collaborators who supported the component activities	*	35	151	269	455
Institutions which supported the component activities	*	10	125	158	293
Beneficiaries who participated in talks related to this component	*	180	8,049	9,206	17,615

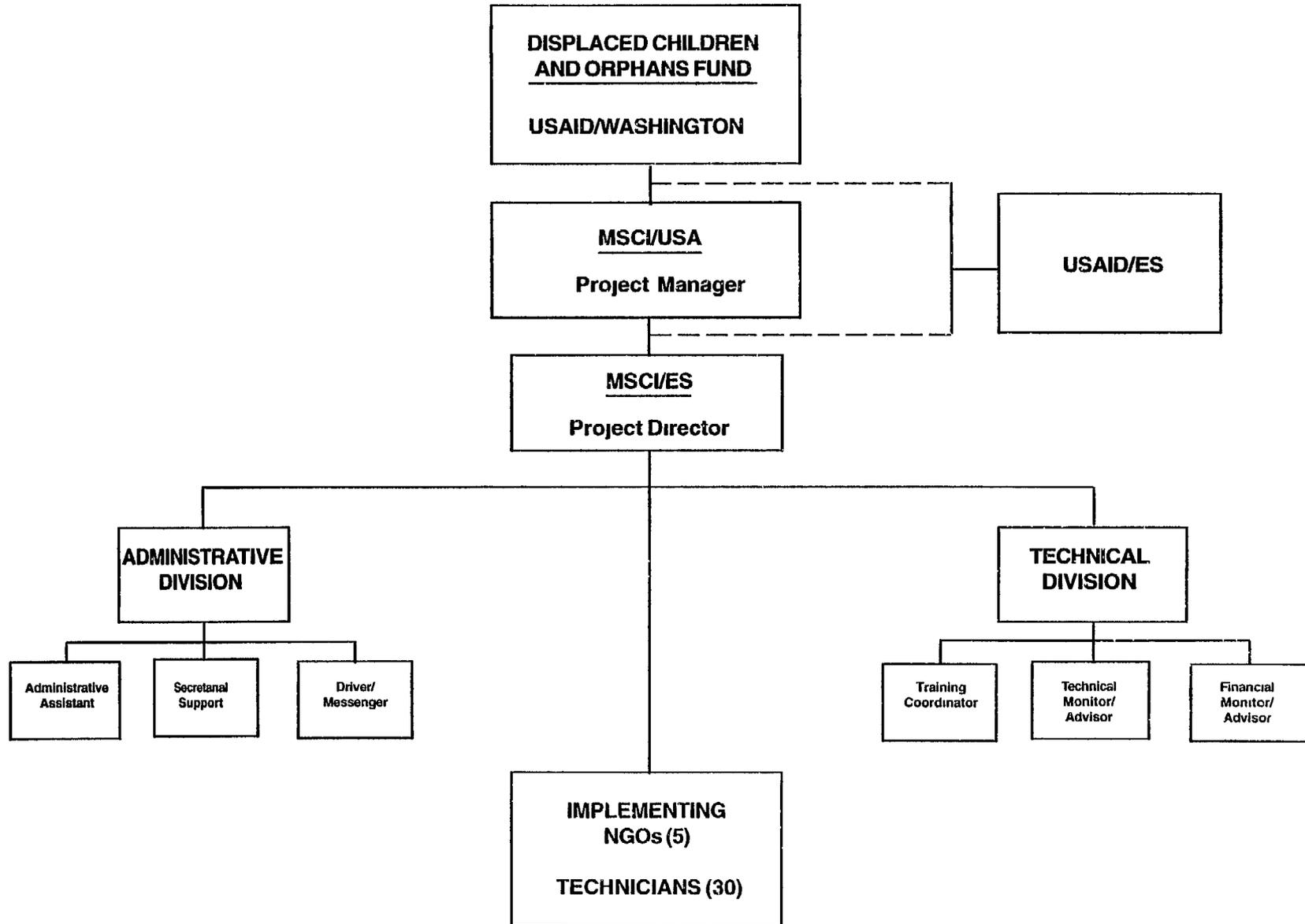
* Data not available

ACHIEVEMENTS OF THE MENTAL HEALTH COMPONENT
1995 through September, 1998

INDICATORS	BENEFICIARIES				
	1995	1996	1997	1998	TOTAL
Beneficiaries who participated in health education activities	80	360	7,651	2,417	20,508
Beneficiaries whose behavioral problems decreased	60	288	468	644	1,460
Beneficiaries who demonstrated improved self-esteem	60	288	735	800	1,883
Beneficiaries who participated in activities to decrease drug abuse	16	33	75	44	168
Volunteers who participated in training events	*	11	91	183	285
Collaborators who support this component	*	13	169	351	533
Institutions which supported activities of this component	*	8	39	69	116
Beneficiaries who participated in activities against child abuse and intrafamily violence	209	1,116	5,601	13,013	19,939

* Data not available

PROCIOTES' ORGANIZATIONAL CHART



11

TRAINING GIVEN TO NGO TECHNICIANS

1995

MONTH	TRAINING	PLACE	FACILITATORS
FEBRUARY	Standardization Criteria and Strategic Planning	FUSAL NGO/Conference Center	Private consultants
MAY	Alternative pedagogy, approaching parents of working children, health problems among the street children, treatment of adolescents under the influence of psychotropic substances	At facilitator's location	The Olof Palme Foundation
OCTOBER	Standardization of Technical Criteria and Strategic Planning	Brisas del Carmelo Convent	PROSAMI Technical Division and Private consultants
1996			
JANUARY	Reporting procedures for technical criteria, managerial tutoring, psychological treatment plans and programs	Franciscan Seminary	PROCIPTES Technical Division and Private consultants
FEBRUARY	Normal and abnormal psychoemotional development of children and adolescents	Loyola Retirement House	Private consultants
MARCH	Application of psychological tests	FUSAL NGO/Conference Center	Private consultants
APRIL	Techniques for the development of programs targeting learning disabilities	FUSAL NGO/Conference Center	PROCIPTES Technical Division
JUNE	Leadership training	At facilitator's location	CAPS Scholarship Program
JULY/AUGUST	Serving high risk and crisis populations	San Antonio, Texas, USA	PROCIPTES Technical Division
NOVEMBER	1997 Strategic Planning	Torogoz Guest House	PROCIPTES Technical Division

TRAINING GIVEN TO NGO TECHNICIANS

1997

MONTH	TRAINING	PLACE	FACILITATORS
FEBRUARY	Standardization of Technical Criteria	Torogoz Guest House	PROCIPOTES Technical Division
APRIL	Community Participation and Sustainability	Torogoz Guest House	PROCIPOTES Technical Division
MAY	Seminar on psychological and pedagogical methods and techniques for working with street children and at risk children	FUSAL NGO/Conference Center	COVENANT HOUSE - Honduras
JUNE	Education on Community Health	At facilitator's location	PROCIPOTES Technical Division
1998			
MARCH	Working with Volunteers	At facilitator's location	PROCIPOTES Technical Division
APRIL	Counterpart Contribution Workshop	At facilitator's location	PROCIPOTES Technical Division
SEPTEMBER	Fathers' parental responsibilities	At facilitator's location	Private Consultant
SEPTEMBER	Leadership and Organizational Development	FUSAL NGO/Conference Center	PROCIPOTES Technical Division

ANNEX 10

PROJECT OBLIGATIONS AND EXPENDITURES
For the Period September 1994 through December 1998

Line Item	Obligations	Expenditures	Balance Remaining
Training	\$541,828	\$565,468	-\$23,640
Technical Assistance	\$254,358	\$282,414	-\$28,056
Personnel	\$659,688	\$610,464	\$49,224
Commodities	\$126,423	\$108,865	\$17,558
Program Administration	\$323,203	\$298,722	\$24,481
	(A)	(B)	
Total USAID	\$1,905,500	\$1,865,933	\$39,567
COUNTERPART CONTRIBUTIONS			
	Projection	Actual Contributions	Actual Contributions over Projection
	(C)		(D)
Counterpart Contributions	\$253,653	\$326,628	\$72,975
Total Project	\$2,159,153	\$2,192,561	

(A+C) (B+C+D)