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EVALUATION REPORT ON THE  
CARE-ADMINISTERED PL 480 TITLE II PROGRAM  
IN COSTA RICA

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## I. Major Findings and Recommendations

This report assesses the operations, effectiveness and coverage of the terminating Title II program administered by CARE in Costa Rica. Although the last annual AID evaluation of this 25 year old program was submitted to AID/W in October 1978, this evaluation takes a closer look at the program during the last four years (1975-1979), because this period coincides with the beginning of the important and extensive Social Development and Family Assistance (DESAF) health and nutrition programs of which the Title II program formed a fully integrated part.

The CARE administered Title II program in Costa Rica has been assisting in three areas with PL 480 inputs into the growing GOCR primary school, pre-school and maternal feeding, and other child feeding programs.

At the present time the GOCR is providing about 95% to 96% of total food inputs, on a value basis, to almost all of the approximately 3,000 public primary schools and to the 526 nutrition and education centers. The PL 480 program provided food to practically all the schools and nutrition centers and will continue to do so until existing stocks and replacements for commodities diverted to Nicaragua are received and distributed. The last shipment of commodities was received in country in September 1978, and existing stocks are expected to be depleted on or about June 1980. Replacement of the commodities sent to Nicaragua for emergency relief in July 1979 is still pending.

In general, CARE accounted properly for the arrival, storage, and internal distribution of PL 480 commodities. Primary responsibility for program implementation and supervision lay on the GOCR counterpart agencies. However, CARE's inspection and monitoring of Title II food re-distribution at the feeding center level has been less than adequate during the last few years, as illustrated by the following examples:

1. There was an average of about 560 ineligible adult recipients (in old age homes) in the other child feeding rubric for at least the past five years. CARE's reporting documentation to AID did not include the distribution of food to old age homes, although reports to CARE did, according to the counterpart agency.
2. The other child feeding institutions were not visited by the CARE inspection staff during the past year and a half. While these institutions represent only about one to two percent of the total Title II beneficiaries, the lack of inspections by CARE probably contributed to the counterpart agency's faulty implementation of the program, as evidenced by irregular allocations and distribution of PL 480 foods.

3. In the last one and a half years, 76% of inspection visits made to schools and 47% of visits made to nutrition centers were concentrated in the province of Guanacaste without apparent sound reasoning.
4. Actions were rarely taken on problems encountered during inspection visits, and information related to inspection findings was rarely conveyed to the GOOCR counterpart entities.

The program's overall planning was inadequate. No program plans were found for FY 1976 and 1977, and a plan was not prepared for FY 1979 because it was not required, according to CARE. After 1975, planning was basically limited to the preparation of CARE Planning, Implementation and Evaluation Reports (PIEs) and Annual Estimates of Requirements (AERs). No new planning was done after the creation in 1975 of the DESAF national nutrition programs, a significant event in the history of Costa Rica's public social assistance programs and services, as well as of the Title II program in Costa Rica. Moreover, the program's post 1975 PIEs and other planning documents do not even indicate that a relationship existed between it and the larger DESAF program it was supporting. AID's evaluations and other documents in this time period are also mute on this point.

Had the proper planning documents been prepared, it is possible that the program could have been adjusted to take into account new circumstances or knowledge. For example, although Title II commodities were found to be generally acceptable, with the exception of the special, large 1977 shipment of whole green peas, the foods supplied were not nutritionally optimal for balancing the program diets they supplemented. The CARE/NY 1977 study on Costa Rica nutrition centers, and later the AID Nutrition Loan-funded research, indicates that the Costa Rican feeding programs more than fulfilled the recipient's protein requirements but fell short considerably in their calorie requirements. Title II commodities were composed primarily of protein-rich foods and hence were not optimal for overcoming the calorie gap; e.g., with a similar expenditure more needed calories could have been supplied, or alternatively, the GOOCR could have been advised to concentrate its resources in supplying the cheaper, higher calorie food products that were required.

Since 1976, coverage of beneficiary groups has been predominantly in the primary school child category, which constitutes about 90% of total Title II recipients. Coverage of pre-school children and pregnant and lactating mothers constitutes about 8.5% of Title II beneficiaries. The 0-3 year old child was not effectively reached with Title II foods, despite the fact that it is nutritionally the highest risk category. According to officials from the Center for Research in Food Technology (CITA), roughly 80% of deaths related to malnutrition occur in this population group. However, it should be pointed out that Title II support to primary school feeding may have freed up GOOCR resources which do get to that group, to some extent, through a Ministry of Health (MOH) take-home food program.

In spite of the foregoing, the Title II program, as part of the large DESAF health and nutrition program, contributed to combating hunger and malnutrition in Costa Rica, the Title II overall purpose/goal. Evidence is shown by a significant improvement in the nutritional status of the 0-4 year old Costa Rican children. Preliminary tabulations of the 1978 National Nutrition Survey, when compared to the 1975 National Nutrition Survey, indicate a nationwide reduction in the percentage of malnourished children from 53.6% to 43.5% (using weight for age measurement). Survey data also point out that a 55% decrease occurred in 3rd degree malnutrition between 1975 and 1978 and a 30% decrease in 2nd degree malnutrition throughout the country.

Moreover, the program was successful in contributing to the establishment of child feeding, and especially of school feeding, as a permanent institution to be supported by indigenous resources.

#### Recommendations

Based on this evaluation's findings about CARE's Title II operations during the past year and a half, the following recommendations are made for the remaining period of Title II commodity distribution:

- CARE, with its limited staff, should make fewer inspection visits but should broaden the geographic coverage of its school and nutrition center inspections and place greater emphasis on taking follow-up action on problems encountered.
- CARE should also broaden its inspections to include other child feeding institutions receiving Title II commodities.
- CARE should take action to prevent distribution of Title II commodities to old-age homes. (As a result of this evaluation, CARE has taken action on this point and has been assured by the counterpart agency that, as of November 1979, distribution of Title II foods to these institutions has been stopped.)

Based on this report's analysis of the program's coverage and benefits to recipient groups and on the national nutrition needs of the highest risk groups, the following recommendations are made should the Title II program be re-instated at some future date:

- CARE should continue to supply Title II foods to nutrition centers for pre-school child and maternal feeding programs.
- CARE and USAID should carefully reexamine the needs of the school feeding program before supporting it with Title II foods, taking into consideration the greater needs of the nutritionally more vulnerable groups, the 0-3 year old children and pregnant/lactating mothers.

- CARE should work with USAID and Costa Rican research entities to study the feasibility of targeting Title II commodities to the 0-3 year olds and pregnant and lactating mothers, especially those in rural areas with little or no access to nutrition centers, through a take-home food program using the nutrition centers as well as the rural health posts and involving rural health field personnel.
- If a feasible take-home food program can be designed, perhaps as a complement to the ongoing MOH program, USAID should work with CARE to interest GOCR operating and funding institutions in such a program and secure their commitment to and participation in it.
- USAID should work with CARE to attempt to import Title II commodities, within the limited range of choice, with a nutrient composition more suitable for the established feeding programs. Alternatively, the GOE should supply the cheaper, higher calorie food products that are required. Current AID loan-financed research in nutrition provides relevant and timely data to support this recommendation. Also, CARE and USAID should seek to avoid importing Title II foods that conflict with AID Nutrition Loan efforts and CARE processing plant production.
- USAID should work with CARE to attempt to import more functional foods, if possible, in order to maximize acceptability, home use and recipient consumption. Alternatively, USAID should cooperate with CARE to develop more functional food products (utilizing Title II commodities) via the current Nutrition Loan or through an OPG, if necessary, to cover the special food technology research and development costs that would be required.
- CARE should prepare a description document for the new program. As another means of improving the program's planning, CARE should also resume preparing annual program plans which take into account and make adjustments for new knowledge or circumstances.

- CARE should also prepare annual schedules of inspection visits, emphasizing trouble-shooting activities, and exchange findings with GOOCR sponsors.
- CARE should work with GOOCR sponsors to develop a better, more uniform reporting system of beneficiary numbers and types and of actual food redistribution. To the degree possible, such an improved system should be compatible with existing or improved GOOCR systems.
- CARE should work with GOOCR sponsors to establish means of two-way communication through which program anomalies can be reported and resolved.

## II. Background

The following summarized background information on CARE PL 480 Title II activities in Costa Rica is organized around the key developments of the program's evolution. This background is intended to place the 25 year program in the context of the Costa Rican setting and experience.

The first key development occurred in February 1959 when CARE and the GOOCR signed a basic agreement on CARE's activities in Costa Rica. In 1957 CARE had already taken over a milk feeding program started by UNICEF. CARE added cheese, and the program became known as the CARE Milk and Cheese Program. In late 1959 a UNICEF-assisted milk processing plant was turned over to the Cooperative Dos Pinos. This resulted in accumulation of milk supplies and CARE's milk feeding program was phased out.

The second key development occurred in 1963 when the Irazú volcano erupted; as a result of the ash fall some of Costa Rica's best dairy lands became unusable and large numbers of dairy cattle perished. This caused a sudden and severe milk shortage. The GOOCR, with concurrence of Dos Pinos, requested CARE to start a new school milk program. Within a year, CARE also began to feed pre-school children at the 67 nutrition centers then in existence, and additional commodities were phased into the programs (vegetable oil, wheat flour, corn soy milk (CSM), whey soy blend (WSB), and corn soy blend (CSB)).

The third key development came in 1966 with CARE's involvement in the nutrition center program as it was being developed and expanded by the GOOCR. The GOOCR's commitment was in large part a response to studies which were finding irreversible brain damage in children which suffered malnutrition in their first five years of life. In the late 1960's CARE attempted to place full responsibility for leadership and initiative in the program on the relevant GOOCR sponsor or counterpart. While CARE retained legal title to the commodities and was responsible to USAID for all phases of the program, each cooperating GOOCR sponsor had physical control of the commodities from receipt to distribution.

The fourth key development occurred in December 1974 with the passage of the Social Development and Family Assistance Law. This law provides funding for public social assistance programs and services. Included in these programs are the School Feeding (Comedores Escolares-CE), the Nutrition and Education Centers (Centros de Educación y Nutrición-CEN), and other social assistance programs. The CE program formally initiated its activities in 1976 with an ambitious plan to provide hot breakfasts and lunches daily to all school aged children (6-12 years old) attending public primary schools. The CARE PL480 Title II program had previously been scheduled to terminate in FY 76, but given the enormous commitment on the part of the GOOCR to school feeding, CARE/CR requested and received approval to store, distribute, supervise, and monitor 12 million lbs. of food in 1977, four times the amount of any previous year. During these last five years CARE followed the same strategy of placing full responsibility on host country institutions for execution of the program, with CARE supervising internal commodity distribution and maintaining inventory controls.

The fifth key development in CARE commodity based programming in Costa Rica may be viewed as the present phase-out and termination. Though no formal phase-out plan was prepared, its main element is the soybean development effort. The premise of this project is that with locally produced soybeans, it would be possible to process a soy-based blended food to replace imported PL480 commodities. The project, including a soybean processing plant, is being implemented with the Ministry of Agriculture (MAG), the Ministry of Health (MOH), and the Mixed Institute for Social Assistance (IMAS), with assistance from

USAID via an Operational Program Grant. The project has suffered delays and the feasibility of using locally grown soybeans has yet to be established.

In June 1979, President Carazo requested a three year extension (July 1979-July 1982) of the Title II school feeding and nutrition center based program in Costa Rica, which was strongly endorsed by USAID/Costa Rica. The President specifically requested the continued imports of PL 480 vegetable oil (1,668,750 kgs. annually) and non-fat dry milk (NFDM) (1,740,000 kgs. annually) to supplement the diets of beneficiaries in the pre-school children, pregnant and lactating mothers, and primary school children categories. In August, the request for extension was denied by AID/W, due to Food for Peace budgetary constraints and urgent food assistance needs in Nicaragua. The AID/W denial stated that the program might be reconsidered at a later date.

### III. Methodology

Program evaluation using a logical framework type methodology was not possible, because there exist no project description documents with clearly stated overall purpose/goals or their indicators.

The Nathan Associates evaluation scope of work outline for PL 480 Title II country programs was not entirely applicable either for the following reasons:

1. It is designed to assess a continuing program in order to direct attention to areas which need improvement, not to evaluate a terminating program.
2. It is structured to serve as a guide to program administration and implementation, as well as to serve as a basis for program and project monitoring--again assuming a continuing program.
3. The outline is designed for an in-depth evaluation conducted by a several-member team spending three consecutive weeks in field work in subject country, followed by three or four person-weeks compiling the evaluation report. USAID/CR did not provide such a level of resources for this evaluation.

Therefore, this report assesses the operations, effectiveness, and coverage of the PL480 Title II program in Costa Rica within the wider context of the country's national feeding and nutrition programs of which it formed a fully integrated part. Emphasis is given to making recommendations which could be relevant to a new Title II program, should it be re-initiated in Costa Rica.

Past AID evaluations of the program were conducted annually; the last evaluation was submitted on October 1978. It should be pointed out that these evaluations were more limited in scope than this one in that they did not examine the Title II program in the context of the national nutrition program, its design relative to national nutrition needs, or its compatibility with

Title II guidelines. Rather, past evaluations were limited to an examination of the program's operations.

This evaluation will attempt to address the broader issues as well.

This evaluation is based on 1) a review of secondary data sources such as AID Audit Report No. 1-515-77-50, correspondence between USAID/CR and CARE/CR, past AID Title II evaluations, CARE internal reviews and records, CARE/N.Y. 1977 CEN Evaluation, CITA studies on school feeding (activity B-3 of AID loan 515-T-026), and GOCR supplied data; and, 2) conversations with CARE, USAID and GOCR officials which included:

Mr. Justin Jackson, CARE Director  
Mr. Danilo Rodríguez, CARE Asst. Director  
Sr. Oscar Murillo, CARE Field Inspector  
Mr. Bastiaan B. Schouten, USAID Associate Director for Operations  
Ms. Mary Day June, USAID Nutrition Project Manager  
Mr. Gussie L. Daniels, USAID Program Officer  
Dr. Carlos Díaz Amador, MOH Nutrition Dept.  
Ing. Luis Fernando Arias, CITA Director  
Ing. Fernando Aguilar, CITA  
Lic. Haydee Brenes, USAID/GOCR Nutrition Project  
Lic. Alexis Vargas Cárdenas, MOE, Family Assistance Dept.  
Lic. Cecilia Arias Calvo, MOE, Family Assistance Dept.  
Lic. Róger Carvajal Bonilla, General Directorate for Family Assistance  
Lic. Rafael Robles, IMAS Executive Director  
Lic. Bernarda Valverde, IMAS Supervision  
Sr. Marco Antonio Ferrandino, IMAS Food Distribution Dept.  
Sr. Omar Arce, MOH Food Distribution Dept.  
Lic. Pablo Vinocour, SIN  
Lic. Mario Tristán, SIN

Visits were made to the following sites:

Escuela Bajos del Virilla, Heredia  
Escuela Palmares, Palmares, Alajuela  
CEN Paracito de Sto. Domingo, Heredia  
CEN Coronado, San José  
CEN and Day-Care Center, Pavas, San José  
Consejo Nacional de Producción (CNP) Expendio No. 14, Heredia  
CARE/MOH Warehouse, Pavas  
IMAS Warehouse, San José  
Ciudad de los Niños, San Francisco, Cartago  
Asociación Roblealto, San José de la Montaña, Heredia and San Jose Offices

Selection of sites was determined on the basis of a cross-section view of large/small schools, apparently well-functioning/apparently not well-functioning CENs (in CARE's opinion), other child feeding institutions (OCF), and commodity storage and distribution points. Because of time

constraints sites relatively close to San José were chosen and the number of visits limited. The sample is not intended to be representative and for this reason the comments about the sites visited are treated under a separate heading, rather than being used throughout the report as data for analysis.

#### IV. Evaluation Report

##### A. Major Changes in the Operation of the Program Since the Last Evaluation (October 1978)

###### 1. CARE's Operations

CARE Director Justin Jackson arrived in country in August 1978. There were no major changes in CARE's operations of the program since the last evaluation. CARE's quasi-passive role in project implementation continued the same as in previous years. Two factors, however, affected CARE's operations during the past year:

a. Due to delays in CARE's soybean project, CARE gave priority attention to that project in order to get the soybean processing plant debugged and operating by mid-1979. Since the Title II program was to be terminating CARE did not consider it warranted having major administrative changes in its operations made at the final phase-out stage (which he feels are needed if program were continued). Thus, CARE's Title II program was put on the back burner, so to speak, which in turn implied inadequate attention on CARE's part to its inspection and monitoring responsibilities (greater detail on this point is given in (B) below).

b. Due to the critical situation in Nicaragua, CARE/CR loaned the following PL 480 Title II commodities for emergency relief to that country:

<u>Commodities</u>	<u>Quantity (M.T.)</u>
NFDM	70
CSM	70
Pea Soup	<u>25</u>
TOTAL	165

The value of the above commodities is US \$50,447. These commodities were originally intended for the GOCR/MOH preschool child/maternal and school feeding programs. The GOCR (MOH) has requested that CARE replace the loaned commodities with 77.7 MT of vegoil valued at US\$50,505. The replacement request is based on a value-for-value basis rather than pound-for-pound. CARE has submitted to USAID/CR a special AER to this effect and approval is pending in AID/W.

###### 2. Host Country Operations Utilizing Title II Inputs

Since responsibility for implementation of Title II projects

lies almost exclusively with counterpart institutions, it is necessary to take a look at their operations and identify any major changes which related to Title II resource use.

a. School Feeding (CE) - This program, the most complex and largest in terms of coverage and costs, has tried three different operational modes in 1978-79: the "old" mode which was followed in 1976, a pilot scheme which was tried in 1978, and the current mode.

As illustrated in Table I, which summarizes and compares the three operational modes, a major change in the CE program operations during the past year was related to indigenous and Title II food distribution systems. The distribution system in 1978 for Title II foods was separate from that of DESAF procured local foods. The MOH distribution of Title II foods was relatively well organized. Large regional schools were distribution points from which smaller surrounding schools picked up their allotments. MOH trucks were used for transporting the commodities to the distribution points. The main drawback was that the large distribution schools often had to divert the use of a large classroom or multi-purpose room for storing the commodities. Local foods were distributed by the National Production Council (CNP) through their sales outlets.

In 1979, the distribution of both Title II and indigenous foods were combined in one system, through the CNP outlet network, to minimize overall transport costs borne by the GOOCR. Title II and local foods are ordered monthly by the local CNP outlet manager from the central CNP office. A visit to one CNP outlet in Heredia illustrated a deficiency of this distribution procedure as regards Title II food availability to schools. The manager simply failed to include all available Title II foods on his monthly order. This resulted in the unavailability of PL480 CSM to 19 schools during a 1 1/2 year period, which in turn may suggest that underfeeding occurs when a commodity (PL 480 or DESAF) is not ordered and made available (See Section E on site visits for greater detail).

Another major change in the CE program's operations which took place during the past year was related to DESAF budgeting for the purchase of indigenous foods. The "old" 1978 operational scheme did not have a well-defined budgetary policy for local food purchases. The pilot scheme that was tried in 1978 budgeted \$0.07 per child per day and allowed the schools to purchase indigenous food products from local establishments. Had this operational mode proven satisfactory, it would have also eliminated the need for a centrally planned and managed food distribution system. However, the pilot scheme was not adopted, primarily because the availability of indigenous food products on local markets varied greatly from community to community.

The current mode is attempting to standardize availability of indigenous foods by going back to the CNP food purchasing and distribution system. There are indications, however, that the operational scheme will go

itions Schemes of CE Program

Pilot Scheme 1978	Current Mode
<p><u>DESAF</u> - Budgeted \$0.07/child/day.                      - Remitted check to each school on enrollment basis.                      - Proposed menus.</p> <p><u>MOH</u> - Ordered delivery of Title II foods and whole milk.</p>	<p><u>MOE</u> - Budgeted \$0.12/child/day                      - Orders delivery of Title II foods.</p> <p><u>DESAF</u> - Proposes menus.                      - Remits food pick-up coupons to schools via CNP outlets.</p> <p><u>MOH</u> - Continues warehouse storage of Title II foods.</p>
<p>- Food purchased with cash by those in charge of administering each CE from local establishments.</p> <p><u>MOH</u> - Continued to distribute Title II foods as before.</p>	<p><u>CNP</u> - Distributes DESAF designated foods and Title II foods to CNP outlets.</p> <p>- Distributes DESAF and Title II foods to CE as indicated on respective food pick-up coupons.</p> <p>- Markets local products.</p> <p>- CE foods must be procured only at CNP sales outlets.</p>
<p><u>PTA and Auxiliary Committee</u> - In charge of CE administration.</p> <p><u>School Director</u> - Advised on administrative matters.</p>	<p><u>PTA and Auxiliary Committee</u> - In charge of CE administration.</p> <p><u>School Director</u> - Advises on administrative matters; supervises head cook.</p>

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Active participation of PTA and Auxiliary Committee in Administrative duties and financial support for procuring menu-complementing food items was encouraged.

Strong PTA and Auxiliary Committee financial and administrative support is encouraged.

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through additional modifications in the future, due to the fact that small, rural schools are as yet not receiving all their food allotments or are receiving damaged goods or spoiled perishables. The major problem is the lengthiness of the food distribution chain to reach the small, isolated schools.

The current operational scheme increased the amount that DESAF budgeted for indigenous food purchase costs from \$0.07 per child per day, that was tried in the pilot scheme, to \$0.12 per child per day. This reflected the GOCCR's continued concern for and commitment to providing school children with an adequate diet. This increased assumption of costs by the GOCCR to achieve the school feeding program's objectives coincided with Title II general policy on phase-out.

The administrative and supervisory aspects of the CE program as carried out by host country participants have not changed substantially. Administrative tasks at the school level are carried out by the school directors and the PTAs.

Supervision of the program, including Title II commodity use and consumption is done by MOE regional supervisors and, to a lesser extent, by CARE's field inspector. The DESAF Department in the MOE has established rules detailing the duties and functions of all program participants responsible for administrative and supervisory matters. However, reporting and control activities are not always carried out as prescribed. For example, the monthly consumption reports which CARE receives from MOE circuit-level heads are often incomplete and confusing. Another serious deficiency has been the lack of an effective two-way communication system for resolving administrative and reporting problems, as well as problems related to food distribution and utilization, including that of Title II foods. (See Section D on site visits for more detail on these types of problems).

b. Nutrition and Education Centers (CEN) - According to officials of the MOH, there are currently 526 CENs operational in Costa Rica serving hot breakfasts and lunches six days a week to approximately 25,000 pre-school aged children and about 3,000 pregnant/lactating mothers. There have been no major changes in the CEN program's operations. These can be summarized as follows:

At Central Levels: MOH - Budgeted \$0.18 per child/day (as of Nov. 1979 this amount will be increased to \$0.20 per child/day).

- Orders monthly delivery of Title II foods and GOCCR purchased whole milk.
- Proposes menus.

DESAF - - Remits check to each CEN on per child basis for local fresh food purchases.

- Remits food pick-up coupons to CENs via CNP outlets for basic grains.

MOE - Designates teacher if kinder exists in CEN.

Food Supply and Distribution:

MOH - Delivers Title II foods and local powdered whole milk to CENs.

CNP - Supplies basic grains, lard or oil (if Title II oil is in short supply), and a few other non-perishables as indicated on respective pick-up coupons.

Local Retail Establishments - Sell perishables to CEN Local Nutrition Committee.

CEN Administrative Structure:

Local Nutrition Committee

- Purchases foods from local establishments with DESAF funds.
- In charge of CEN administration.

Auxiliary Nutritionist or Nurse (MOH)

- Makes at least two supervisory visits to CEN per month.
- Keeps weight charts on CEN participants.

Community Participation:

The Local Nutrition Committee contributes additional financial support generated via community fund-raising activities to meet miscellaneous CEN costs and needs.

The CENs operate year round, unlike the CEs, which operate during the school year (although more and more the latter are extending their feeding services into the school vacation period).

The MOH continues to distribute Title II foods along with local powdered whole milk directly to the CNPs using its own trucks. For a few remote CENs the MOH makes deliveries by plane or boats. However, as the head of the MOH Food Distribution Dept. told me, "Most of the CENs are accessible; very few are in such isolated areas that road transport cannot be used". This last bit of information underscores the observation made by various persons interviewed

by the evaluator that the CEN services are not designed for effectively reaching isolated rural areas.

Indigenous foods such as basic grains and a few other non-perishables are distributed to the CENS by the CNP through its local outlets. It is noteworthy that the MOH has not adopted the CNP food distribution system for distributing Title II foods and local powdered whole milk, as was done for the CE program to lower GOGR transport costs. However, the MOH is presently analyzing its centralized transport/distribution system vis-a-vis the CNP distribution system to determine which would be the most cost-effective.

MOH supervision of the CENS is generally done regularly and frequently. Weight for age charts are kept for each child. The visiting auxiliary nutritionist or nurse also offers the cooks advice and orientation on food handling and preparation of the MOH prepared menus.

Recipient selection and referral to the CENS is theoretically made by local health post personnel. But, in fact, any child under the age of six may attend regardless of need or nutritional status. The 1977 CARE/NY CEN study (funded by AID/W) found that the nutritional status of CEN participants was barely inferior to the nutritional status of Costa Rican pre-school children in general. MOH officials are apparently not overly concerned about this non-selective recipient targeting. They state that the CEN program is not solely a nutrition rehabilitation project, but mainly a vehicle for preventing malnutrition. Given the foregoing and the fact that the CENS reach only about 10% of the 2-5 year old population group, Title II commodity targeting to really malnourished pre-school children has not been optimal in the CEN program. (See Section F for further discussion on program targeting).

Other deficiencies noted in the Title II supported CEN program are the following:

- failure of CENS to attract and incorporate greater numbers of pregnant and lactating mothers into feeding activities; this group and their young pre-school children constitutes the highest priority recipient group in the AID Title II guidelines;
- failure of many communities to utilize the centers for more educational activities, especially as a means to impart nutrition education to mothers and their young children.

c. Other Child Feeding (OCF) - There have been no major changes in the OCF program's operations as implemented by IMAS. The OCF program falls under IMAS' Social Action Program, a decentralized system which receives public and private resources and donations to provide and channel assistance in the form of foods, medicines, and other materials and supplies to needy persons, families, or institutions housing children, old-aged persons, invalids, etc.

The Social Action Program's Food Administration Department is in charge of storing, allocating, and distributing foods, including Title II commodities, to recipient institutions. Allocations are considered supplementary assistance and are theoretically based on numbers of beneficiaries in the institutions. The department sends food pick-up receipts on a monthly basis and delivery is made usually at IMAS's central warehouse in San José or, in the cases of poorer or more distant institutions, at those institutions by IMAS vehicles.

The department also programs monthly inspection visits to each beneficiary institution. The two institutions supplied with Title II commodities via IMAS which the evaluator visited did not bear this out: one institution reported receiving approximately one visit per year, and the other reported no visits in the last couple of years.

A review of institutions supplied with Title II commodities revealed an ineligible recipient category: institutionalized adults in old-age homes.

The table below gives absolute numbers for this ineligible adult group, as well as percentages of total annual beneficiaries receiving CARE donated Title II commodities through the IMAS program in the last five years:

<u>1975</u>		<u>1976</u>		<u>1977</u>		<u>1978</u>		<u>1979</u>	
<u>No.</u>	<u>%</u>								
541	12.6	345	8.9	832	19.4	851	16.7	220	7.4

The CARE field inspection staff did not visit any IMAS institutions receiving Title II commodities during the past year and a half, other than to accompany the evaluator on a visit to one OCF institution during the course of this evaluation. Moreover, CARE did not include this adult recipient group in its reporting documents to AID, even though, according to IMAS officials, IMAS regularly reported to CARE that it was distributing Title II foods to old age homes. IMAS officials also stated that CARE never brought to their attention that this group was not to be receiving PL 480 commodities. The matter is aggravated by the fact that DESAF supports these old age institutions with foods and equipment. Past AID audits and evaluations did not find this anomaly.

Other deficiencies noted in the operations of the IMAS implemented OCF program are the following:

- irregular delivery of Title II commodities to some institutions;
- allocations of Title II commodities by IMAS did not always correspond to number of institutional recipients;

- allocations of Title II commodities to some institutions varied from month to month, even though beneficiary numbers remained almost constant.

The three deficiencies given above suggest that, as a result of irregular allocations and delivery of Title II foods by IMAS, underfeeding may be occurring in the OCF institutions, especially those which have not yet begun to receive direct DESAF support.

Two directors of OCF institutions reported that in the past it was oftentimes difficult to receive satisfactory responses from IMAS officials to their queries regarding irregular Title II food deliveries and allocations. An indication of the troubled relationship between IMAS and some of the beneficiary OCF institutions, as well as of the lack of an effective communication between them, is the fact that six or seven of the larger OCF institutions are currently in the process of forming a federation with legal status in order to pool their strengths and demand better service from IMAS or bypass IMAS altogether and deal directly with DESAF.

B. Actions Taken by CARE to Carry Out Those Recommendations Made in the Last AID Evaluation Which Related to Inspection, Monitoring, and Distribution of PL480 Commodities

The CARE Director responded to this subject in his memo No. 8-79 which is included, along with a copy of the above referenced evaluation recommendations, as an annex to this report. A review of the recommendations and of CARE's comments follow below:

a. Recommendation No. 1

It is understandable, from an administrative point of view, that hiring and training additional field inspectors in the program's final phase-out stage in order to substantially improve end-use center inspections is not justifiable.

Nevertheless, the question arises: what if the program had been extended, as has occurred so many times in the past? A year of inadequate or insufficient inspection cannot be made up. Therefore, given one field inspector and CARE's administrative constraints for employing more, perhaps the emphasis should have been on fewer visits but with greater follow-up.

In CY 1978 - May 1979, the CARE inspector visited 169 schools. Of these, 129 were in Guanacaste, 28 in Puntarenas, and 12 in Heredia. An explanation for the preponderance of visits to schools in Guanacaste is devoid of reason. According to the inspector, Guanacastecan schools have higher and better consumption levels of Title II commodities, and, he is more familiar with that area. It is apparent that CARE's management should have supervised his activities a bit closer.

Also, a cursory review of the inspector's visit reports brought to light that important sections of the visitation forms were usually left blank, e.g., number of CARE beneficiaries at the CE, action taken to problems encountered, and date of last visit. Thus, even though an average of 9.9 schools were visited each month during the stated period, it would appear that the inspection visits were more a formality than an important, integral element of CARE's supervisory responsibilities, especially in light of the back-seat role that CARE has assumed in the program's implementation. Findings of inspection visits were rarely conveyed to the relevant GOCR counterparts.

Regarding the supplemental ration levels of PL480 commodities, CARE is correct in its observation of the difficulty of controlling daily rations given the CE/CEN feeding system. Standardizing rations on a monthly basis does make more sense. However, spot checking and follow-up by CARE on implementation of the established monthly PL480 rations would have been useful, especially given the confusing commodity consumption reports from MOE circuit-level officials to CARE, for identifying significant monthly ration variations with a view to advising the GOCR counterparts of the need for greater effort in standardizing ration levels. CITA surveyed 61 rural and urban CEs in April 1979 and 22 in July 1979. The wide disparity which CITA found in average monthly utilization of Title II commodities during those two months is illustrated in the table below:

Average Monthly Utilization of  
Title II Commodities Per CE Recipient,  
April and July 1979

<u>Month</u>	<u>No. CEs</u> <u>Surveyed</u>	<u>Commodities</u> <u>(Grams/Child/day)</u>		
		<u>CSB</u>	<u>NFDM</u>	<u>Oil</u>
April	61	1.56	2.11	3.97
July	22	6.51	9.19	4.38

Source: CITA

Thus, even though PL480 commodity allocations to CEs may be standardized, average monthly utilization levels may be very different from the established ration levels. CARE's response is inadequate in that it does not elaborate on the corrective measures taken by CARE for improving implementation of supplemental nutritional PL480 levels in the CEs. This, coupled with the fact that 76% of the CEs visited by the CARE inspector during the past year and a half were concentrated in the province of Guanacaste which, according to the inspector, has little or no problems with Title II commodity consumption, indicates that adequate corrective measures were not taken on this recommendation.

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b. Recommendation No. 2

CARE inspections were executed without prior notification to the school or the MOE. Thus, adequate action was taken on this recommendation.

c. Recommendation No. 3

CARE's response to the recommendation that schools be inspected more than once during the same year is inadequate for two reasons: 1) "Fuller coverage", by which CARE means reaching as many CEs as possible rather than concentrating on fewer with return inspections, has not led to effective inspection visits for the reasons given above on Recommendation No. 1. Even with a limited field staff available during the phase-out stage, fewer visits with return inspections would undoubtedly have prompted CE-level management and/or CARE's field inspector to take action on a given problem if necessary. 2) Maximizing the number of visits on a zone basis to minimize inspection costs per end-user is one thing, but organizing and carrying out 76% of the visits in a 12 month period in one zone (Guanacaste) has been of questionable value.

d. Recommendation No. 4

The additional FY 1978 levels of PL480 CSB were distributed and to the intended recipients by the time the soybean processing plant was fully operational. This recommendation was thus carried out.

e. Recommendation No. 5

Supplies of PL480 CSB were not mixed with the supplies produced domestically. This recommendation was carried out.

f. Recommendation No. 6

This recommendation refers to CARE's monitoring of the remaining PL480 commodities to prevent their being diverted to uses other than feeding its "traditional" recipients. CARE management refers to the latter as "authorized" recipients. In either case, as stated earlier, there were ineligible recipients in the OCF (IMAS) program. Thus, although remaining PL480 Title II commodities were not diverted to uses other than feeding its "traditional" recipients (which in this case included ineligible adults at least for the past five years), the commodities were distributed to authorized as well as to unauthorized recipients. That CARE management was unaware of this unauthorized recipient group indicates that its monitoring of the program was less than adequate.

C. Nature and Timing of GOCR Financial and Other Contributions to the Program

A request was made to the DESAF Office of Control and Coordination for data on the GOCR financial and other contributions to the feeding programs

receiving Title II commodity support during the last five years. Possibly because the head of the office has been out of the country and the staff is currently tied up preparing its 1980 budget, that office was unable to make available the data requested in time for the submission of this report.

CARE, however, supplied data on the financial contributions made by the GOCR during the last four years to cover CARE's costs related to handling, marking, insurance, and necessary administrative and operating expenses. These annual cash contributions are presented in the table below:

GOCR Contributions to CARE's

Operating Expenses of the Title II Program

	<u>1976-1979, (\$)</u>				
	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>Total</u>
MOH	45,502	79,922	108,130	127,808	361,362
IMAS	<u>9,517</u>	<u>13,739</u>	<u>9,118</u>	<u>11,769</u>	<u>44,143</u>
TOTAL	55,019	93,661	117,248	139,577	405,505

In addition to these GOCR cash contributions to CARE's operating expenses of the program, the GOCR has made substantial investments in food purchases for the Title II supported CE and CEN programs. Table 2 presents quantity and costs of food required each year for these two programs based on DESAF 1978 data (this table was supplied to the evaluator by CARE).

These food costs do not include the DESAF/MOH cash allocations to the CENs for the purchase of fresh local foods. At \$0.18 per CEN recipient per day for 24 days per month for approximately 28,000 recipients, the total annual expenditure for this budget item would approximate \$120,960. Thus the total annual costs to the GOCR for food products required for the CE/CEN program based on 1978 data are about \$31.42 million.

As regards IMAS' contributions to the institutional feeding program, the following data was supplied by that office:

Contributions to Children's  
Institutions with DESAF Funds,  
Budgeted for 1979

Food products	\$ 42,595
Equipment & Supplies	15,393
Cash Assistance	<u>84,033</u>
Total	<u>\$142,021</u>

Source: IMAS' 1979 Program Plan

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Table 2: QUANTITY AND COST OF FOOD PRODUCTS REQUIRED EACH YEAR FOR THE CE/CEN PROGRAM AND PURCHASED BY THE NATIONAL PRODUCTION COUNCIL

(Based on 1978 data)

<u>Food Product</u>	<u>Consumption (kg./year)</u>	<u>Total Cost (\$ millions)</u>
Powdered milk	3,994,440	11.08
Rice	4,469,064	2.08
Corn dough	1,946,916	2.06
Black Beans	3,078,672	2.00
Tuna	531,849	1.87
Marmelade	1,210,332	1.57
Sugar	3,837,420	1.48
Oil	1,204,344 liters	1.30
Sausage	1,058,800	1.29
Bologna	923,376	1.25
Eggs	10,602,456 units	0.75
Jelly	322,745	0.61
Potatoes	1,154,280	0.54
Margarine	442,560	0.50
Dry Soup	1,204,344	0.46
Red Beans	692,640	0.44
Onions	351,336	0.43
Pinolillo	346,236	0.33
Noodles	488,610	0.28
Cinnamon	37,634	0.22
Vanilla	108,406	0.22
Horchata	346,236	0.22
Molasses	655,824	0.20
Salt	556,152	0.07
Garlic	40,296	0.03
Achiote	7,729	0.02
		<u>\$31.30</u>

Source: DESAF, Control Office

In addition, the following contributions were budgeted by IMAS for 1979 using its own financial resources to support 58 institutions (37 children's institutions and 21 old age homes):

Planned Contributions to Institutions  
with IMAS Funds for 1979

National Child Protection Agency	\$ 58,548
Other Institutions	<u>18,088</u>
Total	\$ 76,636

Unfortunately, the budgeted items are not disaggregated by types of institutions, so that actual contributions to the children's institutions is unknown.

These contributions cover expenditures for food products, equipment, investments in infrastructure, clothes, etc. needed by the institutions.

Thus, the total 1979 budgeted amount by DESAF/IMAS for contributions to social welfare institutions is approximately \$218,657.

Note: for information reference purposes, two tables on quantities and US\$ value of PL480 commodities shipped to Costa Rica during FY 1975-1979 are included as an annex to this report. Unfortunately, not having data on GOCR food contributions for those years makes impossible any kind of comparative analysis of the respective food inputs made by Title II and the GOCR for the PL480 - supported feeding programs. CARE estimates, however, that on a value basis, Title II commodities have comprised approximately 4 to 5% of total food inputs to the feeding programs during the past recent years.

D. Benefits which Have Accrued to Program Participants - Number and Types of Participants and Institutions in PL 480 Activities

Determining the actual number of Title II recipients is complicated by the fact that different institutions follow differing methodologies for estimating them and by the fact that available information contains significant errors and inconsistencies.

Data on average number of recipients of Title II food products by year were requested from both CARE and GOCR officials for the years 1976-79 (1976 marked the beginning of DESAF funding of national nutrition activities).

GOCR-supplied data on the number and types of recipients, the number of nutrition centers, schools, and institutions which benefitted from Title II inputs over the period are presented in Table 3. GOCR figures are inconsistent with CARE's figures on actual recipient levels shown in Table 4.

Table 3: Recipient Numbers and Types, Numbers of Nutrition Centers, Schools, and Institutions which Benefitted from PL 480 Title II Inputs, (1976-79)

Recipient Category	1976		1977		1978		1979	
	No. Institut.	No. Recipients						
<u>1/</u>								
<u>MCH (MOH/MOE)</u>								
Pre-School Children	325	18,640	475	24,917	500	23,994	526	24,633
Pregnant/Lactating Mothers	325	1,416	475	2,418	500	2,417	526	2,970
Primary School Children	1,284	166,642	2,331	273,442	2,798	400,949	2,886	391,938
MCH Total	1,609*	186,698	2,806*	300,777	3,298*	427,360	3,412*	419,541
<u>2/</u>								
<u>OCF (IMAS)</u>								
Institutionalized children	28	3,510	37	3,444	35	4,242	26	2,728
Institutionalized Adults	5	345	17	832	16	851	6	220
OCF Total	33	3,855	54	4,276	51	5,093	32	2,948
TOTAL MCH/OCF	1,642	190,553	2,860	305,053	3,349	432,453	3,444	422,489

1/ Sources: MOH Nutrition Department, DESAF Department in MOE

2/ Source: IMAS Food Distribution Department.

\* The institutions serving pre-school children and pregnant/lactating mothers are the same and therefore have been added only once into the MCH Total number of institutions.

Table 4 : Recipient Numbers and Types which Benefitted from  
PL 480 Title II Inputs, (FYs 1976-79)

Recipient Category	1976	1977	1978	1979
<u>MCH (MOH/MOE)</u>				
Pre-School Children & Pregnant/Lactating Mothers	11,500	28,266	38,106	28,708
Primary School Children	375,000	161,486	246,896	242,685
MCH Total	386,500	189,752	285,002	271,393
<u>OCF (IMAS)</u>				
Institutionalized Children	4,500	3,863	5,710	4,827
OCF Total	4,500	3,863	5,710	4,827
TOTAL MCH/OCF	391,000	193,615	290,712	276,220

Source: CARE, Planning, Implementation, and Evaluation Reports (PIEs)

Although the GOCR figures are calendar year averages and the CARE figures are fiscal year averages, that fact cannot adequately explain the large disparities in recipient numbers between the two tables. Accurate determination of actual recipients is complicated by the fact that recipient numbers differed by commodity, e.g., an institution receiving one Title II commodity may not have received another. DESAF also provided the evaluator MOH Food Distribution Department commodity allocation figures per recipient category. These data are not included here because gross errors were noted in them. For example allocations of pea soup mix were shown for the CEN program in 1976-77, when, in fact, that commodity was not made available until 1978. CARE's Annual Planning, Implementation and Evaluation Reports (PIEs) include quantities of available and delivered commodities, but data on commodity allocations per recipient categories are incomplete. Furthermore, the PIEs do not account for some significant variations in planned and actual recipient target levels. For example, in 1976 the planned school recipient target was 75,000; as Table 4 shows, actual recipients numbered 375,000 with no explanation given for the significant deviation. The recipient level for the same category dropped to 161,486 the following year and no explanation is given in the 1977 PIE for the significant decrease.

In brief, efforts to reconcile GOCR and CARE data on recipient numbers were not totally fruitful. In order to do so, a careful audit of existing data would be required. Such a task is beyond the scope of work for this evaluation, and might not even be possible given the available records.

In spite of the problems inherent in reconciling available data, it is possible to make some generalizations about them. For example, except in 1976, the first year of the DESAF program, the CARE supplied figures consistently show a higher number of benefitting pre-school children and pregnant and lactating mothers than do the GOCR data. GOCR data, except for 1976, show a considerably higher number of primary school children recipients. Similarly, in every year shown, CARE reports a considerably higher number of institutionalized children recipients than does the GOCR. CARE PIEs do not even show IMAS-reported institutionalized adult beneficiaries.

Although differing data sources show discrepancies, there are also commonalities. For example, both CARE and GOCR data show a marked increase in the total number of beneficiaries from 1977 to 1978 and a tapering off in 1979. Both sets of data show an approximately 40% increase in the number of recipients between 1977 and 1979. Other commonalities can be seen when the 1976-79 data are averaged (thus minimizing discrepancies which originate from differing reporting periods) as in the table below:

Average Number of Reported Title II  
Recipients, 1976-1979

	<u>CARE</u>	<u>% of Total</u>	<u>GOCR</u>	<u>% of Total</u>
Pre-School, Lactating & Pregnant Mothers	26,645	9.3	25,359	7.5
Primary School	256,516	89.1	308,243	91.3
Institutional	4,725	1.6	4,043	1.2
	<u>287,886</u>	<u>100.0</u>	<u>337,645</u>	<u>100.0</u>

Although this table still shows considerable discrepancies, especially with regard to number of primary school children benefitted by the program, it does permit some generalizations to be made. First, the average number of beneficiaries over the four years was probably somewhere in the neighborhood of 313,000. Of the total number of recipients, 25-27,000 were pre-schoolers and pregnant or lactating mothers; this group constituted about 8.5%, primary school recipients constituted about 90%, and institutional recipients made up between 1 and 2%.

Although the above figures do give a general idea about the program's numbers and types of beneficiaries and provide a basis for a discussion of the program's targeting in this report's purpose/goal section, the program's beneficiary reporting is clearly inadequate in that it does not permit any analysis of targeting changes from year to year, and it may encourage self-serving reporting about the classes of beneficiaries served (i.e., differing methods of aggregation, averaging, and compensation for poor field work reporting may permit agencies to report the data in a more pleasing form to the information recipient). Clearly, were the Title II program to be continued or reinstated at some future date, and especially if such a program were to stress better targeting of commodities, an improved, more uniform reporting system would have to be a sine qua non.

E. Site Visits to Pre-School and Primary School Feeding Activities

1. CENs

Three CENs were visited that had the following general characteristics and community settings:

- a. CEN Coronado: semi-urban, apparently well functioning.
- b. CEN Paracito: rural, though close proximity to urban area, apparently not well functioning.
- c. CEN/Day Care Center Pavas, urban, apparently well-functioning, day care services.

Operations and administrative procedures for the three centers were, in the main, uniform. Better record-keeping of Title II food receipt and utilization was noted in the two apparently well functioning centers, probably due to the fact that both have been functioning for at least ten years and have benefitted from the orientation and supervision of health field services personnel.

Beneficiary numbers in each of the three centers fluctuated between 45-100. Pregnant and lactating mothers currently attending the centers averaged 8 per center (8, 12 and 4 respectively). The Pavas center offered an MOH take-home food program. Title II foods are theoretically not distributed in this program, but the center gave away Title II pea soup packages to any eligible family that wanted it, since the center's children did not like it,

according to center personnel.

Recipient selection criteria are generally non-selective; the only requirement is that the children be under six years of age. The Pavas center gave preferential treatment to children of working mothers.

At the Coronado and Paracito CENs attendance records were kept only on the number attending and not by name. More children came in for lunch than for breakfast. The Pavas center kept better attendance records, as well as complete and up-to-date individual weight for age charts. These better records are probably due to its having a full-time auxiliary nurse on its staff and to the more regular attendance of the children because of the fact that most of their mothers work.

Nutritional status of the children, judging from their appearance, seemed good. A major concern expressed by one local nutrition committee member was the relatively low attendance of really malnourished children. She felt that mothers of malnourished children were simply not taking advantage of the nutrition services offered.

The Coronado and Pavas centers had kindergarten programs going, the Paracito center did not. All three had educational posters on the walls. Cooks received guidance and supervision at all three centers. Educational activities for pregnant and lactating mothers were minimal or non-existent.

Daily rations including the Title II foods were prepared on the basis of cooks' estimates of quantities required. Infrastructure was adequate, except for the Paracito center (however, Paracito is in the midst of constructing a new, more functional facility). MOH food deliveries of Title II foods were generally on time; occasional delays were usually due to MOH transport problems or to CEN lateness in sending its monthly food orders. Acceptability of Title II foods was generally good, with the exception of the pea soup. This may be due to initial excessive use of the product and/or its color/texture characteristics.

Nutritional impact of Title II contributions and over-all effectiveness of the CENs in their community settings could not be measured. However, all three had active nutrition committees whose members made efforts to widen community participation. Committee members of all three centers felt, however, that participants tended to come from the immediate neighborhood and that attracting participants from outside that radius was a problem.

## 2. CEs

Two schools were visited which had the following characteristics and community settings:

- a. Palmares: semi-urban, relatively prosperous community, large school (705 students).

- b. Bajos del Virilla: semi-rural periphery of San José, poor community, small school (78 students).

These two schools offered great contrasts not only in size and community context, but also in administration and community support, infrastructure, and menu-related problems.

Operations and administrative procedures were theoretically the same for both types of schools. However, better record keeping of Title II receipts and inventories was noted in the larger school, probably due to three factors: 1) the director of the small school did not even have an office where he could keep his records secure and at hand; 2) the same director was one of two teachers for the school, and so most of his time was spent in the classroom; and 3) the large school had a more supportive community structure reflected in the local PTA (local PTAs should share administrative duties for the CE). The small school also had a PTA, but its members were not as active in supporting the school, perhaps because the area had limited human and financial resources.

Although the large school had a well-equipped kitchen and dining area, Title II foods in the storage area were improperly handled, i.e., sacks were left open and exposed to dust and possibly to rodents. The school director explained that preparing food for 700 students left no time for the cooks to keep it tidy. The small school, on the other hand, had a tiny and not very functional kitchen, and the dining area was dismal, but storage of food was relatively well organized and food containers were properly sealed. The storage area lacked adequate ventilation and lighting.

At both schools daily rations, including those of Title II foods, were prepared on the basis of the cooks' estimates of quantities required. Menus varied from the DESAF program proposed menus. At the small school menu variation was due to the cook's limited capabilities. At the larger school the menus tended to follow the proposed menus to the extent that large volume preparation permitted, e.g., beans or tortillas are difficult to prepare for large groups given labor and facility constraints. Both schools offered breakfast and lunch.

Nutrition education in the classroom was not a part of either school's curriculum.

Both school directors felt that attendance by children is more regular since the CE was started in their schools. Both noted increased attentiveness by the students in the classroom. No recipient weight charts or other progress measurements were kept.

Both school directors complained about the CNP food distribution system through which Title II foods are also distributed. The director of the

small school had a complaint about Title II food availability. He stated that his school had not received CARE oil and CSM from his local CNP outlet for the last 1 1/2 years, even though both items were listed on his monthly DESAF food pick-up coupon. I explained that CARE donated oil was in short supply, but that CSM should be available. He did not know to whom he could report the anomaly.

Note: I followed up on this problem and visited CNP outlet No. 14 in Heredia, which supplied this school. The CNP outlet manager offered an unsatisfactory explanation for why the outlet had not been distributing the CSM: in effect, he had overlooked including it in his orders to the CNP central distribution point. In fact, he had not distributed CSM to any of the 19 schools which his outlet supplies. One can only arrive at several conclusions: 1) the CNP outlet ordering system may be a problem for Title II food distribution; 2) school directors have no effective means of reporting Title II food distribution anomalies; 3) there are no incentives for the school directors to take the time to report such anomalies; and 4) the DESAF food pick-up coupon sets the maximum amounts of commodities that can be picked up, and because these amounts relate to the required ration for the number of children in each CE, and because substitution is not always possible, underfeeding probably occurs when a commodity (CARE or DESAF) is not available.

F. The Degree to Which the Program Has Achieved its Original Purpose/Goal

CARE's available documentation on Title II PL 480 activities in Costa Rica do not state the original purpose/goal of the PL 480 Title II program.

Thus to determine the degree to which the program has achieved its original purpose/goal, reference was made to the 1977 AID Handbook No. 9, Food for Peace, to provide statements on PL 480 policy and purpose/goal. The definition of the purpose/goal as defined in the Handbook is thus used here.

1. PL 480 Overall Objective

"To combat hunger and malnutrition and to encourage economic development in developing countries".

Progress achieved in combatting malnutrition is illustrated by comparing results of national nutrition surveys carried out in Costa Rica in 1966, 1975, and 1978; on the 1-48 month old population groups. The 1966 survey was conducted by the Nutrition Institute for Central America and Panama (INCAP) in 30 Costa Rican communities. The 1975 survey carried out by the MOH added an additional eleven rural sites to the original thirty studied in the first survey. The 1978 survey, tabulated by the AID loan-financed Nutrition Information System (SIN), had a larger sample. The 1978 figures used here are preliminary results, because the data are yet to be published. The evaluator is unable to judge, at this time, the comparability of the surveys.

The following table gives the changes in the nutritional status of the 1-48 month old population group, using weight for age measurement for the years 1966, 1975, and 1978:

Nutritional Status, 1966, 1975, 1978,  
Weight for Age, (%)

<u>Period</u>	<u>Well-Nourished</u>	<u>Malnourished</u> (10% weight deficit)
1966	43.0	57.0
1975	46.4	53.6
1978	56.5	43.5
	<u>Increases</u>	<u>Decreases</u>
75/ 66*	8.0	6.0
78/ 75*	22.0	19.0
78/ 66*	31.0	24.0

\* Percentage change

As the above data shows, the percentage of malnutrition decreased from 53.6% to 43.5% in the three year period 1975-1978, more than three times the decrease noted in the previous nine year period of 1966-1975.

Further disaggregation of the 1975-1978 data gives a broader picture of the recent changes in nutritional status, using the same weight for age measurement:

Nutritional Status, 1975-1978,  
Weight for Age, (%)

<u>Period</u>	<u>Over</u> <u>Weight</u>	<u>Normal</u> <u>Weight</u>	<u>Malnutrition</u>		
			<u>1st.</u>	<u>2nd.</u>	<u>3rd.</u>
1975	7.9	38.5	41.3	11.3	1.1
1978	11.5	45.0	35.1	7.9	0.5
	<u>Increases</u>		<u>Decreases</u>		
Absolute Change	3.6	6.5	6.2	3.4	0.6
Percentage Change	46.0	17.0	15.0	30.0	55.0

The above table indicates a 55% decrease occurred in 3rd degree malnutrition between 1975-1978, and a 30% decrease took place in 2nd degree malnutrition. The normal weight category showed an increase of 17%, and the overweight group increased by 46%. Using weight for height measurements, the changes in nutritional status for the same age group is even more positive, as shown in the table below:

Nutritional Status, 1975-1978,  
Weight for Height, (%)

Period	Over Weight	Adequate Weight	Insufficient Weight
1975	8.5	54.0	37.5
1978	13.2	65.5	21.3
	<u>Increases</u>		<u>Decreases</u>
Change Absolute	4.7	11.5	16.2
Percentage Change	55.0	21.0	43.0

These weight for height data show that the number of children with insufficient weight for their height, changed from 37.5% in 1975 to 21.3% in 1978, a 43% decrease.

The marked improvement in the nutritional status of Costa Rican young children during the 1975-1978 period is probably due to the greatly expanded health and nutrition delivery systems carried out during that period. Since Title II PL 480 activities formed an integral, though small, part of those health and nutrition services, it can be said that the PL 480 program made some contribution to a significant decrease in malnutrition rates in recent years.

That the Title II program endured as long as it did and received approvals for several extensions may be viewed as positive in that it assisted the GOCR in the critical first years of its undertaking the ambitious National Nutrition Program. Furthermore, it assisted in the establishment of child feeding, and especially of school feeding, as a permanent institution to be supported by indigenous resources. Notwithstanding, it deserves mentioning that some Costa Rican researchers feel concern over the long-term effects of institutionalizing child feeding on the Costa Rican family structure.

The PL 480 overall objective also mentions encouragement of economic development in developing countries. This refers basically to development activities supported by Food for Work projects. While the Title II program in

Costa Rica did not include this project activity, it encouraged the establishment of the soybean development effort as a means to substitute the PL 480 imports.

## 2. Program Planning and Targeting

An examination of the program's overall planning, adjustment to new knowledge or circumstances, and its beneficiary targeting shows that significant room for improvement exists in these areas.

### a. Overall Planning

Program Plans for the Title II program for FY1976 and 1977 were not found in either CARE or USAID files. CARE found and made available to the evaluator the Program Plans for FY1973, 1974 and 1975; AID Mission files contained the Plan for FY1978. A Plan for FY1979 was not prepared because it was not required, according to CARE. Although planning was basically limited to the preparation of CARE PIEs and AERs. No new planning was done after so significant an event as the creation of the DESAF funded nutrition programs. (The FY1978 Program Plan reflects essentially the same program operations and strategies as the earlier plans for FY1973, 1974 and 1975.) The foregoing may, in part be explained by the program's semi-permanent "phase-out" status. The program's post 1975 PIEs do not even give an indication of the relationship that existed between the Title II and the DESAF funded programs. AID's evaluations and other documents in this time period are also mute on this point.

Had the proper planning documents been prepared, it is possible that the Program would have been adjusted to take into account new circumstances. For example, according to CITA studies, the 1978 proposed menus for school feeding (the 1976 and 1977 menus were not much different) exceeded the established protein output goal by 4% and fell short of the calorie output goal by 13%. DESAF projections for food purchases, when analyzed, would fulfill 98% of the planned protein goal and would fall short of the calorie goal by 32%.

Similarly, according to CITA researchers, and other studies conducted in Costa Rica including the 1977 CARE/NY CEN study, the caloric deficiency among pre-schoolers is also more serious than the protein deficiency. The 1977 MOH recommended ration for the CENs, as analyzed by the CARE/NY study team, was found to be nutritionally imbalanced as it would fill 133% of a 3-4 year old's protein requirement and only 61% of his calorie requirement. The actual served rations, as weighed at the CENs evaluated, filled 100% of the child's protein requirements and only 48% of his caloric needs.

Thus, the overriding nutritional deficiency in the feeding programs is caloric, not protein, and the composition of the supplementary Title II foods was not optimal for overcoming this calorie gap, since the major Title II inputs to the program were composed of protein-rich foods.

Had program planning received greater attention and thought by CARE and USAID, efforts could have been made to modify the AERs to supply

more needed calories with a similar expenditure, or alternatively and preferably, the GOOCR could have been advised to concentrate its resources on supplying the cheaper, higher calorie food products that were required. The lamentable fact is that crucial questions such as the adequacy of PL 480 inputs were not brought up by either CARE or the AID Mission. Because program planning was neglected, it was inadequate, in as much as Title II inputs (as well as GOOCR inputs) were not the optimum for recipient needs.

b. Unplanned Effects

In 1977 a large, special shipment of NFDM and dry whole peas was received. The GOOCR planned to reconstitute the NFDM into whole milk for the maternal child feeding program (CENs), in accordance with its policy of providing whole milk to those groups. The prohibitive price of reconstitution made the GOOCR request permission from AID to use the NFDM in the CE program. Approval was given. The anticipated reconstitution costs contributed to increased Title II commodity targeting to school feeding (further discussion of program targeting is given in (c) below).

Another unplanned effect was the general unacceptability of Title II dry whole peas. Efforts had to be made to process it into a more acceptable product, pea soup. According to CITA food technologists, time constraints prevented their developing a product that corresponded better to Costa Rican color, texture, and flavoring preferences for soups. This resulted in a product that was one of the least palatably pleasing foods in the feeding programs (according to CITA studies and comments made by program participants)

c. Program Targeting

USAID policy on Title II resource use, as stated in Handbook No. 9 recognizes women of child bearing age and their children under the age of six and, especially children up to the age of three, as the highest risk category to which Title II foods should be targeted. As previously discussed in Section D of this report on numbers and types of Title II program recipients, it is evident that primary school feeding in Costa Rica had by far the greatest coverage, approximately 90% of the total annual recipients for the last four years. Maternal child feeding constituted approximately 8.5%. Furthermore, the Title II supported CEN program reached approximately only 10% of the 2-5 year old population, and the percentage of recipient pregnant and lactating mothers is considerably lower. The population under two years of age was not reached and integrated into PL 480 nutrition activities, even though this group, according to CITA, experiences almost 80% of the deaths associated with malnutrition.

Given the foregoing and reflecting on the significant progress achieved in reducing malnutrition rates among small children in Costa Rica leads

one to an interesting question: might it have been possible, in effect, to wipe out malnutrition or reduce its incidence even more if the targeting of Title II resources had been different, i.e., given greater emphasis on targeting PL 480 commodities for overcoming malnutrition problems of the most vulnerable groups.

In all fairness, however, one should point out that several factors contributed to CARE's (with AID's approval) extensive participation in and targeting of Title II commodities to the school feeding program. First of all, CARE had already been involved in this PL 480 supported activity prior to the rapid expansion of the CE program in 1976. When the GOCR began targeting universal coverage of school age children, CARE responded favorably to this impressive initiative and strong commitment by the GOCR. Secondly, construction of new and costly infrastructure (such as is involved in the CEN program) was not required; the schools already existed. Thirdly, the alternative to CARE of targeting Title II foods primarily to maternal child feeding activities would have meant 1) saturating the CENS with Title II foods and possibly diminishing their acceptability due to excessive use, (the fact that Title II food went to school feeding also probably freed up DESAF resources for the purchase of local foods for the CEN program, thereby permitting a much wider range of food products to be utilized in the CENS than if they would have had to depend to a greater extent on Title II commodities and may have also permitted wider coverage of the CEN program); or 2) redesigning the Title II program to attempt to reach greater numbers of pre-schoolers and pregnant and lactating mothers.

Redesigning the Title II program with a different targeting scheme was not contemplated given the fact that the program was presumably phasing out. Moreover, as discussed earlier, a large, special (Food for Crusade) shipment of NFDM and dry whole peas arrived in 1977. The NFDM was diverted to the CE program for the reasons stated earlier in (b) on unplanned effects. The shipment of dry whole peas was too large for it to be absorbed totally by the nutrition centers, hence this commodity was also targeted to the CE program.

Should the Title II program be re-instated at some future date, however, careful consideration should be given to a change in PL 480 commodity targeting in order to reach the most vulnerable groups. This would imply redesigning the maternal/pre-school feeding program to reach, especially, the isolated rural households that have limited or no access to CENS.

It appears that the only way to do so would be through a take-home food program. Nutrition centers could distribute PL 480 foods in the same manner that they are distributing MOH whole milk. But, in addition, the rural health posts, through the rural health promoters, could also be utilized in distributing Title II foods.

CARE should work with USAID and Costa Rican entities to study the feasibility of such a program. Take-home food programs, of course, pose

end-use control problems. However, after careful consideration of the relative advantages and disadvantages of such a distribution scheme, the overall nutrition benefits which would accrue to poor rural inhabitants could be worth the sacrifice of some possible diverting of Title II resources.

Another important element which would have to be carefully considered is the types of Title II foods which should be made available. To the extent possible, they should have the nutrient composition to meet the nutritional requirements of the target groups. Current AID loan-financed research in nutrition would provide relevant and timely data on this aspect.

In addition, USAID and CARE should attempt to import more functional foods, if possible, to maximize acceptability, home use and recipient consumption. An alternative would be for USAID to cooperate with CARE to develop more functional food products (utilizing Title II commodities) via the current Nutrition Loan or through an OPG, if necessary, to cover the special technology research and development costs that would be required.

If a feasible take-home food program can be designed that is targeted to the most vulnerable groups and that utilizes easy to use, palatably pleasing, and nutritionally adequate foods, USAID should work with CARE to interest GOOCR operating and funding institutions in such a program and secure their commitment to and participation in it. Retargeting Title II commodities in such a manner could make significant strides toward a further reduction in malnutrition in Costa Rica or, possibly, toward its virtual elimination.

G. Relationship between PL 480 Title II Program and Other Current AID Supported Activities in the Area of Nutrition

Given the fact that the CARE administered Title II PL 480 program has operated as an integral part, albeit small, of the National Nutrition Program, the Title II program is indirectly related and complementary to AID Nutrition Loan 515-T-026, whose activities are directed toward improving the overall effectiveness of the National Nutrition Program.

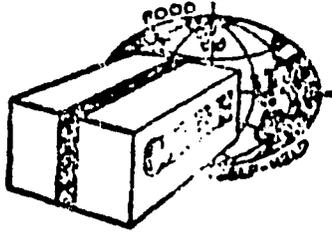
The Title II program is directly related to and consistent with AID OPG 515-0127 which provides partial financing for CARE's soybean processing plant. The OPG is an outgrowth of a decision to phase-out PL 480 Title II commodities to Costa Rica; as stated earlier in the introduction to this report, the plant will produce nutritious food products using domestic grains (including soybeans) to replace previously donated imported PL 480 commodities.

## ANNEX I

### Recommendations Made in the Last USAID Evaluation of the Title II Program in Costa Rica and CARE Comments on Them

The following recommendations were made in the last USAID evaluation of April 1978 which was submitted in October of the same year:

1. That CARE/CR do a better job of inspection and particularly following-up on the school feeding program, to include implementation of supplemental nutritional PL-480 levels.
2. That the inspections be executed without prior notification to the school or the MOE.
3. That the same schools be inspected more than once during the same year with alternating time periods between inspections.
4. That the additional FY 1978 levels of CSB be distributed and to the intended recipients by the time the plant is fully operational. If this is not done, children will not be accustomed to and may not accept CSB.
5. That the supplies of CSB derived from the PL-480 program not be mixed with the supplies produced domestically and that the GOCR be notified of shortfalls in domestic soybean production with sufficient time to import adequate quantities in a timely fashion.
6. That CARE/CR promptly secure a formal commitment by the GOCR to import adequate levels of soybeans in case of any domestic shortfall in production. This should be done prior to the September 1978 OPG evaluation.
7. That CARE/CR identify and immediately secure participation in the project of a public institution which will be responsible for administering the plant.
8. That CARE/CR see to it that the remaining PL-480 Title II commodities are not diverted to uses other than feeding its traditional recipients.



COOPERATIVA AMERICANA DE REMESAS AL EXTERIOR  
REPUBLICA DE COSTA RICA

APARTADO 3571  
SAN JOSE

TELEFONO 22-04-49

October 18, 1979

MEMORANDUM No. 8-79

To: Ms. Priscilla Schouten

From: Justin R. Jackson, CARE - Costa Rica

Subject: PL 480 Title II Evaluation

Reference: Evaluation Report dated April 25, 1978  
with transmittal of October 1978

I would like to take this opportunity to comment on the recommendations made in the above referenced evaluation report.

1) At the time the report was written, CARE's Title II Program was in the final phase-out stage. In order to substantially improve end-use center inspections, it would have been necessary to hire additional field inspectors. Considering the fact that the program was phasing-out, this was not considered a viable recommendation. Nevertheless, with the one field inspector that is on CARE's staff, we have continued to undertake end-use center inspections and will continue to do so for as long as PL 480 Title II commodities are available for consumption by authorized recipients.

Regarding the supplemental ration levels of PL 480 commodities, this is a fairly difficult matter to control due to the type of meals prepared at both schools and CENs. Rather than having a standard daily ration consisting of a bun, biscuit or a glass of milk, the Costa Rican Nutrition Feeding Program consist of a complete meal served two times each day. The menus for these meals vary and therefore the quantity consumed on a daily basis varies. It is not viewed as practical, under this system, to require a standard daily ration. Nevertheless, we do seek, over a month's period, to standardize the ration and the Ministry of Health has established, in conjunction with CARE and AID, rationed levels for the PL 480 commodities.

2) All inspections to schools and CENs are made without prior notification. This has been the practice for at least the last year.

Memo No. 8-79  
To: Mr. L. Schouten  
October 18, 1979

3) The recommendation that schools be inspected more than once during the same year has been found to be impractical for two reasons: a) With the limited field staff available during the phase-out stage it has been more advantageous to have fuller coverage rather than more concentrated coverage. In other words, CARE has been trying to reach as many end-use centers as possible rather than concentrate on a few with return inspections. b) End-use center inspections are organized on a zone basis. They are planned so as to maximize the number of visits. Return visits to sub-standard schools would entail returning to a previous zone covered, requiring greater expenditure of time per end-use centers.

4) PL 480 CSB and CSM has been distributed prior to the distribution of locally produced Nutrisoy (CSM). There still remains, at some end-use centers, small quantities of PL 480 CSB/CSM which is expected to be consumed very shortly. According to CITÁ, Asignaciones Familiares and the Department of Nutrition, the locally produced Nutrisoy has greater acceptability than the imported PL 480 equivalent (CSB/CSM).

5) a - The supplies of PL 480 CSB/CSM are maintained in separate inventories. They have not been mixed with the local Nutrisoy. The local product has been given a brand name ("Nutrisoy"), and the bags have markings differentiating it from the PL 480 commodities.

b - Due to the fact that soybeans were not planted in 1978, the Government of Costa Rica approved the use of their funds for the import of one million pounds of soybeans from the U.S.A. This stock of soybeans is intended to make up any short fall in local production of soybeans.

6) CARE attained a commitment from the GOCR to import soybean; adequate supplies have been imported. This was done prior to the OPG evaluation conducted February 1979 (no evaluation was undertaken September 1978).

7) The GOCR has identified the Ministry of Health (MOH) as the participant for the processing plant. The MOH has contracted to CARE to operate the plant for the first year. This one-year period is intended to work out normal start-up problems associated with new food processing facilities. The second year of operation is intended as a period of time when the plant operations will be phased over to the MOH. During the third year of operation, it is intended that the plant will be administered by the MOH.

8) CARE continues to monitor the use of PL 480 Title II commodities and will do so until they have been fully consumed at the end-use center level by authorized recipients.

JRJ/hmg

## V A L U E

PL 480 COMMODITIES SHIPPEDTO COSTA RICA, FY 1973-1979

(US \$)

FISCAL YEAR	N F D M.	SOY FORTIFIED BREAD FLOUR 12%	WHEY SOY DRINK	CSM/CSB	W S B	VEG. OIL	WHOLE GREEN PEAS	TOTAL
1979				179,824		188,399		368,223
1978	334,490					10,938	581,740	927,168
1977	323,453	53,427			144,483	81,937		603,300
1976	22,309	7,872	323,595	18,992	53,316	70,181		496,265
1975		17,982	565,636	36,061	99,368	109,912		828,959
1974		19,414		235,706	55,484	29,191		339,795
1973	<u>64,038</u>	<u>35,028</u>		<u>326,790</u>		<u>227,316</u>		<u>653,172</u>
TOTALS	744,290	133,723	889,231	797,373	352,651	717,874	581,740	4,216,882

## Notes:

1) Values have been given at constant FY 80 USDA Prices and do not include ocean freight costs.

2) Commodity values used per metric ton:

NFDM:	\$ 353	CSM/CSB:	\$ 265
SOY FORTIFIED		WSB	\$ 287
BREAD FLOUR:	\$ 214	VEG. OIL:	\$ 650
WSD:	\$ 832	WHOLE GREEN PEAS:	\$ 309

PL 480 COMMODITIES SHIPPED  
TO COSTA RICA, FY 1973 - 1979  
 (IN POUNDS)

FISCAL YEAR	N F D M	SOY FORTIFIED BREAD FLOUR 12%	WHEY SOY DRINK	CSM/CSB	W S B	VEG, OIL	WHOLE GREEN PEAN	TOTAL
1979				1,496,000		638,992		2,134,992
1978	2,089,000					37,099	4,150,500	6,276,599
1977	2,015,950	550,400			1,109,850	227,905		3,904,105
1976	139,050	81,100	857,450	158,000	409,550	238,032		1,893,182
1975		185,250	1,498,800	300,000	763,300	372,788		3,120,138
1974		200,000		1,960,900	426,200	99,007		2,686,107
1973	399,940	360,850		2,718,650		770,985		4,250,425
TOTALS	4,643,940	1,377,600	2,356,250	6,633,550	2,708,900	2,384,808	4,150,500	24,255,548

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