CATHOLIC RELIEF SERVICES
ECUADOR PROGRAM

MID-TERM EVALUATION OF

CRS CHILD SURVIVAL
IN MARGINAL RURAL AREAS PROJECT

May-June, 1994

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I. ACRONYMS

ARI Acute respiratory infection

CDC Centers for Disease Control

CRS Catholic Relief Services

CS Child survival

DD Diarrheal disease

FEPP Fondo Ecuatoriano Popularum Progress (a rural agriculture and credit PVO)

MAG Ministry of Agriculture

MOH Ministry of Health

NCHS National Center for Health Statistics

ORS Oral rehydration salts

II. DEFINITION OF TERMS

A. Diocese. The area under ecclesiastical governance of a bishop; coincident with the geopolitical division of a province. The bishop's see is the capital of the province. The province of Chimborazo is the diocese of Riobamba; the province of Imbabura is the diocese of Ibarra.

B. Social Pastorate. A department of the diocesan structure devoted to social development.

C. Technicians, technical team. The team of technicians contracted by the Social Pastorate with project funds to implement the project in the diocese.

III. BACKGROUND

A. From Food Aid to Development. In 1984, CRS/Ecuador undertook to strengthen its development projects based on a model of community learning and self-reliance. In the same year, it was decided to phase out PL-480 Title II food distribution which mostly benefitted women and children in mothers' clubs in Azuay, Cotopaxi and Manabi provinces. It was recognized that these clubs needed an alternative objective in order to keep functioning after withdrawal of the food. Thus, a nutrition and child survival project was developed which began operation in 1986.

B. Child Survival (CS) 86-91. With AID funding, CRS' first CS project operated in 25 communities in each of the three provinces for four years; beneficiary communities were the same as had received food and mothers' clubs were generally closed to new participants. Furthermore, beneficiary communities were widely dispersed within each province. Diocesan teams comprised of a nutritionist, an agronomist and social worker visited communities monthly to teach growth monitoring, vaccination schedules and proper management of diarrheal episodes. Thus, the level of effort for each technician was 8 communities per month.

In addition to the usual CS interventions, the project set up a rotating fund to make small loans to mothers in order for them to increase agricultural production and improve food consumption of their small children. Agricultural technical assistance was provided to help mothers grow garden crops and raise small animals with the credit provided.

Evaluation of the 86-91 project pointed out important lessons which were incorporated into a subsequent project financed with debt-swap funds. In this project, 20 communities (out of a total of 85) were drawn from a single county based on prevalence of low weight-for-age. This concentration reduced travel time for teams, allowing them to reach several communities in a single day and increased impact on malnutrition rates. Furthermore, women participated in open groups as members of the community rather than as members of closed mothers' club. This structure strengthened the traditional "cabildo", or community board, rather than weakening it, as the mothers' clubs reportedly did.

The evaluation also showed that mothers' groups continued to meet for growth monitoring, health discussions and management of the rotating credit funds well after the end of the project; 23 of 25 groups in Cotopaxi province still continued to meet regularly in 1993 and were generally managing their credit funds well. Similar results are reported from the other two provinces, indicating a high degree of sustainability for the project.

C. Child Survival 92-95. A second, AID-funded CS project was developed in 1991. The original objective was to expand the earlier project to an additional 60 communities in each of the three provinces with the same three-person technical teams. The level of effort (20 communities per technician) represented a 250% increase over the original project which was thought to be feasible based on the teams's five years of experience. In mid-development, CRS decided, for reasons of equity and to avoid duplication with the Project HOPE's CS efforts, to locate the new project in two new provinces, Chimborazo and Imbabura, retaining the coverage goal of 60 communities per province. The redesign implied that new, inexperienced, diocesan teams would support an extremely heavy load; 20 communities per technician with the same methodology and inputs. This project is the subject of the current, mid-term evaluation.

IV. METHODOLOGY

A. Review of documents. The evaluation team studied various CRS documents in order to understand project design and implementation.

1. DIP and annual operational plans to establish overall project goals as well as planned input and output levels for the period.
2. Quarterly and annual reports to measure achieved input and output levels for the period.
3. Baseline Survey provided estimates of CS knowledge, attitude and practice of the population in the project areas.

B. Processing of available data. During the first half of the project, CRS had collected data which were only partially analyzed. The evaluation team undertook processing and analysis of them in order to gain a more quantitative idea of progress. Data sets were:

1. Census, undertaken by CRS in March, 1994. Enumerated all families in the project sites to estimate socio-economic status. Data were processed to establish coverage rates and lists of families with children under 5 yrs of age.

2. Health Information System (HIS). Reports from monthly group meetings were available with information on numbers of: attendees, weighings, malnourished, not gaining weight, diarrheal and IRA episodes, treatments with ORS. Data processing established trends in attendance and prevalence rates.
3. Vitamin A survey. CRS conducted a vitamin A deficiency prevalence survey in both provinces in early 1994. Serum retinol concentrations were measured by HPLC at the Central University. Processing of data revealed prevalence of vitamin A deficiency.

C. Survey

A field survey was conducted in conjunction with the evaluation to establish levels of key indicators related to CS, production/credit and participation. A cluster sample similar to the Baseline Survey sample was used: 8 communities in each province; 25 families in each community. Lists of families with children under 5 yrs of age in each sampled community were prepared from the Census. A questionnaire of 30 questions (Annex A) was applied by experienced interviewers. Data were entered into an EPI-INFO data base for processing by the evaluation team.

D. Interviews were conducted with the following persons:
1. National CRS team
2. Counterparts - provincial/diocesan officials - bishop, secretary of social pastorate, administrator
3. Project personnel - Provincial teams, Area coordinators, Community promotors
4. Community groups

V. RESULTS (per AID Terms of Reference)

1. Accomplishments

1.1 Months of operation. Project officially began Oct. 1992. However recruitment, training, community selection and induction took 9-10 months.

1.2 Inputs.

1.2.1 Training. In general, the project has undertaken all of the training programmed in the annual work plans. See Annex B.

1.2.2 Vehicles. Four-wheel drive vehicles (2) were provided timely; one to each provincial team

1.2.3 Instructions, printed materials.

1.2.4 Methodologies derived from previous CRS projects - group organization, CS interventions

1.3 Outputs

1.3.1 Communities served - 98

1.3.2 Coordinators recruited and trained - 16

1.3.3 Promoters recruited and trained - 294

1.3.4 Mothers participating - 1578

1.3.5 Children attending weighing sessions - 2256

1.4 Outcomes

1.4.1 Immunization coverage - over 85% complete schemes

1.4.2 ORT use - 29% in last diarrheal episode

1.4.3 Weight gain - adequate in 65% of children

1.5 Participation - how many reached

After a nine-month delay in startup of the project, significant coverage was achieved beginning in August, 1993 and has grown consistantly in both provinces ever since (Figures 1, 2).

1.6 Coverage - proportion of potential beneficiary popn.

The goal of the CS Project is to cover 120 rural and marginal communities. As of the mid-term evaluation, 98 communities were covered, representing 82% of the goal. Of these, in Imbabura there are 53 communities and in Chimborazo, 44 (88% and 75% of provincial goals, respectively).

In these communities, 2,256 children under 5 years of age are beneficiaries, representing 81% of the goal and distributed as shown in following table:

FIG. 1. MONTHLY ATTENDENCE, IBARRA

Mid-Term Evaluation, CRS/CSP. May, 1994

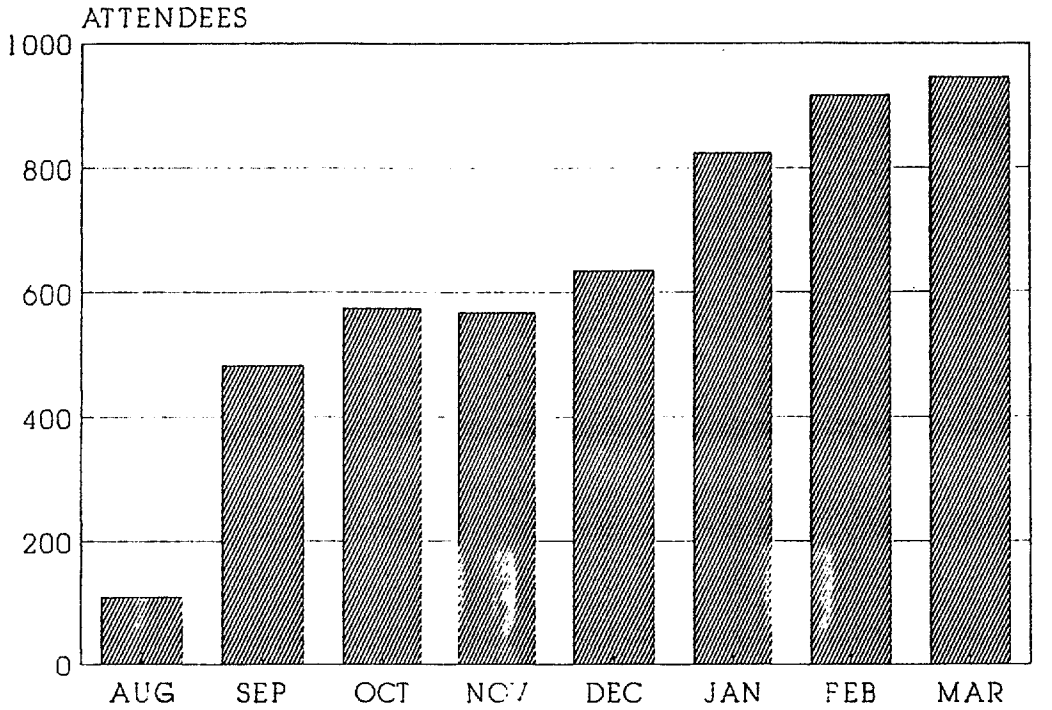
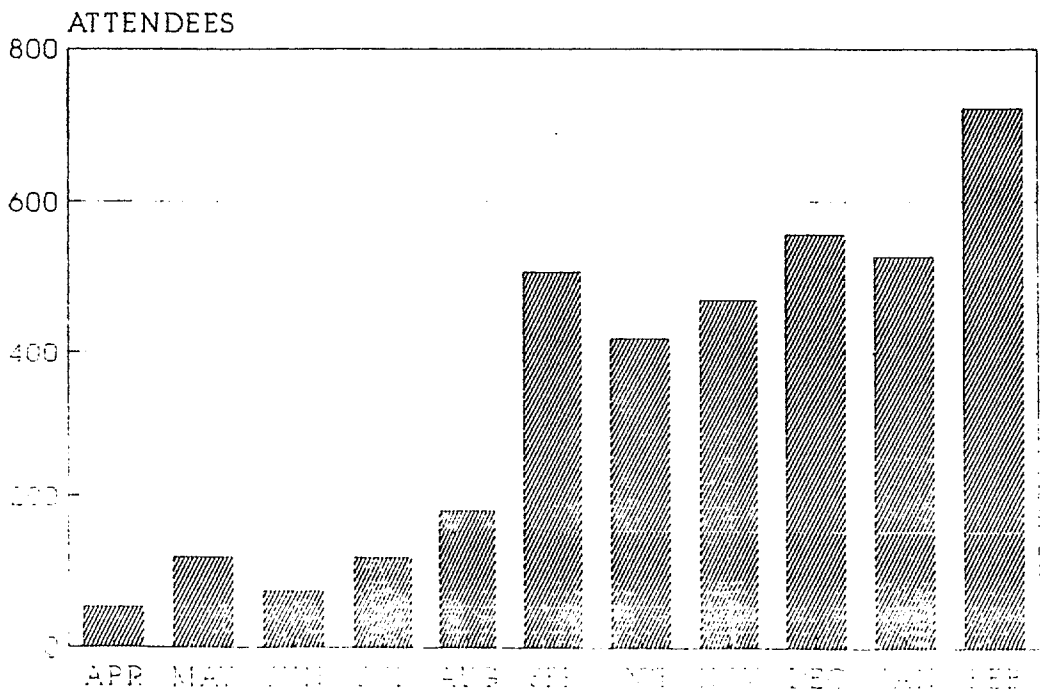


FIG. 2. MONTHLY ATTENDENCE, RIOBAMBA

Mid-Term Evaluation, CRS/CSP. May, 1994



F I G U R E No. 3

PRINCIPAL CAUSES OF INFANT DEATHS

1980,83,86,88,90,92 – INEC, Ecuador

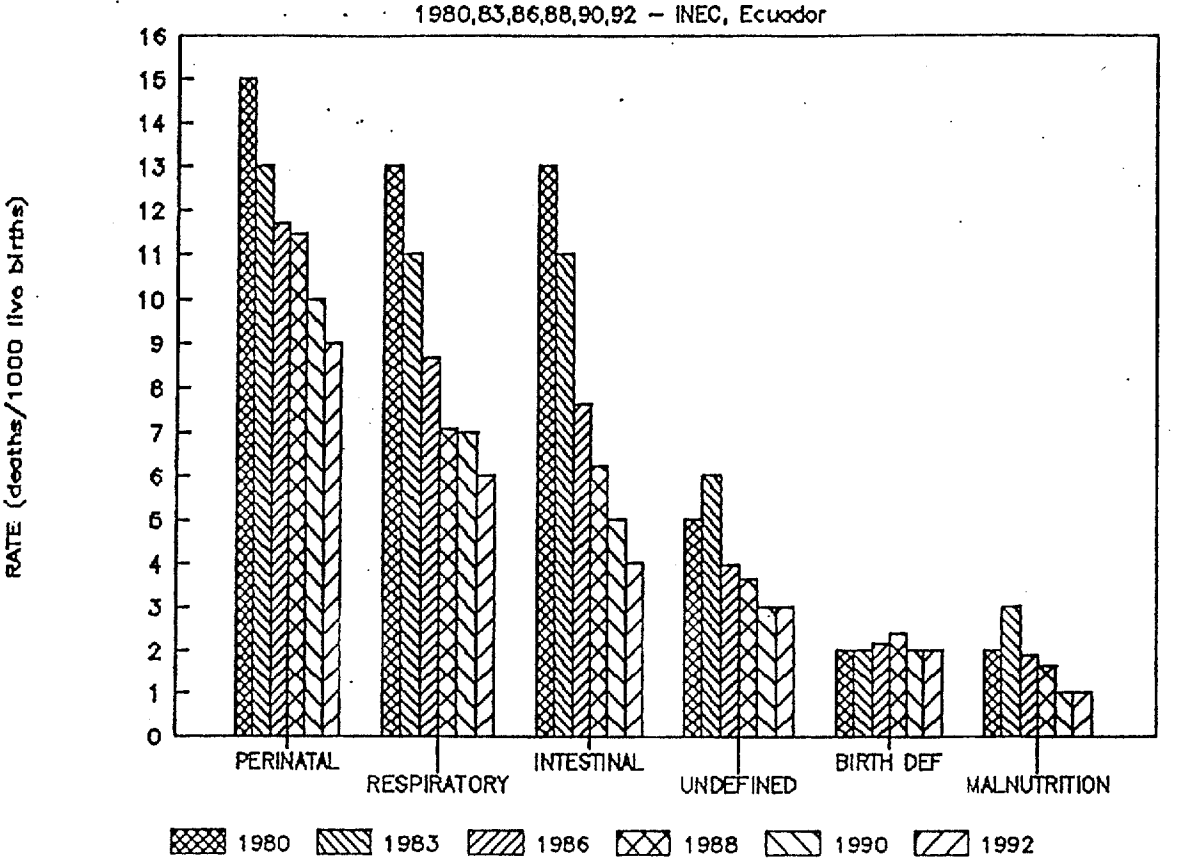


TABLE 1. BENEFICIARIES OF THE CHILD SURVIVAL PROJECT BY PROVINCES AND ZONES. MAYO, 1994.

ZONES	IMBABURA		CHIMBORAZO		TOTAL	
	CHILD	MOTHER	CHILD	MOTHER	CHILD	MOTHER
1	285	169	51	26	336	195
2	286	198	105	99	391	297
3	271	169	118	87	389	256
4	362	229	36	26	398	255
5	129	93	51	47	180	140
6	-	-	66	31	66	31
7	-	-	167	103	167	103
8	-	-	47	27	47	27
9	-	-	166	178	166	178
10	-	-	101	86	101	86
11	-	-	15	10	15	10
TOTAL	1333	858	923	720	2256	1578
GOAL	1400	1462	1400	1462	2800	2924
PERCENT	95%	59%	66%	49%	81%	54%

SOURCE: CRS Files. (Information system).

The groups of mothers in both provinces are of similar size, averaging 16-18 although more communities are served in Imbabura.

2. Relevance to Child Survival Problems

2.1 The principal causes of infant and child mortality in Ecuador, according to the 1992 vital statistics registry of the National Statistics and Census Institute are perinatal and birth related causes accounting for about one-fourth, diarrheal disease and acute upper respiratory infections in roughly equal proportions accounting for another one-fourth (Figure 3). Deaths from vaccine-preventable diseases are virtually nil; neonatal tetanus is the most significant, accounting for 93 reported deaths in 1992.

2.2 CS interventions. The project provides education to promote CS services with the principal focus on growth monitoring, including weighing of children, graphing and interpretation of results followed by interpersonal discussion of appropriate health and feeding measures, all conducted by community promotors. The other components of the project include promotion of timely and complete immunizations, proper management of diarrheal disease (DD) and acute upper respiratory infections (ARI), vitamin A and production/credit. There is no component for maternal health beyond administration of tetanus toxoid by MOH in coordination with the project.

2.3 Appropriateness of interventions given resource availability. All of the growth, ARI and DD interventions are simple and relatively inexpensive, making them appropriate for community implementation. Their simplicity and low cost increase the likelihood of continued use after the end of the project (sustainability). Furthermore, the interventions coincide with MOH norms and reinforce MOH activities at the community level, and thus represent a basis for future collaboration between the project and MOH.

2.4 Appropriateness of focus or priorities. Results of the recent vitamin A survey indicate that deficiency is not a problem in the communities where the project operates. Furthermore, changes in cause-specific infant mortality over the last 10 years show that perinatal (ie. birth-related) conditions are the largest source of mortality. The evaluators conclude that current project priorities (vitamin A and possibly ARI) are less important than prenatal and maternal attention, including birthing care.

3. Effectiveness

3.1 Accomplishments vs. objectives for the period

Progress toward achievement of project goals is significant, especially in the following aspects:

a. - In all of the project, communities mothers are organized in groups with elected officers which meet monthly to monitor the growth of children under 5 years of age using techniques taught to the coordinators and nutrition promoters.

FIG. 4. NUTRITION AND MORBIDITY, IBARRA

Mid-Term Evaluation, CRS/CSP. May, 1994

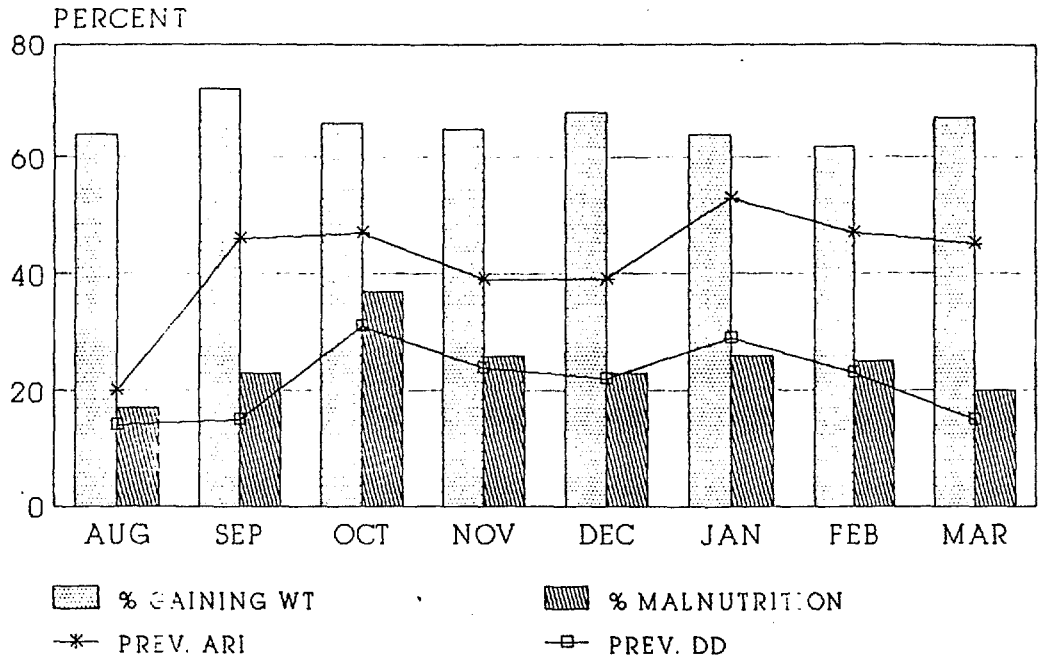
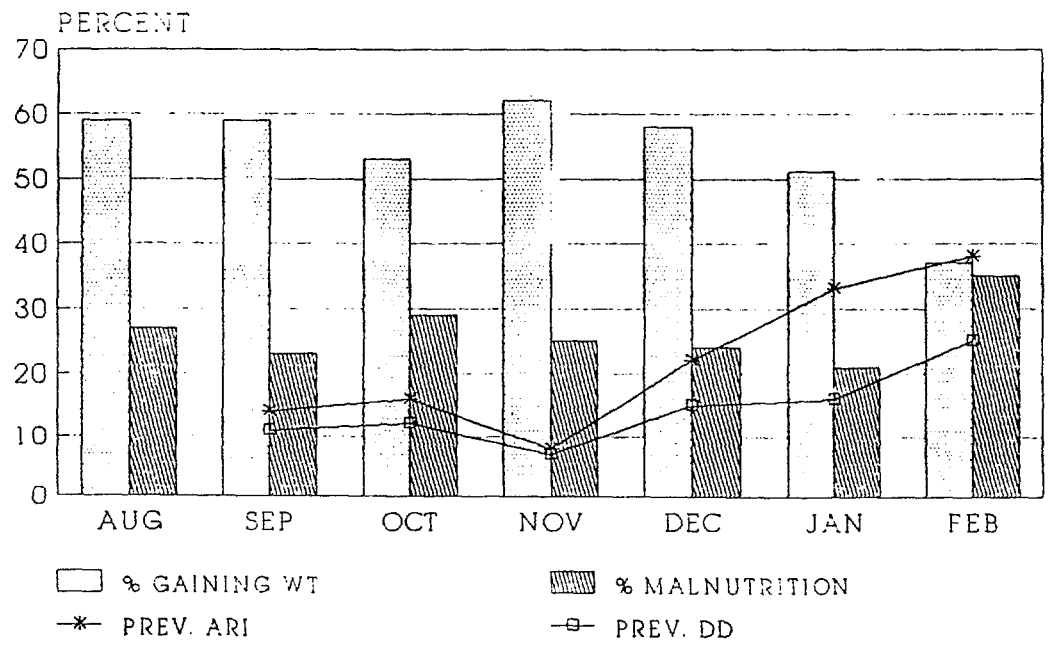


FIG.5. NUTRITION AND MORBIDITY, RIOBAMBA

Mid-Term Evaluation, CRS/CSP. May, 1994



b. - The principal effect of the project is that most mothers now recognize the importance of growth monitoring and, in fact, demand it for all children under 5 years of age (the project originally proposed to monitor growth of under-twos only). Furthermore, weight monitoring is closely coupled with interpretation of the growth curve so that mothers can act in the face of inadequate weight gain or danger of malnutrition. The expanding use of the community growth chart is reinforcing this skill as mothers compare the weights and performance of all children that attend.

c. - Taking into account that the prevention of ARI is very difficult, the project has focussed on training mothers to identify the warning signs of severe ARI (rapid breathing, forced breathing, cyanosis) and to seek medical attention in time. Given current MOH policy which prohibits antibiotic administration by non-medical personnel, the project has not attempted to train promoters to use such medication.

d. - Even though the project has only achieved 82% of the community coverage goal, the evaluators believe it would be unwise to extend the project to new communities since it is necessary to strengthen existing groups so that promoters and mothers' groups are fully self-reliant by the end of the project.

e. - A goal of the project was that 80% of the beneficiary communities develop a commitment to work as a group so that in the future they will be able demand services from other public and private institutions. At the moment, there are no indications that the communities have achieved this goal. However, it appears that mothers are committed to continue meeting as a group and there is a nascent sense of ownership along with perceptible changes in the role of women in the community.

3.2 Sufficiency of progress toward objectives and yearly targets.

According to the provincial monthly reports, (Tables 2, 3; Figures 4, 5) a progressive increase can be observed in attendence at the monthly meetings. Furthermore, an average of 65% of the children weighed in Imbabura gain weight satisfactorily while in Chimborazo the percentage gaining weight is 60%. There does not appear to be any change in time of weight-gain that could be attributable to the project in either province.

The incidence of DD and ARI in the project communities show an inverse relationship to weight gain; when cases go up, the proportion of children gaining weight goes down. The average monthly prevalence of DD in Imbabura is 22% and in Chimborazo, 15%.

The prevalence of ARI in Imbabura is 45% and in Chimborazo, 24%. While differences in climate may explain some of the differences in prevalence (most of the communities in Chimborazo are located in the coastal lowlands), poor understanding of criteria for case definition likely accounts for most of the difference.

The percentage of undernourished children hovers around 25% in Imbabura and 27% in Chimborazo. It should be noted that the MOH growth chart appears to underestimate prevalence of malnutrition by about 10% as compared to -2 SD below the NCHS median of weight for age. This underestimation must be corrected in order to establish sufficiency of progress toward achievement of the nutrition goal set in the DIP.

TABLE 2. ATTENDANCE AND ACTIVITIES IN MONTHLY MEETINGS IBARRA APRIL - DECEMBER 1993.

MONTH	ATTEN DANCE	No. WEIG HED		GAINING		MALNOURIS		ARI	DD	DEHY DRAT ED	ORS
		#	% *	#	% **	#	% **	% **	% **	% ***	% ***
APRIL	110	100	91	64	64	17	17	20	14	27	9
MAY	483	311	64	223	72	73	23	46	15	44	17
JUNE	575	311	54	204	66	115	37	47	31	21	12
JULY	569	403	71	263	65	106	26	39	24	39	18
AUGUST	634	466	74	317	68	105	23	39	22	47	26
SEPT.	824	576	70	367	64	148	26	53	29	42	31
OCTOB.	915	684	75	427	62	172	25	47	23	62	25
NOVEM.	946	767	81	512	67	157	20	45	15	60	28
DECEM.	68	55	81	26	47	10	18	75	25	29	43

SOURCE: Child Survival Project. CRS/Ecuador
* % of attendees
** % of children weighed
*** % of children with DD

TABLE 3. ATTENDANCE AND ACTIVITIES IN MONTHLY MEETINGS, RIOBAMBA APRIL - DECEMBER 1993.

MONTH	ATTEN	WEIG HED		GAINING		MALNOURIS		ARI	DD	DEHY	ORS
		#	% *	#	% **	#	% **	% **	% **	% ***	% ***
APRIL	52	52	100	43	83	16	31	-	-	-	-
MAY	118	117	100	99	85	38	32	-	-	-	-
JUNE	74	74	100	46	62	23	31	-	-	-	-
JULY	118	118	100	69	58	46	39	-	-	-	-
AUGUST	181	164	91	96	59	45	27	-	-	-	-
SEPT.	507	507	100	301	59	118	23	14	11	96	18
OCTOB.	420	417	99	220	53	119	29	16	12	69	13
NOVEM.	471	468	99	288	62	119	25	8	7	88	28
DECEM.	558	547	98	315	58	130	24	22	15	85	5
JAN.	529	523	99	265	51	110	21	33	16	76	22
FEB.	722	688	95	256	37	239	35	38	25	65	30
MARCH	421	412	98	298	62	108	26	40	24	79	31
APRIL	42	42	100	18	43	9	-	38	23	100	7

SOURCE: Child Survival Project. CRS/Ecuador

* % of attendees

** % of children weighed

*** % of children with DD

TABLE 4. RESULTS OF THE PRE-EVALUATION SURVEY CONDUCTED IN IMBABURA AND CHIMBORAZO

INDICATOR	IMBABURA		CHIMBORAZO	
	BENEF %	NO BENEF %	BENEF %	NO BENEF %
Children with growth chart	95	87	65	52
Growth chart with weight data	93	89	96	74
Correct interpretation of weight data by mother	92	73	92	92
Can identify 3 or more vaccine-preventable diseases	24	24	66	40
Children vaccinated				
BCG	100	100	98	98
DPT3	99	97	100	98
Polio3	96	96	100	98
Measles	89	86	95	92
Can identify ORS sachet	94	79	93	66
Used ORS in last DD episode	15	25	40	35
Uses all sachet content	70	62	97	69
Uses correct amt water	68	69	56	97
Mentions dehydration as cause death in DD	36	26	83	82

SOURCE: Pre-evaluation Survey, CRS, 1994.

These data were taken directly from the growth charts of the youngest child in the family (only families with children under 5 years of age were surveyed) by the interviewer during the pre-evaluation survey.

More beneficiary mothers have growth charts than non-beneficiary mothers; in Imbabura 95% vs. 87% and in Chimborazo 65% vs 52%. In Imbabura, 93% of beneficiaries' health charts contained weight data

with no difference between beneficiary and non-beneficiary mothers (93% vs 89%). In Chimborazo, 96% of beneficiaries' health charts contained weight data vs 74% for non-beneficiaries, the difference in this case being indicating a likely effect of the project.

In field observations, some mothers claimed that they have the health chart provided by the MOH health centers but that it is not used by the Project. This represents an unnecessary waste of scarce resources.

Concerning the correct interpretation of the growth curve, in both provinces, beneficiary and non-beneficiary mothers were equally able to correctly interpret the data (73 and 70% respectively in Imbabura, 92% and 92% in Chimborazo).

Regarding immunization knowledge, the survey found that mothers could often not identify which diseases are prevented by vaccination. Only one-fourth of the mothers polled in Imbabura could mention three or more vaccine preventable diseases with no difference between beneficiary and non-beneficiary mothers. In Chimborazo, 66% of beneficiary mothers mentioned three or more vaccine-preventable diseases vs 40% of non-beneficiaries, a difference which is significant and probably attributable to the project.

Concerning vaccination coverage, over 85% of children under 5 years of age in both provinces had complete vaccinations schedules. There was no difference between beneficiaries and non-beneficiaries. Since vaccination campaigns organized by the community reach all children in the community, this probably indicates success of the project in achieving higher immunization coverage.

In relation to diagnosis, prevention and adequate treatment of DD, the base-line survey indicated that ORS was used very little by mothers in the event of diarrhea; the proportion of women that administered ORS was only 8%. According to the pre-evaluation survey conducted 18 mos after the base-line, 28% claim to have used ORS in the last diarrheal episode. However, there is no difference between beneficiaries and non-beneficiaries. It is not clear whether the increase in both groups is attributable to the project.

At this time in Imbabura, 94% of beneficiaries and 80% of non-beneficiaries recognize the ORS packet. In Chimborazo these percentages are 93% and 66% respectively, (both statistically different).

Dehydration is identified as a cause of death in children with diarrhea by 37% of beneficiary mothers in Imbabura and 84% in Chimborazo. In Chimborazo there seems to be an over preoccupation with dehydration; nearly all cases of DD reported in monthly meetings were said to suffer dehydration and ORS was apparently

used in most of them. This would suggest that not enough emphasis has been placed on identification of the signs and symptoms of dehydration so that mothers administer ORS in mild cases and seek medical attention in the event of severe dehydration.

The conclusion of the evaluators is that child health knowledge and practice in Imbabura is apparently better than at base-line two years ago but, because of the insignificant differences beteen beneficiary and non-beneficiary mothers, improvements cannot be directly attributed to the project. In Chimborazo, there are clear differences in knowledge and practice between beneficiaries and non-beneficiaries which indicate probable impact of the project.

3.3 Are high-risk groups being reached effectively?

The two provinces where the project operates have high concentrations of indigenous population, the highest-risk group for malnutrition. Both Chimborazo and Imbabura provinces have serious health problems, minimal sanitary infrastructure and high indices of critical poverty. Nevertheless, participating communities were not selected in accordance prevalence of malnutrition. Communities in widely dispersed areas were allowed to volunteer their participation and, (at least in Chimborazo), in the expectation of receiving clothing, medicine and food from the project. Many withdrew when these expectations were not met).

The census conducted in March, 1994 in all project communities indicated that approximately 50% of the potential beneficiaries (under-fives and their mothers) actually participate in mothers' groups organized by the project.

3.4 Constraints

The relatively low coverage noted above (the goal of the project is 80% of eligible mothers and children) is apparently due to the following factors:

- Lack of time. Nearly half (44%) of non-participating mother's said that they do not have enough time to attend meetings. It is not clear whether this is objectively true or merely a rationalization for not making the time. Some communities have changed their meeting days and hours to better accomodate potential participants (rather than technicians and coordinators).

- About one quarter of non-participants said they don't like meetings or the people. The evaluators observed that, in some communities, a certain segment (often with family ties) controls the project. Since there are often family feuds in these communities, the evaluators speculate that this conjunction of circumstances may explain the non-participation.

- About one fifth of non-participants would apparently like to participate but, either lack of knowledge of the project or were not invited to participate.

Results of the pre-evaluation survey regarding resons for non-participation are shown in the following table.

TABLE 4. REASONS GIVEN BY MOTHERS FOR NOT PARTICIPATING IN THE PROJECT. CRS, MAY 1994.

REASONS	PORCENT
1. Lack of time	44
2. Doesn't like meetings or the people	23
3. Wasn't invited	18
4. Husband won't permit	6
5. No response	9

SOURCE: Pre-evaluation Survey, May 1994.

Home visits are not conducted systematically. Technicians and coordinators can only make occasional visits; promoters are supposed to take on this responsibility as part of their functions. However, the interviews and field observations conducted in the two provinces indicated that personnel at all levels do not know their functions or understand how their changing responsibilities will contribute to achievement of the objectives of the project.

4. Relevance to Development

4.1 Community barriers to meeting basic needs of children.

The obstacles to the satisfaction of basic needs of children have to do with the lack of sanitary services (drinking water, sewer, elimination of excreta, etc.), limited access to health services (inconvenient schedules, distance, lack of public transport).

Poverty affects all of the communities and within them, especially the children who are the first to be affected by food scarcity and the little importance given to health problems.

4.2 How has project increased participation and benefits from CS activities and services?

The CS project has contributed to:

a. - Organization of the communities, since all now hold regular meetings, have elected officers, health, nutrition and agriculture promoters and credit committees.

b. - There is better knowledge of and interest in health issues of the children as evidenced by increasing attendence at growth monitoring meetings and growing participation of mothers, including open discussion of their concerns and doubts regarding child care. It seems likely that in the future, organized mothers will seek health and other services on their own.

c. - A climate has been created among the mothers which gives importance to the care and nourishment of children and understanding of the relationship between growth, nutrition and health.

4.3 Does project increase community self-reliance and enable women to improve family health and nutrition?

The project has helped women to organize their own health and nutrition groups. The functioning of these groups is:

a. - Fostering self-reliance. In this, the credit funds have played an important role since they have changed attitudes and behaviors regarding money and its management and stimulated families to take measures in order to pay their loans and use the surplus to improve consumption. The mothers interviewed said, "that the loans are a benefit because now we can contribute to the expenses of the home, especially for emergencies". At the same time, they expressed increased self-esteem developed in the group meetings which provide an opportunity for learning, socialization and exchange of experiences related to health or other topics.

b. - Developing a sense of individual and group ownership of the project. Participation in the groups is growing, from passive members to active contributors. To date, this is most clearly seen in the roles and responsibilities adopted by the promoters.

c. - Perfecting child survival skills. Even though mothers see growth monitoring as important, not all can perform it, and are not yet capable of assuming this activity themselves. Further training will be necessary to achieve mastery of this and other CS skills within the group.

5. Design and Implementation - Aspects of design affecting accomplishment of objectives

5.1 Design - limited area and popn. Careful expansion. Measurable outputs and outcomes. Changes when necessary. Directions and strategies.

The design of the current CS project was based on experiences derived from the previous projects; furthermore, it was supposed to have taken place in the same communities and built on the same technical teams as in the earlier project. Perhaps this explains why the project documents assume that "groups of mothers are organizing themselves to work for their children's benefit through an active participation in the project" (DIP, para. C.2) and not incorporate this activity as part of project outputs.

When it decided to relocate the project to new provinces with no project experience and relatively unorganized communities (at least for CS interventions), CRS neglected to redesign this component. Thus, there is no mention of a group development methodology nor a description of the process by which external assistance (technicians, coordinators) can facilitate it. The design focuses on the technical aspects of CS interventions exclusively. Outputs and outcomes are all referred to this level as though the necessary social infrastructure already existed. Expansion to the full 120 communities, the goal of the project, is predicated on this non-existant social infrastructure.

Thus, a more realistic objective for this project would be to "develop self-reliant women's organizations that improve the health of children and pregnant women through the application of simple health interventions while increasing consumption and production through small loans handled by the community itself".

This implies that the level of effort of technicians and coordinators, as well as their scopes of work, should have been significantly different than those posited in the original design. In spite of this deficiency, project management seems to have adapted to the situation and developed appropriate responses.

The rest of the project design seems to be coherent at the technical level and the outcomes describe above support this conclusion. The methodology applied by the project is described in the following paragraphs.

In the communities, participating mothers meet once a month with the participation of the coordinator and the health promoter. Children under five years of age are weighed, weights are recorded on growth charts and weight gain (or loss) is discussed with the mother who receives interpersonal counseling on health and nutrition with the help of the counseling cards or "laminas". Group education (a chat or "charla") is usually conducted on subjects of health, nutrition credit or production during each meeting. In some communities, these activities are conducted by the technical team and area coordinator, in others by the coordinator. The health promoter always participates, especially in the weighing of children.

The diocesan technical team meets monthly with the area coordinators to program community visits, training and coordination with other institutions according to needs of the community and of training requirements.

5.2 Management and Use of Data.

The project collects fairly simple data on a monthly basis including numbers of participants, children weighed, children gaining weight and malnourished, episodes of diarrhea, ARI and dehydration and diarrheal cases treated with ORS. However, there appears to be poor standardization of definitions for identification of reportable conditions. For example, cases of dehydration have apparently risen in project communities to 60% of all diarrheal cases, an unlikely situation probably resulting from oversensitization of mothers to the condition coupled with poor understanding of signs. Vaccination coverage is reported irregularly due, in part, to unclear definition of "fully vaccinated for age".

For the first 18 mos of operation, data have been processed manually and therefore has been unavailable for use by project management at provincial and central levels. Except for weight-gain/malnutrition, the project has not yet managed to consolidate and interpret data at the community level for local decision making.

While certain indicators are mentioned in project documents (eg. DIP), there is no evidence that these are calculated or followed on a regular basis in Ibarra; in Riobamba, the project team compares community weight-gain and malnutrition rates at the first weighing session with current month rates but does not establish a sequence or trend from month to month. In spite of availabiltiy of computers in both provinces, only rudimentary tabulations have been performed in electronic spreadsheets to date. Data so tabulated have been inappropriate for central processing.

It was originally planned that the project would adapt and implement the information system developed by CRS/Bolivia. The system was found to be inappropriate and the project has recently completed programming of a new information system which will be implemented on provincial computers in coming months. The system should facilitate local data management, project monitoring and feedback while standardizing formats for central processing and reporting.

The project information system has emphasized quantitative data collection methods. Qualitative research has been conducted to design and test certain printed materials for counseling ("laminas"). A survey of vitamin A status (biochemical and dietary indicators) was conducted in early 1994 to determine levels of vitamin A deficiency in the project areas. Results are still being

tabulated. A census of project communities was conducted just prior to this evaluation in order to establish project coverage rates, among other objectives. No other surveys have been conducted for monitoring or evaluation purposes.

Data from the baseline survey were used to prioritize child survival interventions among the potential project activities. They were not used to select project sites (high-risk communities) or beneficiaries. They will be used for before-after evaluation of project outcomes.

The project's computer-based information system is not yet functioning. Thus, there are no data at provincial or central levels for decision making. Capacity of local staff to maintain the information system will have to be developed during implementation of the new system, along with norms for providing feedback to data collectors, project staff, counterparts and communities.

The lessons learned thus far in the project are being incorporated into the current project as well as proposals for new projects. For example, the need to fully describe end-of-project conditions at the community level has modified roles of diocesan technical teams and coordinators and will guide design of future, child survival projects.

5.3 Community Education and Social Promotion. Balance between promotion and service provision - appropriateness. Link of education to services. Community IEC. Use of formative research in message design. Testing and refinement of messages. Message consistency.

The educational contents for training of project personnel (technicians, coordinators and promoters) were designed to increase knowledge of child survival interventions, nutritional status, group dynamics, improved cultivation practices and raising small animals, etc.

The project has not maintained continuous training at all levels, and contents have not evolved based on evaluation of progress. Until now, training has not been evaluated to determine effectiveness. Although impact at the beneficiary level (mothers) in the interpretation of the weight curve, the importance of the vaccines to prevent diseases, use of ORS, etc. seems to be positive, at least in Chimborazo, results might be better if there were more supervision or participation by MOH staff in the communities.

The counseling cards or "laminas" are an excellent educational material since they are easy to use and facilitate understanding of health and growth concepts for the mothers. However, this material is not being used correctly for interpersonal counseling. "Laminas" are being used for group discussions without reference to growth outcomes.

The printed material that has been distributed at the community level, is well appreciated but unfortunately available in only limited quantities through MOH programs.

The design and use of the community health chart to illustrate weight gain and completion of vaccination schedules by all children in the community shows what the project can do to produce simple and comprehensible teaching material. Training has already provided to technicians in preparation of educational materials; this needs to be extended to community volunteers in order to use their creativity to develop materials which reflect the community's view of health problems.

To make the educational chats with the community more attractive and interesting, it is necessary to implement the use of audiovisual material. This suggestion is based on recommendations by the beneficiaries themselves as well as the members of the technical teams.

5.4 Human Resources for Child Survival.

The project has three central staff, including secretary, and two provincial teams of three persons; team leader, health technician and agronomist.

At the diocesan level, the Bishops assign project responsibility to a subordinate: in Ibarra, to the Vicar General, and in Riobamba, to the general secretary of the Social Pastorate and the diocesan Administrator. The diocese contracts a provincial technical team comprised of three technicians who are responsible for the health, nutrition and agricultural components. There is also a half-time accountant in each province. The technical teams recruit and train community volunteers: coordinators, promoters and credit committees.

- Field or zonal coordinators: there are currently 16 area coordinators, (5 in Imbabura and 11 in Chimborazo). These are key personnel in the transfer of CS and organizational skills to the community. Not all of the coordinators have sufficient education and experience to carry out their responsibilities, which, along with the fact that their responsibilities were not explicitly defined, has caused problems in performance, especially in

Chimborazo. Each coordinator was supposed to work in 10 communities. In Imbabura, this work level has been respected; however, in Chimborazo, coordinators cover an average of only 4 communities each (several cover one or two). They receive a monthly bonus for the community meetings which they attend.

- Community promoters. There are generally three per community who support technicians and coordinators in the group meetings, summon women to meetings and in some cases, weigh children and provide assistance in the health, nurtition and agricultural matters as their capacity permits.

- Credit committees: the project envisages a credit committee in each community (president, secretary and treasurer). The committee is responsible for managing the rotating credit fund provided by the project and to make and recover loans.

These human resources have received training in the different areas covered by the Project (see annex 1). Instructors have been drawn from the CRS central office, international consultants and officials of the MOH.

Training workshops have been conducted for project participants, apparently with no prior needs assessment. Chats are given in monthly meetings by technicians and coordinators; together, 1,578 mothers have received information on health issues, nutrition, technics for raising small animals and improving agricultural production.

As the number of beneficiary communities has grown, provincial technicians have been severely stretched to cover all communities monthly. In Imbabura, technicians visit communities once every three months. The workload of coordinators in Imbabura is about half-time which is high for volunteers, even though they receive a small bonus (US$ 30-40 per mo); in Chimborazo, the coordinators' workload probably averages 2-4 days per month and their bonus about US$ 8-10.

The functions of members of the Ibarra technical team are specific and relate to their respective professional training. In Chimborazo, the functions of the technical personnel are shared more or less equally and are sometimes confused. This has led to interpersonal conflicts and recently to a disruption of operations.

Initially, the technicians' function was to train coordinators and promoters and directly to carry out project activities in the communities (weighing, counseling, advising, demonstrating). Later, these community activities were to be conducted by the coordinators and promoters with supervision by the technicians.

Once communities were organized, the technicians' role was to strengthen the organizations through linkages to other public and private institutions and through monitoring and evaluation of the health, credit and production activities.

Thus, in this second phase of the project, the technicians should develop better programming, monitoring, supervision and evaluation skills in order to improve the quality of the work performed by the coordinators and promoters.

The project in the Diocese of Ibarra is moving in this direction in spite of the large number of communities for the available staff and the fact that apparently some members of the team do not clearly understand their evolving role within the project. In fact, the evaluators concluded from field observations and interviews, that the functions of project personal and especially the coordinators and promoters are not cleary defined nor is their expected role in the future (especially the promoters).

For all personnel in the project, the principal limitation is the lack of a credible vision of the project objective. What do viable, self-reliant community health groups look like? What do they do? What is the process by which they develop and how is the process supported from outside? What are mothers supposed to do? What are promoters supposed to do to help them?

Without this vision, it is very hard for technicians to devolve organizational and operational responsibility to coordinators and take on supervisory, coordination and evaluation functions for themselves. They continue to see their function as visiting communities to weigh children and give chats and feel frustrated when that role becomes irrelevant.

Likewise, the evolving role of coordinators is poorly understood by nearly everyone in the project. When should coordinators take on a support function and let promoters lead? What is the support function and what skills are necessary to fulfill it? When are community groups functioning adequately so that they can move on to other groups?

In spite of the fact that the salaries of the technicians are similar to those which other diocesan officials receive, per diem payments are very low considering the high cost of living in the country.

The work performed by the area coordinators requires great dedication and time. Thus, their bonus of S/. 8,000 for each community meeting means that a coordinator with 11 communities receives S/. 88,000 while others with only one or two communities receive S/. 8,000 and S/. 16.000, hardly an incentive for the effort.

5.5 Supplies and Materials for Local Staff.

The MOH has provided CRS with ORS, child health charts, and some educational materials. Except for the latter, quantities appear to have been sufficient to carry out project activities as planned. In the future, these supplies will be provided at the provincial and health center level, based on conversations with MOH and project staff.

For growth monitoring, CRS delivered to each Diocese 60 Salter scales (clock type), one for each community where the project operates.

The project has prepared, printed and distributed counseling cards ("laminas") with health and nutrition messages; also community growth charts to track weight-gain of all children in the program. A poster-calendar was also developed and distributed to all participating monther to promote the project.

There is a vehicle in each province for mobilization of the technical team to the communities; also a vehicle for central CRS staff to supervise the project. A computer has been provided to each diocesan technical team for data and word processing.

In general, the evaluators were struck by the dearth of printed materials for handout to participants. Virtually none of the project's principal messages - growth, vaccinations, oral rehydration therapy, rotating fund operation, livestock and garden production - appears anywhere in writing in spite of the fact that over 80% of participants are literate. This appears to be a serious limitation to achieving educational objectives and a source of considerable misunderstanding as oral messages are interpreted in many ways.

5.6 Quality.

In the Diocese of Ibarra, the technical team is well suited to technical and administrative requirements of the project; similarly, the coordinators have a relatively high level of education and urbanity. In contrast, in the Diocese of Riobamba, the technicians do not fit the job descriptions of the project and there is practically no difference in educational level between coordinators and promoters.

The evaluators believe that this difference has allowed the technical team in Imbabura to begin delegating the coordination and conduct of the community meetings to the area coordinators and, little by little, to the promoters; only a third of the communities currently receive a monthly visit from the technical team. In Chimborazo this transfer of roles is more difficult, limited by the educational background and organizational capacity of the coordinators. The technical team still handles most of the mothers' groups with minor help from the coordinators.

A situation was identified which does not fit under any of the headings of the evaluation terms of reference. Aside from the agreements signed by CRS with the diocese and the MOH and the credit committee bylaws, there is very little written, operational documentation such as policies, description of the rotating fund and its operation, instructions, memos of conversation, agreement or understanding. The absence of such written documents seems to have allowed liberal interpretation of many oral statements and led to misunderstandings about project purpose and operation, some of them serious.

5.7 Supervision and Monitoring. Nature of S/M. Field-based. By level, adequacy. Proportion of counseling/support, evaluation, education or administration. Requirements for remainder of project.

CRS project managers program monthly visits to each Diocese in which project progress is assessed through team meetings and field visits. Training workshops are also sometimes held. Nevertheless, there is not a clear definition of the supervision process nor the outcomes expected.

In theory, supervision should guide the transfer of functions and responsibilities between the different levels as the project evolves. Initially, the technical personnel had to conduct community activities directly, training coordinators, and subsequently promoters, to perform these tasks. Furthermore they mediated between the community and external agencies, locating and mobilizing needed services.

However, as community organizations were consolidated and CS skills mastered by volunteers, the role of the technical personnel must change. The technicians must progressively to take on responsibility for training and developing educational materials. They must establish and implement a monitoring and supervision system in support of the coordinators and promoters, strengthening their technical and organizational skills while at the same time reducing the intensity of their own, direct work in the field.

The monitoring and supervision needs detected in the evaluation are:

- Technicians, coordinators and promoters should have a set of simple indicators of the degree of organization and maturity achieved by the mothers' groups so that they can monitor progress and identify the appropriate moment to begin to withdraw the project and allow the community to continue alone.

  These indicators might refer to the following:

  - o mechanisms to ensure attendence and integration of the group.
  - o rotation of responsibilities among the mothers of the group.
  - o demand for external services beyond those offered by the project.
  - o calling of meetings for non-CS activities or to deal with other matters of interest to the group or the community.

  Similarly, parameters can be established to monitor operations of the credit committees such as;

  - o Percentage of recovery of loans
  - o Growth of the capital for credits
  - o rate of interest agreed by the members of the group in order to maintain or increase purchasing capacity of the fund
  - o Incorporation of new members into the group.

- Monitoring of the attendance and coverage of components of the project and evaluation of the performance of the technicians, coordinators and promoters according to mutually agreed and periodically revised objectives.

- Follow-up, supervision and new training for coordinators and promoters in adult education, organizational development and technics to motivate participation in organized groups.

- Focus group work to develop simple visual technics to monitor growth of children and relate it to nutrition, health and disease.

- Effective monitoring with indicators mentioned above will highlight outstanding individual and group performance. In the face of very modest remunerations, the Project must develop alternative incentives to recognize such performance. A simple, low-cost system of incentives might consist of medallions or badges for outstanding performance, certificates for superior attendence, prizes for the most children with complete vaccination schedules, fines for absences, awards for years of service, etc.

5.8 Use of Central Funding. Appropriateness of regional or central monitoring and tech. support per timing, frequency and needs. Constraints to obtaining adequate support.

Central (CRS/Baltimore) monitoring of the project has reportedly improved with the streamlining of reporting channels. A recent visit to the project by the CRS/B child survival coordinator strengthened central understanding of the project and will likely lead to improved central support.

Technical assistance was requested early in the project to support development of the ARI component (as recommended by the DIP reviewers). The TA was finally provided 17 months into the project, a significant delay.

The evaluators were not able to establish the amount of central funding provided by AID for administrative monitoring and technical support. However, it does not appear that such funding has been a critical factor in project implementation nor that it has had any particular positive or negative effects on meeting CS objectives.

5.9 PVO's Use of Technical Support. T/A needs vs. levels obtained. Adequacy, usefulness. Particularly positive or negative effects. Needs next 6 mos. Constraints.

The Technical Assistance needs for the project have been:

- Critical review and reformulation of DIP objectives related to the child survival components (growth monitoring, immunizations, control of DD and ARI)
- Information system design and implementation.
- Educational material development
- Technics of adult education
- Monitoring, supervision
- Administrative processes, programming
- Development of a community organization and participation methodology.
- Formulation of simple agricultural technology packages.

Of these areas, assistance has been received in the first four, especially in the child survival components. The amounts and quality of assistance appear to have been appropriate. MOH and CDC collaboration has been especially useful to date in this respect.

Technical assistance should have been sought earlier in the project for the remainder of the areas indicated. The lack of such assistance has distorted the roles of technical staff, weakened the supervision function and atrophied agricultural extension efforts.

Areas which will require special technical assistance in the near future are supervision, monitoring, adult education, organizational development and agricultural technology. Project management will have to make a special effort to contract such assistance as soon as possible.

5.10 Assessment of Counterpart Relationships. What are chief counterparts? Exchanges of money, materials or human resources between project and counterparts. Capacity of counterparts to take on operation of CS activities. Open dialog between PVO and counterpart.

The counterparts of CRS in the provinces are the dioceses, who contract technical staff for project implementation. There is also potential for community level support by diocesan personnel level (parish priests, catechists) which seems underutilized by the project and should be the principal colaborators for the promoters and coordinators in the communities. Their support is especially lacking in Imbabura.

The diocesan delegate is the project's main representative in each province. It appears that he is not always attentive to the project and its progress and has not always facilitated decision making to improve the quality of the Project in his jurisdiction.

Counterpart managerial capacity is adequate to take on operation of CS activities once the project ends. Technical capacity does not exist outside of project-funded technicians.

The diocesan counterparts provide office space and utilities for the technical teams. No other exchange of money, materials or human resources was observed. There is fairly open dialog between CRS and counterparts such that implementation problems can be discussed and clarified though there is not always agreement on appropriate solutions (for example, salary levels).

5.11 Referral Relationships. Identify sites, access, quality. Project use of referral. Continutiy of relationships. Adequacy of dialog. Project steps to strengthen referral sites or community access.

Coordination with the MOH through each of the provincial health offices, area headquarters and operational units is incipient in spite of the bipartite agreement signed between CRS and the MOH. No agreement has been discussed on referral relationships; however, there is a commitment on both sides to explore such a relationship at the local or operational unit level. An effective referral

system will require that project staff and community volunteers understand how the regionalized health system operates in order to make proper referrals. Furthermore, a proper record and information system will be necessary to evaluate the effectiveness of referrals in the future.

5.12 PVO/NGO Networking. Any networking with other PVOs working in CS. Positive or negative effects. Any lessons learned from other PVOs.

An incipient, CS coordinating, organization has been a forum for sharing information between US PVOs and has conducted joint training sessions. CRS has kept in close contact with Project HOPE, has shared information and strategies. Project staff has visited HOPE sites to better understand intervention methodologies. AID/Quito is about to contract CARE/Ecuador to provide administrative strengthening services to indigenous NGOs working in health. CRS will work with a subset of church-related NGOs and services although the CS project will not have a direct role.

Peace Corps volunteers are supporting the project with non-traditional educational technics that should be applied in the rest of project communities.

5.13 Budget Management.

The rate of expenditure of the project is currently 56% of amounts budgeted (Figure 6). First year expenditures were only 30% of budget and unspent amounts were reprogrammed for year two, reflecting flexible financial management. The budget items most seriously underspent are credit funds, travel/per diem, training and consultants (Figure 7). Rates of expenditure by province are 100% in Imbabura and 50% in Chimborazo (Figures 8, 9). Prevailing diocesan salary and expense policies have constrained response to project requirements. For example, the meals allowance in Riobamba diocese is S/6000 per day (about US$2.50) which is insufficient for technicians to purchase three meals; therefore, they return from distant project sites (three hours' drive) for supper rather than remaining in the locale for several days. Other than inclusion of half-time accountants in each province, there have been no budget shifts between line items. This change was justified by the accounting and reporting demands which were being met unsatisfactorily and inefficiently by technical staff.

The project should be able to achieve its objectives with remaining funds. However, it appears unlikely that funds will be fully expended by the current EOP, December 1995, especially in Riobamba diocese where staff turnover has delayed formation of rotating credit funds (50% of budget is devoted to such funds).

6. Sustainability

6.1 Steps which are being taken to promote sustainability after project funding ends include:

a. Diocesan responsibility and commitment. The bishops and their delegates have stated that CS is now an integral part of their social pastorate and must be continued and expanded after the project ends.
b. Community self-reliance. One indicator of the degree of group organization and development is capacity for resource generation to support group activities.
c. Rotating funds. Community credit operations have demonstrated capacity to promote group cohesiveness.

6.2 Significance of incentives for staff and volunteers. The project design calls for elimination of diocesan technical teams at project conclusion although counterpart officials will assign responsibility for follow-up to non-technical diocesan staff. Area coordinators are paid a very small honorarium ($10-30/mo) plus expenses and CRS is seeking commitments from the counterparts to continue paying these amounts. One mechanism being explored is to generate a small surplus in community credit operations in order to fund these expenses after AID financing ends.

6.3 Community involvement in planning and implementation. Attitudes of community members; demand for CS activities to be sustained.

As women's groups gain experience and confidence, they will take responsibility for planning and implementation as has occurred in prior CRS projects. Proper attitudes toward growth, health and nutrition are maintained by monthly weighing and counseling and the organized groups take initiative to demand CS services (vaccinations, ORS) from the MOH.

The community credit funds have been an important source of community involvement and have fulfilled a social function by allowing women to learn how to handle credits, administer resources and manage risk as well as acting as an incentive for women to organize and learn

about CS. To the degree that men, who traditionally manage family credit relations and have access to other credit sources, are direct beneficiaries of project-financed loans, this social function is diluted. This appears to be the case in some communities.

As the project achieves the (unstated) objective of consolidating community organizations, the nature of the work required of technicians and coordinators will change. In order to deal effectively with this foreseeable flux and adapt to evolving community needs, the project needs indicators of group development - cohesiveness. sharing of responsibility, organizational skills, etc. These indicators will become important milestones to guide the supervision of promoters and the groups themselves and progressively strengthen their self-reliance.

6.4 Attitude of local orgainizations. Plans to incorporate project activities by local NGOs. Project counterparts claim to be convinced of the importance of CS in the complete development of the individual. However, the evaluators saw no plans to permanently integrate CS activities into their social pastorate. CRS will have to induce reflection and motivate commitment on this point during the second phase of the project.

6.5 MOH involvement, views of project effectiveness. Plans to continue activities after funding ends. In spite of the bipartite agreement between CRS and the MOH, there has been little or no contact at the operational level. The MOH sees the project as an opportunity for outreach but the details will have to be negotiated by technicians, coordinators and promoters with MOH staff. Unless the agreement is extend, there will be no formal institutional commitments.

7. Recurrent Costs and Cost Recovery Mechanisms

The level of human, material and financial inputs necessary to sustain the project will depend on the level of continuity which counterparts decide to give CS activities. CRS understands the funding implications of these decisions and must now begin to work with counterparts so that they can weigh their commitment to CS against their own financial limitations and seek funding alternatives.

How much resources to cover recurrent costs? Assuming that diocese assign follow-up responsibility to non-technical, permanent staff and the coordinators continue their liaison with communities for three years after project funding ends, CRS has estimated that US$ 17,000 would be necessary to pay

FIGURE No. 6

CUMULATIVE EXPENDITURES 1992–94

MID–TERM EVALUATION, CRS/CSP, 1994.

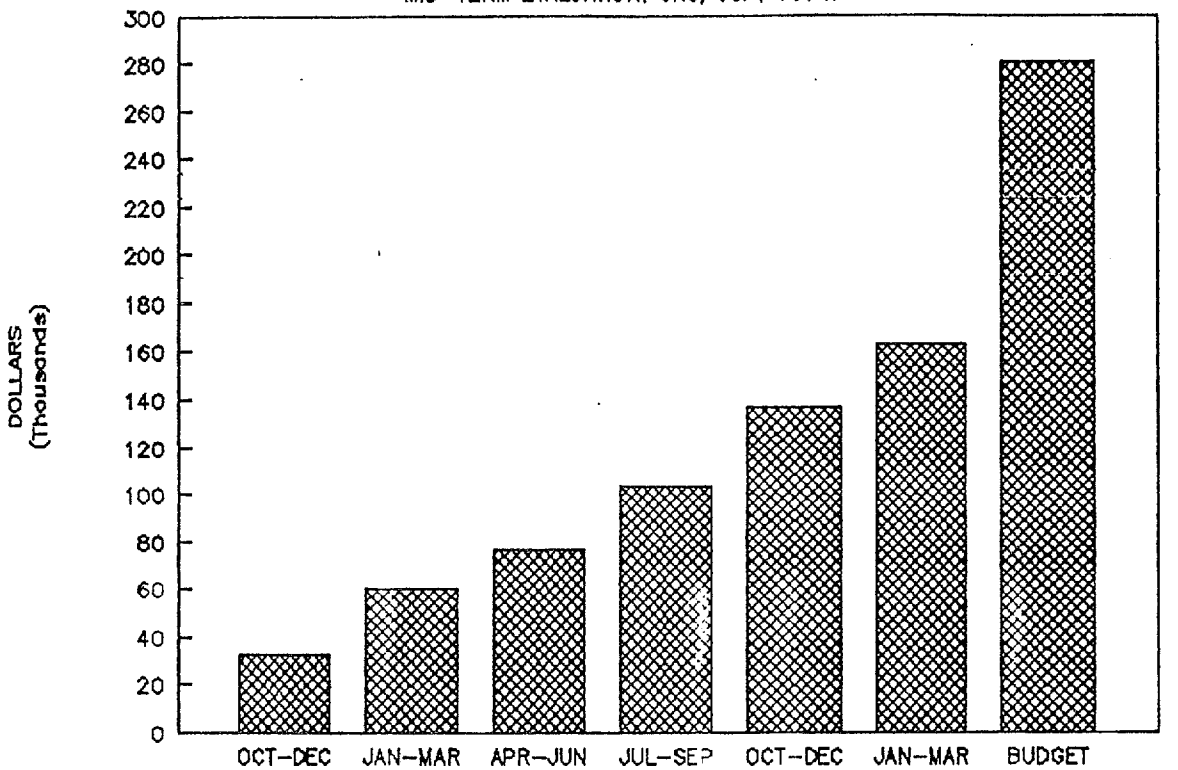


FIGURE No. 7

EXPENDITURES BY BUDGET ITEM

MID–TERM EVALUATION, CRS/CSP, 1994

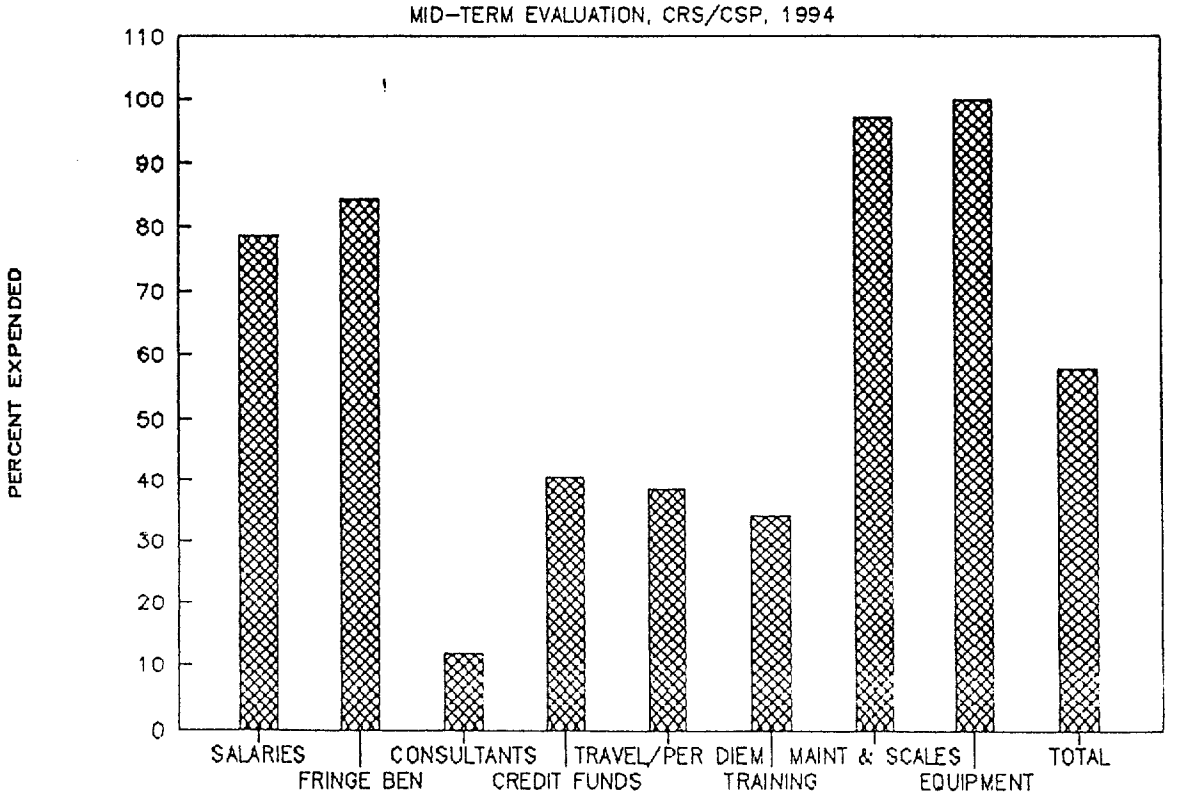


FIGURE No. 8

CUMULATIVE EXPENDITURES – IMBABURA

MID-TERM EVALUATION, CRS/CSP, 1994.

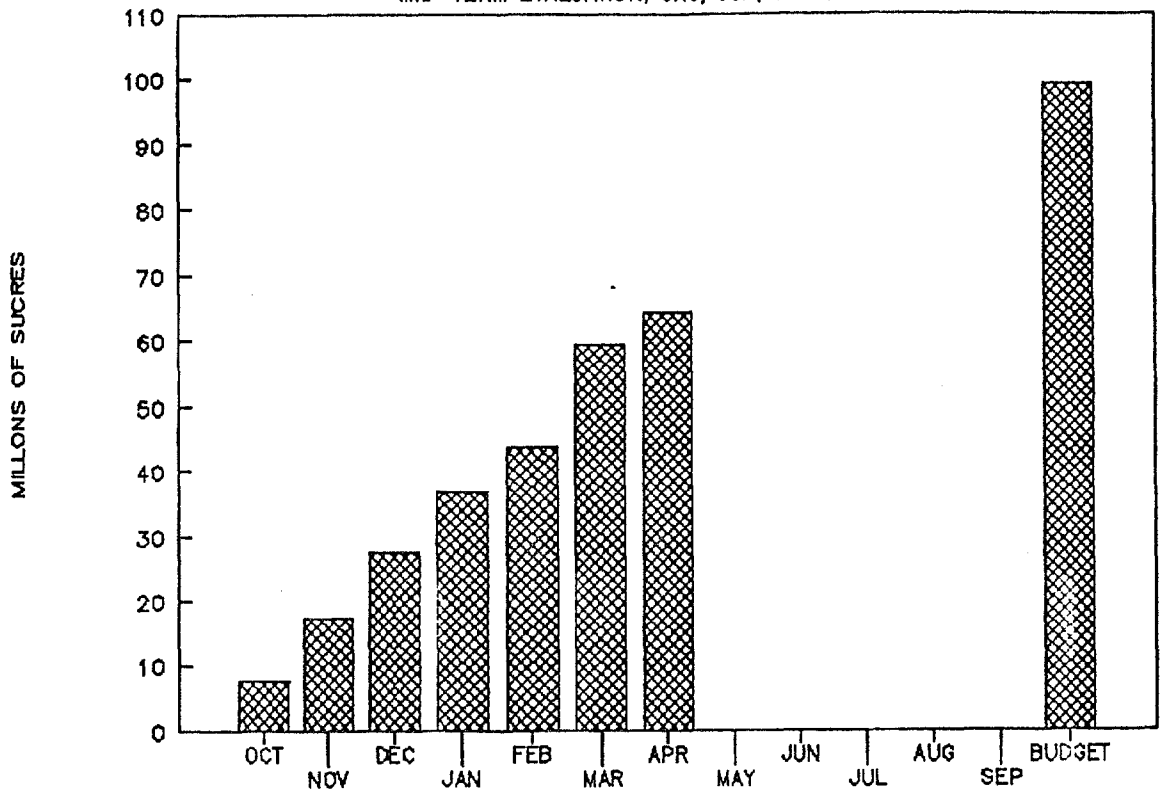
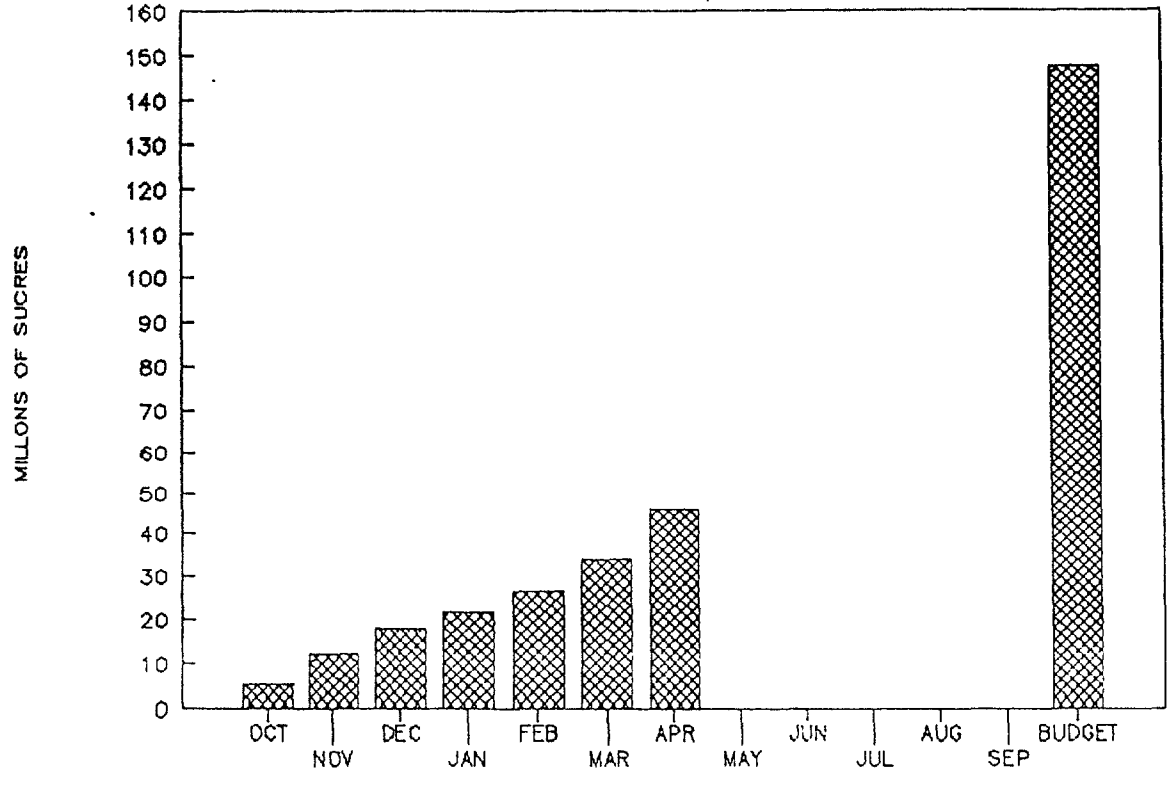


FIGURE No. 9

CUMULATIVE EXPENDITURES – CHIMBORAZO

MID-TERM EVALUATION, CRS/CSP, 1994.



their bonuses. This would amount to about $1.00 per beneficiary per year. While this appears to be an eminently reasonable amount, neither CRS nor counterparts are yet committed to pay it.

The additional expenses for educational materials might come to a similar amount and it would be interesting to explore whether communities would be willing to purchase such materials, for example buying community weight charts each year. Assuming that CRS extends its agreement with the MOH, the government commitment to provide ORS, growth charts and modest educational materials would remain in force.

PVO strategies to reduce costs, recover costs. CRS is currently designing a new health project, quite similar to the current one, which will generate a small surplus from community credit funds. This income, calculated to amount to about US$ 6,000 per year, will support a permanent health component in the diocesan social pastorate, including expenses for materials and travel. Participants will commit to saving 20% above their rotating loans in order to finance the project.

What costs are likely to be unsustainable. As was foreseen in the project design, the costs of technical teams (salaries, travel, per diems) will not be sustained unless the diocese decide to adopt them as permanent staff and seek alternative funding.

8. Recommendations

8.1 What steps to achieve output and outcome objectives by EOP?

- Limit the number of communities, concentrate so that teams/coordinators can spend at least 3 hrs per month in each community, consolidating knowledge, skills and organization
- Form a technical team based in Cumanda to work directly with community promoters; make current coordinators promoters
- Redefine functions of technicians and coordinators in light of group development process; develop supervision process
- As project matures, reduce intensity of workload (half-time) or number of technicians; increase contracts with part-time specialists (but do not pay "bonuses" government personnel)
- Promote project participation to more women in communities already being served by the project
- Develop a system of non-monetary incentives and recognition along with simple indicators of community participation - for attendance, vaccinations, etc.

8.2 Steps to increase sustainability.

- Implement credit-production model contained in accompanying report
- Establish close working relations with MOH health centers; program activities jointly; report cases of diarrheal disease, tetanus, measles and polio to MOH units; facilitate transportation to project communities
- Use correction factor to convert malnutrition diagnosis from MOH growth chart to NCHS criteria
- Begin discussions of diocesan and community commitment to CS after funding ends; explore costs

8.3 Steps to increase effectiveness, competency, quality.

- Develop indicators of group development so that progress toward viable, self-reliant organizations can be measured. Define how outsiders (technicians and coordinators) will support this development at its various stages: skills, functions,
- Put into writing recommendations, policies, agreements, processes, methodology (eg. per diems, credit fund management)
- Concentrate credit operations on women. Loans preferentially to women, credit committees should be women
- Strive for responsibility and self-reliance; avoid paternalism (eg. mothers keep growth chart, communities manage their own credit fund)
- Implement standard forms for reporting - esp. credit
- Strengthen community training on dehydration, ORS use

8.4 Steps to disseminate lessons learned to AID, other PVOs.

It would seem that the most reasonable approach would be for AID to incorporate lessons learned from this evaluation into criteria for future project design (eg. one year of pre-project startup for perfection of methodology and materials), DIP review (eg. number of communities per technician), and recommendations for central PVO management (eg. agreements, policies in writing).

8.5 Issues or actions for AID. None at this time.

9. Summary

9.1 Evaluation team.

- Dr. David P. Nelson. Coordinator
- Dr. Carmen Laspina. MOH National Chief of DDC, ARI and Breastfeeding Promotion
- Dr. Jacobo Moreta. MOH National Chief EPI
- Dr. Aida Aguilar. Provincial Chief of Health Promotion and Protection (Imbabura)
- Mr. Andres Guarderas. Gen. Manager of SETRAFOR
- Ing. Byron Jaramillo. Evaluation Dept., FUNDAGRO.

9.2 Time spent. The evaluation team worked from May 23 to June 3, 1994. The team coordinator prepared the survey and conducted data analyses from May 2 to May 20.

9.3 Total costs. US$ 14,317

9.4 Field visits were conducted to both provinces and to 12 communities where the project operates.

9.5 Quantitative/qualitative methods. The team based the evaluation on project documents, quantitative data (census, pre-evaluation survey, information system reports) and qualitative information (field observations, interviews, impromptu focus groups).

9.6 Main project accomplishments and measurable outcomes. The project has implemented programmed inputs satisfactorily and has achieved 82% of its coverage goals (communities and persons); 85% of under-fives are fully vaccinated; 62% of children are gaining weight; 29% of diarrheal episodes are treated with ORS.

9.7 Applicability and quality of CS programming. The project builds community capacity to complement and demand CS services from the MOH; interventions are appropriate and coincide with MOH norms; priorities need to include prenatal and birthing care interventions.

9.8 Relevance of lessons learned. Relevant lessons are:
- Project start-up takes at least nine months; best to use this time to perfect methodologies and materials; start community/participant recruitment in second year
- 60 communities cannot be initiated simultaneously by a novice, three-member team; better to scale up slowly
- Set the ground rules in writing before starting negotiations and put all agreements in writing

9.9 Key recommendations.
- Limit number and concentrate communities; form technical team in Cumanda and make coords. promoters
- Loans and credit committees for women
- Develop indicators to evaluate group/indiv. progress
- Develop system of non-monetary incentives

9.10 Feedback of evaluation results. CRS will hold a workshop with technical teams to review the evaluation report. Report will be discussed in each diocese with counterpart officials; implementation of recommendations will be planned.

9.11 The full evaluation team participated in the drafting of the report. The coordinator, Dr. Nelson, prepared the final version in English.

ANNEX B

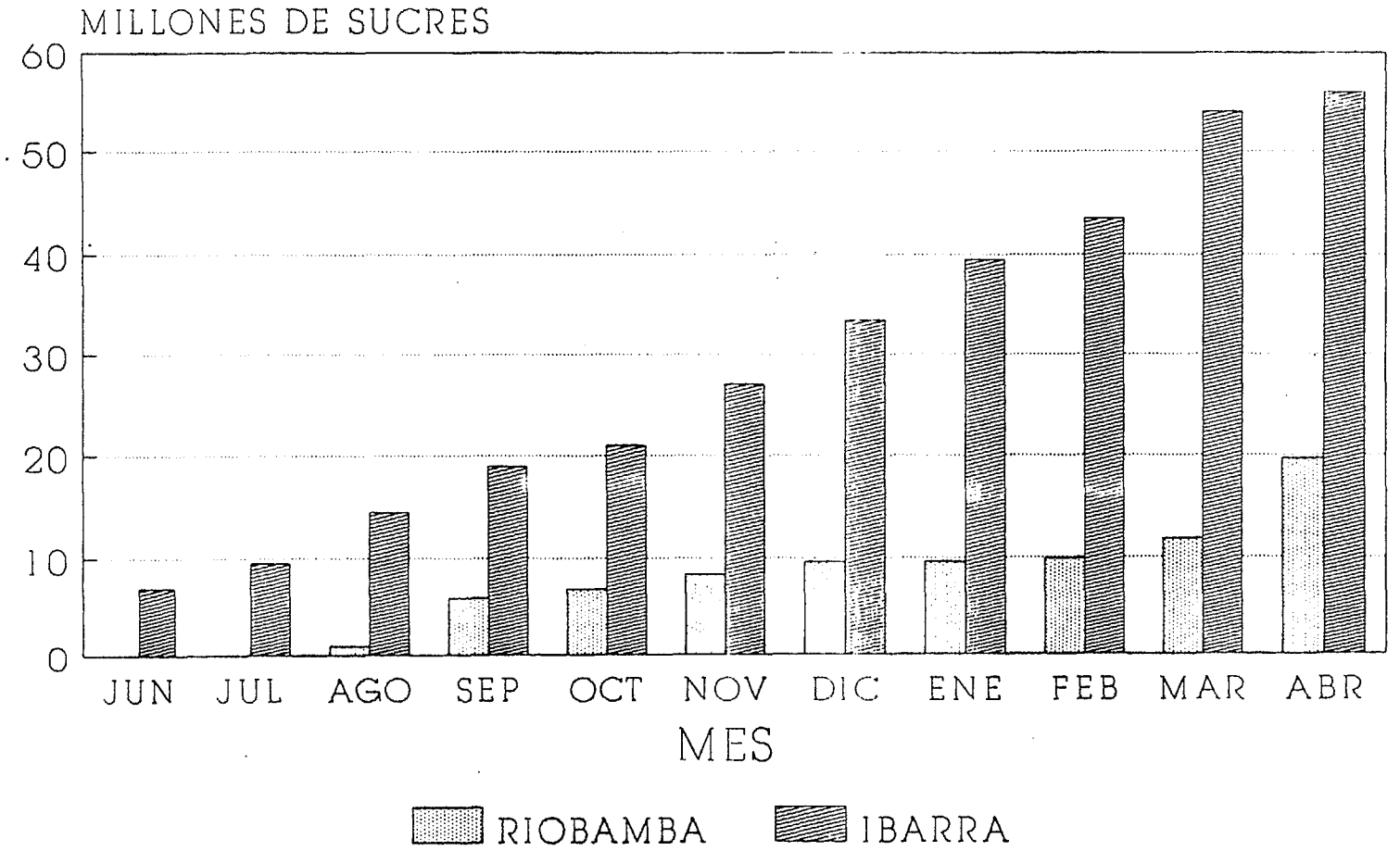
Training Events Programmed and Held - 1994

Participants	Topics	Program	Held
. Diocesan Techinicians (6)	. Educational Techniques and elaboration of material	. December	. January
. Diocesan Technicians (6) Field Coordinators (16)	. Inmunizations.	. December	. January
. Field Coordinators (16)	. Growth monitoring and nutrition education	. January	. February
. Field coordinators (10) Diocese of Riobamba	. Inmunizations.	. January	. January
. Promoters (291)	. Growth monitoring and nutrition education.	. February	. March
. Credit Committees / others	. Accounting principles	. January	. January
. Credit Committees / others community leaders.	. Cooperativism	. November	. November
. Field Coordinators Riobamba and Ibarra Dioceses.	. ARI . Diarrhea control and first aid principles	. March	. March
. 100 credit commitee members Riobamba	. Accounting/bookeeping workshops.	. January	. January
. Diocesan team and coordinators	. Agriculture Workshop	. Oct.-Dec.	. Jan-Mar.

Training Events Held in 1993

Participants	Topics	Duration	Instructors
. Candidates for Diocesan technicians (18).	. Child Survival Project Objectives . Theorical framework . Health and nutrition problems in Ecuador. . Growth monitoring . Breastfeeding and diet of children under 2. . Home management of Diarrhea, use of ORT. . Immunization	. 4 day, 8 h / day	. CRS staff
. Diocesan technicians (6) . Field coordinators (12)	. Adult education . Growth monitoring . Breastfeeding . Weaning Foods . Management of Diarrhea . Home Treatment of ARI not involving pneumonia. . Importance of vaccination schedule.	. 3 days, 8 h / day	. Adult education consultant. . CRS staff
. Diocesan technicians (6) . Field coordinators (17) . Other support staff (4) . CRS staff (4)	. Interview Techniques . Supervisor's Role . Selecting the Sample	. 3 days, 8 h / day	. Jonh Hopkins U. consultant for Program for Support of Child Survival Projects.
. Diocesan technicians (6) . Field coordinators (6)	. Adult Education . Respiratory Infections	. 3 days, 8 h / day	. Adult education consultant, MOH nurse from ARI program.
. Health, education and agriculture promoters (190) . Mothers (190)	. Growth monitoring . Diarrhea . Breastfeeding . Weaning foods . Pregnant Women's diet . Organic Fertilizer . Compost Piles . Guinea Pig Raising	. 2 days, 8 h / day	. Diocesan teams
. Health and education promoters.	. Control of diarrhea	. 2 days, 8 h / day	. Diocesan team Cumanda parish priest.
. CRS health projects coordinator. . Diocesan team	. ARI . Information Systems (3rd L.A. and Caribbean Child Survival Workshop)	. 6 days	. Jonhs Hopkins U. Support for Child Survival Projects.
. Credit committees (190 persons).	. Credit Committee Rules . Basic Accounting	. 2 days, 8 h / day	. Diocesan teams
. Diocesan technicians (13)	. Breastfeeding . Weaning foods . Pregnant women's diet . Anemia	. 5 days fulltime	. Several/International Congress.

CUMULATIVE DISBURSEMENTS FOR CREDIT
Mid-Term Evaluation,CRS/CSP. May 1994



XD-ABP-712-A

CATHOLIC RELIEF SERVICE
Project 730-92-002 Child Survival Mid-Term
Evaluation

Production-Credit Component

Ec. Andres Guarderas
Ing. Byron Jaramillo

1. What has been the economic perfomance of the credit operation? Total funds loaned, loans recovered; default rates, on-time payment, growth to cover inflation. Is liquidity sufficient to cover needs?

One of the evaluators of CRS' 1986-91 CS project pointed out two different functions of a rotating credit fund such as the one being implemented in the current project: a social function and a productive or commercial function. He suggested that loans made to or managed by poor persons with little or no credit experience serve a social function by giving them a relatively safe opportunity to manage credit resources. Individuals learn the mechanics of taking out and paying a loan, calculating interest and managing resources to be able to pay the loan and interest when due. Furthermore, when loans are managed by the community, an additional social outcome is the group cohesion which can be generated by the activity (alternatively, such funds can also be a divisive force in the community, if mismanaged). He suggested that credit operations which have such a social function be subject to different conditions than those with a commercial or productive objective; preferential eligibility, guarantees, interest rates, grace periods, default procedures, etc.

It is within this conceptual framework that the CS project rotating credit funds have been assessed during this evaluation - that they primarily fulfill a social function by making credit experience available to women.

The goal of the Project is to loan US $120,000 to 3000 women in two provinces. From its inception to date (October 92 - April 94), the project has disbursed the following amounts in Sucres (S/.2,000 per dollar):

Province of Imbabura:

Zone	No. Communit	Year 1 oct92-sep93	Year 2 oct93-apr94	total
Intag	5	1'000.000	4'050.000	5'050.000
Ibarra	12	5'000.000	6'500.000	11'500.000
Cotacachi	12	3'000.000	10'300.000	13'300.000
Urcuqui	12	4'500.000	8'600.000	15'100.000
Pimampiro	11	5'500.000	7'500.000	13'000.000

total	52	19'000.000	36'950.000	55'950.000

Province of Chimborazo:

Zone	No. Communit	Year 1 oct92-sep93	Year 2 oct93-abr94	total
Guano	14	4'607.435	4'352.189	8'959.624
Cumandá	14	1'415.768	6'003.405	7'419.173
total	28	6'023.203	10'355.594	16'378.797

In Chimborazo, during the first year, 156 loans were granted averaging S/. 32,000 each (US$16.00). In the second year, through April, 1994, 186 loans were made averaging S /. 56,000 each (US$28.00). Apparently the expired portfolio is minimal, due to the fact that mothers and communities are committed to paying their loans, regardless of profits or losses from the loan, even though they may have to pay 1% monthly additional (default rate), as in the case of Imbabura. In good measure, this is due to respect for the Church which sponsors the Project. However, there are no reports on overdue loans, amounts and default periods to substantiate this observation.

The interest rate that is collected (Chimborazo 20%, Imbabura 30%) is not sufficient to cover inflation (currently 35%), administrative costs and bad loans. In spite of the social objectives of the program, decapitalization of the fund would be unwise and ultimately destructive of these same social objectives. Lessons that beneficiaries learn would be that interest rates and repayment are unimportant.

For example, in Chimborazo, the guinea pigs purchased in the second round of loans (May, 94) cost 50% more than those bought in the first round (August, 93). This means that the purchasing power of the first loan was reduced by 25% as compared to the second loan. If 100 guinea pigs were bought with the first loan, only 75 could be purchased after recovering the initial loan (capital + interest).

Liquidity is sufficient to cover current credit demand; there are significant undisbursed balances in the credit component of the Project because of underfunding of credit funds in Chimborazo. As can be seen from the previous tables, in the case of Imbabura, only 47% of the budgeted total of US $60.000 (through the end of project), has been disbursed. In the case of Chimborazo, 14% of the

same budgeted amount has been disbursed.

2. **How effective is local managment of credit funds? Do credit committees have sufficient training, materials, guidelines to operate funds effectively ? Is there equal access to funds or signs of favoritism in making loans?**

In general terms, management of the credit by the communities has been acceptable, especially in light of the limited training they have received. This conclusion is supported by the opinions of loan recipients in the pre-evaluation survey: over 95% of respondents considered that the community Credit Committees have managed the funds well. In most cases, the Credit Committees have based their activities on fund bylaws which have evolved with and been strengthened by the experience of the first year of operations.

The bylaws "direct" credit to those mothers with children under five years of age who attend at least three consecutive health group meetings. In Imbabura, this limitation has made some women ineligible for credit, even though they participate in project activities. They feel discriminated against and, in some cases, have become divisive elements in the group.

In the case of Chimborazo, more flexibility exists since women that attend the meetings are eligible for loans even if they do not have children under five years. Some "youth groups" have even received loans although this is not contemplated in the beneficiary criteria of the project.

There are certain signs of favoritism; in Chimborazo loans are made to two or more members of the same family and frequently, loan recipients (and club members) are closely related. Also, it was reported that the previous Project Coordinator had sway over the granting of credits to certain persons.

Disbursement and control of rotating funds by the dioceses is weak in both provinces. In the case of Imbabura, the diocesan accountant disburses funds to the community for deposit in a savings account. There is no follow-up on the fund's management and no information about the fate of the credits or achievement of project goals.

In Chimborazo, the approval of loans is reserved to the Central Credit Comittee of each county. This body meets only once a month, which is an significant obstacle to the granting and collection of loans. The Central Credit Committee of Cumanda does not even handle its own savings passbook, which is in custody of the diocesan accountant.

In both provinces, initial credits are disbursed in kind by project

technicians. This unnecessarily complicates the process in light of the number and diversity of purchases to be made. The contradiction this implies is important. On the one hand, the project confides the management of the funds to the Credit Committees but on the other, depends on project technicians to acquire inputs in the name of the community, under the assumption that the Committee might divert the funds or that the technician can obtain better quality inputs, in spite of the fact that input purchases are traditionally made by the peasant women.

It should be remembered that in addition to collected interest, there are other costs to the beneficiary, such as travel expenses and the opportunity cost of time employed in obtaining the loan. In the case of small credits, these costs burden the loan and effectively reduce demand. In Chimborazo, one community in Cumanda decided not to participate in the credit program for this reason.

According to the pre-evaluation survey, about one half of all the interviewees in Chimborazo and a third in Imbabura are not interested in obtaining credit from the Project. Apparently, one of the principal reasons for this would be the high transactional costs compared to the modest amount of credit. A mother that requests a credit of S/. 50.000 to S/. 120.000 has to attend 3 group meetings, await the approval of the Central Committee, travel to Riobamba or Ibarra and lose a whole day purchasing inputs jointly with the technician.

The communities do not understand that the rotating funds will become community resources if properly managed. It is widely believed (at least in Chimborazo) that the funds belong to AID and are being loaned temporarily by the Diocese, ultimately to revert to AID at the project's conclusion. Thus, there is no incentive to recover full purchasing power by assessing adequate interest. This misunderstanding apparently arose because the project did not provide written information about the funds; oral information was distorted and retransmitted to nearly every level, from the bishop to the communities.

In Chimborazo, the misunderstandings about the source of credit funds engendered negative attitudes. For example, the previous Project Coordinator and at least one Field Coordinator, described the credits in negative terms, adducing that they would make recipients more materialistic and that credits would cause divisions in the community.

The Credit Committees' bylaws and other instruments are apparently insufficient to ensure adequate management. The bylaws do not provide for early or late payment, nor do they specify that a family can only receive one loan at a time. The accounting cards do not provide for calculation of interest on early or late payments. The members of the Credit Committee do not know how to calculate interest for periods other than those established at the

making of the loan. Training in these aspects is an urgent necessity.

In spite of these limitations, the perception of credit users as detected in the pre-evaluation survey, concerning process and management of the funds by the Credit Committees, is positive in both provinces. Probably this is due to the fact that this project constitutes one of the few alternatives of credit for peasant women, as well as the fact that the credit program is being handled in good measure by the women themselves.

3. What have loans been used for? How much additional production can be attributed to availabilility of credit? How much additional income and/or family consumption?

The loans disbursed during the first 18 mos of the project have been invested as follows:

Province of Imbabura

Investment	Year 1	Year 2*	total
chickens	1.000 chickens	2.600 chickens	3.600 chickens
guinea pigs	20 g. pigs	130 g. pigs	150 g. pigs
swine	118 hogs	455 hogs	573 hogs
goats		8 goats	8 goats
calves	1 calves	4 calves	5 calves
gardens	3 gardens	2 gardens	5 gardens
peas	3 lots	18 lots	21 lots
flint corn	9 lots		9 lots
potatoes	2 lots		2 lots
onions	1 lot		1 lot

* First semester

Province of Chimborazo:

Investment	Year 1	Year 2 *	total
chickens	1.356 chickens	814 chickens	2.170 chickens
guinea pigs	239 g. pigs	120 g. pigs	359 g. pigs
swine		87 hogs	87 hogs
sheep		9 sheep	9 sheep
rabbits	19 rabbits	7 rabbits	26 rabbits
feed		1 qq **	1 qq
peas		16 qq	16 qq
beans		3.5 qq	3.5 qq
potatoes	6 huert.com.		6 huert.com.
onions		34 qq	34 qq

* First semester
** qq = 100 lb

Loans made to date are well behind project goals. In Imbabura, credit goals for the second year envisaged financing 25,520 chickens, 2,580 guinea pigs, 864 pigs and 210 gardens among the most important activities; 20, 10, 105 and 2% of these goals were reached, respectively.

The DIP proposes the following objective in relation to the production - credit component:

Goal 4: Introduce an average of three nutritionally well balanced products, or three minor animals in the general production of the family, through direct credits and technical assistance.

This objective is related to the primary objectives of the Project (nutrition and child survival) in that Objective No. 1 states that the quality and quantity of foods will be increased while Objective No. 2 states that adequate food preparation will be promoted.

The foregoing should have induced project managers to seek strategies and activities for developing the production - credit component to achieve the nutritional objectives; determining which products to promote, which of them best contribute to improving the nutritional quality of the diet of the target population, and introduction of training activities in food preparation.

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Credits were largely destined for livestock production: swine, fowl and guinea pigs, smaller amounts were loaned for family gardens and agricultural endeavors. The raising of small animals presents fewer risks than agriculture and furthermore, peasants finance agricultural activities with their own funds, which reduces demand for agricultural credit.

In the case of swine, pigs are not eaten but rather sold in order to pay capital and interest and profits are used to attend multiple needs such as education, health and clothing mainly. In the case of chickens and guinea pigs, these are largely destined for market with the possibility that 10 to 20% is directly consumed by the family.

Sufficient information does not exist to state that productivity levels have been increased (production per productive unit; for example hundredweights per hectare) in the activities supported by the project. It is fair to say that the credit directed to the mothers has increased the livestock production and it has increased in some measure income and consumption.

4. Has technical assistance been adequate to ensure productive investment of credits? Quantity, quality, timeliness. What other factors are necessary to optimize effect of credit and production (access to markets, availability of inputs, etc.)

The Project has not established technical assistance mechanisms that assure the proper utilization of the credits.

The data from the pre-evaluation survey applied in Chimborazo establish that of 104 persons that participate in the Project, only 28 (27%) received technical assistance, 4 in agriculture and 24 in small animal production. Of 28 persons that received technical assistance, 12 (43%) consider that it was very useful, 13 (46%) that it was useful and 2 (7%) do not answer.

In Imbabura, the same survey establishes that, of 119 persons who participate in the Project, 42 (35%) received technical assistance; 4 in agriculture, 37 in small animals and 1 in other topics. Of 42 persons that received technical assistance, 9 (21%) consider that it was very useful, 30 (71%) considered it useful and 2 (5%) consider that it was somewhat useful.

The weaknesses of the technical assistance are due to several factors:

1. The high number of communities involved in the Project, 45 in Chimborazo and 53 in Imbabura, with only one production technician per province, a ratio which makes it impossible to provide sufficient attention to each community. Many communities are visited once every two or three months.

2. The production technician is not only entrusted with the technical assistance but also with credit committees, purchase of animals and seeds, the weighing of the children and coordination of the project with its various components (in the case of Imbabura), as well as administrative matters and relationships with the Diocese.

3. The high turnover of the agricultural technical personnel, (technicians have been changed three times in a year and a half), is due to a large extent to low wages which are a disincentive to remain in the project.

4. The incipient coordination with private and public institutions related to the agricultural sector. In the two provinces, virtually no relationship exists either with the Agriculture Ministry, PRONADER, nor with NGOs operating in the area such as CEAS, FEPP and FUNDAGRO.

5. The lack of an adequate training program for zonal coordinators and community promoters to serve an extension function among the farmers, as well as the lack of extension materials in basic aspects of gardening and raising small animals.

6. The lack of adequate programming and operational tools for efficient resource management, as well as the lack of supervision and support by CRS staff. For example, the technical teams often travel together to the same community where they take turns performing similar tasks.

7. The lack of definition of the technological components that would have allowed concentration on specific problems and permitted a more focused and expeditious use of the technical assistance.

5. Is the credit-production model complete? what other pieces of the system are necessary to make it a coherent,sustainable whole ? (eg. regulations, supervision, training)

The credit - production model needs to be restructured in such a way that it focuses on the attainment of the proposed objectives. The aspects that need revision are the following:

1. Redefinition of objectives. The objective of the credit program is fundamentally social. It must serve as a training tool for mothers to learn how to manage economic resources. The peasant woman can combine her multiple activities so as to increase the production and consumption of foods for the family and to improve her

income. Because of this, training in credit management and basic agricultural techniques that assure the success of the investment (fundamentally in small animals and family gardens) is most important.

If the objective of the production component is to increase consumption, loans must be oriented toward mixed agricultural activities such that gardens are grown along with the raising of pigs, chickens and guinea pigs. Training must be provided to assure the introduction of vegetables and legumes into the diet of the population.

2. Resizing of the Project. Sufficient information exists to identify communities in which to work in order to ensure sustainability.

   The technical team and coordinators indicate that about 50% of the communities have good chances to becom self-sustaining but require further strengthening by the Project. At project end, it will be preferable to have fewer communities operating well than all communities operating poorly.

RECOMMENDATION: Make a meticulous evaluation of the communities and select those for intensified training.

3. Restructuring of the technical team. The remaining implementation period for the project is eighteen months which might be extended to two and one half years at most. If the number of communities is reduced, it should be possible to reduce the technical team to two persons (doctor and agronomist) in which case, the agronomist will have to devote his time to programming, coordination, training and follow-up (and not direct services to the communities).

   The wages of the technical personnel in the Project should be set in accordance with their training and experience to avoid excessive turnover and the loss of competent staff. A reduction in staff would permit an increase in salaries.

4. Revise the Bylaws of the Credit Committees. The Credit Committee bylaws should be revised with a view to increasing the interest rate to at least 5 points above inflation, similar to the rates of the Banco de Fomento (state development bank) so as to assure the long-term viability of the funds in each community. The rates should be revised annually.

RECOMMENDATION: Apply differential interest rates as a function of

the amount of the credit. Thus for example, for loans of less than US $100,00 (credit training), the rate could be some 5 points above inflation. For loans greater than US $100,00, the rate could be 10 to 15 points more than inflation. These would be considered commercial or productive credits.

As rotating funds grow and women become experienced in managing their credit, loan limits per beneficiary should be increased, perhaps up to US $200.00. In this way, transaction costs are reduced. The pre-evaluation survey found that only 10 to 27% wanted loans greater than S/.200,000. Those persons who want more than US S/.400,000, should seek credit from other sources such as FEPP and the Banco de Fomento.

This measure would allow a major increase in loan volume for the remainder of the Project. It is important to capitalize the community credit funds and strengthen the training in credit management. This would allow more persons to participate in the program.

Women who do not have children under five years of age should be eligible for credits. This would increase credibility of the project and the credit system and further consolidate the community organization.

In Chimborazo, the Credit Committees should be decentralized to each community, in order to strengthen the community's sense of responsibility for the funds. In both provinces, the responsibility for acquisition of inputs and animals should be the Credit Committees'.

In the credit bylaws, the following aspects should be specified clearly:

1. Only one loan per family and preferably, only to women.

2. Loans should be only for chickens, pigs, guinea pigs and gardens (in order to simplify technical assistance).

3. Apply differential interest rates.

4. Annual review of interest rates.

5. The possibility of audits at any moment on the part of the Diocese.

6. Freezing or withdrawal of the funds by the Diocese if they are not being used satisfactorily.

7. Stipulate interest rates for late payment.

8. IOUs ("letras de cambio") to be co-signed by the husband to guarantee collection in case of late payment or default.

9. The periodic presentation of kardex, savings passbook, revenue and expenditure vouchers to the diocesan accountant for information, review and advice.

10. Stipulate procedures in cases of justified loss, example: extension of payment periods, forgiveness of interest, provision of new loans, etc.

11. Annual or semiannual presentation of reports to the community and Diocese in formats pre-established by the Project.

12. The members of the Credit Committee can not belong to the same family.

13. Loans provided for proven emergencies (health). This will prevent families from falling into the hands of userers.

14. The Diocese should perform periodic audits of the Credit Committees and provide training in the adequate management of the resources delivered by the project.

5. Implementation of a Program of Training and Agricultural Technical Assistance

The sustainability of the Project into the future depends on the training of the persons that will continue the activities in the communities. In that sense, it is indispensable to undertake in a program of training for coordinators and agricultural promotors, establishing training modules (credit, mixed gardens and small animals) with different levels of complexity: introduction, reinforcement and follow-up. The contents of the modules would be established by the technical team in consultation with coordinators, promoters and involved communities. Private consultants, NGOs or even the Agriculture Ministry or other institutions could be contracted to carry out the programming and execution of the program.

If the number of communities is reduced, direct training of community members might be considered. at least for specific topics of greatest interest, using practical, demonstration methods.

In addition, printed extension material should be prepared

(bulletins / folders) with specific information on credit, mixed gardens and small animals, to ensure that the technological message reaches the beneficiaries. For animal husbandry, the central topics would be vaccination and feeding while cultivation practices would be emphasized for gardens.

Beneficiaries are obviously most interested in using credit for livestock production (according to the loan statistics and results of the pre-evaluation survey on possible uses of future credit), fundamentally chickens and pigs. For this reason, and in order to make the program of credit and technical assistance effective and sustainable, it must focus on these activities as well as family gardens through a "mixed credit" mechanism.

The foregoing will have to be complemented with training in new food preparations that promote dietary diversification.

6. Utilization of tools for programming, execution, supervision, evaluation and reporting.

It is necessary that the technical team as well as CRS central staff refine tools and methodologies for programming, implementation, supervision and evaluation, so as to focus actions on achieving objectives and not only just performing activities.

Also, the information system shuld be reviewed by the technical team, Diocese and CRS central staff in order to establish indicators, instruments and information flows that are simple and rapid, that allow the different levels to know how the system is operating facilitate decisions making.