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## EVALUATION REPORTS

### Agenda item 3



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## SUMMARY EVALUATION REPORT ON DEVELOPMENT PROJECT ECUADOR 4463.00

### Primary health care and improved basic sanitation

Duration of project	5 years + 1 year
Date of approval	14 December 1990
Date plan of operations signed	16 October 1991
Project commencement date	17 June 1993
Project termination date	17 June 1999
Dates of evaluation	24 September 1998–13 October 1998
Mission composition	WFP/Pan-American Health Organization (PAHO)/WHO) <sup>1</sup>

#### Cost (United States dollars)

Total food cost	4,473,141
Total cost to WFP	5,653,051

### ABSTRACT

The project was approved in December 1990, but for various reasons, such as the late implementation of the previous project (Ecuador 2182.00), it only began operations in June 1993. Because of the slow implementation rate, it was subsequently amended (3,185 tons of commodities cut or transferred). The project was also used to solve a number of emergency situations affecting vulnerable groups, and for environmental rehabilitation and rural women's training sub-projects. The evaluation was carried out more than five years following project commencement, during which period 44 percent of the resources had been used, mainly for the integrated family health care component; a further 19 percent had been used for sub-projects and loans to the Ministry of Public Health. The mission saw that various factors had prevented the project from attaining all its objectives. Some problems were inherent in the project design, and others in the handling of the food. Several of the latter problems, which had also been pointed out by previous missions (1990–94) had not been completely redressed, and it is therefore recommended that some of the approaches and procedures be modified. The conditions affecting poor sections of the population still persist, and in some cases have worsened. The mission therefore concluded that food assistance is more urgently necessary now than ever before. All the conclusions and recommendations have been accepted by the Ministry of Public Health, whose newly installed officials are committed to introducing substantial changes in the food assistance policy and handling in the short and medium term, and to contributing to strengthening the programme to alleviate the effects of structural adjustment of the economy which the Government is carrying out under its current policies.

<sup>1</sup>The mission comprised: one expert in public health, nutrition and supplementary food (mission head, PAHO/WFP); one expert in mother and child public health (PAHO/WHO); a medical nutritionist (WFP/Ecuador); one official from the WFP Regional Office for Latin America, and one evaluation officer (WFP/Rome). The full report is available upon request, in Spanish only, from the Evaluation Office. It includes a technical report produced by the expert in mother and child public health.

## NOTE TO THE EXECUTIVE BOARD

**This document is submitted for consideration to the Executive Board.**

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 066513-2641).



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## INTRODUCTION

1. Project Ecuador 4463.00 "Primary health care and improved basic sanitation" is one of the main WFP-assisted projects in Ecuador. It originated as an extension of other projects, particularly Ecuador 2182.00, under the responsibility of the Directorate of Health Care and the Nutrition Division of the Ministry of Public Health (MSP). It was formulated in 1990, when a number of economic adjustment measures were beginning to be implemented in the country, which, coupled with the economic crisis caused by oil price fluctuations, fully justified the provision of food assistance to vulnerable groups.

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## BACKGROUND

2. The latest poverty data, comparable to 1994 World Bank data, show that poverty affects 52 percent of the national population. The proportion between the urban and the rural sectors is 40 and 67 percent, respectively. Health and nutrition indicators are not particularly accurate, however, because they are taken from several different sources and are the result of different levels of interpretation. There is, however, no doubt that most of the mother-child population is suffering from food shortages, mainly because they lack access to the basic food basket. There are two very high socio-environmental and health risk variables: neonatal tetanus and human rabies in five of the provinces covered by of the project.
3. For an estimated 1996 population of 11.5 million according to information provided by the Ministry of Agriculture, the annual per capita food intake is calculated at 496 kilograms, equivalent to 1,358 grams a day (according to the balance sheet). The staple food items consumed are cereals and cereal by-products, rootcrops, tubers, sugar, oil, fruit and meat, giving a daily intake of 1,600 calories. These are average figures, and probably differ from the real situation. The country is self-sufficient in rice production. Conversely, wheat flour production is insufficient (93 percent has to be imported).
4. Until the end of the seventies, Ecuador was a country whose prosperity was typical of a petroleum-producing country. But after the beginning of the eighties, the economy was seriously affected by international oil price fluctuations and by natural disasters that have regularly affected the country. The situation has grown even more acute over the past two years because of the effects of El Niño and plummeting oil prices. These factors, coupled with huge external indebtedness and a massive fiscal deficit, have forced the Government to introduce strict economic adjustment measures.
5. The economic adjustment measures combine with inflation, devaluation and a shortage of new jobs and the decline in production units as factors contributing to the crisis. Previous governments, but particularly the present one, have implemented aid measures giving priority to social compensation programmes and services to assist the most vulnerable groups.
6. As part of its commitment at the World Summit on Social Development (Copenhagen, 1995), the Government drew up a Social Development Plan (1996–2005) whose basic components were the National Poverty Alleviation Programme, social policies to reactivate production, and social integration policies for vulnerable sectors.



7. This Plan also gave priority to implementing a series of measures for health care, basic sanitation, education, public health, employment, housing and social welfare.

### **Establishment of the Fondo Nacional para la Nutrición y Protección Infantil Ecuatoriana (Ecuadorian Child Protection and Nutrition Fund—FONNIN)**

8. On 20 February 1989 the Government of Ecuador set up the Fondo Nacional para la Nutrición y Protección Infantil Ecuatoriana (FONNIN) to finance infant protection and nutrition plans and programmes, including the prenatal phase. The resources of the Fund come from a 0.5 percent tax levied on a series of imports upon arrival. The Fund is managed by the ministries which make up the Social Front (Health, Social Welfare, Labour and Education). The MSP has a 30 percent share of the total resources of the Fund. FONNIN's resources allocated for the financial period 1996–97 totalled 25,000,000 dollars.
9. The resources of FONNIN allocated to MSP have been used to pay current expenditure items, including health care, administrative and support personnel. In the final report supplied by the National Directorate for Nutrition, 70 of approximately 2,000 contracts were for nutrition. Part of the Government's contribution to project 4463.00 was channelled through FONNIN to pay project personnel salaries, *inter alia*.

### **Fondo Nacional de Seguridad Alimentaria (National Food Security Fund—FONESA)**

10. The Government of Ecuador, with the participation of the Ministries of Education, Public Health, Social Welfare, and the Ecuadorian Episcopal Conference with WFP support have been recently developing a strategy to create FONESA. This institution will support a national food security policy and coordinate existing food and nutrition programmes. This has the support of both the Government and a number of external cooperation agencies. However, the process to acquire approval and confer a legal status to the new entity, as well as its funding, is still in progress, and it may take some time before it becomes operational.

### **Previous phases of the Ecuador 4463.00 project**

11. WFP has been supporting the efforts of MSP under the Mother and child food assistance programme (PAAMI) since 1976. Throughout this period, aid has taken the form of supplying food to be processed at a facility installed for this purpose. In 1990, an evaluation mission of project Ecuador 2182.00 noted that the coverage had not been extended and the national statistics showed that pre- and post-natal care coverage had in fact been curtailed, as had growth and development. The mission concluded that in the light of some of the results obtained, WFP food aid had to be directly combined with MSP's development activities.
12. In 1994 a special mission to review projects Ecuador 2182.01 and Ecuador 4463.00 noted inconsistencies in the information and a lack of updated data. The mission also revealed the absence of an annual plan of operations and slow implementation, and expressed its concern at the lack of a flexible monitoring, information and evaluation mechanism which might eventually give rise to the same limitations in the future.



### **Project Ecuador 4463.00**

13. Project Ecuador 4463.00 began operations in June 1993. It focused on five provinces (Azuay, Cotopaxi, Chimborazo, Manabí and Esmeraldas) and covered one district per province. The project was focused in relation to the poverty indicators. In its original form, the project comprised three components: integrated family health care (supplementary food), training, and basic sanitation.
14. The original objectives were:
  - a) to extend the health care service coverage to the rural areas, providing the target population with an integrated health care service;
  - b) to improve the quality of community-level health care by training regular and volunteer health workers, midwives and community leaders; and
  - c) to improve the sanitation services and control environmental pollution by human waste by installing running water services and latrines.
15. The expected outputs were summarily defined as follows:
  - Comprehensive family health care component:
    - each year 7,348 high-risk households would be given access to integrated health care services.
  - Health care training component:
    - 3,760 health workers would be trained;
    - 3,760 midwives would be trained; and
    - 1,090 community leaders would be trained.
  - Basic sanitation component:
    - 82,665 latrines would be built;
    - 545 rural piped water systems would be installed.

### **Project outputs**

16. Progress reports for 1998 are not yet available, and the most recent unified progress report refers to the situation at December 1997. However, the MSP did provide the mission with the information on the food utilized so far. As the table in Annex I shows, the results indicate that the number of households catered for account for 46.6 percent of the total; expectant mothers, 15.3 percent, mothers 17.8 percent, infants under one year 28.8 percent, and children between one and four years only 11.8 percent. The outputs of the other two components fall far short of the targeted outputs, but were partially covered by two sub-projects: an environmental sanitation sub-project of the United Nations Centre for Human Settlements (HABITAT), and a UNESCO sub-project to provide health and nutrition training for poor rural women.
17. The mission focused more attention on the project as originally designed.

### **Use of food assistance**

18. By September 1998, the project had absorbed 44 percent of the revised commitment, mainly for the integrated family health component. A further 19 percent of the resources were used by the sub-projects, emergency activities for vulnerable groups, and in loans



to the ministry. This means that 64 months after the beginning of implementation, the project has used 63 percent of its resources. In the MSP warehouses in Quito, the food balance is equivalent to 13 percent of the total commitment. Some 5 percent of the food which arrived recently is currently being processed through customs, while a further 19 percent is waiting to be imported in 1999. The project has suffered various pre-and post-c.i.f. losses, some of which are yet to be investigated and are awaiting a solution.

19. As far as non-food aid is concerned, the mission noted that only 38 of the 50 motorcycles received in 1993 were returned in good condition, and 12 were scrapped because of problems with the engines. This is partially due to the long time they spent in customs warehouses. The mission noted that some of them worked, but others had been taken down.
20. In February 1998 the project donated five complete computers to MSP, one for each of the five participating provinces. Thanks to these computers, data and information relating to the monitoring of the project are being produced. The project also delivered 500 spades, 500 picks, 250 banisters, 200 balances, 2,000 sinks, and other material needed for the construction of latrines in the beneficiary provinces. No accurate information on these non-food items was available. Neither was there any appropriate documentation relating to the delivery of ten sets of dentistry equipment.

## Logistics

### *Arrival of food in port*

21. The mission visited Guayaquil and interviewed all the people involved in receipt of the food (except the Customs Director). The logistical system handled by MSP is complex and should be simplified because very often it includes over 21 stages, which means that the formalities can take between three and six months. For this reason, food losses occurred, for which no clear responsibility could be identified. The mission also noted that even though the products were insured during overland transport from the port to Quito, there was no insurance cover against hazards in the port area itself, and the system of security throughout the distribution chain was inadequate.
22. As far as food losses were concerned, it was ascertained that they vary from 0.05 percent for canned products to 6.16 percent in the case of flours. The products for which the largest losses occurred were flours, and cereals. According to preliminary information from the WFP office in Ecuador, these losses were largely caused by stealing from the port storage yard. These are now being investigated and the Government has undertaken to replace post-c.i.f. losses.

### *Customs formalities*

23. The project has also suffered because of red tape and the continual turnover of customs officials. In addition to being complicated, the customs formalities are also extremely costly to the Government. The estimated normal cost is 30 dollars per empty container (20 tons), and 4 dollars to the *Société Générale de Surveillance*. After eight days, the additional cost is approximately 28 dollars/day/container.





### **Transport**

24. The MSP makes a matching payment of 680 dollars for each container sent from the port of Guayaquil to the processing plant warehouses in Quito belonging to MSP. From the processing plant to each of the five provinces taking part in the project, the average cost for each 45 kg sack is 2 dollars (a truck can take between 220 and 500 45-kg sacks). In the case of the very distant provinces (such as Azuay), the cost can double. Lastly, there are the costs relating to transport from the provinces to the operating units, and the payment of the personnel responsible for loading and unloading the products. For example, in the province of Esmeraldas, the loading and unloading workers were paid 350 sucres (one dollar equalled 6,068 sucres on 8 October 1998, according to the United Nations rates) per quintal and 200 sucres per case. In many cases, the community itself carries out the work of stowing the goods in the operating units.

### **Food processing plants**

25. The food processing plant comprises technical and commercial facilities which offer a potential capacity if efficiently managed (space, installations, service, access, etc.). But under the present conditions the plant is not processing anything. It merely cans, stores and distributes food to the provinces. Most of the machinery requires maintenance to be able to run properly.

### **Storage**

26. The five provinces have sufficient storage space. But they do not always possess appropriate conditions to guarantee security, isolation and "biosecurity", which could lead to product deterioration.

### **Additional project components**

27. The sub-project named, "Project to improve the quality of life of women small farmers" (PROCALMUC) is being implemented by the Ministries of Education and Culture, and Social Welfare, with the support of UNESCO, UNDP, WFP, and MSP. It provides literacy and community training services for the marginalized population. In 1996 an agreement was signed between WFP, MSP and HABITAT to deliver food rations to strengthen community self-management for the development and running of human settlements in several towns. These additional components have had positive effects, particularly in helping to make rural women literate and improving the housing conditions of the marginalized populations of the urban areas.

28. The mission found that in the context of the HABITAT and PROCALMUC sub-projects, WFP had also approved the use of food for emergencies because of food shortages and health problems. The mission noted that in the Manabi province food had been distributed to other communities in the Santa Ana District, and a plan had been initiated to deliver or extend food deliveries to 28 sub-centres in the Manta District, both of which lie outside the selected district (Paján) but which were affected by the recent earthquake and flooding caused by El Niño.

### **The function of food aid**

29. Food aid, as originally proposed and according to the plan of operations, was intended to be a food supplement for vulnerable groups, and economic compensation to those attending training courses. The mission found in the subcentres in the districts it visited



that the food basket was indeed the main stimulus for taking part in the operating units, but that not enough effort had been put into ensuring the quality of the medical/paramedical service. In addition, it was found that coordination between the community and the hospital centres/units had not been enhanced.

### **Implementation of the concept of integrated family health care**

30. The mission considers that the project has interpreted integrated family health care more as a form of the basic services traditionally offered in the centres and sub-centres (growth control, immunization, medical care for children under five, prenatal and postnatal examinations, health education, immunization, and specific medical care for mothers and expectant and nursing mothers), while inadequate emphasis has been placed on other aspects such as psychological and reproductive health, and the food and nutrition component.
31. There was inadequate coordination with other initiatives supported by UNICEF and the Pan American Health Organization (PAHO), particularly with reference to food and nutrition and health education (enrichment of foods, pilot studies for healthy communities). The mission considers that the nutrition programme should increasingly be better incorporated into other programmes, following the new model which is now being drafted within the framework of the Directorate for Personal Health Care.

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### **GOVERNMENT'S CONTRIBUTION**

32. The Government took on all the counterpart costs from the outset. These include the costs of unloading, storing, classifying and packing, as well as transport to the provinces and monitoring. The MSP pays the wages of 70 staff members for the nutrition programme at various levels and in various categories. There is no detailed information on this. Transport from the provinces to the operating units is paid for by the Provincial Office when this is possible, and at other times it is the community itself which cover the transport costs.
33. There are problems regarding irregular disbursements of FONNIN funds which in some cases holds up implementation of activities.

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### **BENEFICIARIES AND BENEFITS**

34. The way in which the beneficiaries were originally defined makes it impossible to draw a clear distinction among the different categories. The division into five provinces was also made in a standard manner, without grouping or considering the population in terms of communities and districts. The mission found that some of the local officials (nurses and auxiliaries) confused direct beneficiary families with families attending training courses.
35. When the districts and provinces were originally selected, the local people were not adequately involved. In some cases, the proposals coming from the provinces were not taken into account at all, while other provinces had some geographic areas that were more risk-prone than those currently selected for the project.





36. Interviews with the direct beneficiaries (women and mothers with children attending the health centres) have revealed that food aid provided a nutritional and economic contribution which the people greatly appreciated because of their poverty, and some of these women attended the health service centres precisely because they were encouraged by the food. Of all the commodities distributed, families showed a particular preference for maize flour, soya (which they call “milk”) followed by pulses and oil. Rice is of secondary importance.
37. Women play a very important role in the project. In all the sub-centres and centres there is a mothers' committee or association which helps to promote the project and the food distribution activities.

## MONITORING AND EVALUATION

38. At the beginning of the nineties, work began on setting up a Food and Nutrition Monitoring System (SISVAN). It was supposed to be designed taking account of information supplied by the operating units, and it used to produce timely bulletins containing consolidated information. The mission found copies of these bulletins up to 1995. Unfortunately, the system is not consistent and it contains inherent flaws. It has not drawn on accurate or reliable indicators produced with the participation of the local people concerned. It uses variables for the weight of expectant mothers and weight/age variables for children aged under five, but these are not noted in all the record books, and the quality control is inadequate.
39. At the local level, weight is recorded and the information is submitted to the next level up, but the information is not analysed. The quarterly food deliveries report is punctual and consistent. But the progress reports are delivered late (the 1997 report was not delivered until June 1998) and the report on the first half of 1998 is still unavailable.
40. There is not enough documentation on emergency sub-projects, but detailed documentation is available on the amount of food delivered and the activities being implemented in the PROCALMUC and HABITAT sub-projects. In 1998, UNESCO financed a global evaluation of the PROCALMUC sub-project, which confirmed the positive impact of food aid on health and on assisting rural women in the health centres.

### Availability and soundness of evaluation indicators

41. Even though several monitoring indicators had been set out in the original proposal, the mission was unable to find evidence that they had ever been used. This was partly due to the ambiguity and vagueness of the objectives. For example, the first objective was formulated without any benchmarking, and the mission was therefore unable to use any of the indicators of the process, let alone the impact, to be able to compare the original situation to the current one. The area of coverage was not quantified in the original design (in proportional terms), and integrated mother and child health care was used to include a wide set of activities but was very vague in terms of measurement. The mission tried to find some risk indicator (obstetrics and nutrition) in the pre-natal and post-natal check-up and child risk records but none of the information it collected, despite all its efforts, made specific reference to this, and all of it was unreliable.



42. Variables such as size, the weight gain of expectant mothers, or the weight of children at birth were recorded consistently; neither was it possible to analyse other indicators such as low birth weight, the undernutrition rate of children under five, and weaning practices. In the records containing monitoring data on expectant mothers and children under five, the weight was recorded without always indicating the quality (the mission found errors and omissions in the records). This data have been routinely transmitted to the central level and to the provinces, but have not been analysed by the operational personnel.
43. With regard to the training component and its objectives, the mission found no indicators that had been drawn up *a priori* for monitoring purposes. No data are available on the content of the training courses, appraisals and evaluations, changes in the levels of knowledge possessed by the people receiving training, or the effects of training in terms of coverage of the services or changes in the behaviour of the community. The only available indicator in the reports is the number of people trained. With the central, provincial and district officials, the mission discussed indicators that could identify the effects of the mother and child health programme, such as the number of expectant mothers referred per midwife, the number of assisted births, the number of home births in relation to hospital births, the number of difficult births foreseen and referred, birth weight controls, etc. The mission members considered this technical aspect of the project to be very weak. Lastly, it was not possible to identify any impact indicators among the objectives of the basic sanitation components, such as the number of beneficiaries and the percentage of persons using the latrines. Here again, all that was available was the number of facilities installed.

## MAIN FINDINGS AND CONCLUSIONS

### General

44. The project focuses on assisting the most vulnerable groups in Ecuador. Women play a very important part in its implementation strategy. Bearing in mind the persistent socio-economic difficulties facing these groups, additional food aid is fully justified, provided that radical changes are introduced and that it is targeted or retargeted in a way that will ensure more effective project implementation.

### Coordination

45. It was found that the central, provincial and district officials were extremely enthusiastic and committed to their work. But the nutrition programme was not sufficiently harmonized into the integrated health care programme.
46. There were other nutrition activities and strategies, but they were not linked to the Nutrition Directorate. One of these was the nutrition component of the programme for integrated Care for the Prevention of Child Diseases (AIEPI), activities to promote breast-feeding, nutrition activities for expectant mothers, and the micronutrient programme.
47. It was found that the decision to incorporate health care actions depended more on the goodwill of the teams in the sub-centres than on initiatives generated at the provincial or central coordination levels.



48. The irregularity in receiving counterpart resources on various occasions caused discontinuity in the supervision from the central to the provincial levels, which made the timely detection of situations requiring corrective action difficult.

### Monitoring and evaluation of outputs

49. Despite the fact that data had been collected for SISVAN, the latest available report dated back to 1995. There was no "culture" for analysing health and nutrition data among the provincial implementation personnel and PAHO and UNICEF programme supervisors. Interviews with representatives and officials of the PAHO and UNICEF programmes made it possible to establish that the nutrition programme activities had not been sufficiently coordinated with the work of these organizations.
50. It was found that even though the programme handled information, it was sometimes ineffective as far as expectant mothers' and babies' records were concerned, because the information was misleading and did not circulate, and owing to the poor capacity to analyse it at the local level. In one centre 92 mothers' record books had been forgotten (the expectant mothers' records, and the child health records).
51. Generally speaking, health workers tended to stress food supplies as if this were the main form of supporting the coverage of health care services, to the detriment of their quality.
52. The mission also found that the food was often delivered between three and six months after the due date (during 1998 it was five months) because of delays in distributing food from the processing plant to the operating units.
53. Even though the degree of commitment by the personnel of the Provincial Directorates, Areas and Parishes was noted, in many cases they were dealing with time-consuming administrative duties which distracted them from performing other technical activities which would have been more beneficial to the people. The members of the technical teams at the provincial and district level recognized the need for refresher courses in nutrition, statistics and computers, *inter alia*, in order to improve their performance.
54. The field staff lacked training in basic aspects of applied nutrition. They frequently failed to analyse the information collected, and when food was available, the drafting and distribution of the reports took six to eight working days.

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## RECOMMENDATIONS

55. It is the mission's intention to issue a set of recommendations in two phases, which will make it possible to create the conditions for reformulating and targeting project activities in order to create more favourable conditions for the coming years, and to fit them better into the health care activities defined within the framework of the Country Strategy Outline (CSO).
56. The mission recommends that the first stage should be used as experience on which to draw for the formulation of a new WFP proposal to support food and nutrition activities in the future. (See Annex II: Measures adopted by the Ministry of Health on the basis of the mission's recommendations).



### Stage one: Short-term recommendations

- a) Project 4463.00 should be extended from July to December 1999, until all of all the food in storage is depleted.
- b) The training for health care volunteers, traditional midwives and community leaders as proposed in the original project design should be cancelled.
- c) The activities to construct water supply systems and latrines should be cancelled.
- d) Priority should be given to mother and child health care and nutrition activities according to criteria of available capacity, decentralization and feasibility. With regard to food, priority must be given to the following vulnerable groups: expectant and nursing mothers (up to 70 percent of their calorie intake requirements).
- e) The food and nutrition component must be both organically and functionally dovetailed with existing programmes so that the mother and child health services can offer a truly integrated response. This means focusing efforts on supporting activities in the areas of pre-natal control, labour care, examining and monitoring newborn babies, nursing mothers, and babies up to the age of 60 months, according to the criteria set out in the Guidelines on Mother and Child Health Care, by levels of complexity, drawn up by the MSP mother and child programme.
- f) The logistics of the project must be comprehensively modified in order to relieve MSP of food handling tasks, to cut the high operating costs related to customs processing formalities, transport, storage, delays and other contingencies. For this reason, responsibility for food handling will be transferred to another viable entity with experience in that area and related to the MSP, on the basis of a public tender.
- g) While stored food at 25 September 1998 remains unchanged, the same provinces, districts, parishes and the same beneficiaries should be kept, and informed that the project is to be redesigned very shortly. By no later than 15 days, MSP must issue a letter of intent with a monthly timetable for the distribution of the remaining inputs until they are all used. A bipartite group of MSP and WFP personnel (using WFP resources requested for monitoring and evaluation) will be responsible for ensuring full compliance with the letter of intent.
- h) The next shipment to reach the country, consisting of 165 tons of milk and 181 of oil, should be monetized. WFP Ecuador will place this money in a trust to set up a support fund for the current project, but managing it differently.

### Stage two: Medium-term recommendations

- a) A technical group at MSP should be set up, with the participation of all the units belonging to the Directorate for Integrated Personal Health Care, and with the support of WFP and other agencies and organizations (acting as an inter-agency technical group) based on the new MSP policy and strategy, to direct its activity towards:
  - supporting the mother and child programme's nutrition component, to enhance the quality and extend the coverage of services; and
  - defining and permanently updating the role and procedures of mother and child health care, within the framework of household-level food and nutrition security.



- b) WFP and MSP should be more closely integrated as part of the inter-agency technical group, in order to:
- train human resources according to needs (in terms of content and beneficiaries) defined by the MSP teams;
  - improve the existing information systems, develop new ones and basically enhance the capacity to analyse information at the local level for decision-making; and
  - coordinate the efforts with those being deployed by other organizations and agencies.
- c) All food and nutrition activities should be incorporated as a facilitating element, consistently with the activities being implemented by the Ministry of Public Health under the plan to support, transform and modernize the health care system, emphasizing the parish, district and provincial levels by implementing a continuing training programme.
- d) New criteria should be defined to focus on the provincial and district levels, based on decentralized planning and province-drafted programmes. The selection criteria will be adopted according to the indicators that are already available.
- e) WFP resources should be limited to supporting food and nutrition activities in two priority areas: i) providing food aid to vulnerable groups; and ii) training for health care workers and community leaders (including the provision of resources for these activities), fostering health care promotion and education, and food and nutrition security in parishes and district.
- f) The balance of the food remaining from project Ecuador 4463.00, awaiting importation in 1999, namely 1,537 tons of rice, 4 of oil and 350 of corn-soya blend, should be monetized. It is recommended that before monetization these commodities should be exchanged for wheat or wheat flour. The use of these resources must be in accordance with the reformulated policy and the retargeted food assistance programmes for health care in Ecuador, as they emerge from consultation meetings between the health care authorities, WFP and the inter-agency technical group.
- g) A fund should be established to enable WFP to develop and implement new food and nutrition strategies in order to achieve the desired impact on the vulnerable populations. The mission was briefed on the initiative to create FONESA, and it was recommended that this initiative should be examined in terms of all the political, technical, legal and financial conditions required in the short term to guarantee its establishment and operation, if the proposal proves viable.
- h) The future of the processing plant should be examined. The mission does not have the technical know-how to evaluate such aspects as available capacity, maintenance costs, production costs, efficiency, effectiveness and spare capacity of these installations and transport facilities. This being so, and in view of the analysis of the situation that has already been carried out, the mission recommends that a special group be set up as quickly as possible to assess the future of this plant, and to consider such alternatives as renting, leasing, restructuring or selling the plant.
- i) It is recommended that a scheme for the issue of food vouchers or food coupons by the health care operational units be implemented on an experimental or demonstration basis (in a district to be designated) to enable the beneficiaries to use



them in local stores or cooperatives. This experiment should be backed by appropriate social control over the use and the aim for which the food is provided. The purpose of the experiment would be to assess new methods for managing food aid programmes in view of the reform of the whole sector, and with a view to eventually extending this to other districts.

- j) WFP must sit on the emergency committees, and develop/implement strategies to provide food support during natural disasters.





## ANNEX I

## OUTPUTS BY COMPONENT

1. According to the report of the Nutrition Directorate the following progress was made with each component and activity during the period June 1993–December 1997:

Component/activity	Cumulative data June 1993–December 1997 (54 months)	
	Cumulative target	Percentage
<b>Integrated family health care</b>		
No. of families assisted (first consultation)	15 427	46.6
No. of expectant mothers assisted	4 959	15.3
No. of nursing mothers assisted	4 503	17.8
No. of children under 1 year assisted	7 290	28.8
No. of children between 1 and 4 years assisted	14 697	11.8
<b>Training</b>		
Health care volunteers	43	1.3
Midwives	28	0.8
Community leaders	315	32
<b>Basic sanitation</b>		
Latrines constructed	4 655	6.3
Water supply systems built	7	7

**Source:** Report on the implementation of project Ecuador 4463.00 "Primary health care and improved basic sanitation", January–December 1997. Submitted by the Nutrition Directorate of the WFP Ecuador Office on 12 June 1998.

**Note:** No report is available for the first half of 1998.



**ANNEX II****MEASURES ADOPTED BY THE MINISTRY OF HEALTH ON THE BASIS OF THE MISSION'S RECOMMENDATIONS**

1. The mission report coincided with the arrival of the new administrative and executive personnel at MSP (the newly-elected government took office on 10 August 1998) with nutrition activities being given priority treatment. The new National Health Care Director accepted the recommendations of the mission as a means for reformulating project Ecuador 4463.00, which is supported by the highest authorities of the Ministry. The following actions reveal a genuine and effective intention to bring about a positive change in the programme for vulnerable groups with the support of project Ecuador 4463.00.
  - a) The Nutrition Directorate is working closely with WFP to keep detailed records and close supervision and control over the food which is currently stored and the food due to arrive in 1999.
  - b) The logistical, financial and stored resources in every province in Ecuador have been evaluated and accounted for.
  - c) Using this information it has been possible to draw up a new plan of action and take decisions in relation to certain food consignments in excess of the planned food basket. Surplus food items, such as oil and corn-soya blend, will be monetized by WFP and the resources will be used to implement a programme of industrial-type enriched food (see paragraph f below).
  - d) The rest of the food will be distributed in accordance with the new plan to underweight expectant mothers and seriously and moderately malnourished children in the country's 20 provinces. This new approach will be able to focus technically on the health care areas with the lowest nutrition indices in the country (drawing on the information provided by the Sistema de Vigilancia Nutricional—Nutrition Monitoring System). This will ensure that by the end of the year, 15,500 food rations can be delivered to vulnerable groups, with close monitoring and supervision of recipients. MSP has undertaken to deliver the necessary funding promptly in order to guarantee monthly ration deliveries.
  - e) The Nutrition Directorate and WFP have coordinated a joint system to supervise and monitor this new plan. During this operation several beneficiary health centres will be visited in each province.
  - f) MSP, WFP and PAHO are planning to implement an enriched food programme (such as baby food enriched with minerals and vitamins) for expectant mothers and babies between the age of 12 and 36 months.
  - g) Project Ecuador 4463.00 is integrated and coordinated with programmes of other MSP Directorates, mainly the Development and Protection Directorate, in areas such as expectant mother care, the (expectant) juveniles programme, child care (the AIEPI Programme) and the programme for the elderly. Dovetailing programmes with nutrition activities in this way will form the basis of the new proposal which MSP will make for the extension of Project Ecuador 4463.00 beyond January 2000.



- h) There has been an almost total turnover of staff at the MSP Administrative/Financial Directorate, which is responsible for the port formalities and logistics. In the words of the Ministry of Health, every officer who had in any way been shown to have acted improperly in the past has been removed from office.
- i) This new Directorate has carried out an internal audit of the food processing plant and of the Nutrition Directorate in order to establish responsibilities and adopt measures relating to post-c.i.f. food losses. The results of the audit will be published in March 1999.
- j) The Administrative/Financial Directorate has cancelled its contracts with the transport company that had delivered the most recent food shipments under the previous regime. A new company will take over transport duties.
- k) MSP and WFP are deploying their efforts to expedite customs formalities and the clearance of food through the port. Direct communication channels have been established between WFP and the new Administrative/Financial Directorate to ensure that all the relevant documents and financial resources arrive in good time.

