

ANNEX 4 (A)

BRAZIL CASE STUDY

CHILD PASTORATE PROGRAMME

Brazil Case Study

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CHILD PASTORATE PROGRAMME

SUMMARY

Coverage

The Child Pastorate Programme (Pastoral da Criança - PC), implemented by the Catholic Church of Brazil, started in 1983 and is still ongoing. The PC works in 32,265 communities located in 3,403 municipalities (62 percent of the total), in 5,140 parishes (63 percent of the total), and in 261 dioceses (100 percent) of all 27 states of the nation. The PC is primarily concentrated in areas of high incidence of poverty, where child mortality rates and malnutrition are above the national average.

Operating funds

Between October 1999 and September 2000, total programme funds amounted to US\$ 6,905,721 (17,264,302 *Reales*; exchange rate of 2.5 *Reales* per US\$ 1) from the following sources:

- 80.29 percent - Ministry of Health
- 8.07 percent - Electricity Company/users
- 7.86 percent - Ministry of Education
- 3.25 percent - GLOBO TV Network/United Nations Children's Fund (UNICEF)
- 0.53 percent - others

In addition, the programme benefits from logistical support from the dioceses and parishes and the participation of 129,725 volunteers, 6,295 regional and local coordinators and training staff.

Objectives of the programme

The programme's overall objective is the promotion of social justice and greater equality based on the Christian faith and fraternity. Its specific objectives are to:

- reduce the causes of easily preventable infant and maternal mortality;
- prepare families to assume responsibility for the health care, nutrition, education, and the faith of their children;
- democratize basic health care, nutrition and education activities, essential for personal development;
- revive the cultural values of solidarity among families and social responsibility, good citizenship and ecology, for the sake of peace;
- promote community organization for daily living in faith, integrated into life, and the celebration of the Word of God;

- create conditions to enable women to become agents of change for their own lives, those of their families and of their community;
- raise awareness and train community leaders to integrate them into the missionary work of the Child Pastorate.

Programme impact

By the second half of 2001, the programme had achieved the following:

Coverage

- geographical coverage: 32,265 communities in 3,403 municipalities (62 percent of the total), in 5,140 parishes (63 percent of the total), and in 261 dioceses (100 percent) in all 27 states;
- population coverage: 77,750 pregnant women, 1,602,843 children under 6 (9.8 percent of the total population of that age-group), 16,211 individuals over 60 years of age, 19,416 young people and adults provided with literacy training, in 1,107,650 families.

Health and nutrition

- reduction of infant mortality rate by more than half in the urban and rural communities in which they work – those in poverty;
 - reduction of low-birth weight;
 - reduction of mortality rate of children aged 1 to 6 years;
 - reduction of diarrhea cases among children under the age of 6.
- (See Table on page 221 for more details)

Communication and training

- distribution of more than 600,000 copies of educational materials produced by the CP;
- distribution of more than 960,000 issues of the Child Pastorate Journal;
- 1,340 radio stations broadcast free a weekly 15-minute programme (“Viva la Vida”)
- 483 community groups formed to do local radio programming;
- 40,000 training courses offered to community leaders.

Community organization

- 132,195 trained and active community leaders;
- 6,510 programme coordination teams in place;
- 1,540 income-generating projects implemented through community leaders.

Community participation

The programme has managed to become the bridge between the local and institutional levels. Each diocese now undertakes its own planning, but benefits from information provided in reports from the central level. While there is a strong sense of ownership at the community level, and many community leaders state that they could continue activities even without the support of the programme, decision-making is not yet in the hands of the community. For example, income generating initiatives, a component that could well be placed under the direction of the community, still requires the guidance and approval of the diocese or parish.

Lessons learned

- One of the most impressive gains of the Programme is the development of a leadership truly committed to social issues in government institutions, NGOs and private initiatives.
- The Programme makes a strong link between social commitment and the Christian faith, which is successfully channelled via a volunteer programme essential to the programme's impact. While the central leadership provides technical guidance in health and nutrition, actions at the diocese level are decentralized to promote innovation and creativity.
- In operational terms, the fact that community leaders are responsible for a small number of families gives them the chance to do effective work and allows them to implement the programme's various activities each month, from weighing days for women's socialization, to visiting the families for whom they are responsible. The "community leader's notebook" is a locally managed tool which allows for reflection, analysis, data registration and recording of actions on a monthly basis. It is reinforced every three months with the results of reports sent from the central headquarters.
- The programme's need to rely heavily on women at the grassroots level has imbued it with special dedication and social commitment. It is a social space that women have managed to earn, and which they strengthen within the family. There is a need for continuous and permanent training to make local actions more effective.

Strengths, weaknesses, opportunities, constraints/threats (SWOC)

Strengths

- personnel with a strong work ethic and a high level of social sensitivity;
- availability of a basic package of health care and nutrition actions;
- incorporation of senior citizens care and literacy training, which has strengthened the programme's humanitarian impact;
- a real drop in infant mortality and an improvement in the nutritional status of under-six children in the programme, as demonstrated by data;
- quite effective and efficient coordination, both from the bottom up and top-down, that is, between institutions, NGOs and communities.

Weaknesses

- CP does not take advantage of the potential and energy of the community leaders in order to explore means of programme sustainability with respect to income-generating projects.
- In the health area, centralized decision-making which is still not helpful.
- Community participation is still focused on monitoring and health promotion and not yet on encouraging greater local decision-making in health, food security and nutrition areas.
- The food security component of the Programme has not yet extended to promoting dietary diversity and continues to focus on consumption of foods enriched with multimix flours.

Opportunities

- If the PC manages to define a new strategy favouring community leaders in the relatively short term, this could have a huge domino effect. The energy and impetus that exist in the programme at this moment could be redirected towards income-generating projects in an integrated way (identification, preparation, planning, management, implementation, marketing), which should result in a greater sense of security among community leaders.
- The PC has at present the opportunity to establish new alliances with governmental institutions and NGOs for the development of productive projects. Rather than undertaking a commitment for all income-generating projects, the PC could instead assume a bridging role. This would save time, effort and money, because its work would be concentrated on coordination, monitoring and systematic planning.

Constraints/threats

- There is an urgent need to design a strategy allowing community leaders to visualize other forms of participation. Failure to do so could lead to attrition due to lack of motivation and lower levels of commitment to the health and nutrition

work which until now has been performed with considerable capacity and commitment. Presently, there is a top-down approach to health and nutrition (basic package of actions, including growth monitoring). The participation of beneficiaries may lead to aspirations to become community leaders, and then to become programme coordinators, but this ambition does not extend to community-based actions beyond the PC. The only relative autonomy that the coordinators have is if they obtain and allocate external funds for strengthening other PC actions within the general scope of the programme.

Sustainability

The programme has had a very positive impact on the section of the Brazilian population vulnerable to poor health and nutrition. It has achieved coordination at different levels in civil society organizations and state institutions, states, municipalities, private initiatives and non-governmental organizations (NGOs). This has facilitated a process of ownership and empowerment at the levels where the programme is active. The involvement of the Ministry of Health has been a determining factor as well as the ownership of the programme at the local level. Activities can, and are likely to, continue without the assistance of the PC.

A: NATIONAL CONTEXT

The Republic of Brazil, a South American country with a surface area of 8,511,965 km², borders Argentina, Bolivia, Colombia, Guyana, Peru, Paraguay, Uruguay and Venezuela, and the Atlantic Ocean to the east. The country is comprised of 27 states and a Federal District, organized in five regions. It has a population density of 2.95 inhabitants per km², and its official language is Portuguese. The population distributed in these regions is characterized by contrasts, customs, beliefs, inequalities, and heterogeneity that has evolved over the last decades amidst industrial growth and urbanization.

Brazil's population in the year 2000 was about 168 million (UNDP, 2000). The growth rate is about 1.4 percent annually, of which 80 percent in urban areas and 20 percent in rural areas, approximately. Currently there is a decline in the birth rate, reflected in a reduction in the number of those in the 0 to 14-year-old group.

The country is characterized by socio-economic conditions of a medium to high average income, with a GDP average annual growth rate of 4.5 percent in the year 1999-2000 (World Bank, 2000). Poverty is more an urban problem than a rural one due to the concentration of inhabitants in these areas. Economic development accelerated during the 1980s, and paved the way for a reformulation of government policies. Trade treaties with other countries gave Brazil a competitive edge in the international trade arena which led to an improved economic environment. Constitutional reform in 1988 also presented the country with new challenges in the face of a broader democratic opening.

In a country of contrasts, poverty has increased, with serious social and economic inequalities. The roots of this inequality lie in the limitations of a development process based on import substitution and on protections for industry which led to an urban industrial economy unable to eliminate poverty and misery. The most vulnerable groups that have been sidelined from the benefits of industrialization are the landless workers, small landowners and marginalized urban workers. According to a study by the Planning Ministry's Institute of Applied Economic Research (IPEA), 53.1 million Brazilians live in poverty: 34.1 percent of the Brazilian population lives on less than half the basic wage (US\$ 36 per month). Of these, 22.6 million – almost 14.5 percent of the population – are destitute. This situation, characterized by social exclusion and vulnerability, has led to the development of government policies on poverty reduction implemented through programmes promoting basic social rights. These are supported by the NGOs working in the country, and the Catholic Church.

Indicators of mortality and morbidity demonstrate improvements in health over the past 30 years, but the Ministry of Health continues to cope with insufficient financial means. This has resulted in gaps in health coverage. Distribution of available financial resources remains unsatisfactory: for every dollar spent on prevention and health promotion, US\$ 25 are spent on tertiary care.

As a result of these problems, during the 1980s a series of reforms was begun aimed at decentralization, with increased autonomy for the states, to allow the poorest population groups better access to health services and thus to increase coverage. The new United Health System has evolved, according to demands and priorities, and information systems that help to evaluate both the results and the costs for achieving them.

The implementation of such health policies has resulted in more than 90 percent of births being attended by a physician, a decline in the infant mortality rate in the last five years to 38 per thousand live births⁵⁵, and an improvement in antenatal care. Another aspect that increases the health sector workload is the emergence of communicable diseases such as AIDS, which necessarily changes the characteristics of prevention within health programmes.

In 1997 low birth weight incidence was 7.8 per 1,000 live births (PAHO, 2000)⁵⁶, but this national figure hides serious regional disparities, the north and northeast having the highest incidence of low birth weight. A study done in 1996 in 1,300 municipalities in 17 states revealed a national malnutrition level of 41 percent in children between 6 and 24 months, based on weight-for-age. Children under five years of age, school children, and women are at risk for anaemia due to iron deficiency, and over 25 percent of children under five have vitamin A deficiency. The maternal mortality rate is still high at 213 per 100,000 live births. The main causes of food insecurity are: lack of access, lack of purchasing power, lack of access to means of production, especially among those that have no land, lack of public services, and lack of access to quality information. On the other hand, the increase in food importation and an inadequate food system threaten cultural values rich in terms of nutrition. Along with problems of undernutrition, development has caused more recent problems of obesity and poor eating habits, affecting certain age groups.

B: PROGRAMME DESCRIPTION

In 1982, the Archbishop of São Paulo and the Executive Director of the United Nations Children's Fund (UNICEF) agreed that the Church could help save the lives of thousands of children in Brazil who died of preventable diseases.

The programme began under the leadership of the Child Pastorate (Pastoral da Criança - PC). In 1983, the Child Pastorate initiated its activities in the city of Floristópolis, in the State of Paraná, southern Brazil, where infant mortality was highest: 127 per 1,000 live births as compared to the national average of 73. It started in 29 communities, aiming at a wide area of coverage.

⁵⁵ There are regional disparities however: IMR in the northeast is 75 per 1,000 live births, and 25 in the south.

⁵⁶ Pan American Health Organization, Division of Health Promotion and Protection. Food and Nutrition Programme. Based on country information, 2000.

UNICEF's technical and financial support at that time was of paramount importance. Preliminary activities included the preparation of a methodology, the design of materials and strategies for working in the communities, and the structuring of a local community-based information system.

The initial actions agreed upon between UNICEF and the Child Pastorate included young child growth monitoring, oral re-hydration, breastfeeding promotion, immunization, and health education. Early referral of the seriously ill to health services was added later. Between 1984 and 1987, geographical coverage was expanded from 29 to 200 communities. UNICEF continued to support the programme, and other financial and technical organizations added their support, as did the federal government via the Ministry of Health. Between 1988 and 1994, the geographical coverage reached 19,000 communities, and between 1994 and 2000, coverage was expanded to 32,265 communities in all 27 states. Volunteers have formed the backbone of the programme, and between 95 percent to 98 percent of the trained personnel have been women. The average annual rate of growth has been 1,738 communities per year since the Programme's inception. The strategy was implemented via a methodology that developed the volunteers' technical knowledge, solidarity, and training in the Christian faith.

Activities involving the beneficiary families included:

- monthly home visits by volunteers;
- weighing day: mothers with their children in each community;
- meetings with leaders to reflect on and evaluate work done the previous month.

The programme began with five basic health care activities:

- promotion of the use of oral rehydration therapy;
- promotion of breastfeeding;
- monitoring of the growth and development of children and pregnant women;
- promotion of immunization;
- informal basic education for the family and educational services for the community.

The activities are documented as part of the monitoring process in the "health notebook", which currently has 27 items that the leaders must fill out each month.

The main basic items include:

- integrated support to expectant mothers;
- encouragement of breastfeeding;
- growth monitoring;
- promotion of an improved diet;
- control of diarrhoea-related illnesses;
- control of respiratory illnesses;
- use of home remedies;
- encouragement of regular vaccinations of children and expectant mothers;
- basic education;
- prevention of accidents in the home;

- prevention of violence against children within the family structure;
- prevention of sexually transmitted diseases;
- dental health;
- religious instruction until six years of age.

These activities have been reinforced with complementary projects such as income generation, literacy training for young people and adults, participation in the social arena, community mental health, roundtable talks, the Child Alive project, family planning, senior citizen groups and social communication.

The basic organization of the Child Pastorate consists of a central coordination office where all the guidelines pertaining to health and other aspects originate. The organizational and programming structure for health is put into practice by the diocese, parishes, and communities working together. In their respective areas of influence and, with a certain degree of autonomy, they can decide on some issues, especially raising additional funds to support the programme, coordinating among other organizations and organizing other events geared to strengthening the work of the Child Pastorate.

It is important to look at the evolution of the PC in terms of interinstitutional involvement. At the beginning, UNICEF was fully involved during the years 1982-1987; soon after, in the years 1988-1994, other international cooperation organizations joined on a more regular basis, as well as the federal government through the Ministry of Health. Since 1995, the programme has been working on bringing in state authorities, as well as municipalities where high health risks exist. The positive aspects of the programme have generated the need to involve a greater number of institutions, both governmental and international cooperation.

The Ministry of Health is the government institution that has participated most actively, both at the financial and technical levels, and currently has professional personnel assigned to work in the programme's operative leadership. The Ministry of Education has been very active as far as literacy training for adults is concerned. Clearly, one of the PC's most successful aspects has been that of coordination. The need to coordinate, and the efforts to do so, have been of great benefit to the programme's target population.

By September 2000, the Child Pastorate had received support from the following institutions: Ministry of Health, the Electricity Company and its subscribers, Ministry of Education, Globo TV network/UNICEF, the Van Leer Foundation, Mission Austria, German Technical and Social Cooperation, Munich School Sisters, Adveniat, Misereor⁵⁷, Agricultural Cooperative Development International, Canadian International Development Agency, International Lions Club and Panamerican Health Organization.

⁵⁷ Editor's note:

- (a) Adveniat, Bischofliches Hilfswerk Misereor and Scholar Sisters of Our Lady of Munich are German NGOs.
- (b) Bernard Van Leer Foundation (The Netherlands).

One of the PC's tasks since the beginning has been fundraising, at first through coordination with various international cooperation organizations, followed by support from the federal government, until finally securing funding from the states and municipalities. This means that from the time that the programme first defined its principles, it had to seek funding sources in order to implement its activities. Once funding was secured, the technical and planning structures were developed by personnel of the PC and technical support organizations, including UNICEF.

Between October 1999 and September 2000, total programme funds amounted to US\$ 6,905,721 (17,264,302 *reales*, at an exchange rate of 2.5 *reales* per US\$ 1) from the following sources:

- 80.29 percent Ministry of Health
- 8.07 percent Electricity Company/users
- 7.86 percent Ministry of Education
- 3.25 percent Globo TV Network/UNICEF
- 0.53 percent others

The above does not include the cost of logistical resources provided by the dioceses and parishes, as well as the participation of 129,725 volunteers and 6,295 regional and local coordination and training teams.

The technical support has been provided by other organizations, including:

- National Council of State Health Secretariats;
- Council of Municipal Health Secretariats;
- Brazilian Association of Gynaecology and Obstetrics;
- Social Pastorates for Youth and the Family;
- Brazilian Paediatric Society;
- Association of Parents and Friends of Paraná.

Programme impact

The programme's substantial impact is largely credited to the volunteer workforce that does not merely complete its routine work but rather sees it as a commitment to help its neighbour, without regard to race, religion or ideology. The programme's impact in overall terms is clear, having operated from 1983 through the second half of 2001.

Coverage

- geographical coverage: presence in 32,265 communities in 3,403 municipalities (62 percent of the total), in 5,140 parishes (63 percent of the total), in 261 dioceses (100 percent), in all 27 states;
- population coverage to 77,750 pregnant women, 1,602,843 children under 6 (9.8 percent of the total population of Brazil in this age group) and 16,211 people over 60; literacy training for 19,416 youth and adults in 1,107,650 families.

Impact on health and nutrition:

Indicators	1988	1991	2001
National coverage of children 0-6			9.8%
Infant mortality rate		40	9
Deaths of children aged 1 to 6-years (per 1000 children of same age)		9	1
Pregnant women vaccinated against tetanus	60%		84%
Malnourished pregnant women	20%		4%
Low birth weight (< 2,500 g)	14%		6%
Children exclusively breastfed until 4 months of age	60%		80%
Children with vaccination scheme completed	62%		95%
Children with diarrhoea	13%		5%
Children with diarrhoea given home-made rehydration	82%		90%
Nutritional monitoring of children under 6:			
Weighed	78%		80%
Increased Weight	60%		72%
Malnourished	18%		4%

Source: Child Pastorate, coverage update for second half of 2001. Curitiba, Brazil.
Data included from 1988, the year the PC's monitoring system began.

Communication and training impact:

- distribution of more than 600,000 copies of educational materials produced by the Child Pastorate;
- distribution of more than 960,000 issues of the Child Pastorate Journal;
- 1,340 radio stations broadcast free a weekly 15-minute programme called "Viva la Vida";
- 483 community groups formed to do local radio programming;
- 40,000 training courses offered to community leaders.

Impact on community organization:

- 132,195 trained and active community leaders;
- 6,510 programme coordination teams working;
- 1,540 income-generating projects implemented through community leaders.

Guidance from the Child Pastorate and the Catholic Church has, since the beginning, given the programme important momentum even though overall community participation is still minimal, limited to seeking external funds to strengthen the work of the Child Pastorate. In some cases, community leaders have met in small groups and proposed initiatives for income generation projects that are still in the planning phase (based on direct observations made in the field in Curitiba and Francisco Beltrão).

Clearly the programme has contributed to improving the health and nutrition of the target population and has supported the efforts of government authorities, in this case the Ministry of Health and the Ministry of Education. These in turn recognize the important role the programme has played nationwide and the national and international recognition it

has enjoyed, to the extent that the Government of Brazil proposed it as a candidate for the 2001 Nobel Peace Prize. It is also relevant to note that other health authorities in Latin America and Africa have followed the example of Brazil and started similar activities in their respective countries, adapting them to the national and local circumstances. The programme ought to continue the crucial phase of analysis and review so that it can shape new scenarios for the short, medium and long term in order to strengthen the actions linked to health, and above all to visualize a broader form of community participation that would promote greater sustainability of the programme at its different levels.

C: PROGRAMME IMPLEMENTATION

Programme actors

Decision-making at the strategic and technical operational levels has always been carried out by the PC using a democratic process of consultation and consensus building among different institutions and organizations. However, it is only in the area of funding that some decisions may be made by the dioceses. The institutions and organizations provide technical support in the design of main strategies. The strategic and technical work designed by the programme's middle and higher levels is in line with the existing local organizational platform. The Child Pastorate community leaders receive guidance and training from the area coordinators of the parish and of the dioceses, these leaders are the basis of the work and success of the PC.

The implementation of actions at the local level relies on the community leaders who in turn are monitored by the respective area coordinators and parish coordinators on two occasions: once during the monthly visits the community leaders make to the families under their care, and the other when they are trained by the coordinators. The philosophy of the programme lies in the principle of working with poor and very poor families in parts of Brazil where infant mortality and malnutrition are above the national average. The majority of community leaders themselves come from these same communities and their commitment draws upon three vital aspects: the Christian faith, love for children, and solidarity.

In practice, a good part of what is programmed is accomplished. Nevertheless, some of the shortcomings of the work include aspects of monitoring, follow-up and local capabilities. For example, the reports that should be sent each month to the central office are not always filled out completely. In a random sample, two forms in a row were not properly filled out. Some community leaders are illiterate themselves and what motivates them is the desire to do something on behalf of children and their neighbours. The risk is that often the person helping to fill out the forms is not trained either. These are obviously situations that concern coordinators at the all levels and for which they are seeking solutions.

Programme activities

The foundation of the programme is the community leader, who receives training and coaching in order to develop a series of activities divided in two phases.

- The first phase includes:
 - a) the leader's mission within the community (spirituality, dedication, methods for organizing and mobilizing the community)
 - b) monitoring of pregnant women and newborns (and religious instruction to mothers and children)
 - c) breastfeeding
 - d) children's growth and development
 - e) promotion of immunizations
 - f) use of oral rehydration therapies
 - g) informal basic education
 - h) evaluation and care of basic health and education services for the community.

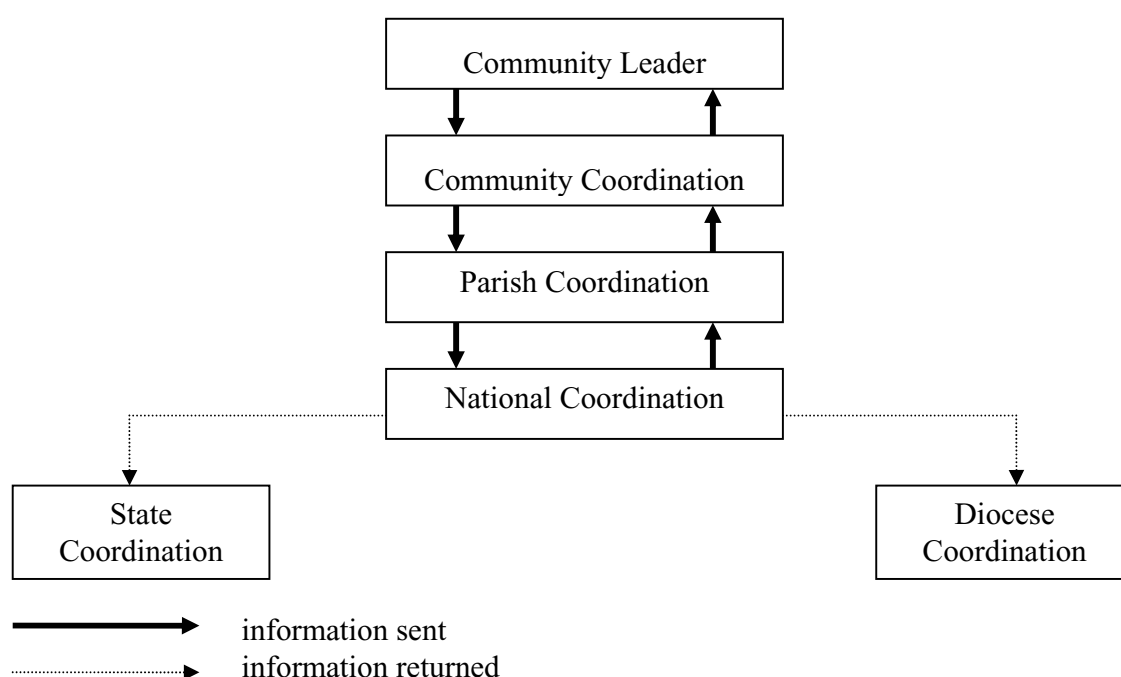
- The second phase consists of:
 - a) control of respiratory illnesses
 - b) making home made remedies
 - c) prevention of accidents in the home
 - d) prevention of violence to children
 - e) improved diets
 - f) exchange of community experiences and motivation for the volunteers
 - g) planning and evaluation.

- Other options available for the community leaders to carry out or coordinate are:
 - a) literacy training for adults
 - b) income-generating projects
 - c) prevention of sexually-transmitted disease
 - d) senior citizens
 - e) social control of public policies and municipal participation for the rights of children
 - f) community mental health
 - g) food security
 - h) family planning
 - i) social communication
 - j) control of epidemic diseases.

These activities have been identified through an analysis of the national situation and have been defined and prioritized by the PC technical professionals. Personnel from the Ministry of Health, UNICEF, the Child Pastorate and the entire organizational structure of the PC have participated in the technical teams. The training system has originated from the central level, working down through the coordination levels, to the community leaders. In the end, the implementation of all activities relies upon the community leaders who have received the whole training process for working in the context of the families to which they are assigned.

Monitoring and evaluation

One of the greatest advances of the PC is its information system, which is based on the community leaders' monthly reports on statistics for health and children's growth, for more than 1.6 million children under six, and of more than 77,000 pregnant women in all 27 states. The whole system has been designed from the central PC office, beginning with the community notebook which was proposed at the beginning of the programme by the first community leaders of the Floristopolis municipality. The information system has been designed in such a way that it clearly shows ongoing interaction between all principal players (leaders, community coordination, area and parish coordination, national coordination, state and diocese coordination).



This system of information and monitoring has other functions such as permitting ongoing evaluation of all actions carried out, reflection on those actions, and planning of new actions based on the monthly monitoring report.

Community leaders have a registration tool that covers 27 items organized by categories such as health, nutrition, opportunity and success indicators, immunizations, pregnancies, births, infant and maternal deaths. The information is reported monthly to the central level, where it is analysed and entered into a database that provides information by community, parish, municipality, state, and nationwide. Every three months, feedback is provided to the community leaders with a message of congratulations and encouragement to continue working, sometimes with suggestions or advice for improving the work. Then

the community leader during her next group meeting with the mothers does an exercise based on **seeing, playing, evaluating, and celebrating** as a way of encouraging and moving forward together.

Very occasionally there are some problems with the data received at the central level. When this happens, the central level makes a note and returns them by the same route so that they can be verified. This guarantees that higher quality information is entered into the database.

From the PC national coordination centre, the quarterly data is shared with the health authorities of each state, and is also sent to the national level so the best use can be made of the information. Consequently the programme has an information and monitoring system that comes mostly from the grassroots level, and that – most importantly – works. These actions serve as a type of constant evaluation for the PC, as the observations done at the grassroots level are taken into account so that there is always a decision-making process at the diocese level. The information and monitoring system presently covers more than 32,000 communities where the PC works, in 3,402 municipalities in all the Brazilian states.

Development of local capacities

The training of community leaders to manage monthly reports started in 1987, almost five years after the programme began. The training of leaders and trainers allows the PC to have an information system of the sentinel site type and it is not, properly speaking, an epidemiological surveillance system. The task of the community leader is to detect main health risks for children and mothers, and make necessary recommendations for halting, diminishing and/or eliminating such risks.

D: MACROCONTEXTUAL FACTORS

Since the 1980s Brazil has faced serious time social problems. The number of Brazilians living in poverty and extreme poverty is very large, while inequalities of wealth and income reach very high levels. This poverty and inequality has its roots in the development model known as import substitution and protected industrialization that doubtless have been responsible for the expansion of the industrial-urban economy. In this context the 1988 Constitution of Brazil started a new chapter in the life of the Brazilian population. It is from this time that the different sectors responsible for the development of the country proposed profound transformations as well as a push towards a strategy of sectoral decentralization in the nation in order to meet the goals set forth. Much remains to be done, especially in the urban areas of the country, where the majority of the population lives because of the need to migrate to cities in search of employment. As part of this dynamic, mechanisms were set in place that favoured processes of local participation that eventually could face up to the challenges of development.

The governments in power since 1988 have given high priority to social problems but the gains are not yet evident. However, the partnerships governments formed with support organizations such as the Catholic Church have had important results. Today, the Government and NGOs have a series of poverty relief programmes aimed at promoting, consolidating, and guaranteeing basic social rights and equal opportunities especially for vulnerable groups.

In terms of designing centralized nutrition policies, the example of the Ministry of Health is important since it has organizational structures at all levels (central, state, municipal) to coordinate and support multisector actions aimed at improving the nutritional status of the most vulnerable population, in this case children and women. The case of Curitiba's Secretariat of Health is important; it assigns well trained human resources to the area of nutrition. This has allowed it to maintain a monitoring system of the nutritional situation and the actions performed by the Ministry of Health and the NGOs that contribute to its programmes.

E: COMMUNITY PARTICIPATION

The programme was born of the need to reduce the high incidence of mortality in areas of poverty and extreme poverty. The Catholic Church has led the campaign since 1982. The programme had the unconditional financial and technical support of UNICEF during its first three years. The involvement of state institutions and other cooperating institutions was quick in coming, giving the programme diversified sources of cooperation and technical support.

The programme has achieved an important balance in terms of local participation versus the sources of funding and technical assistance: the PC has managed to act as the bridge between the local and the institutional levels. The PC acts as a bridging organization in planning as well, since it plays an important role in planning at the central level with other institutions and NGOs, and at the local level. The decentralization process has evolved in such a way that now each diocese does its own planning between the different levels of programme coordination, as well as with the community leaders. On the other hand, the quarterly results that are sent back from the central level are a rich source of information for reflection at each level and for proposing new actions at the community level, which then become part of the plans that they come up with.

In terms of resource management, the process of decentralization allows each diocese to manage resources on its own to strengthen actions supporting health, since the Ministry of Health, through the state and municipal secretariats, provides funding for health activities.

On the other hand, the Association of Friends of the Child Pastorate is a private initiative with a series of fund-raising strategies for providing continuous financial support for the PC from each diocese. Since 1995 the Ministry of Education is in charge of technical and financial support for the adult literacy programme in the PC areas, in which more than 19,000 adults are currently learning to read and write. Additional funds the

dioceses obtain through friendly cooperating organizations are used to invest in income-generating projects such as bakeries, vegetable gardens, sewing, cleaning equipment. The income-generating projects have been operating for two years. They are organized with the community leaders to allow them to dedicate part of their time to other projects that support the family budget. However, this experience is still new, and needs periodic revision to define a strategy of broad coverage that would contribute more effectively to the microeconomies of the community families.

The example of groups in Francisco Beltrão and Curitiba is interesting; while leaders recognize that it is a good project, they have not yet found steady markets that would enable continuous production. Families living in project areas are similarly poor, so for example with the bread-baking project, bread had to be sold on credit, with debts being paid up to 60 days later, creating a drain on project capital. In other cases, new projects such as vegetable plots and cleaning products are held back due to the training process, others do not have a market for the products.

What this situation makes clear is that it is necessary to undertake a more rigorous analysis before launching into an income generation project. Such projects, if successful, have the potential of providing a degree of sustainability to the community leaders. The PC has now drafted a planning document for 2002 in which it established the need to guarantee greater food security within the programme and it appears that income generation projects are a mechanism to achieve this.

At the operational level, there is recognition of the difficulties that some mothers face in order to participate more fully in the programme. There are cases of non-participation due to religious issues (some think that because they are non-Catholic, they will not be welcome in the programme), jealous husbands, lack of interest, or because the economic situation is so dismal they are embarrassed to participate. However, there is an expression of solidarity when the coordinator detects such situations and the women participants contribute with food for families in difficulty, while the husbands look for temporary work.

In other cases, the priests inform parishioners during mass about the families' difficulties, and a food drive is organized immediately for the neediest ones. In other cases, the parishes have signed agreements with the municipalities and give a bag of foodstuffs (rice, flour, oil, tomato paste, sugar and milk, among other things) to the community leaders for distribution. The above examples serve to denote the levels of ownership and solidarity that exist among participants at the various levels. Many of the leaders are of an advanced age while the coordinators are younger. There is great mutual respect among them. The majority (95 percent) of the PC leaders and coordinators are women. The beneficiaries for their part recognize the efforts of the PC: they see their children grow and survive, they learn how to prepare oral rehydration fluid and how to help their own children. In essence, the programme is a success for the beneficiary families.

Evidence indicates that community participation in the PC programme is strong and consolidated as far as carrying out the activities pertaining to health, nutrition and food security. The spiritual aspect linked to the technical one has produced commendable

results, so much so that some community leaders interviewed said that were the programme to end, they could carry on by themselves. This is evidence of the work ethic and social outreach that the Programme has promoted since its beginnings. However, community participation in the decision-making process of the PC at the central level is limited. The possibility should be considered of viewing community participation in terms of the support it could give the Programme for income-generating activities, and of finding a more autonomous way for the communities to run them.

F: SUSTAINABILITY

Macrolevel

Present conditions fully support the Child Pastorate Programme's continued development. The Programme has achieved prestige and recognition at the national and international levels for the positive effects it has had in its different areas, and this gives it the authority necessary for continuing to function. The level of commitment from the different governments has been favoured the Programme. The technical and financial support from both the Ministry of Health and the Ministry of Education could increase even more.

Sustainability by the community alone is still a long way off, given that the central level gives directions about community participation. What would happen if the leaders at the level of area, parish and diocese had full responsibility for running the programme without the support of the Child Pastorate central office? The running of the administrative, managerial, and strategic areas could present certain difficulties at first but these would not be insurmountable, knowing the energy of the key people who could be called on to reinforce the areas or abilities that are lacking. It seems that this aspect has not been analysed yet, since it is not thought that the PC ought to assume a different role within the community development process, either within the programme areas or elsewhere in Brazil.

Without doubt, the importance and priority the programme has accorded to health, nutrition and food security, as well as its ability to unite faith, solidarity and commitment with the technical aspect of development, is certainly a solid combination difficult to undermine. Even government agencies value highly the PC's activities at the present time, and the partnerships that exist with other technical organizations are a sign that the PC is not alone.

Microlevel

The PC needs to consider establishing a centre for training human resources for income generation projects, and thus encourage and support more autonomous decision-making by leaders who have received such training. The idea would be for a trained and organized group to work on developing such projects that would help produce extra income to supplement the family budget and improve food security. However, there is a critical need for the PC to identify sustainable income generation activities. Given that 80 percent of the target population is urban, and 20 percent rural, it is important for the sustainability of

the health project to be sought through income-generation: women engaged in economic activities have more confidence and security and will be able to continue to lend importance to activities that favour health care actions, including weighing babies and recording data.

The PC has managed to demonstrate improvements in the health situation of hundreds of thousands of children, and communication has played a crucial role in the achievements. The PC has not played merely a passive role in informing; it has encouraged mobilization and transformation and has helped people to reflect and form opinions based on that reflection.

At present, debate should continue about the level of community participation within the programme. While there is strong interest in encouraging participation, there is as yet clear direction. It must derive a way to help people to continue to do the technical part (weighing babies, registering them, filling out the forms) without this becoming merely a routine. Planning for the future of PC is essential to avoid loss of interest and energy.

International coordination and the NGOs

This has been a key and determining factor for the Child Pastorate Programme's success in Brazil. Since the beginning UNICEF's support has been vital. Seeking partnerships with the states and municipalities has also been important. The accompaniment of other technical and funding cooperation offices has given additional lustre to the present PC. It remains to be evaluated how the PC promotes new partnerships with organized civil society and the NGOs so as to provide technical and financial support for community leaders in a process of thorough training to design, plan, manage, administer, and market income generation projects that could contribute to the family economy. This will give a boost to the energy the leaders currently have and would lend sustainability to the programme. In general terms, the strategy of pastorate coordination at all levels is an important lesson that could very well be transferred, since it has not been theoretical, but has been done in practice.

Decentralization

Brazil has a long history of decentralization. The PC has known how to negotiate necessary alliances at all levels and this has helped it to strengthen work at the grassroots. Presently, personnel of the Ministry of Health at the state level (Secretariat of Health, Director of Nutrition of the Ministry, Ministry Nutrition Coordinators in Curitiba) have a real commitment to the PC's activities. As the Secretariat of Health said, "The Pastorate is our best ally in our primary health care work." This situation should be taken advantage of in the future in order to strengthen relations even more and to explore new areas for joint efforts between the states, the municipalities, and the Child Pastorate.

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ANNEX 4 (B)

HONDURAS CASE STUDY

**RURAL DEVELOPMENT PROJECT FOR
SOUTHERN LEMPIRA (PROLESUR)**

Honduras Case Study

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RURAL DEVELOPMENT PROJECT FOR SOUTHERN LEMPIRA (PROLESUR)

SUMMARY

Coverage

The on-going Rural Development Project for Southern Lempira (PROLESUR) began in 1988. The project is implemented in the southern part of the Department of Lempira, covering 20 out of 28 municipalities. It covers approximately 127,700 inhabitants living in the project area.

Operational funds

Since starting in 1988, the following financial contributions have been made:

- by the Government of Honduras via the Secretariat of Agriculture and Livestock and the Secretariat of Education: US\$ 2.2 million;
- by the Government of the Netherlands via FAO: US\$ 7.8 million

Objectives of the project

Initially, the objective was to improve the quality of life of the rural population through organized participation in support of new productive opportunities, creation of employment opportunities and coordination of institutional actions, within the framework of sustainable agricultural and rural development policies and with the aim of strengthening mechanisms of intervention and development. In 1996, that objective was modified to focus on family units who were improving their living conditions and their natural resources in a sustainable manner.

Project impact

No information is available on the nutritional impact of the project. Maize yields have increased from 10 quintals⁵⁸ per *manzana*⁵⁹ in 1995 to 24 quintals per *manzana* in 1998, as a result of the adoption of a technological agricultural package based on the Quesungual farming system⁶⁰, now increasingly adopted by the population. Beans, not previously planted in the area, are now showing significantly larger yields. PROLESUR had an impact on the decision to draft the legislation on the National Programme for Sustainable Rural Development (PRONADERS) affiliated with the Secretariat of Agriculture and Livestock (SAG).

⁵⁸ Editor's note: 1 quintal = 100 kilograms.

⁵⁹ Editor's note: 1 manzana = approximately 0.7 hectares.

⁶⁰ Editor's note: This agroforestry farming system is called Quesungual after the village in which it was first developed. This system allows small farmers to cultivate their land on steep slopes continuously while regenerating it. They are able to control soil erosion through growing crops interspersed with trees. See Appendix 1 for more details.

In the area of education, since November 1998 five secondary schools were converted into Technical Institutes for Agricultural Training in the PROLESUR area of influence, with the financial and technical support of the Secretariat of Education.

Community participation

PROLESUR has made substantial efforts to promote the widespread adoption of the technological package based on the Quesungual system, which has changed the dynamics of maize and bean production in the entire project area. However, participation has been largely functional, with participants carrying out project activities, but with minimal input into the selection of these activities. The social community component requires strengthening and coverage of components such as healthy households and income creation has to be extended.

Lessons learned

- Governmental support has been the determining factor for gains in grain production and in the management of natural resources. The visibility of the SAG is limited.
- Finding an agricultural technique for managing hillside farming and adapting it with other techniques to form an agricultural system has had a positive impact on basic grain production within the PROLESUR project area.
- While the agricultural, livestock and natural resources components have had a positive impact, the social component faces challenges, especially in health and education.
- The PROLESUR's coordinating role has provided it with opportunities that it has managed to use for the benefit of the inhabitants of Southern Lempira.
- Communities react positively when a project collaborates specifically to improve productivity techniques, since this gives the small farmer experience and profits. It seems that the PROLESUR is in a good position to strengthen social processes since the basic conditions are there. At least a part of the population has its basic food staples guaranteed and this should enable collective socio-economic development.

Strengths, weaknesses, opportunities, constraints/threats (SWOC)

Strengths

- the positive work ethic of human resources, led by qualified personnel;
- the unconditional support of the different governments in power;
- adequate infrastructure and logistics;
- agricultural experience and pre-testing of all processes generated within the PROLESUR;

- availability of a technological package on agricultural transformation of hillside farming;
- the constant publicizing of achievements and the existence of a monitoring unit: among other advantages, the immediate availability of information;
- having over 60 percent of the personnel that currently work for the PROLESUR come from the project area helps to consolidate work at the local level, especially after the project ends;
- having demonstrated that the Quesungual system has increased basic grain production.

Weaknesses

- Some PROLESUR components have not been adopted by the whole population. The Quesungual system is widely applied, but the social components in particular are little known and rarely used, e.g. healthy households and agro-industry.
- Coordination between institutions and among the non-governmental organizations (NGOs) has been acceptable but limited, except for the SAG and the Secretariat of Education. Coordination should be strengthened during the time remaining for PROLESUR, as there are still many challenges.
- The majority of the communities in the PROLESUR project area still depend on technical assistance for the implementation of activities. Local autonomy is not foreseen. For example, there is no plan for how successful families could show the numerous visitors what has been accomplished with PROLESUR training.

Opportunities

- Devise agricultural methodologies for different geographical areas that can be distributed by the state to other parts of the country.
- A good first step for strengthening the sustainability process would be to introduce coordination methods that include the Committees for Community Development (CODECO) and institutions or NGO's grouped in federations.

Constraints/threats

- If the decentralization and municipalization processes do not have grassroots support, there is a risk that the governance work of the new PROLESUR will falter.
- Political changes may affect relations with PROLESUR in the face of the upcoming elections.
- Failure to strengthen coordination at all levels, including the Secretariat of Education, could slow down improvements in the population's health and nutritional situation.
- Failure to strengthen the relationship between PROLESUR and local governments will make local sustainability unlikely. It would be difficult for the local communities and the CODECOs alone to deal with so many activities.

Sustainability

PROLESUR enjoys considerable political support and its achievements in the field of food production ensure the continuation of this support. The application of the Quesungal farming system has been a recognized success and this in itself is likely to continue. However, there is considerable room for improvement in coordination at all levels and in its relationship with local government in particular. Another threat to sustainability is the limited engagement of the participating communities in decision-making.

A: NATIONAL CONTEXT

The Republic of Honduras is located in Central America, with a surface area of 112,492 km². It borders Guatemala, El Salvador and Nicaragua which allows it to play a key commercial role in the area. It is also favoured with access to both the Pacific and Atlantic Oceans. Its population in the year 2001 was estimated to be about 6.6 million (UN Population Division, 1998).

The population is predominantly young; according to estimates for the year 2000, 63.1 percent are under 25 years of age. The Human Development Index report for Honduras 2000 gives the nation a rating of 0.653 and locates the country among the lowest five in the continent. One of the country's greatest difficulties has been its economic growth. According to a 1997 report of the United Nations Development Programme (UNDP), the growth rate of the gross domestic product (GDP) between 1965 and 1980 was 1.1 percent. The GDP per inhabitant (PPA⁶¹ in US dollars) is reported to be US\$ 2,433, one of the lowest in Central America and not even half of the GDP of Costa Rica and Panama. The per capita income in 1996 was estimated to be US\$ 700. According to the indicators presented in the UNDP Human Development Report 2000, using data from 1998, and the 1999 National Report (UNDP/INDH,1999) in relation to the Human Development Index for Honduras, the deprivation in human development for health is 26 percent, for education 32 percent and for income slightly over 70 percent.

On the basis of the UNDP Human Development Reports, an evaluation of the situation of Honduras locates it in a group of countries that in spite of their low income, have made important strides in recent decades, especially in the areas of health and education. It also shows, however, that its economy faces serious problems for the future. The 1999 Human Development Index data state that the economy has become more vulnerable given the weakness of the social safety nets and the absence of an established and independent judicial system. The consolidation of democracy faces the serious challenge of mitigating an historical social debt, in addition to facing difficulties for establishing a transparent system of accountability and a high degree of shared social responsibility, necessary for a developing society.

The estimated national fertility rate, according to the 1995-1996 National Epidemiology and Family Health Survey (ENESF) was 4.9, 6.3 in rural areas and 3.9 in urban areas. The birth rate per 1,000 population was 33.4 in 1996. The main ethnic groups are the Garifunas, Misquitos, Xicaques or Tolupanes, Lencas, Pech or Payas, Tawhakas or Sumos, Chortis and Hohaos.

The level of poverty in Honduras is high. In 1996 the percentage of poor families was estimated at 72.2 percent using the poverty line criteria and did not change significantly throughout the decade. The situation became more acute when in 1998 Hurricane Mitch devastated agricultural production and destroyed a good part of the social and economic infrastructure of the country. This affected the unemployment level, especially in urban areas, with an increase from 4.6 percent to 5.2 percent. Agricultural and economic

⁶¹ Paridad de poder adquisitivo (purchasing power parity).

production was seriously affected in the aftermath of Hurricane Mitch, with reductions of 8.7 percent and 6.3 percent respectively. Table 1 presents a summary of Honduras' health indicators.

Table 1 Basic health indicators

Indicator	1990	1998
Life expectancy at birth	64.9	68.8
Infant mortality per 1000 live births	50.0	40.2
Incidence rate (per 100,000 inhabitants):		
AIDS	18.8	19.5
Tuberculosis	77.1	81.3
Malaria	1,125.5	621.3
Vaccination rate in children under 5	81.8	94.2
Population without access to water	34	25.1
Population without access to sanitation	38	26.2

Source: UNDP Human Development Report, Honduras 2000

The two indicators that best reflect national health care conditions are the infant mortality rate and life expectancy at birth, both of which have improved. Improvements health infrastructure, basic health care, sanitary conditions, availability of safe water and the implementation of a system of latrines have made important contributions. However, there has been a noticeable increase in the number of AIDS and tuberculosis cases. Rates of stunting have decreased since 1987 in the group aged 1-5 years, from 43.9 percent in 1987 to 36.7 percent in 1996, but the prevalence remains high. The most serious nutritional problems are found in the western rural areas of the country. This situation is closely related to the high poverty levels (96.1 percent) in that area (PAHO, 1998). As far as specific data on nutrition for the Department of Lempira, several documents simply mention that the situation is critical especially for boys, girls and women, but no quantitative data are given.

There has been an increase in the nationwide literacy rate from 68.6 percent in 1990 to 72.1 percent in 1999. This achievement has not been evenly spread: in some departments illiteracy stands at over 50 percent. The indicator of years of school attended showed some gains at the pre-school, primary and secondary levels, with an increase in average schooling from 3.0 to 4.8 years at the national level between 1990 and 1999 (Table 2).

Table 2 School attendance in Honduras

Schooling	1990	1999
Pre-school	17.1%	38.8%
Primary	94.5%	97.3%
Secondary	27.6%	34.7%
Superior	7.6%	9.2%

Source: UNDP Human Development Report, Honduras 2000

In spite of these gains, the national educational system is still far from making education a right for all. In 1999 there were 1,635,608 school age children that did not have access to the educational system, almost 50.7 percent of the total population between 5 and 24 years of age. It is in this setting that the Rural Development Project for Southern Lempira (PROLESUR) is situated, aimed at the southern part of the Department of Lempira.

The Department of Lempira is in the southeast of Honduras, covering an area of 4,228 km², with 253,689 inhabitants and a population density of 60 inhabitants per square kilometre. Most of the department borders El Salvador. PROLESUR is working in an area of 2,178 km², which corresponds to 50.8 percent of Lempira's total surface area, with 127,700 inhabitants in 20 municipalities. The population density for the area is estimated at 190 inhabitants/km². The terrain where PROLESUR works is rugged and mountainous, with elevations ranging from 140 to 2,200 metres above sea level in the space of 40 km. Agriculture is predominantly on slopes, with traditional methods used for raising maize, beans, fruit, vegetables in small garden plots, coffee on the larger plots and cattle raising. Communications are still insufficient, with only one road connecting the municipalities and little transportation on that road. Telephone communications are limited and there are only three telephones in the entire project area.

The area of the project is categorized by the Human Development Report 2000 as a poor peasant area consisting of small landholdings (*minifundio*) and precarious land ownership, in that most people do not own the land but lease it either by year or by harvest. Yearly rental fees are in the range of 100 to 200 *lempiras*⁶² per *manzana*. If the calculation is done by harvest, the landowner requires up to one load (equivalent to 2 quintals) of maize per harvested *manzana*.

Nutritional and food security issues have been targeted by the Healthy Home Programme, covering sanitation, nutrition and reproductive health, and by the agricultural sector, the diversification of productive activities, combining various traditional cultivation techniques, discouraging damaging customs in preparing land for planting, introduction of other products that could be marketed in the area and financial support to the farmers as an alternative in their search for resources.

No baseline information nor trends data on the nutritional status were found for the most vulnerable groups (children and women) of the project's target population to describe the nutritional problems they had at the beginning of the programme or any subsequent changes. This is largely due to the fact that the initial objective of the project was the improvement and saving of natural resources through the use of agricultural technology and an increase in production of basic grains (maize and beans).

⁶² Editor's note: Lempira whose name means "gentleman of the mountains" is the Honduran currency (HNL): 1USD = 15, 3 HNL (2001)

B: PROJECT DESCRIPTION

The PROLESUR began in 1988 in response to an emergency identified by the local leaders who warned authorities of the severe drought that had put the population in a precarious food security situation. This alert led to a long-term cooperation between the then Ministry of Agriculture (now the Secretariat of Agriculture and Livestock) and the Food and Agriculture Organization of the United Nations (FAO). It began with an emergency project called “Rehabilitation of agricultural activities (1988-1990)”⁶³ aimed at restoring the productive capacity of the area, emphasizing protection and better use of water resources, creating awareness of the effects of the productive systems and the management of natural resources. The technical analysis came to the following conclusions:

- damage to natural resources;
- lower production and productivity;
- low level of social and human development indicators;
- low level of organization and participation among the population;
- institutional marginalization of the area.

Between 1992 and 1995, the area entered a new stage of relation between productive systems and the environment (management of farms and small watersheds), with a focus on food security and natural resources management and the active participation of local organizations. It was at this point that agricultural investigators discovered in the village of Quesungual a unique process for farming plots. The trees were not cut at the stump level but at a certain height (between 1.20 and 1.80 metres), and the stubble accumulated down hill. This gave rise to what is now called the Quesungual farming method (see Appendix 1 for details) which has revolutionized production in the area, especially of maize. It has given momentum not only to the production of basic foodstuffs but has led also to improving watershed management techniques because of its reduction and control of erosion and regulation of water flow.

Between 1995 and 1999, the focus shifted from one centred on farm and watershed management, to one that incorporated the family and community as its central axis. In summary, the first phase lasted a little over a decade (1988-1999) and focused on improving availability and accessibility of basic foodstuffs for the population, turning survival strategies into sustainable rural development strategies. The project began in earnest in 1992 given that the initial years were devoted to responding to the emergency, including food and technical assistance and training of community leaders.

The initial long-term developmental objective of the PROLESUR was to improve the quality of life of the rural population by means of its organized participation in the creation of new productive and employment opportunities and the coordination of institutional actions, within the framework of sustainable agricultural and rural development, with the aim of strengthening appropriate mechanisms of intervention and development. In 1996, that objective was modified to improve the living conditions and

⁶³ Editor’s note: FAO Technical Cooperation Programme. Project: TCP/HON/7851.

natural resources of family units in a sustainable manner. The specific objectives that were initially established were also modified as the central objective of the PROLESUR changed.

In the first phase of the planning and implementation of the project, there was no implicit or explicit monitoring of the nutritional aspects of the project population. However, as the objectives were modified, some actions were aimed at the diversification of food production and nutritional education, though nutritional monitoring was still not included. For example, when the Healthy Homes component was started, mention is made of the availability of family plots, processing and marketing, nutrition education, reproductive health and leadership.

The strategies defined to sustain and accompany this process of change included the following:

- develop in the population the technical know-how to use, handle and conserve natural resources so as to improve the levels of production and productivity that will guarantee the food security of present and future generations
- strengthen the capacity of the rural family in order to improve their socio-economic conditions and achieve the equal participation of men and women in the productive, reproductive, social and communal domains.

The principal components defined by the PROLESUR for making the proposed objectives and strategies operational are:

- natural resources
- healthy homes
- organization
- business management
- education
- leadership
- communication.

The PROLESUR has always aimed to develop technical know-how at the local level and since the beginning has incorporated technical and theoretical training for participatory planning and administrative management. This has promoted agricultural technological implementation in order to achieve the initial objectives, as well as those relating to the rehabilitation and conservation of natural resources and to increased agricultural production.

In order to reach these goals, participation of the rural population was supported, along with the development of human resources and of the local and regional infrastructure. Funding came from national institutions and the international community. Financial and technical support came from the Government of Honduras through the Secretariat of Agriculture and Livestock (SAG) and, to a lesser degree, the Secretariat of Education. External support came from the Government of the Netherlands through FAO as follows:

- The Government of Honduras invested about US\$ 2.2 million from the start of the emergency project to the present.
- The Government of the Netherlands through an FAO Trust Fund contributed about US\$ 7.8 million from the emergency phase to the present.

In terms of the project's target population, it was decided that the beneficiaries would be the families of small farmers and/or those landless rural men or women that belonged to rural organizations and had to lease land every year. In practice, work has also been done with livestock ranchmen engaged in mid-sized activities, who own more land. According to a 1988 evaluation, the fact that no differences were made between the family farmer and the middle-sized livestock rancher did not help in establishing better objectives and having better impact with either of the groups. This was the case at the very beginning of the emergency phase of PROLESUR as well as since 1992; PROLESUR did not discriminate among groups but worked with anyone interested, particularly if they were organized in local groups. There was the advantage of previous experience in the 1980s of the Rural Development Project for the Western Region (PRODERO) with the National Agricultural Development Bank on the one hand and the Swiss Cooperation on the other, where organizational aspects were strengthened with credit and the introduction of silos, respectively. This helped to identify groups with certain levels of experience and some of the credit failures provided learning experiences which the PROLESUR took into account with its new proposals. In the case of silos it was decided that instead of delivering them readymade, installation skills would be developed to generate income locally.

The PROLESUR area of influence has increased as well. Initially, the project began in 1988 in 13 municipalities; it has been extended in the past five years to cover 20 municipalities, with an estimated participant population rising from 80,000 inhabitants to the present 127,700.

From the beginning, the project has had a focus on agronomy using the participatory methodology as the base for its consolidation. At first, there were 13 technical teams in three operation centres: Guarita, Candelaria and La Campa. Later, as the geographical coverage increased, personnel was increased and 20 technical teams were formed to cover an equal number of municipalities. It is worth mentioning that in 1988, as part of the PROLESUR efforts to begin a technology transfer process, with the approval of the Secretariat of Education five high schools were transformed into Technical Institutes for Agricultural Training with an agricultural and animal husbandry focus. It is still an experiment, but one which the Secretariat of Education might use as an example beyond the area of Lempira. The number of technical and professional personnel supporting PROLESUR activities has risen from 52 in 1992 to the present figure of 162. The current staff includes:

- 112 for the agronomy component, contracted by the SAG;
- 19 technicians and professionals contracted by FAO, including the Chief Technical Advisor (CTA), National Technical Coordinator (NTC) and specific consultants;

- 31 for the education component with the programme of Technical Institutes for Agricultural Training and EDUCATODOS⁶⁴, devoted almost exclusively to basic literacy training and paid by the Secretariat of Education.

PROLESUR has had most impact in the area of agronomy, with some impact in education; in other areas, efforts are still being made to test methodologies and consolidate processes. Project impacts in the areas of agriculture, local organization and municipal management, a local self-managed credit system and nutritional status are documented in project reports and evaluations. These are described in the subsections that follow.

Agriculture

Between 1995 and 1998 there was proof of the benefits to maize yields resulting from the training provided to groups of farmers and including training in the Quesungual system (see Appendix 1). The actual yield per *manzana* grew from 10 to 24 quintals. The Quesungual system has been widely adopted, not only because of its promotion by PROLESUR technical staff, but also because of its demonstrated impact on soil conditions and thus crop yields, thereby encouraging its adoption by neighbouring farms. The change in the landscape has also been noticeable and that attracts the attention of farmers who have not yet applied the system. Many farmers do not call it “Quesungual” but rather “raw planting” (see Appendix 1 for more details).

The use of almost 5,031 metal silos (18 quintals per silo) by an equal number of families resulted in an increase in the storage capacity of maize since at least 1995 and in the last three years the level of storage has been higher. This has given the farmers in the PROLESUR project area a certain security by increasing the availability of maize and beans during the difficult summer period. Neither the drought resulting from El Niño in 1987-88 nor Hurricane Mitch ten years later disturbed agricultural production in Southern Lempira. During the summer of 1999 more than 5,000 silos installed in the area since 1995 had been full. The municipalities in Southern Lempira exported food (about 800 quintals’ worth) to areas damaged by Hurricane Mitch, something that had not happened in many years.

However, it is worth noting that the majority of farmers in the area do not own their own land and cannot adopt the Quesungual system because many landowners do not authorize them to do so and instead ask farmers to use traditional fertilizers (which the majority of farmers still use for maize production). This situation was also noted in a 1998 evaluation of the project⁶⁵. One of the beneficial aspects of the Quesungual system is the elimination of slash and burn techniques, a change the farmers are coming to accept as positive.

Baseline studies compiled through interviews with families in the PROLESUR project area demonstrated that between 1995 and 1998 there was a huge increase in families’ use

⁶⁴ An interactive radio programme that delivers instruction in basic subjects.

⁶⁵ FAO evaluations and tripartite (FAO-donor-government) missions were carried out in April 1998 and October 2000.

of silos and of improved kitchen stoves (from 12 percent to 56 percent usage). Maize was commonly stored in the kitchen ceiling and is now being deposited in a silo. Cooking used to be done over an open fire that consumed a great deal of wood and produced much smoke, but the new stoves use less wood and have a metal surface for cooking, resulting in much less smoke in the kitchen. This is of great benefit for the eyes and respiratory tract. The Candelaria health centre reported that respiratory tract illness was the most frequent motivation for children and adults to seek medical attention, followed by diarrhoea.

Water. In more than 5,100 hectares where measurements have been taken, it is reported that through the use of the Quesungual method, the soil's capacity to retain moisture increased from 8 percent to 11 percent between 1993 and 1996. This represents an availability of about 60,000 litres of water per hectare during the driest month of the year (15 March to 15 April).

Soil fertility has improved during the past five years, especially in its content of organic matter, reaching levels as high as 4 percent in the first 15 centimetres. In comparison, there is only 2.5 percent organic matter in plots where burning is still used.

Local organization and municipal management

PROLESUR works with 89 Communal Development Councils (COMUDE) providing general training, including methodology transfers, the running of second-level integration organizations with a higher degree of autonomy, and the creation of an association of municipalities. Coverage of organization and community participation is progressing, as recognition of PROLESUR personnel and familiarity with the technical experts' agendas improves.

A positive aspect is the impact PROLESUR has had at the central level in the development of the National Programme for Sustainable Rural Development (PRONADERS), adjunct to the SAG. The PRONADERS achievements have been the result of intense work with the PROLESUR and there are important lessons learned which are now used to guide other foreign cooperation projects and to improve the nature of relations between the Government and external cooperation.

Local self-managed credit system

There is a system of alternative credit operating in the communities, which supports small and medium-sized producers by means of community banks (in 67 of 90 PROLESUR communities), as well as the strengthening of three cooperatives in the area. A study carried out in May 2001 (Zelaya and Reardon, 2001) with the purpose of identifying markets for what has been called rural non-farm employment, makes clear that PROLESUR needs to do more work in at least five areas in order to have better market penetration. Problems of product quality, limited quantities and low accessibility to roads means that small groups are tied to the local and municipal urban markets and have limited access to a wider market. The potential markets are dairy products, tin work and other metal products, construction materials, improved traditional crafts and lumber-

related work such as sawmills and carpentry. Of the five areas mentioned, the study sees most potential in dairy products, tin work and construction materials, given the fact that the groups have gained experience in purchasing inputs, accounting, work skills and market research. There remains the need for better techniques related to product volume and quality.

Nutritional status

The impact of the project at the nutritional level is difficult to assess due to the absence of recorded information. Because of the was strong emphasis on the agricultural and livestock activities, no nutritional monitoring system was established. Other areas, such as Healthy Homes, did not record any relevant information.

Data obtained in the Health Centres come from the child growth monitoring system. However clinic attendance is poor and many children come to the health centre for the first time when they are ill. In some communities there are groups of women volunteers who have been trained to measure and weigh children and interpret the data, and recently the new management of the health centre is trying to revive that work. The non-governmental organization CARE used to give out food to the mothers who brought their children to the health centre and at that time there was more frequent use of the centre.

The health centre directors report an apparent tendency for there to be fewer underweight children in 2001, but there is no explanation for the phenomenon. The records are very uneven and it is unclear if the same children are being followed. The turnover of personnel and the fact that one of the health centres was without a doctor for a long time has limited the quality of the records. PROLESUR gives the impression that initially it focused all its energies on improving basic food needs and raising the level of local incomes, and that only once the process was well advanced did it concern itself with other components that have been incorporated gradually.

C: PROJECT IMPLEMENTATION

Project actors

The former Ministry of Agriculture, now the Secretariat of Agriculture and Livestock (SAG), together with FAO, undertook the task of supporting 13 municipalities in the Department of Lempira after being made aware of difficulties by the rural leaders and mayors. They spoke of adversities such as a drought since 1987 and the war in El Salvador which affected the border situation: the 13 municipalities had traditionally enjoyed fluid cross-border relations with the neighbouring country. In 1998 the Secretariat of Education initiated the Technical Institutes for Agricultural Training, providing salaries for teachers in the institutes.

The SAG designed a tripartite coordination and decision-making structure for PROLESUR in which Government of the Netherlands, FAO and the SAG itself participate (see Appendix 2 for organizational chart of PROLESUR). In addition, government support

has included providing legal statutes, financial and technical support, legal and institutional counsel, follow up and evaluation. The Government has signed a tripartite agreement between two government secretariats and a FAO representative.

Coordination between PROLESUR and the ministries at the central, departmental and local levels is good. However, coordination between the project and the municipalities is not yet strong enough, due to the fact that most mayors are not familiar with PROLESUR and to the very low budget assigned to the municipalities by the central government. On some occasions, there has been coordination with NGOs and institutions that have worked in the area for some time. This has been useful from the standpoint of information exchange, training and, in some cases, infrastructure for the communities.

Because of distance and difficult access roads, very few institutions work in Lempira. There has thus been an effort to forge inter-institutional relations with those that do work in the area, such as the Honduran Social Investment Fund (FHIS) and the Ministry of Education. PROLESUR in conjunction with the FHIS have encouraged the introduction of new cropping techniques, latrine projects, improved kitchen stoves, water supply and the use of irrigation systems that have resulted in increased basic grain production, and improving the availability of grain through the use of metal silos. This is a major accomplishment: cropping techniques that avoid harming natural resources and help conserve the soil, the main resource for people in the area.

The projects supported by the governmental institutions in the area are very specific and short-term. For example, the FHIS focuses only on mini-irrigation projects of limited duration and does not guarantee any ongoing presence in support of the local organization. The Secretariat of Education has supported the change in the mission and status of the Technical Institutes for Agricultural Training, but the administrative part is not efficient⁶⁶. In addition, there is no agreement with the Ministry that would incorporate the Technical Institutes for Agricultural Training definitively into the structure of the Ministry of Education.

In the 90 communities across the 20 municipalities in the southern area of the Department of Lempira, there are community groups that PROLESUR knows and supports, the majority of which (60 percent) have been created by PROLESUR for the purpose of responding to its offer of assistance. Some groups already existed at the time of BANADESA and CARE. Their role today is that of recipients of the project benefits, but some have achieved a certain economic autonomy, for example by being the builders of the metallic silos, and conducting their own management, monitoring and decision-making.

Project activities

The SAG, with the technical support of FAO, identified five main problems that affected the area, based on meetings with the rural leaders and mayors of the 13 municipalities. These were:

⁶⁶ Teachers' pay is often delayed, for example.

- damage to natural resources;
- low social human development;
- diminishing productivity and production;
- low level of organization and participation of the local population;
- institutional marginalization of the area.

Since the beginning of PROLESUR, technical staff from the SAG, the Ministry of Education and FAO have been in charge of the planning process. Community participation in the process has been very low, generally only in problem analyses. In most cases the community problem analysis has contributed little to the institutional planning process. This situation is also confirmed by previous evaluations.

Technical staff from PROLESUR, the SAG and the Ministry of Education have been in charge of the process of implementation, technical assistance, technical support, monitoring and evaluation; the purely operative field work has been carried out by different technicians from the institutions, together with organized groups in the communities. The role played by the organized community groups in designing diagnostic tools, planning, monitoring and evaluation is still very limited.

In addition to funding from the Government of Honduras and the Government of Netherlands (through FAO), organizations such as the Honduras Social Investment Fund, CARE, the Directorate for Agricultural Science and Technology and the National Institute for Professional Training have made specific contributions, and have been administered by them in support of the communities. Hence the management of funds has remained at the institutional level. There are some experiences with microprojects at the organized community level (silos, communal banks) but they are still in the process of consolidation.

Monitoring and evaluation

The project has had a formal monitoring and planning unit since 1999. The unit is in charge of running the planning process, with an annual activity cycle starting with the participatory community analysis running through the annual operative planning of the project. The process has been used since 1995, and is appropriate for a project focused on what PROLESUR can provide, since it facilitates the empowerment and the creation of local planning, monitoring and evaluation capacities. However, the method used, directed towards the annual implementation of planned activities rather than planning in the medium and short term, makes it difficult to use as a management tool to detect critical points or unforeseen results. There are no defined indicators for immediate objectives but only goals for the activities, which results in a limited understanding of gains made toward achieving immediate objectives and the higher purpose of the project.

Community participation in the establishment of monitoring indicators, review of advances, and evaluation is still very new, and is limited to what is done by some community banks and the artisans' association which builds silos. Project evaluations done in recent years have been useful and a few suggested corrections have been taken into account, such as strengthening the monitoring and evaluation system, increasing

women's participation, and other recommendations made by the evaluation missions of April 1998 and October 2000.

Development of local capacities

Since the start of the project, the established objectives have clearly been the protection of natural resources and the transformation of livestock, agricultural and forestry practices. PROLESUR has managed to introduce clear changes in productive and conservation practices, and in some cases agricultural transformation in areas devastated in ecological and agricultural terms, as well as in vulnerable communities. Another aspect of building local capacity is the creation of the technical institutes and adult education, with the participation of youth and community leaders.

The founding of a cooperative has been important for the local community. While its formation grew out of the presence of technical advisers from outside Lempira, 90 percent of the cooperative members today are from the project area which clearly shows a process of local ownership. There are two other cooperatives that have been formed for the purposes of granting credit and offering services; these have played an important role for their beneficiaries.

D: MACROCONTEXTUAL FACTORS

The process of modernization and decentralization of the state aims to provide a higher degree of efficiency and less concentration of the administration of natural and human resources at the centre, with higher levels of responsibility for the local municipal governments. On the other hand, Article 48 of the Municipal Code allows for local organizations to take part in the municipal governments' decision-making processes through the municipal development plans. A constitutional framework thus exists for better relations between government and community.

According to the National Programme for Sustainable Rural Development (PRONADERS), this will take time to be adequately implemented, given the role that many international cooperation institutions and organizations have played for some years, which has been to drive processes under the name of community participation, while carrying on without consulting the grassroots. That experience offers some lessons in what mistakes to avoid.

In the case of PROLESUR, it is noteworthy that more than three governments from different political parties have come and gone without altering PROLESUR. Perhaps the poverty of the area, difficult access and distance from the capital city are some of the factors that allowed it to continue. In addition, the role of higher level government officials has been important for obtaining such impressive results (for example, the increase in basic grain production).

Since 1988 Honduras has been going through a series of stabilization and economic adjustment programmes involving fiscal austerity measures that have had a strong effect on the economy and the social environment. In 1997, a large percentage of households had barely enough to satisfy their basic needs (65 percent of urban households, 35 percent of rural households). The Government adopted a major structural adjustment programme from 1988 and in the early 1990s whose purpose has been to control inflationary pressures, fiscal imbalances and foreign trade as well as to liberalize and gradually privatize the economy so as to increase savings and promote steady development. Different poverty relief programmes have been implemented with the purpose of mitigating the effects of the adjustments on vulnerable groups and to structurally promote social development.

Some examples are the Social Fund created in 1990; the Rural Development Plan for the Western Region (PLANDERO) in 1995; the Lempira Regional Development Project; COHASA II in 1996; the Food Security Project COHASA III; “Intibucá” in 1997 and others, among them PROLESUR. These reflect a preference for working on rural development strategies and poverty alleviation. Recently the creation of PRONADERS as part of the SAG is seen as an initiative that could serve as a reference point for methodologies of technology transfer, since it could have a monitoring unit for the whole country.

Undoubtedly many gains were achieved in the areas of health and nutrition during the 1990s. For instance, life expectancy at birth rose from 60 to 69 years and infant mortality fell from 50 to 40 per thousand live births. At the departmental and municipal level, there are a series of actions aimed specifically at different aspects of nutrition, and included within the overall objectives of the SAG and the Ministry of Health. The best levels of concrete inter-institutional coordination is at the field level. The level of coordination at the national, departmental and municipal levels is still weak but on its way to becoming stronger. In the specific case of the PROLESUR, the coordination at the local level between the Secretariat of Education and the SAG is quite strong and only beginning between the Secretariat of Health and the SAG.

E: COMMUNITY PARTICIPATION

The project is a response to a proposal made by local community leaders and mayors of 13 municipalities who presented their acute crisis appeal following the drought of 1987. Both harvests were lost due to lack of rain from August 1987 onward. In the face of this situation, the SAG and FAO executed an emergency project for two years aimed at exploring possibilities for water management in the area, and establishing small agricultural production systems for lessening the food crisis. Food assistance was also introduced to the affected area which in some cases was converted into cash to cover the costs of transporting the food supply. A training course in agricultural issues and community organization was designed and the number of area leaders increased from 30 to 260.

From 1990 to the end of 1991, the project activity slowed considerably. Soon after, in February 1992, the Government of the Netherlands approved a pre-project of assistance to prepare for the rural development of Southern Lempira, covering 30 communities in the original 13 municipalities. This preparatory phase focused on the leaders formed in the emergency phase. This was a key element for continuity, and lasted three years. It was in 1992 that the method of agricultural production known today as the Quesungual system was discovered in the village of that name. Following the preparatory stage, a four-year formal project was implemented from 1995 to 1999. The project is now in a new phase of implementation with a three-year project to last from 2000 to 2003, whose focus will be governance.

As far as participation is concerned, the project is of a hybrid type. The community's opinion was adequately taken into account by the Government of the time and sustained financially and technically by the Government of the Netherlands through FAO. PROLESUR has received strong agricultural technology transfer and in that sense there has not been much room for very active community participation. One evaluation finds certain contradictions between PROLESUR local planning and the planning process of the CODECOs and interest groups, since PROLESUR has clearly defined its main objectives and the CODECOs aim at addressing other types of needs that go beyond the purely productive. In certain cases the PROLESUR has become a strong mediator and has obtained important results such as the opening and improvement of roads by the government authorities.

At present, many of the organized groups in PROLESUR communities draft plans related to the project's interests. The Quesungual system is used in a wide geographical area, and is used more consistently, although not everyone knows it by that name. In many cases the transfer by the technical staff to the farmers of the techniques of the Quesungual system has not been very strong. Apparently, the successful copying of the system by one farmer from another has been working and this has been the factor that has spread the system and brought with it the positive results of increased production of maize and beans. The productive activities carried out by organized groups in PROLESUR areas are given in Table 3 .

Table 3 **Groups that generate rural non-farm employment (2001)**

Activity	No. of communities
Dairy products	3
Silos/tin metalwork	22
Blacksmith	1
Cinder block production	1
Pottery	3
Production of straw mats	14
Sawmill and lumber	3
Carpentry	3

Source: Case Study, May 2001. Carlos Zelaya and Thomas Reardon.
FAO/Michigan State University.

The most successful economic activities have been the construction of metal silos, cinder block production and carpentry. All the groups have the backing and technical assistance of the PROLESUR, even those that rely on their own resources via credits.

In relation to the impact of small businesses, documented in the case study mentioned above, there were 161 non-farm jobs that have been directed primarily towards the local market and have been expanding into nearby markets in the area, which is a positive step and not common in rural development projects. It must be recognized that there are a limited number of participants in the groups that generate employment, the market coverage is very local, and the volume and quality must improve substantially.

It is still not clear how the technical experts conduct institutional planning. It is assumed that they begin with plans developed by the community development committees (CODECOs), but there is a difference between these and the plans that PROLESUR executes, which are wider and more specific. The participatory analyses and the prioritization of demands, which are done locally in each community, are being underutilized as reference points for evaluating the advances made by PROLESUR activities and changes (effects or impacts) related to the beneficiary population.

Monitoring PROLESUR is done almost exclusively by the project technical staff who gather a great deal of information and record it in diaries and in the reports issued for every three weeks of work, but no mechanisms exist to respond to the observations of PROLESUR monitoring.

Increasingly serious efforts are being made to design local instruments that can be used by the communities, but they remain a challenge. To date there have been two instruments designed for use by the community for local evaluation of how the work plans are carried out but no results are available as yet. The participation of the project population still relies on facilitators, and participation is not guaranteed should the project end.

F: SUSTAINABILITY

At present, the project is carried out by different state entities: the SAG, the Secretariat of Education and the National Agrarian Institute all of which contribute to maintain the channels of communication in the area. FAO, with the Trust Fund contribution of the Government of the Netherlands, finances the specialized technical assistance, and the field operations of the project. At the field level, PROLESUR has worked with grassroots organizations through interest groups; in the latest phase, PROLESUR has strengthened the Committees for Community Development and the Council of Municipal Development.

The Government, through SAG and PRONADERS, has guaranteed institutional monitoring of the development process that PROLESUR has been encouraging. There is a memorandum of understanding with the central government which requires it to:

- adopt appropriate measures for its execution;
- handle third party complaints;
- adopt operative autonomy;
- handle salary contracts and social security of national staff;
- handle all importation and customs paperwork.

It is worth noting that the past three governments have given their unconditional support to the development of PROLESUR, a political commitment that has encountered no limiting obstacle at any point. It is likely that the difficult circumstances of PROLESUR area, including critical human development indicators, distance from the capital city and poor roads, are factors that have prevented PROLESUR from becoming politicized.

Even though PROLESUR lacks a strong nutritional component, there have been policies aimed at the creation of professional nutritional units, and nutritional goals are implicit though not explicit in the documentation. Improvement in the nutritional situation of the most vulnerable population, in this case children and women, is likely given the nature of the activities. Many of the agricultural and forestry actions are aimed at increasing production and productivity of basic grains, with some influence on agricultural diversification.

The level of participation is strong at the Secretariats of Agriculture and Education. With the Secretariat of Health, participation is barely beginning and has been primarily via infrastructure in the construction of a hospital in Gualcince, and the development of miscellaneous training activities in nutrition education, hygiene and health, especially in Candelaria. The level of PROLESUR coordination with other organizations such as the Central Committee for Watershed Management and Integrated Development of the Department of Lempira, municipalities and Councils of Municipal Development (CODEMs), can be classified as only fair: evaluations and reviews about PROLESUR do not mention them in any consistent manner.

It is important to recognize the synergy existing between the adoption and practice of the Quesungual system and the increase of basic grain production and the improvement in soil sustainability. There is general agreement by the participants about this effect. The same could be said about the educational process that has been set up and is working through the Technical Institutes for Agricultural Training. These activities are likely to be sustained.

Other components of PROLESUR, such as Healthy Homes, organization, management, leadership and communication, have limited coverage. The Healthy Homes project includes vegetable gardens, processing and marketing of food stuff, nutrition education, preventive family health care, reproductive health and leadership. These activities reach approximately 18 percent-22 percent of the participating families. PROLESUR recognizes that one of its weakest points is consistent coverage of the complete package of its activities.

In overall terms, the sustainability of the project will depend on at least the following:

- taking maximum advantage of the potential of the new project – that of governance – which is just beginning but will get stronger in the coming year. It appears that if the structure of this project is based more on the way the organized communities think, and if it begins to pay attention in a structured way to that way of thinking, the chances of success and sustainability will be good. There will be more ownership of the project, because people will be seeing their ideas and aspirations taken into consideration and put into practice. One challenge will be to define the needs of those communities that do not mesh with the objectives of the new governance project, but it is a good opportunity to try out other types of inter-institutional partnerships. Better coordination with the Secretariat of Health is one opportunity so that it can take a leading role in health in the area; it could establish baselines for nutrition and health through computerized systems;
- incorporating as soon as possible personnel with experience in the areas of social development and health, given that up to now most technical experts are agronomists;
- defining how the new programme (on governance), interacts with the accumulated experiences in agricultural and livestock issues, generated by many years of work;
- emphasizing income-generation activities through the Rural Non-Farm Employment Project. This could benefit cross-border trade with El Salvador, which has always existed but could be done in a systematic way: the volume of trade could be increased, as Honduran products are welcomed by the Salvadorans.

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Appendix 1

The Quesungual system in Honduras⁶⁷

The system is used on plots between 200 and 900 metres above sea level and involves growing the maize, sorghum and beans interspersed with trees. Instead of burning, farmers clear old vegetation by hand with a machete. The tallest trees, which earlier were cut or burned down, are now kept, as they are good as a source of, fruit, timber and wood for furniture, as well as providing shade for the crops underneath. A typical plot of one to three hectares consists of approximately 15-20 large timber and fruit trees and numerous smaller trees and shrubs.

Every year the trees and shrubs are pruned to a height of 1.5 to 2 metres in order to eliminate the branches so light can reach the crops. Larger branches are used for firewood; smaller ones are left on the ground to help revitalize the soil. This enhances soil fertility for the maize, beans, sorghum, coffee and other crops that are grown on the ground between the trees.

There are many advantages to the new farming system: The yields have almost doubled; less labour is required to establish and maintain the plots; the soil retains moisture better, enabling crops to withstand the regular drought that afflicts the area and minimizing the risk of erosion and landslides.

⁶⁷ Editor's note: Source: FAO, Focus. 2000. *A Rural Development Success Story in Honduras*.

Appendix 2

Organizational chart of the Rural Development Project for Southern Lempira (PLS)

ANNEX 4 (C)

MEXICO CASE STUDY

**EDUCATION, HEALTH AND NUTRITION PROGRAMME
(PROGRESA)**

Mexico Case Study

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EDUCATION, HEALTH AND NUTRITION PROGRAMME (PROGRESA)

SUMMARY

Coverage

The ongoing Education, Health and Nutrition Programme (PROGRESA) ⁶⁸ began in May 1997. By the end of 2001, PROGRESA was working in 68,282 localities (26.67 percent of the total number of localities in the country) in 2,166 municipalities in 31 states of Mexico. The approximate coverage at the end of 2001 was 3.2 million families, equivalent to about 14.4 million people.

Operational funds

The Programme is funded entirely by the Federal Government of Mexico. A total of about 14 billion pesos (US\$ 1.4 million) was spent by the end of 2001.

Objectives of the programme

General objective

To support families living in extreme poverty in order to strengthen their ability and opportunities to improve their living standards.

Specific objectives

- substantially improve the education, health and nutrition of very poor families, especially of the most vulnerable family members, including boys, girls and pregnant and lactating women, by providing sufficient quality services in the areas of education and health, as well as monetary assistance;
- integrate actions in education, health and nutrition so that educational achievement is not jeopardized by sicknesses or malnutrition in children and young people, nor by the need to perform work that interferes with school attendance;
- help children and young people to complete their primary and secondary education, by ensuring that their parents have sufficient means and resources;
- encourage the responsibility and active participation of parents and all family members in improving the education, health and nutrition of children and young people;
- promote participation and family support of PROGRESA's actions so that the education and health services benefit all families in the localities where the programme operates;
- channel community efforts and initiatives into actions similar or complementary to the programme.

⁶⁸ Programa de Educación, Salud y Alimentación.

Programme impact

- A total of 3,591,717 students have received scholarships at the primary, secondary and high school levels.
- There has been a 15 percent to 25 percent reduction of the number of children in the work force, in comparison to work force participation previous to the programme.
- PROGRESA has supported children with limited resources in rural communities so that they can stay in school for longer, eat more nutritiously and receive medical attention more frequently.
- More than 80 percent of the children surveyed in PROGRESA localities had consumed nutritional supplements at some time, while about 40 percent consumed them regularly and very frequently (three or more times per week). Consumption was highest in the poorest families.
- Exposure to the programme during the two years of critical child growth (between 6 and 24 months) resulted in a gain of 1.6 cm in height for those in the lower socio-economic bracket, in comparison to children of the same socio-economic bracket in communities in the control group.
- The results of the cross-section survey indicate that children between 6 and 24 months who were exposed to PROGRESA during the two years of greatest nutritional vulnerability and consumed the food supplement frequently (three or more times per week) were 1.2 cm taller than those children that consumed the food supplement two times (or fewer) per week.
- The programme had a positive effect on levels of haemoglobin and vitamin A. The greatest effects were on the poorest, probably because their initial levels were lowest and because they used the supplements more consistently.
- Educational aspects were measured using two indicators: the re-enrolment rate for those children in beneficiary households that did not attend school in the past; and the rate of attendance for those that had previously attended, in comparison to previous rates. Results indicate some improvements, although not to the extent hoped for.
- For the period January to June 1998, 87.6 percent of the beneficiary households with children eligible for scholarships (between third grade in primary school and third year in secondary school) complied with the condition that they attend school 85 percent of the time.
- PROGRESA reports significant increases in the use of IMSS-Solidaridad⁶⁹ clinics, which cover 30 percent of the localities where the programme operates. Thirty percent more visits were reported for those under five years of age; there were 16.3 percent more first-time prenatal checkups, in comparison to 3.4 percent in clinics without PROGRESA beneficiaries.

⁶⁹ A branch of the Mexican Social Security Institute which provides health services to the uninsured rural population.

Community participation

PROGRESA is a programme well established at the central level and which has made an effort to cover all technical aspects that might jeopardize its implementation, including the quality of the product. By its nature, and perhaps owing to the financial investment that is being made, there has been limited space for more open and wider participation by the community or by the states and municipalities. Participation has largely been in the form of consultation, where views are sought from beneficiaries but there is no involvement in decision-making. All activities have been designed at the top, with community participation limited to passive participation for material incentives.

It is also worth noting that some specific aspects of local participation have been permitted and enabled, as in the role of the *promotora*. Some *promotoras* have had a more active role that has allowed them to strengthen the groups through their own initiatives.

Lessons learned

- In terms of immediate results in geographical and population coverage and in benefits delivered to the target population, the Programme has achieved a great deal. It is too soon however to evaluate changes in the beneficiaries' attitudes, which can be assessed only over the longer term.
- The Programme tackles poverty through three vital areas; education, health and nutrition. Its characteristics of vertical and centralized decision-making make the programme overly hierarchical and limit a wider participatory process that would strengthen the programme at the base.
- The coordination between the Secretariat for Social Development (SEDESOL⁷⁰), CONPROGRESA⁷¹ and the Secretariats of Health and Education is very strong. However, coordination with the states, municipalities and other state and non-state institutions is not yet very strong, especially in the states of Tabasco and Tlaxcala.
- Though the country has experience in the implementation of administrative and financial decentralization, PROGRESA is still managed from a central level. The central level is very committed, but has not been able to carry out a decentralization process with the states and even less so with the municipalities.

Strengths, weaknesses, opportunities, constraints/threats (SWOC)

Strengths

- provides subsidies for human resources, aimed mainly at rural localities and households in extreme poverty;
- has a rigorous and complex system for identifying families that are potential programme beneficiaries and for evaluating impact;

⁷⁰ Secretaría de Desarrollo Social.

⁷¹ Coordinación Nacional de PROGRESA.

- transfers monetary funds directly to households, maximizing transparency in the management of the transfers and minimizing bureaucracy and intermediaries;
- has learned from past experiences as a foundation for shaping the current programme.

Weaknesses

- difficulty in including only the most vulnerable families nationwide: both PROGRESA staff and beneficiaries recognize that there are still families participating in PROGRESA who do not need it: trying to control the situation has been a sensitive issue;
- Limited organized community involvement and limited efforts to increase participation in the PROGRESA process.

Opportunities

- Adequate time is available to provide strong and sufficient coverage of sectors in extreme poverty. The opportunity also exists to strengthen coordination with other institutions and non-governmental organizations (NGOs) that can effectively help to consolidate the programme in its various areas.
- Provision of basic services (education and health) to localities where none exist as yet should be a condition for PROGRESA's expansion, bearing in mind that almost 75 percent of the smallest localities (with fewer than 500 inhabitants) are geographically dispersed.

Constraints/threats

- PROGRESA, with its immense population and geographical coverage, is obtaining important results. However, in the case of health, there is an urgent need to analyse how health services might be provided with adequate infrastructure, logistics and personnel to meet current demands. Health workers talk of saturation and shortage of time to attend to the needs of the population.

Sustainability

As a high profile programme, PROGRESA enjoys considerable political support which appears likely to continue. The Programme's achievements in terms of coverage and impact are considerable. It is, however, an expensive programme and support may diminish if achievements and profile are not maintained. It is still unclear how sustainability will be achieved. With the limited participation of states, municipalities, communities and families and no apparent plan to increase their participation, the Programme is at risk should political support be withdrawn. This points to the urgent need to think through how to guarantee that once PROGRESA ends, the activities will be continued by the states, municipalities and localities.

A: NATIONAL CONTEXT

Mexico is part of the North American continent, together with Canada and the USA. It has a surface area of 1,964,375 km² and is the fourteenth largest country in the world. It borders the USA to the north and Guatemala and Belize to the south east.

The country is a representative democratic federal republic governed by three powers: executive, legislative and judicial. It is made up of 32 political-administrative entities, of which 31 are free sovereign states and one a federal district, seat of the federal executive power, wherein lies Mexico City, capital of the Mexican Republic. The official language is Spanish and there are, in addition, 62 indigenous languages with 30 dialect versions.

According to the results of the XII General Population and Household Census (INEGI, 2000) there were 97,483,412 inhabitants, of whom 10,040,401 were indigenous. The birth rate of the population between 1990 and 2000 was about 1.9 percent per year. However, it is important to note that there are two clearly distinct periods: the first from 1990 until 1995 when the population increased at a rate of 2.1 percent per year; and the second from 1996 until 2000 when the rate was 1.58 percent per year. This demonstrates the gradual reduction in demographic growth in the country. Of all residents in Mexico about 40 million (41 percent) live below the poverty line and, of these, almost 51 percent live in extreme poverty. In 1990, the ratio of men to women was 97:100, falling to 95:100 in the year 2000, largely owing to the predominately male migration to the USA. The national population density in the year 2000 was 50 inhabitants per square kilometre, although analysis by state gives another picture: in the federal district, the State of Mexico and Morelos, there were 5,643, 611 and 313 inhabitants per square kilometre, respectively; while Chihuahua, Sonora, Campeche and Durante have about 12 inhabitants per square kilometre and Baja California Sur has barely 6 inhabitants per square kilometre. According to the Population and Household Census for 2000 (INEGI, 2000), 78 percent of the families in Mexico have drainage, 89 percent have running water and 95 percent have electricity.

In 1999, for every 100,000 inhabitants there were 117 physicians, 188 nurses and 79 hospital beds. In the same year, the Secretariat of Health, the National Institute of Public Health, and the National Institute of Statistics, Geography and Information Systems led a National Nutrition Survey 1999 (INEGI, 1999), the first since 1988. The following comparative results emerged:

Comparative data on the nutritional status of children under 5 and women

Indicator	1988	1999
1. Underweight in children under 5	14.2%	7.5%
2. Stunting in children under 5	22.8%	17.7%
3. Prevalence of wasting	6.0%	2.0%
4. Prevalence of anaemia in children under 5	NA*	27.0%
5. Prevalence of anaemia in pregnant women	NA*	26.4%
6. Prevalence of anaemia in non-pregnant women	NA*	20.0%
7. Prevalence of overweight in children under 5	4.7%	5.4%

Source: National Nutrition Survey, 1999. Mexico * No data available

The same national nutrition survey indicated that approximately 28 percent of households in the country received some type of food aid through one of the following four assistance programmes:

1. LICONSA ⁷², which distributes milk;
2. DIF ⁷³, which has several activities including the distribution of food baskets and in some states, breakfast for preschoolers;
3. PROGRESA, which includes a nutrition component that distributes food enriched with micronutrients for children under two living in extreme poverty and pregnant women;
4. FIDELIST ⁷⁴, which distributes tortillas (thin maize cakes).

Some data mention that as much as 70 percent to 80 percent of the efforts of some programmes (DICONSA ⁷⁵ and TORTIBONOS ⁷⁶) have focused on urban areas of the country and less in the rural areas, due largely to the dispersion of the population. Dispersion has also weakened basic education and health services, in terms both of coverage and of quality. PROGRESA would be the exception to that tendency: as a newer programme, it has focused on the population living in extreme poverty.

According to PROGRESA estimates, nearly 21 percent of the total population (almost 4.6 million families) currently lives in extreme poverty. In relation to education in 2000, among those aged 15 years and older, 9.5 percent were recorded as illiterate. During the same year, 92.3 percent of the population between 6 and 14 years of age attended school.

B: PROGRAMME DESCRIPTION

PROGRESA, the Education, Health and Nutrition Programme, run by the Federal Executive Office of Mexico, began in May 1997 within the framework of Human Development. It functions as part of an integrated social policy, promoting intersectorial activities for education, health and nutrition of families in extreme poverty. PROGRESA is one of several programmes for fighting extreme poverty and at the same time works to strengthen other activities included in the three areas previously mentioned.

The Federal Government is responsible for establishing the ground rules of the Programme and the Secretariat for Social Development (SEDESOL) is responsible for the general coordination of the programme through the National Coordination of PROGRESA (CONPROGRESA). To carry out its activities and in order to ensure an efficient, effective, fair and transparent operation, PROGRESA relies on the combined commitment of the executive powers at the federal and state levels within the framework and spirit of

⁷² Leche Industrializada Conasupo S.A.

⁷³ Desarrollo Integral de la Familia.

⁷⁴ Fideicomiso Liquidador de Subsidio a la Tortilla.

⁷⁵ Distribuidora e Impulsora Comercial Conasupo S.A.

⁷⁶ Editor's note: A food stamp programme (1985 to 1989) created by Conasupo to subsidize the price of tortillas for low-income families in urban areas.

the Social Development Conventions. In order to ensure uniform operative criteria throughout the nation, PROGRESA's policies and general rules of operation are established at the federal level for nationwide application.

PROGRESA's target is the extremely poor, measured by a number of factors. That population is generally located in the rural areas, in communities which are very dispersed geographically. PROGRESA works primarily in the three areas of education, health and nutrition, aiming to be integrative, in contrast with other programmes implemented in Mexico.

Objectives

General objective

To support families living in extreme poverty in order to strengthen their ability and opportunities to improve their living standards.

Specific objectives

- substantially improve the education, health and nutrition of very poor families, especially of the most vulnerable family members, including boys, girls and pregnant and lactating women, by providing sufficient quality services in the areas of education and health, as well as monetary assistance;
- integrate actions in education, health and nutrition so that educational achievement is not jeopardized by sicknesses or malnutrition in children and young people, nor by the need to perform work that interferes with school attendance;
- help children and young people to complete their primary and secondary education, by ensuring that their parents have sufficient means and resources;
- encourage the responsibility and active participation of parents and all family members in improving the education, health and nutrition of children and young people;
- promote participation and family support of PROGRESA's actions so that the education and health services benefit all families in the localities where the programme operates;
- channel community efforts and initiatives into actions similar or complementary to the programme.

In order to carry out these objectives, the following three main components were devised:

- educational support that helps children and youth complete primary education, to be extended to secondary education from the 2001-2002 school year: support for registration, regular school attendance and the participation of parents in helping children take full advantage of their schooling;

- attention to the health of all members of the family, as well as encouraging a new attitude toward the use of health services in order to promote a mainly preventive approach;
- support to improving food consumption and the nutritional status of poorer families.

It is clear that PROGRESA has had a centrally managed structure since the beginning, even at the operational level with programme beneficiaries in the localities. PROGRESA's financial resources come from the Mexican Federal Government. By the end of 2001, the number of families covered was 3.2 million with a programme budget of about 14 billion Mexican pesos (US\$ 1.4 million). Efforts are under way to incorporate 1.4 million additional families during 2002, including a significant percentage of re-certified families that had been covered by FIDELIST (tortillas programme), which ended at the end of 2001.

The PROGRESA payroll budgets for 380 regular employees, supplemented by additional employees during periods when new families join the programme and during census operations. Other non-permanent staff include municipal liaison people and technical and professional staff from the Secretariat of Health and Education via existing operative units in the programme areas.

Various studies have been conducted to monitor and learn about changes in the PROGRESA implementation process. The most recent study, in 2001, involved a much larger sample than in previous studies and more communities, with a study design that included PROGRESA localities (205) and non-PROGRESA control localities (142). The following findings are worth noting:

- More than 80 percent of the children surveyed in PROGRESA localities had consumed nutritional supplements at some time, while about 40 percent consumed them regularly and very frequently (three or more times per week). Consumption was highest in the poorest families;
- Exposure to the programme during the two years of critical child growth (between 6 and 24 months) resulted in a gain of 1.6 cm in height for those in the lower socio-economic bracket, in comparison to children of the same socio-economic bracket in communities in the control group;
- In the group that consumed food supplements *frequently* and had a lower socio-economic level, the children of the PROGRESA localities grew in height almost a half standard deviation (0.47 Z) more than those in the control group; while in the group that consumed supplements *infrequently* (but were within the same socio-economic level), the growth rate differential in favour of the PROGRESA group was only 0.2 Z;
- The results of the cross-section survey indicate that children between 6 and 24 months who were exposed to PROGRESA during the two years of greatest nutritional vulnerability and consumed the food supplement frequently (three or more times per week) were 1.2 cm taller than those children that consumed the food supplement two times (or fewer) per week;

- The programme had a positive effect on levels of haemoglobin and vitamin A. The greatest effects were on the poorest, probably because their initial levels were lowest and because they used the supplements more consistently;
- Educational aspects were measured using two indicators: the re-enrolment rate for those children in beneficiary households that did not attend school in the past; and the rate of attendance for those that had previously attended, in comparison to previous rates. Results indicate some improvements, although not to the extent hoped for;
- For the period January to June 1998, 87.6 percent of the beneficiary households with children eligible for scholarships (between third grade in primary school and third year in secondary school) complied with the condition that they attend school 85 percent of the time;
- The attendance rate rose with the increased availability of scholarships, with the minimum in third grade of primary school (84.8 percent, boys) and the maximum in second year of secondary school for girls (90.9 percent);
- PROGRESA reports significant increases in the use of the IMSS-Solidaridad clinics that cover 30 percent of the localities where the programme operates. Thirty percent more visits were reported for those under five years of age; there were 16.3 percent more first-time prenatal checkups, as compared to 3.4 percent in clinics without PROGRESA beneficiaries.

No data were available to assess the progress and impact of agricultural and livestock diversification projects. Some PROGRESA beneficiaries and staff mentioned the need for the programme to emphasise these food security activities, in order to “teach them to fish, do not just give them the fish”.

In the national context, PROGRESA is an innovative programme for combating extreme rural poverty, integrating support in three critical and complementary areas – education, health and nutrition – for the development of basic human resources. While recognizing the immediate impact the programme has achieved, the real challenge is to ensure that it has an effect in the longer term and that it achieves a fair level of sustainability in its various activities. In this way, it may succeed in breaking the intergenerational cycles of extreme poverty associated with high fertility rates, malnutrition, infant mortality and school dropout prevalence in the rural sector.

In interviews conducted with beneficiaries in Tabasco and Tlaxcala, we found no information to indicate that the programme leads to economic improvement and this has not in fact been the programme’s focus. The beneficiaries continually expressed gratitude to PROGRESA for the food supplements given to women and children and for the funds that allow children to go to school even if they have to go for monthly checkups at the health clinic. The most important thing is for the programme to continue. PROGRESA is seen by the government authorities as a programme with important strengths. This support means a green light to continue expanding its population and geographical coverage in the country. Work is under way to incorporate an additional 1.4 million families in 2002, which will also mean a substantial budget increase.

C: PROGRAMME IMPLEMENTATION

Programme actors

The programme has always been an initiative of the federal authorities of the Mexican Government, via the Secretariat of Social Development in coordination with the National Coordination Committee of PROGRESA and the Secretariats of Health and Education. PROGRESA initiated activities in 14 states in 12,483 municipalities, including approximately 150,000 families. The number of families joining increased yearly, until by the end of 2001 it covered 31 states including 68,282 localities in 2,166 municipalities, serving 3.2 million families.

How does PROGRESA work?

In order for a locality and a family to have access to PROGRESA, the following selection process is used:

- Geographical focus: selection of localities in rural areas and basic geostatistical areas (AGEBs)⁷⁷ – in urban areas with high marginalization. This selection is carried out at the central level. In the rural localities, the population must have access to health services and basic education, as an absolute prerequisite for PROGRESA to operate;
- Socio-economic data is gathered on every household, at the rural level or at the AGEB level, and used for identifying beneficiary families;
- Selection criteria take into consideration the level of marginalization, giving priority to areas with the greatest concentration of households in poverty (the marginalization measure is based on seven previously defined indicators);
- Next, geographical and statistical data is compared to allow a definition of the areas that include localities with greatest marginalization, both in terms of the number of localities and the population density;
- Once these rural and urban localities have been defined, the Secretariat of Health and the Mexican Institute of Social Security (IMSS) proceed together to mark out their respective geographical areas of responsibility, using as reference the corresponding basic geostatistical areas.

The next step is the identification of families within a locality that are eligible for PROGRESA, as follows:

- A questionnaire on 19 socio-economic characteristics of the households is used to gather information for the process of identifying beneficiary families;
- Once this information is obtained, it is processed and evaluated, in order to determine the degree of poverty by means of multivariate statistical techniques (discriminant analysis);

⁷⁷ Área geoestadística básica.

- Finally, the poorest families join the list of beneficiaries. The named beneficiaries, generally women, receive the cash supports directly. They are informed about the records which are kept concerning their participation in the programme, as well as the commitments they assume as PROGRESA beneficiary families.

Components managed by PROGRESA

Education

The actions aim to encourage and support the enrolment, continuation and benefits of school attendance by the beneficiary families' children who attend primary school (starting at the third grade), secondary school and high school (*media superior*), emphasizing gender equality. Support given takes the form of scholarships and basic school supplies.

Scholarships consist of economic support in cash each month, given directly to the beneficiaries, with the amount increasing with the grade level attended. The purpose of this is to compensate for the wages that children would contribute if they worked. In addition, starting at the secondary school level, scholarships for girls are slightly higher than those for boys so as to encourage greater school attendance by girls. The monthly amount of the scholarships is 90 pesos (about US\$ 9) for the third year of primary school, rising to 290 pesos (about US\$ 30) for boys and 335 pesos (US\$ 35) for girls in the third year of secondary school. Requirements for retaining the scholarship are that the students attend class at least 85 percent of the time and that the teachers report on the attendance and progress of the students through established mechanisms.

School supplies are provided twice a year to students in the third to the sixth grade in primary school, in cash or in kind. To those students in the first to third year in secondary school and in high school, a cash amount is given annually for the procurement of school supplies.

Health

The aim is to help expand the coverage and quality of health care, as well as to increase the number of families in the social security system so that in addition to health care, they enjoy other benefits that improve their well-being. Four key strategies are used:

- deliver the basic health care package free of charge;
- prevent malnutrition in children, starting during the pregnancy period;
- encourage and improve the way families and communities take care of their own health, through information and training in the areas of health, nutrition and hygiene;
- strengthen health care services in order to satisfy the additional demand.

The first strategy entails 13 health activities included in the basic package: basic sanitation, family planning, prenatal care, growth monitoring and immunizations, prevention and control of tuberculosis, hypertension and diabetes, prevention of accidents

and cervical uterine cancer, treatment for diarrhoea, acute respiratory infections and parasites, promotion of health self-care.

The second strategy is achieved through growth monitoring and nutrition education; and through supplementary food for children between the ages of four months and two years, to those malnourished between the ages of two and four years, and to pregnant and lactating women. Supplements provide 100 percent of the daily requirement of micronutrients and an average of 20 percent of the basic calorie needs. They are distributed once a month when the mother and her children visit the health clinic, the visit being a pre-requisite for continued enrolment in the programme.

Evidence from some studies shows that the provision of fortified supplement to women and children is one of the programme's most important activities: approximately 1,800 million pesos are assigned to that activity alone, compared to the total expenditure of 14 billion pesos in 2001. It is interesting to note that some health service personnel expressed concern that they were reaching the limit of their time and ability to take care of PROGRESA beneficiaries whose numbers increase by the day. This issue could pose a risk to the quality of health care if not addressed immediately.

The third strategy is implemented through the training process and educational sessions for the programme's main beneficiaries. Twenty-five subjects are included in the basic health package and ten new topics will be added in 2002.

The fourth strategy is implemented through the strengthening of the health care infrastructure and is the responsibility of the Secretariat of Health.

Nutrition

The programme supports beneficiary families through direct cash remittances which offer a contribution towards the quantity, quality and diversity of their diet, in the hope that this will improve the situation of food, nutrition and health. Each female head of household receives 145 pesos per month which entails the following responsibilities:

- register family members under 18 years of age who have not finished their basic education and ensure that they attend classes on a regular basis;
- register for secondary school young people up to 20 years of age that have finished their basic education and support them in their schooling;
- register in the appropriate health clinic and go to periodic appointments as recommended by the health care providers;
- attend the monthly talks on health education held by the local health clinic;
- use the cash support for the benefit of the family, especially for feeding children and supporting their schooling.

Failure by the head of household and families to comply with these responsibilities leads to the suspension of support. The cash remittances and student scholarships are monthly supports, but are distributed every two months for operational reasons.

Interviews conducted in Tabasco and Tlaxcala indicated that many women beneficiaries go to the health clinics only because it is a requirement for receiving financial support. There was no sense of appropriation by the women beneficiaries towards PROGRESA in the interviews.

Moreover, a recent study mentions that substantial programme resources had to be devoted to activities linked to getting the cash remittances to the households, so that only a fraction of the budget is actually available for poverty alleviation. These costs can be classified as follows:

- *disbursement costs* associated with getting the cash remittances to marginalized localities and disbursing to the poorest households in those areas;
- *conditions costs* associated with the task of assuring that the households fulfil the programme conditions, ensuring that children attend school regularly and that all members of the household go to their scheduled preventive medical checkups;
- *operational costs* associated with the day-to-day functioning of the programme.

The households incur expenses to receive the remittances and these expenses include the time and cost of transportation to the schools and to the health care centres (given the conditions established by the programme), as well as to pick up the remittances at the distribution points. The cost of time spent is recognized, but no attempt is made to assign it a value. While information on such private costs is a useful factor for analysing policies, for the purposes of the evaluation the only relevant costs are the incremental costs that derive from starting the programme.

In order for a household to qualify for food grants, all family members must make a series of visits to the health clinics for medical checkups, approximately two per month per member. The mother of the family must also attend educational talks on health. The average travel time of the trip to the health clinic is almost two hours per round trip and time spent at the clinic averages a little more than an hour. Thus, on average, the family invests approximately 6.3 hours per month to fulfil their obligations to attend the health clinic activities.

Selection of *promotoras* for PROGRESA

Within the programme there is a system for choosing PROGRESA *promotoras* (social development agents) who are at the same time programme beneficiaries. It is a volunteer job and they are elected in a meeting of the community, based on criteria of knowledge, credibility and trust within their own communities. The *promotora's* main responsibilities are to:

- receive training and materials for supporting PROGRESA's work in the locality;
- collaborate in activities related to information and training of beneficiary families, as well as promoting adequate compliance with the Programme's regulations;
- organize periodic meetings with all the local beneficiaries to maintain motivation;

- help to clarify any doubts that the beneficiary population and the rest of the community may have about the programme components and grants provided to the beneficiary families and to the community as a whole;
- channel questions, complaints and objections that may be presented concerning the operation of the programme components or the delivery of grants;
- promote the use of the monetary transfers for goods and services that improve the nutrition, health and dietary conditions of the families.

The *promotoras* are subject to direct supervision through a municipal liaison and by PROGRESA technical staff. However, many of the interviewed *promotoras* emphasized more the municipal liaisons and the advantage of being able to rely on them for clearing up questions that arise during the process of implementing the programme, since they live in the same municipalities. The *promotoras* also check on the type of service the beneficiaries receive in the banks when they take out their money or in the city halls when it comes as cash, or from health care personnel and teachers. The *promotoras* have a form they can fill out easily for reporting which leads to being able to the identification of bottlenecks and relevant solutions.

One aspect worth mentioning is coordination at the state and municipal levels. According to the empirical evidence found during the visits to Tabasco and Tlaxaca, the relation of the PROGRESA delegate to the state is stronger with the municipal presidents and very lukewarm with the governors, probably owing in some cases to the governors' numerous commitments.

Establishment of an adequate monitoring and evaluation system

As mentioned previously, PROGRESA is a programme of the Federal Government and since the very beginning central guidelines have defined the entire system that currently makes the programme work. Undoubtedly the system of monitoring and evaluation is one of the most carefully carried out since it is critical that no eligible family be left out, given the families' reliance on these resources. While the economic support is calculated as monthly, disbursement takes place every two months and the delivery is usually punctual. One reason for making the distribution every two months is that the central offices must wait for consolidated reports from the health and education sectors in order to carry out the procedure thoroughly. This is the point at which reports might reveal whether mothers have attended checkups at the health clinics each month or whether students are attending school regularly. Each month packets of food supplements are distributed for each child according to age, and to the mother so that she may make use of them during the month. During interviews with beneficiaries, the majority mentioned that the children do not always like the food supplements. Sometimes there are packets left over and so beneficiaries might decide not to request more the following month in order to avoid wasting them.

PROGRESA has a rigorous monitoring system of the quantitative aspects of the implementation process in the areas of education, health and nutrition. Various organizations such as the Salvador Subirán Nutrition Institute, the International Food Policy Research Institute (IFPRI, USA), the National Institute for Public Health and PROGRESA itself are continually conducting studies aimed at understanding the programme's impact. This has provided PROGRESA's central level with technical information able to suggest programme modifications. In fact, at the time PROGRESA was reviewed for the present study, new 2001 Rules of operation were being promoted for implementation in 2002.

Development of local capacities

Community participation in choosing a local monitoring system is translated into mere completion of the tasks assigned to the *promotora* when she is elected by her community during an assembly. The *promotora* receives training and information as well as documentation that shows her the proper way to report to PROGRESA each month or semester to provide the information it requires.

Many of the *promotoras* have been volunteers since the programme began in their localities. Some of them have been volunteers for more than two years and know very well the tasks to be done, to the point of performing their activities as part of their routine. Examples include gathering beneficiaries together on the day that funds are given out; being present at the health clinics once a month to assist with the health talks; accompanying beneficiaries when funds are given out, because there are cases where many beneficiaries do not know how to count their money; and advising beneficiaries on how to use their funds. Some beneficiaries were grateful for the support *promotoras* give their communities, but others noted that politics is always part of these programmes and that many *promotoras* campaign for their political parties at these meetings. Others said that being a *promotora* means having the chance to include all the relatives as programme beneficiaries when she adds new members. Some *promotoras*, especially those visited in Tabasco and Tlaxcala, have had a more active role that has allowed them to strengthen the groups through their own initiatives, in some cases going so far as to produce handicrafts (sewing and weaving). However, the issue of marketing and distribution in order to sell their products continues to be a challenge for these projects.

D: MACROCONTEXTUAL FACTORS

Mexican social policy is situated within the framework of renewed federalism where the three levels of government converge to focus on social demands. In the past ten years and, especially since 1995, Mexico has intensified the process of administrative and financial decentralization in order to provide the municipalities (through the state governments) with additional legal and financial powers that strengthen their management, autonomy and ability to respond to demands. Currently the municipalities are directly responsible for the planning and implementation of actions aimed at the social and productive integration of the most economically and socially disadvantaged groups.

This process has contributed also to the population gradually participating in various stages of the implementation processes of projects designed to improve their living standards. The establishment of a Social Municipal Development Fund coordinated by the state governments has given important support to the decentralization process at the municipal level in Mexico. It can be said that in the last six years there have been a series of activities aimed at consolidating the decentralization process at the municipal level, incorporating aspects of local participation.

The President of Mexico mentioned in a December 2001⁷⁸ speech that “..today the policy of social and human development is a priority on the public agenda and it is currently government policy, because it is unacceptable that communities lack services as necessary as drinking water, drainage, and electricity; that they do not have a doctor and cannot have their own medicine; that the girls and boys do not attend school and that the earnings are not enough to cover the basic needs of the family. We will reach these objectives with an integrated focus, with actions coordinated between different agencies in the three levels of government and with the support of all of society. The most vulnerable groups in our society have found an answer to their educational needs through the expanded coverage of the new programme PROGRESA. This programme increased its coverage to an additional 763,000 families this year (2001), and was expanded to urban and semi-urban marginal areas.” As mentioned in the President’s speech, tackling the social problems of the most vulnerable communities requires an integrated focus, especially in the areas of health and education and supporting coordination between all institutions working at the local level.

Some PROGRESA officials mentioned that if the programme continues to be centrally managed, it will be very difficult to correct certain deficiencies such as the inclusion of families that do not really need the programme. In addition, they said that PROGRESA in several cases simply “appropriates” the figure of the governor and of the municipal presidents in order to make it look as if it is a coordinated programme. This has, on occasion, upset local authorities when they see their names linked to directions already given by PROGRESA and with no opportunity to propose localities or families. Until now the localities have not had the possibility of proposing themselves as candidates for inclusion in the programme, much less families, given that the selection procedure is quite rigid and conducted at the central level.

E: COMMUNITY PARTICIPATION

Apparently PROGRESA has placed almost all responsibility for its implementation with the human resources of the central government through SEDESOL/CONPROGRESA, with the strong and unconditional support of the Health and Education Secretariats through the infrastructure installed in all localities where it currently operates.

⁷⁸ See references (discurso del 6 de diciembre de 2001 – presentación del Programa Nacional de Desarrollo Social 2001-2006).

Specific aspects of local participation have been permitted and enabled, as in the role of the “*promotora*”. According to evidence from interviews with beneficiaries and *promotoras*, the *promotora* is viewed in a variety of ways, from someone who is truly a facilitator and purveyor of information and emotional support to the beneficiaries, to a “political” human resource who must be treated with respect. Information derived from previous studies confirms the statements of some beneficiaries who said that what PROGRESA does is to foment splits in the localities since some families are uncertain whether they will be able to join the programme. On the other hand many beneficiaries and *promotoras* say that PROGRESA includes some families that really do not need the programme given that in their localities they enjoy decent living conditions including gas stoves, good housing, a vehicle, and some even lend money on commission to some beneficiaries who use their PROGRESA support to pay it back with interest.

Some *promotoras* have taken initiatives locally to strengthen their groups and in the near future these could generate some income to contribute to the family economy. Groups of women beneficiaries who have devoted themselves to weaving, or sewing, might have some more time available to dedicate to activities that supplement their income. This could be seen by the PROGRESA decision-makers to mean that there is also a need to enter a new dimension in local development through more sustainable income-generating programmes.

F: SUSTAINABILITY

Macrolevel

Because PROGRESA is a government programme, it obviously enjoys political support and will continue to operate. The government position expressed in the President’s speech is one clear indication that its future is secure; another indication is the plan to extend the project for the first time into the peripheral urban areas, where it had not entered previously. Additional evidence of political support for the programme is the fact that in 2001 about 763,000 families have joined PROGRESA and there are plans to add another 1.4 million families in 2002. The political conditions for the programme’s future are well-established, keeping the integrated approach to education, health and nutrition that has characterized it. The programme will certainly continue to rely on the same institutions that have provided it with technical assistance. In the area of nutrition, it will continue to receive the support of the Department of Food and Nutrition of the Health Secretariat, the National Institute of Public Health and of the Salvador Subirán Nutrition Institute as authorized entities in the field of nutrition in Mexico.

On the other hand, consideration should be given to the fact that the programme is still in its first stage (three years of actual operation), and that many of the impacts reflected in the studies can still be called important even if only related to specific aspects. Only by continuing to evaluate over the longer term the lives of low-income families who benefit from the programme will it be possible to determine if the vicious circle of poverty and its transmission from one generation to the next has been interrupted.

Of course attention must be paid to all the possible bottlenecks that might occur in the stage of rapid growth that PROGRESA proposes, because the increase in population coverage demands that the institutional capacity be sufficient to meet the new demands. This fact has been detected by operational personnel at the local level as well.

Microlevel

PROGRESA will have to analyse in what other ways organized community participation can be accommodated. The programme is probably planning first to lay the groundwork for satisfying basic services in the localities so that it can then move to operating in a more open fashion with greater community participation. According to evidence from interviews with beneficiaries, *promotoras* and some PROGRESA personnel, at this time there is not much sense of ownership of the programme on the part of the beneficiaries. The impression is that it is still viewed as government assistance and that this is good enough. When beneficiaries are asked, “What would happen if PROGRESA leaves?”, answers such as “Oh well, others will come” and “Let’s hope it does not go away because it helps me”, could reflect a certain passive approach by the beneficiaries.

Some study results indicate there has not been any particular reduction in the adults’ rate of participation in the labour market, in spite of what some economic behaviour models might have predicted. Local levels of organization easily detect cases of families where the father physically abuses the mother and demands that she turn over the money the programme gives her. Fortunately, these are isolated cases that the *promotoras* come to know about and that are mitigated using local means.

Overall, the impression is that PROGRESA’s current sustainability is entirely dependent on the financial resources that the central government continues to provide. No clear mechanisms are envisioned for how the states and municipalities and much less the localities could play a much more active role in the current efforts.

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