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**Executive Board  
First Regular Session**

**Rome, 8–11 February 2010**

## **EVALUATION REPORTS**

*Agenda item 7*

*For consideration*



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## **SUMMARY EVALUATION REPORT GUATEMALA PRRO 104570**

**Recovery and Prevention of Undernutrition for  
Vulnerable Groups**

This document is printed in a limited number of copies. Executive Board documents are available on WFP's Website (<http://www.wfp.org/eb>).

## NOTE TO THE EXECUTIVE BOARD

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

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms I. Carpitella, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).



## EXECUTIVE SUMMARY

In Guatemala, the national average prevalence rate of chronic undernutrition among children under 5 is 49.3 percent, but the rates are higher in rural areas where the indigenous population is concentrated (69.5 percent).<sup>1</sup> In 2005, the Government decreed the Law on Food and Nutrition Security and established the Secretariat for Food and Nutrition Security to coordinate and plan activities promoting food security. In 2006 work began on developing the National Plan to Reduce Chronic Undernutrition with the participation of public-sector institutions, non-governmental organizations and international cooperation agencies. The programme's priority was to reduce chronic undernutrition in girls and boys between 6 and 36 months of age by 50 percent by 2015. In 2006 the Plan was replaced with the National Strategy to Reduce Chronic Undernutrition 2006–2016, with the overall objective of reducing child undernutrition, in line with the Millennium Development Goals.

WFP provides the complementary food component of the Plan/Strategy through its protracted relief and recovery operation 104570. For it WFP developed a fortified complementary food specifically for young children, called Vitacereal®,<sup>2</sup> in consultation with technical experts from the Government and the United Nations.

The design of the protracted relief and recovery operation is one of its strongest points: it is based on thorough knowledge of needs, targeted beneficiaries, and the supply chain of a new food item from production through consumption. The design is noteworthy in two important respects: i) it is a component of a national programme; and ii) it includes two nutrition objectives linked to WFP Strategic Objectives 1 and 4.<sup>3</sup>

WFP developed and patented a fortified complementary food that is locally produced at lower cost than other similar products in Guatemala and the region, and is in keeping with recommendations concerning feeding young children drawn up in 2003 by the World Health Organization and the United Nations Children's Fund.

The main criteria for targeting beneficiaries are appropriate to this type of operation, and include groups that can be reached through the health infrastructure, which is a common practice among mother-and-child health complementary feeding programmes. From the outset the operation design included a strategy of gradual hand-over to the Government over the course of its three years.

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<sup>1</sup> National mother-child health survey 2001, Guatemala City.

<sup>2</sup> Vitacereal is a WFP registered brand. For more details on the composition of Vitacereal, see the annex of the full evaluation report.

<sup>3</sup> During the design phase of the protracted relief and recovery operation, Strategic Objective 4 corresponded to former Strategic Objective 3.

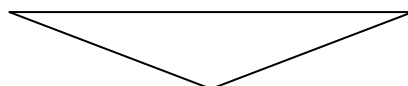


The number of beneficiaries assisted per year is smaller than the number planned in all categories. For the recovery component assistance was provided to 425,572 of the planned 975,000 beneficiaries (43.6 percent). The operation has been implemented in 109 municipalities, 83 more than planned. The evaluation team attributes the limited coverage to various factors, including: setting ambitious goals for beneficiary numbers in the first year; overestimating the rate at which rural communities would regularly participate in this type of programme; and budgetary constraints.

A notable effect of providing Vitacereal is the increase in the targeted population's monthly use of health services. The evaluation concluded that the targeted beneficiaries consume a smaller quantity of Vitacereal than intended and that it is diluted when prepared as *atol* (a thick drink) and tends to be shared with other family members. The operation has also contributed to better access to nutritional and health education for beneficiaries, especially the women.

Vitacereal is a low-cost nutritious complementary food made in Guatemala that offers an alternative to existing products. The collaboration among the various experts in nutrition, logistics and the food industry has been strengthened during the operation and can serve as a basis for future partnerships. Maize has been locally purchased for Vitacereal, showing that it is possible to link the fight against food insecurity with the needs of different vulnerable groups. This approach is a model for activities carried out in the framework of the Purchase for Progress initiative.

## DRAFT DECISION\*



The Board takes note of “Summary Evaluation Report Guatemala PRRO 104570: Recovery and Prevention of Undernutrition for Vulnerable Groups” (WFP/EB.1/2010/7-D) and the management response (WFP/EB/1/2010/7-D/Add.1) and encourages further action on the recommendations, taking into account considerations raised by the Board during its discussion.

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



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## BACKGROUND

### Context

1. Guatemala is a middle-income country<sup>4</sup> with a population of about 13 million people from a number of ethnic groups speaking 23 different languages. The national average prevalence rate of chronic undernutrition among children under 5 is 49.3 percent, but the prevalence rates are higher in rural areas where the indigenous population is concentrated (69.5 percent).<sup>5</sup> Iron deficiency anaemia prevalence levels are as high as 39.7 percent in children 6 to 59 months; 21.1 percent for pregnant women; and 20.2 percent for women of child-bearing age. Vitamin A deficiency in girls and boys under 5 is 15.8 percent.
2. In 2005, the Government decreed the Law on Food and Nutrition Security and established the Secretariat for Food and Nutrition Security (SESAN) to coordinate and plan activities promoting food security. In 2006 work began on developing the National Plan to Reduce Chronic Undernutrition (PRDC) with the participation of public-sector institutions, non-governmental organizations and international cooperation agencies. The Plan's priority was to reduce chronic undernutrition in girls and boys between 6 and 36 months of age by 50 percent by 2015. In 2006 the Plan was replaced with the National Strategy to Reduce Chronic Undernutrition 2006–2016 (ENRDC), with the overall objective of reducing child undernutrition in line with the Millennium Development Goals.

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## WFP CONTRIBUTION

3. WFP provides the complementary food component of the PRDC/ENRDC through its protracted relief and recovery operation (PRRO) 104570. For the PRRO, WFP developed a fortified complementary food specifically for young children, called Vitacereal®,<sup>6</sup> in consultation with technical experts from the Government and the United Nations.

### Description of the Operation

4. The PRRO has two components: a relief component for the reduction of acute undernutrition in boys and girls under 5 (0.1 percent of the total food tonnage), and a recovery component to prevent deterioration of the nutritional status of boys and girls and pregnant and lactating women through the provision of a complementary fortified food (99.9 percent of the total tonnage).
5. WFP ensures the purchase, quality control and supply of Vitacereal, the fortified complementary food made in Guatemala, to the warehouses of 8 health posts, 13 health centres and 214 non-governmental organization (NGO) partners of the Ministry of Public Health and Social Assistance (MSPAS), where they are distributed to beneficiaries receiving health care. The Government agreed with WFP to assume 50 percent of all

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<sup>4</sup> *World Bank Atlas* classification of lower-middle-income economy (gross national income per capita range: US\$976–US\$3,855).

<sup>5</sup> National mother-child health survey 2001, Guatemala City.

<sup>6</sup> Vitacereal is a WFP registered brand. In the rest of the document the trademark sign ® will no longer appear. For more details on the composition of Vitacereal, see the annex of the full evaluation report.



landside transport, storage and handling (LTSH) costs of the food, paying suppliers directly, during implementation of the PRRO, until gradually taking over all activities.<sup>7</sup>

6. WFP also contributes to some aspects of coordination, capacity development and monitoring and has integrated the PRRO in the United Nations Development Assistance Framework for Guatemala.<sup>8</sup> The SESAN coordinates the activities associated with food and nutrition security in the same communities and has set up departmental-level representation to do so. The United Nations Children's Fund (UNICEF) and the Pan American Health Organization (PAHO)/the Institute of Nutrition of Central America and Panama (INCAP) are the partners for implementing the component of the PRRO for assisting people affected by acute undernutrition, which has not yet been activated.
7. The PRRO logical framework identifies two Strategic Objectives (1 and 3) with six outcomes:
  - Strategic Objective 1: Save lives in crisis situations
    - i) Reduced acute malnutrition<sup>9</sup> among children under 5
  - Strategic Objective 3. Support the improved nutrition and health status of children, mothers and other vulnerable people
    - ii) Reduced level of malnutrition among children under 3
    - iii) Reduced level of malnutrition among pregnant and lactating [women]
    - iv) Improved nutrition, health, hygiene and care practices through training
    - v) Improved nutritional and health status of targeted children and women through provision of basic health services
    - vi) Community structures strengthened through empowerment of women's community-based organizations (CBOs).
8. A PRRO budget of US\$27,445,337 was approved in November 2005 for the distribution of 28,857 mt of food over three years, from December 2005 to November 2008, with two components using two different products (therapeutic milks F75 and F100, and Vitacereal).
9. The operation assists groups vulnerable to chronic undernutrition as show in Table 1 below, through the mother-and-child health services provided by MSPAS in 83 municipalities.

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<sup>7</sup> WFP. 2006. Letter of Understanding between WFP and the Government of Guatemala, PRRO 104570.

<sup>8</sup> United Nations Development Assistance Framework (UNDAF) Guatemala, 2005–2009 (World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), Food and Agriculture Organization of the United Nations (FAO), WFP, UNV).

<sup>9</sup> The term *acute malnutrition* in the project document refers to *wasting*.



<b>TABLE 1: BREAKDOWN OF THE RELIEF AND RECOVERY COMPONENTS OF THE APPROVED BUDGET FOR PRRO 104570</b>						
<b>Activity</b>	<b>Number of beneficiaries</b>	<b>F75, F100 (g/person/day)</b>	<b>Vitacereal (g/person/day)</b>	<b>Length (days)</b>	<b>Total (mt)</b>	<b>Percent of total tonnage</b>
<b>Relief</b>						
Girls and boys under 5 years with acute undernutrition	9 000	100	0	30	27	0.1
<b>Recovery</b>						
Girls and boys 6–35 months	575 000	0	120	310	28 830	99.9
Pregnant and lactating women	400 000			155		

### Evaluation Features

10. The evaluation focuses on WFP activities and operations implemented to achieve the PRRO outcomes using traditional evaluation methods based on programme cycle theory and the logical framework model, and on internationally agreed evaluation criteria. The evaluation team comprised two people: a logistics and finance expert and a nutrition expert. The evaluation was carried out in three phases:
- review of over 50 project-related documents;
  - field visit (6–21 October 2009) to verify the basic information collected and to gather additional primary and secondary information. Six communities and two warehouses were visited and 36 informants interviewed; and
  - a final report was prepared on the basis of the analysis of the above and feedback from other stakeholders.
11. Among the main limitations were: the lack of data relevant to the performance indicators that appear in the project’s logical framework, given that they rely on nutrition information that has to be collected through the PRDC/ENRDC system using surveys and biochemical analysis; the fact that the PRRO evaluation timeframe does not coincide with the timeframe for the Government’s PRDC/ENRDC into which the PRRO is integrated; and limited access to important government informants given the “state of public calamity” declared by the Government because of hunger.<sup>10</sup>

<sup>10</sup> Government of Guatemala. 8 September 2009. “State of public calamity” declared by the President to confront the food crisis.



## PERFORMANCE HIGHLIGHTS

### Operation Design: Relevance and Appropriateness

12. The PRRO is based on previous work to develop a fortified complementary food produced locally at a lower cost than comparable products on the market.<sup>11</sup> From the outset, the PRRO design included a strategy of gradual hand-over to the Government during the three years of implementation.
13. The design is noteworthy in two important respects: i) it is integrated into a national programme; and ii) it includes two nutrition objectives linked to WFP Strategic Objectives 1 and 4.<sup>12</sup> It is therefore fully consistent with WFP's mandate, which places WFP in an important position in the fight against undernutrition in the country, within its technical and logistical competencies.
14. The PRRO is based on a needs analysis and the national capacity to respond to chronic undernutrition and its underlying causes. It includes a relief component to reduce acute undernutrition and the main component – recovery – to reduce chronic undernutrition. Planned beneficiaries are boys and girls under 36 months, pregnant and lactating women, targeted through mother-and-child health services. Beneficiary targeting criteria are in line with international practices and WFP's strategy and experience.
15. Vitacereal may be prepared in two ways, as porridge or *atol* (a thick drink), which makes it an appropriate food for both young children and pregnant and lactating women; it is prepared with boiled water. Having been modified to increase its micronutrient content, it meets WHO and UNICEF nutritional recommendations published in 2003.<sup>13</sup> The 1-kilo packages make it easier for beneficiaries to transport it and store it at home. The fact that it comes in two different packages means that it can include nutrition instructions specific to the type of preparation (porridge or *atol*).

### Outputs and Implementation Processes: Elements of Efficiency

16. The number of beneficiaries assisted per year is less than planned for all categories, as shown in Table 2 below. For the recovery component based on Vitacereal, the annual coverage ranged from 18 to 46 percent of the planned figure.<sup>14</sup> With the 13-month extension, the total coverage is 43.6 percent: 53 percent of the 575,000 boys and girls planned, and 30 percent of the 400,000 pregnant and lactating women planned.

<sup>11</sup> Rodríguez, R., et al. 2005. Final Report of the Technical Commission for Determining the Complementary Food Item. (in Spanish)

<sup>12</sup> During the design phase of the PRRO, the current Strategic Objective 4 was Strategic Objective 3 in the previous Strategic Plan.

<sup>13</sup> Dewey, K.G. 2003. Guidelines for Complementary Feeding of the Breastfed Child. Washington, DC, Pan American Health Organization (PAHO)/WHO. New guidance is likely in light of an expert consultation held in 2008. See the full evaluation report for the exact composition of Vitacereal and comparable products.

<sup>14</sup> This data is based on annual Standardized Project Reports (SPRs), the only available consolidated data to which the evaluation team had access. The 2009 figure is an estimated figure based on 2007 and 2008.





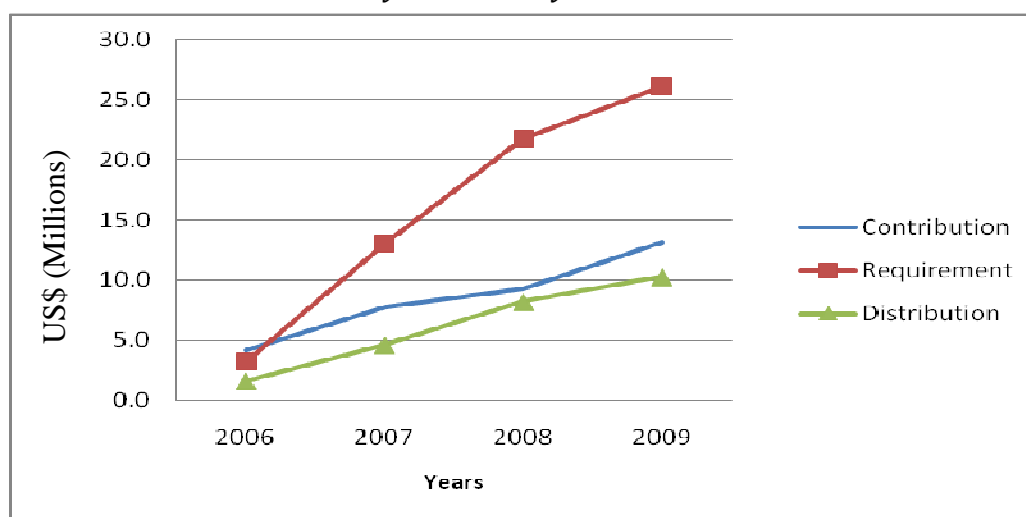
17. The initial plan involved coverage of 83 municipalities in 13 departments of 4 provinces vulnerable to natural disasters (Chiquimula, Totonicapán, Sololá and Chimaltenango). This coverage coincided with the coverage of the first phase of the Government's PRDC (see map). Planned coverage has been extended to 14 departments and 109 municipalities, in line with the ENRDC phased extension.

**TABLE 2: NUMBER OF PLANNED AND ACTUAL BENEFICIARIES PER YEAR, BASED ON 2006–2008 STANDARDIZED PROJECT REPORTS AND THE 2009 AVERAGE**

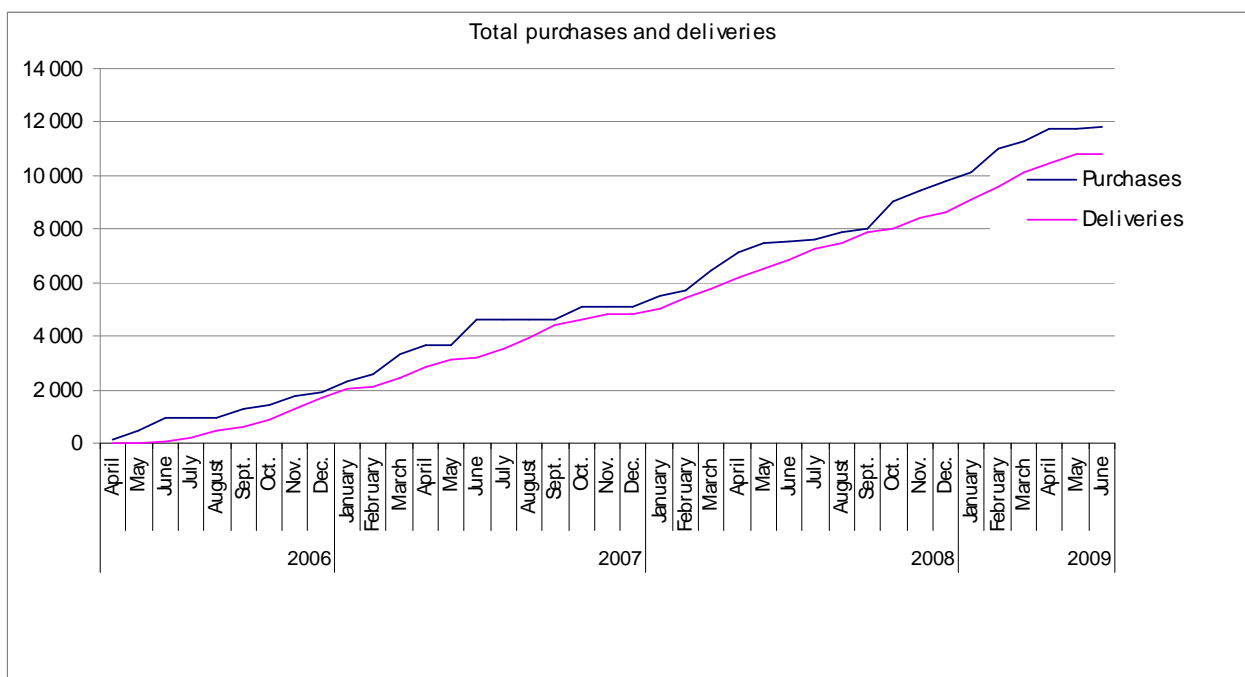
Beneficiary category	2006 (Jun–Dec)		2007		2008		2009 (Jan–Jun)		TOTAL
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Actual
Therapeutic feeding	3 000	0	3 000	0	5 000	0	3 000	0	0
Complementary food for 6–35-month-olds	146 968	62 570	220 000	90 007	190 000	78 617	220 000	76 083	307 277
Complementary food for women	90 807	33 110	150 000	33 560	145 000	27 545	130 000	24 080	118 295
<b>TOTAL</b>	<b>240 775</b>	<b>95 680</b>	<b>373 000</b>	<b>123 567</b>	<b>340 000</b>	<b>106 162</b>	<b>353 000</b>	<b>100 163</b>	<b>425 572</b>

18. The PRRO was 43 percent financed by more than seven donors. Figures 1 and 2 illustrate the striking difference between contributions and the PRRO's financial needs, and show that WFP managed food stocks efficiently with the available resources, distributing 98.8 percent of products purchased and storing the remainder.

**Figure 1: Total Contributions versus Requirements for PRRO 104570 (June 2006–June 2009)**

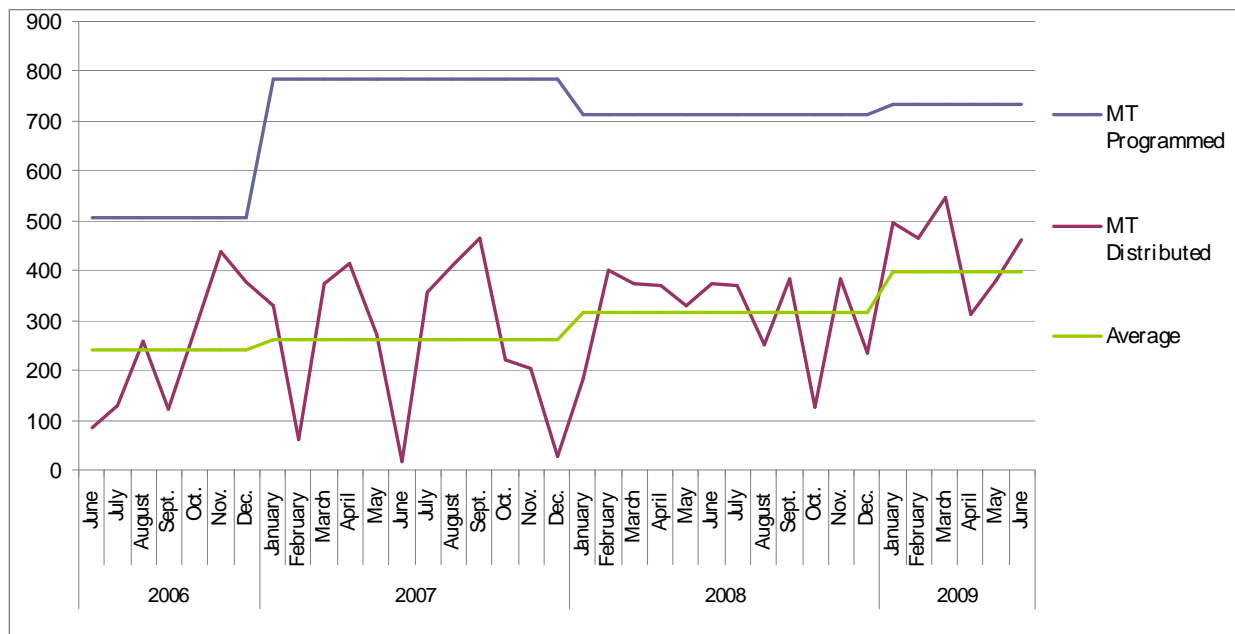


**Figure 2: Vitacereal Purchases and Deliveries by WFP for PRRO 104570  
(June 2006–June 2009) (mt)**



19. The original budget for the operation was US\$27,445,337. The planned implementation period was from December 2005 to December 2008. A no-cost extension was granted until 31 December 2009.
20. WFP made a commitment to the Government to supply 28,857 mt of Vitacereal and 27 mt of therapeutic milk, in accordance with the planned number of beneficiaries under the PRDC. The quantity distributed through June 2009 was 10,828 mt, assisting 425,572 beneficiaries at a cost of US\$13,164,025.
21. The Vitacereal distributions WFP made through its partners during implementation of the operation were always adjusted to product availability. There were fewer distributions in February and June 2007 because of financial constraints, as shown in Figure 3. However, in December 2007, 230 mt of products were rejected for failing to pass quality controls, and in October 2008 another 183.6 mt were rejected, limiting distributions for those months.

**Figure 3: Actual and Programmed Monthly Distribution for PRRO 104570 (June 2006–June 2009) (mt)**



22. According to informants in Guatemala, the main causes of reduced coverage were lack of funds and the limited capacity of health service providers to implement the various health components related to the PRDC/ENRDC. However, the evaluation does not consider the funding constraints to be the main cause of the reduced coverage, although it recognizes that funding constraints exist that could have reduced the possibility of including more beneficiaries. The evaluation attributes the limited coverage to various factors, including setting ambitious targets for beneficiary numbers in the first year, and to overestimating the rate at which the MSPAS could get rural communities to regularly participate in this type of programme. It remains unclear how WFP plans to use the additional funds to increase the number of beneficiaries through the MSPAS health structure.
23. On 3 November 2008, a budget increase of US\$3,021,039 was approved, giving a new total budget of US\$30,476,376 to offset an increase in the price of maize and soya. This includes 7 percent indirect support costs (ISC) (see Table 3 below). The other direct operating costs (ODOC) component was increased to cover the additional costs of transforming locally purchased maize rather than imported maize, in line with donor requirements. Of the confirmed budget, 96 percent, or US\$8,733,189, was used to purchase 12,427 mt of Vitacereal based on rational criteria.

**TABLE 3: BREAKDOWN OF COSTS FOR PRRO 104570 BETWEEN  
JUNE 2006 AND JUNE 2009**

	Initial budget 2005 (US\$)	Revised budget 2008 (US\$)	Contributions received (US\$)	% of the revised budget	Resources used (June 2006– June 2009)	% of resources used
Vitacereal	20 235 000	23 025 978	8 733 189	38	8 434 710	96
External transport	6 264	6 264		0		
LTSH	2 179 255	1 753 734	884 969	50	879 632	99
ODOC	502 400	939.120	1 596 980	170	1 565 296	80
DSC	2 726 926	2 757 499	1 400 900	51	957 041	68
<b>Subtotal</b>	<b>25 649 845</b>	<b>28 482 595</b>	<b>12 616 037</b>	<b>44</b>	<b>11 836 679</b>	
ISC	1 795 489	1 993 782		0		
<b>TOTAL</b>	<b>27 445 334</b>	<b>30 476 377</b>				

24. Delivery of Vitacereal to 425,572 beneficiaries from June 2005 to June 2009 had an average approximate cost of US\$31 per beneficiary.
25. The alpha value<sup>15</sup> calculation comparing the relationship between the cost to WFP and donors of delivering Vitacereal and the cost of delivering an alternative imported product – corn-soya blend (CSB) – confirms the efficiency of local purchase, with values below 1 (0.806 for 2008 and 0.948 for 2009).
26. The companies awarded the contracts to produce Vitacereal have applied strict quality control measures and have submitted their product to the quality control checks WFP carries out using laboratories abroad. During implementation of the operation, only 3 percent of the 12,427 mt purchased was rejected (230 mt in 2007 and 183.6 mt in 2008) and was replaced by the producers to adhere to the agreed specifications.
27. From 2006 to 2008 registered losses were 2.15 mt, the equivalent of 0.019 percent of the 11,306 mt handled by National Institute of Agricultural Marketing (INDECA) warehouses, attributable to inadequate packaging and handling of Vitacereaal. These losses are below WFP's threshold of 2 percent, above which losses are considered unacceptable and recovery is required.
28. WFP was able to take advantage of two donations from the Government of Spain to work on the initial stages of the Vitacereal production chain, supporting local small-scale farmers to produce quality maize for industrial use destined for human consumption. In 2007 a total of 3,137 mt of Vitacereal, representing 25.2 percent of total purchases, were obtained in this way, thanks also to a partnership among FAO, the Ministry of Agriculture, Livestock and Food (MAGA) and WFP, coordinated by SESAN.

<sup>15</sup> Please refer to the full evaluation report annex for more details on the alpha value and its calculation.



29. The collaboration with MSPAS and INDECA has been close and effective, allowing for joint implementation and monitoring. The country office has charged approximately US\$138,200 to the ODOC budget for training, operational costs and purchase of equipment/tools for these partners, enabling better implementation of the activities associated with supplying Vitacereal and implementing the extended programme of coverage of the MSPAS.
30. WFP has also contributed to financing a plan for organizing monitoring and a baseline study for the Government's PRDC/ENRDC. It has also supported the development of logistic and nutrition training material for use by the programme.

## Results

### ⇒ *Effectiveness*

31. Regarding results linked to the relief component and to results 1 and 2 of the recovery component, it has not been possible to measure any of the PRRO's expected outcomes.
32. The relief component, which was programmed to provide therapeutic milks to UNICEF, was not activated. The reason was that UNICEF had access to ready-to-use therapeutic foods from its 2005 response to tropical storm Stan. The same products were used instead of therapeutic milk for the response following the September 2009 "state of public calamity" declared by the Government because of the increased number of cases of acute undernutrition in children under 5.
33. Concerning results 1 and 2 of the recovery component, any change in levels of chronic undernutrition in targeted groups can only be measured through representative samples that compare with the results of the 2002 national surveys.<sup>16</sup> These data were collected in 2009 and are being analysed by the appropriate government institutions but will not be available until 2010.
34. According to the evaluation team, the contribution of WFP activities towards the reduction of chronic undernutrition in target groups in relation to the operation's objective is limited because of limited coverage (43.6 percent of the planned beneficiaries) and the fact that beneficiaries share Vitacereal with other household members. However, during the mission interviews were conducted with the mothers of a small group of boys and girls under the age of 3 who were selected on the basis of weight gain recorded. The mothers of these children said that they had been following the nutritional advice for the preparation of Vitacereal. The number of beneficiaries who fit this category could not be quantified, but it should not be ignored.

### ⇒ *Consumption of a nutritious product*

35. The evaluation was able to confirm through field visits, interviews with informants and review of existing project documentation<sup>17</sup> that Vitacereal is shared among all family members and is prepared as *atol* rather than porridge, as is the local custom. It was

<sup>16</sup> National mother-child health survey 2002, Guatemala City.

<sup>17</sup> Interviews with health workers, beneficiaries and project stakeholders; Health and Development Management and Technology (GETSA). 2007. Final baseline study report in three municipalities in Guatemala; MSPAS. 2006. Pilot Monitoring Plan PRDC and PRRO 104570; Estrada et al. 2007. Qualitative study of information, education and communication activities for acceptance and use of the complementary food Vitacereal; WFP and SESAN. 2005. Evaluation of the food and nutrition security conditions in communities in Guatemala where PRRO 10212 operates.



explained repeatedly that preparation of porridge is time-consuming compared with *atol*, which is prepared in the morning for breakfast and can be left to stand all day at home while mothers devote themselves to other household tasks. The evaluation concludes that targeted beneficiaries consume a smaller amount than intended, given that the daily ration is 120 g, and that the product is diluted when prepared as *atol* and shared with other family members.

⇒ *Increased access to mother-and-child health care services*

36. A notable effect of supplying Vitacereal is the increase in the targeted population's monthly use of health services. It was not possible to have access to statistics to compare the number of people attended by health care facilities before and after the start of the PRDC/ENRDC to compare coverage, but interviews with health workers confirmed that coverage had increased. The evaluation showed that Vitacereal had not been the only incentive for the increased use of health services, given that a government programme (*Mi Familia Progresá*) was carried out in 40 percent of the area where the PRRO was implemented, which linked receipt of a welfare voucher to use of the mother-and-child health services.

⇒ *Access to nutrition education*

37. The operation has contributed to the increased access of beneficiaries, especially women, to nutrition and hygiene education through educational sessions associated with the Vitacereal distribution. The changes in levels of knowledge and practice linked to this component have not been measured, but the evaluation found that while most women interviewed had absorbed information from the sessions, they acknowledged that for practical reasons of convenience they did not apply the knowledge when preparing Vitacereal. They preferred to make a fire once in the morning to prepare *atol* than to light a fire several times a day to prepare porridge, because they had to perform other chores related to their families' precarious food security and health situation. The PRDC/ENRDC components that were designed to address these other limiting factors were not activated at the same pace as the health services, which in view of the joint nature of the programming affected the PRRO activities.

## Impact

38. Collaboration among nutrition experts, logistics entities and the food industry was strengthened during the PRRO. Vitacereal is positioned in the country as a low-cost nutritious complementary food, and provides an alternative to existing products for social welfare institutions.
39. The purchase of local maize (see paragraph 28) to produce Vitacereal, which was a condition imposed by one of the PRRO donors, has demonstrated that it is possible to link the fight against food insecurity with the needs of different vulnerable groups: those suffering from chronic undernutrition and farmers who grow maize as a cash crop.
40. The evaluation team did not uncover any unexpected impacts, because the PRRO was designed with thorough knowledge of the operating context, and in technical terms the design is in line with mother-and-child assistance programmes known throughout the world. However, it was found that different approaches for improving the diets of target groups through introduction of fortified complementary food and micronutrient powders had been adopted in the framework of government initiatives; this warrants further analysis.



⇒ *Long-term impact*

41. It is very likely that the beneficiaries who received Vitacereal regularly and have followed the instructions for its use will be in better condition to break the cycle of chronic undernutrition that sets in during pregnancy and the first years of a child's life. This process could have been strengthened through more interventions to address the underlying causes of undernutrition, in line with the ENRDC.<sup>18</sup> The evaluation cannot quantify the number of beneficiaries, but has concluded that the chosen intervention model, which includes a preventative approach, is suited to achieving long-term impact.

## **Sustainability**

42. The PRRO was designed with a strategy to hand over responsibility for all aspects of the operation's activities to the Government. The evaluation confirmed that some donor agencies no longer considered WFP to be the appropriate agent to be responsible for supplying Vitacereal in the context of the ENRDC in Guatemala. This explains in part why the PRRO has not been fully funded. The evaluation cannot reach any conclusions about the Government's priorities in relation to absorbing all costs of the project.
43. The PRRO has established a recognized brand name for Vitacereal that could allow it to be used in the future.<sup>19</sup> There are three producers of Vitacereal in Guatemala and they value WFP's technical support for improving their production techniques. WFP's work with the private sector has been successful and serves as a model for other countries.

## **Cross-Cutting Issues**

44. The evaluation did not confirm the aspect of empowerment of women through CBOs during the operation, although it acknowledged that getting women to use health care facilities was an achievement in itself in some Guatemalan communities. Any empowerment strategy begins with more active participation; this has to go beyond using a social service.
45. WFP's continual work to advocate and raise awareness about chronic malnutrition with a view to maintaining it as a national priority and to support fundraising activities has positioned WFP as an important player in the nutrition sphere in Guatemala, promoting tangible solutions.

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<sup>18</sup> Please refer to the annex in the full evaluation report for details on the six components and strategy of the programme.

<sup>19</sup> Vitacereal's patent is linked with the project and cannot be marketed.



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## CONCLUSIONS AND RECOMMENDATIONS

### Overall Assessment

#### ⇒ *Appropriateness and relevance*

46. The PRRO responds to well-documented nutritional needs<sup>20</sup> and builds on knowledge acquired by WFP through previous work in Guatemala. It recognizes the multi-faceted causes of chronic undernutrition and the need to focus on a well-defined, appropriate group. By supplying Vitacereal the operation's activities complemented government efforts.

#### ⇒ *Efficiency*

47. WFP has managed to implement efficiently; it has developed a fortified complementary food and has ensured its production with new producers using a guaranteed, strict quality-control system at the production level. Vitacereal has been supplied regularly despite financial constraints.
48. The evaluation attributes the limited number of beneficiaries to an overestimate of population numbers during the planning phase and to the fact that the MSPAS included in the programme only those health centres run by NGOs.

#### ⇒ *Effectiveness*

49. The supply of 10,828.24 mt of Vitacereal has contributed to an increase in nutrients in beneficiary diets, but in smaller amounts than planned. Vitacereal servings tend to be reduced because the product is shared with other family members, but is nonetheless appreciated for diversifying what is otherwise a diet based mainly on maize and beans. It is a product which is difficult for targeted beneficiaries to afford on their own. The increased use of health services is very positive and includes attendance at nutrition education talks.

#### ⇒ *Impact*

50. Those remote rural communities most isolated from government services have benefitted from the programme through increased access to and use of health services, including better understanding of the importance of improved nutrition for their children.
51. The use of funds tied to the purchase of local maize for the production of Vitacereal has been a successful component of the operation, creating links among different groups vulnerable to food insecurity and serving as a model for WFP's Purchase for Progress initiative undertaken in Headquarters.

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<sup>20</sup> WFP and SESAN. 2005. Evaluation of the food and nutrition security conditions in communities in Guatemala where PRRO 10212 operates; National mother-child health survey 2002, Guatemala City.





⇒ *Sustainability*

52. Vitacereal has been established in the country and can be produced locally now that private companies have the capacity to scale their production as needed and to adapt the recipe in line with any new technical requirement. This successful experience of collaborating with private companies serves as a model for other countries.
53. The sustainability of the use of Vitacereal for nutrition programming in Guatemala is more dependent on political than technical support and depends on the national authorities.

### Issues for the Future

54. The evaluation was based on an analysis of available information; it was regrettable that access to key government informants was limited and that considerable time had to be spent consolidating available data. The evaluation focused on the PRRO, which ended before the government programme in which it was incorporated ended, and hence there was a lack of the nutritional indicators necessary to fully assess impact. However, the PRRO design meets assessed needs, and adds value to the government strategy by supporting the production, purchase and transport of a low-cost, fortified complementary food; it is more successful in combating chronic undernutrition when part of an integrated response. It has been necessary to design: a more robust exit strategy in line with the project design; and monitoring systems that take into account context and programme-related aspects in order to contribute to learning and analysis.
55. Interventions to reduce chronic undernutrition must consider needs analysis, the operational context, government strategies and local cultural habits in order to inform the selection of beneficiaries. The PRRO showed sound knowledge of the operational context and acted with coherence by keeping the target age group as 6–35 months, even though new studies have revealed that greater impact is achieved in interventions aimed at children 6–24 months old. The country office decided that this PRRO would be based on food and that it would be opportune to do a more careful comparative analysis of the adoption of other possible strategies, such as using supplement powders, in the context of Guatemala.
56. The country office invested additional funds and time in the PRRO for support activities related to the development of the complementary food, nutrition education, training of health-service staff and follow-up activities associated with nutritional monitoring of beneficiaries and their communities. These costs associated with best use of Vitacereal should be part of the initial budget, but it is usually difficult to include such activities in the DSC of WFP budgets.
57. Very specialized technical support is needed to create links with private industry to produce a new fortified complementary food and ensure quality production that meets specified standards. This includes providing support for reformulating the composition and for packaging.
58. Vitacereal is bagged in 1-kilo bags using two types of packaging, one for porridge for children and one for the *atol* for pregnant and lactating women. The increased cost of production is acceptable and could be applied in other programmes where women go on foot with their children to get the products. This could provide a new successful model for WFP, considering that the new guidance for packaging complementary foods suggests using 7.5-kilo bags.

59. The nutrition education component for beneficiaries, considered essential to the operation's success, calls for additional resources and for maintaining the two ways of preparing Vitacereal, for women and for children, with the different types of packaging and instructions for use. WFP's contributions to this process during the PRRO can be useful for future operations.
60. Monitoring of operations is essential for maintaining credibility with all stakeholders. This requires a monitoring system that responds to WFP activities and distinguishes them from partner activities, bearing in mind the different programming cycles of each partner and the need to show WFP's contribution – in terms of outcomes – to the government programme to address chronic undernutrition.
61. The country office has used this PRRO modality as a flexible tool and has applied the relevant WFP criteria, with a view to eventually handing over to the Government the supply of Vitacereal. The relief component was not activated because UNICEF was in a position to supply therapeutic products to address cases of acute undernutrition, and in 2009, the response was coordinated in the framework of an immediate-response emergency operation. The availability of alternative mechanisms explains why the relief component was not activated.
62. Mother-child assistance programmes that target women according to nutritional vulnerability criteria and not because of their gender, provide limited added value in relation to WFP's gender policy. Specific gender-related activities would need to be designed to complement the nutrition programmes.

## Recommendations

### ⇒ *Country office*

63. Maintain in-country needs assessment capacity in nutrition and food security, with staff trained to participate in rapid assessments and technical forums, and maintain relations with the Government and United Nations agencies in the design of joint programmes with a multisectorial focus to reduce chronic and acute undernutrition in the country through the use of appropriate food and non-food interventions.
64. Hand over to the Government the supply of the Vitacereal component of the ENDRC at the end of the PRRO as in its original design, and focus assistance on contributing to reducing chronic undernutrition through activities that link nutrition and the food security of rural and urban families.
65. Adjust the exit strategy during programme implementation, based on a continuous analysis of changes in the operating context that affect the planned strategy.
66. Continue advocating for the use of Vitacereal in the country as a complementary food suited to targeted groups in long-term multi-sectoral interventions, and for modification of its composition in line with the new norms for fortified foods, while maintaining its low production cost.
67. Look at ways to improve the process of consolidating data collected to allow for continuous analysis of the operating context, improved monitoring systems and annual comparisons that make it possible to measure progress attained on issues such as cost-benefit, coverage and mechanisms for collaboration with partners.



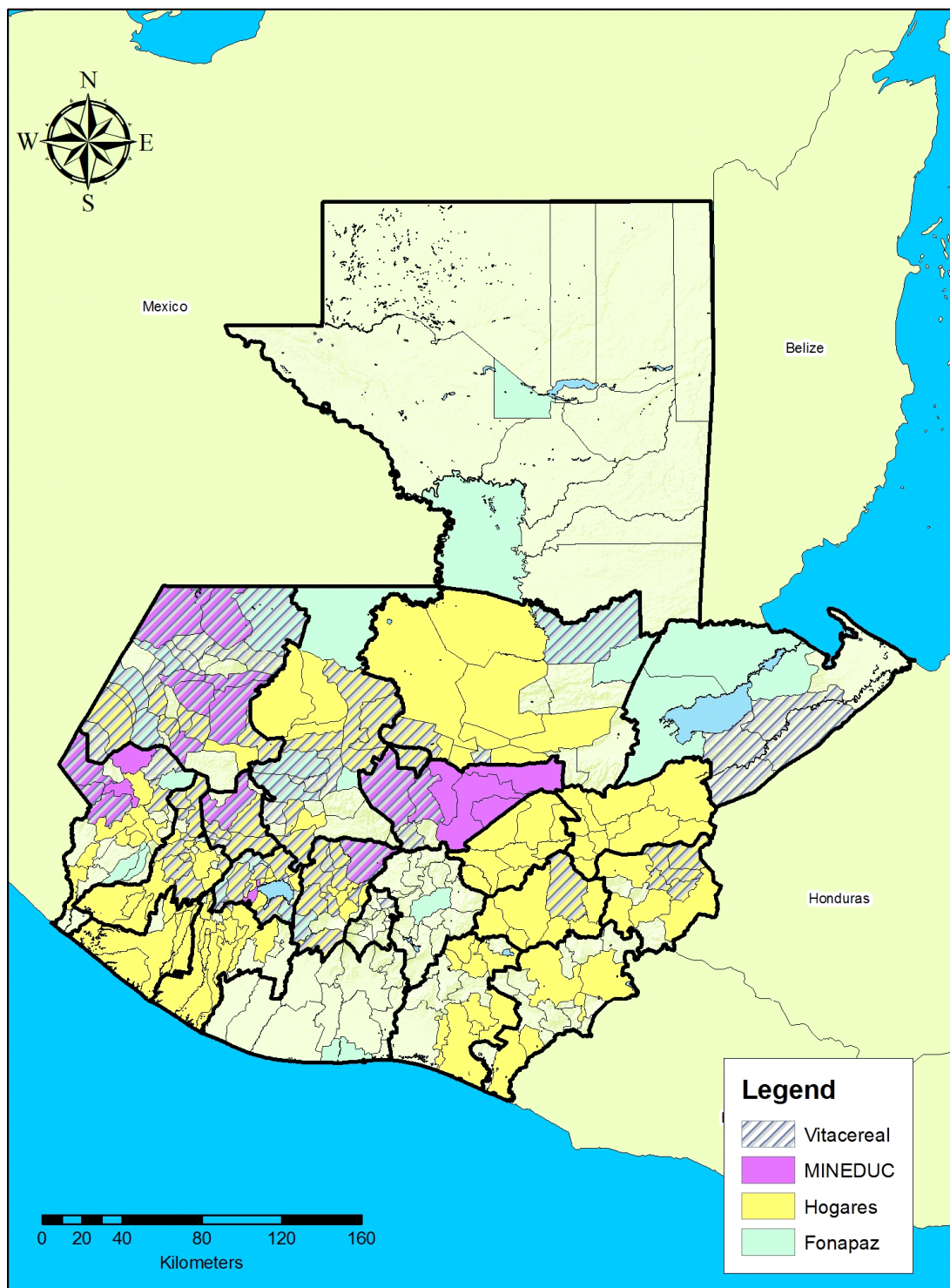
⇒ *Regional bureau*

68. Consider the development of a finance strategy for large programmes – for example, those with a value of over US\$20 million – that documents the analysis of context carried out by the country office, the regional bureau and Headquarters, and the financial prospects on the basis of which the operation is designed.

⇒ *Programme Design Service, regional bureau and country office*

69. Make better use of the logical framework as a programme tool during the design and monitoring of the operation, allowing for necessary changes to be made to adapt the logframe to the programme underway.

## Map of Areas of WFP Implementation in Guatemala



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

## ACRONYMS USED IN THE DOCUMENT

CBO	community-based organization
CERF	Central Emergency Reserve Fund
DSC	direct support costs
EFSA	Emergency Food Security Assessment
ENRDC	National Strategy to Reduce Chronic Undernutrition
EQAS	Evaluation Quality Assurance System
FFW	food for work
GFD	general food distribution
INCAP	Nutrition Institute for Central America and Panama
INDECA	National Institute for Agricultural Commerce
ISC	indirect support costs
LTSH	landside transport, storage and handling
MSPAS	Ministry of Public Health and Social Assistance
NGO	non-governmental organization
ODOC	other direct operational costs
PAHO	Pan American Health Organization
PRDC	Programme to Reduce Chronic Malnutrition in Guatemala
PROSAN	National Food Security Programme
PRRO	protracted relief and recovery operation
RUFT	ready-to-use therapeutic foods
SEGEPLAN	Planning and Programming Department
SESAN	Secretariat for Food and Nutrition Security of the President of the Republic
SOSEP	Secretariat for Social Works of the Wife of the President
SPR	Standardized Project Report
ToR	terms of reference
UNDAF	United Nations Development Assistance Framework
Vitacereal	soya- and maize-based blended food fortified with vitamins and minerals