

Final Evaluation:
Ancash and
Huancavelica Sub-
studies:
“Partnership for
Child Nutrition”
Project

Final Report

Consultant Team: Rosana Vargas, Rosario Ruíz, Antonieta Florez
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Acronyms

ACS	Community Health Agents
ADRA	Adventist Development and Relief Agency
APNOP	Budgetary Allocations that do not result in products
APP	Public-Private Partnership
CCR	Regional Coordination Council
CENAN	National Food and Nutrition Center
CEPLAN	National Center of Strategic Planning
CIAS	Inter-Ministry Commission for Social Affairs, of the Presidency of the Council of Ministers
CLAS	Local Communities of Healthcare Management
COMUDY	Yauli Multisectoral Committee for Integrated Development
CND	National Decentralization Council
COSAPI	Committee for Food Security and Child Protection
CRED	Child Growth and Development Control
CRSAN	Regional Food Security Council
DCI	Chronic Child Malnutrition
DI	Child Malnutrition
DIRESA	Regional Health Directorate
DNI	National Identity Document
DRE	Regional Education Directorate
DS	Supreme Decree
EDA	Acute Diarrheic Disease
EN CRECER	“CRECER” National Strategy
FONCODES	Cooperation Fund for Social Development
FONIPREL	Fund for the Promotion of Local and Regional Public Investment
FMA	Antamina Mining Fund
GDE	Economic Development Manager/Office
GDS	Social Development Manager/Office
GL	Local Government
GR	Regional Government
JUNTOS	National Program of Direct Support for the Poorest
IDI	Initiative against Child Malnutrition
INEI	National Institute of Statistics and Data Processing
IRA	Acute Respiratory Infections
LQAS	Lot Quality Assuring Sampling
MCLCP	Consensus-building Assembly on the Fight against Poverty
MCS	Healthy Municipalities and Communities
MEF	Ministry of the Economy and Finance
MIMDES	Ministry of Women and Social Development
MINAG	Ministry of Agriculture
MINEDU	Ministry of Education
MINSA	Ministry of Health
MIMP	Ministry of Women and Vulnerable Population
MIDIS	Ministry of Development and Social Inclusion
NGOD	Non-Governmental Organization for Development
OPI	Office of Programming and Investments

PAN	Articulated Nutrition Program
PAL	Articulated Local Plan
PCA	Food Complementation Program
PCM	Presidency of the Council of Ministers
PDC	Concerted Development Plan
PI	Incentive Plan for Municipal Management Improvement and Modernization
PIA	Initial Opening Budget
PIMANET	Comprehensive program to improve actions in nutrition and early stimulation
PIP	Public Investment Project
PIN	Integral Nutrition Program
PIM	Modified Investment Budget
PEI	Institutional Strategic Plan
PIP	Public Investment Project
POI	Institutional Operational Plan
PP	Participatory Budget
PPE	Strategic Program of the PpR
PpR	Outputs-Oriented Budget
PRISMA	PRISMA Benevolent Association
PRONAA	National Program of Food Assistance
PRONAMA	National Program of Mobilization for Literacy
RENAMU	National Registry of Local Governments
RM	Ministerial Resolution
SIAF	Integrated Financial Administration System
SINADIS	National Development and Social Inclusion System
SIS	Integrated Health Insurance
SMN	Strategic Program for Maternal and Neonatal Health Care
SNIP	National Public Investment System
SSR	Sexual and Reproductive Health
TDI	Informed Decisions Technology
USAID	United States Agency for International Development

INTRODUCTION

In May 2010, the PRISMA Benevolent Association submitted to the U.S. Agency for International Development (USAID), the proposal for the Partnership for Child Nutrition project, which sought to capitalize on a number of strategic circumstances produced in the national political scenario that made it more likely to prioritize the fight for child malnutrition. It was approved in May 2011.

The management of the project involved a partnership relationship with organizations familiar with the subject: ADRA, CARE and CARITAS, which assumed the task of promoting a project in four districts of Ancash - Catac, Marcará, Huayllabamba and Cashapampa - and four in Huancavelica - Ascension, Yauli, Huando and Nuevo Occoro – with the purpose *to improve the capacity of government to implement the national policy to combat child malnutrition with the participation of the private sector and civil society*, and to be implemented from June 2011 to December 2013.

The project baseline was conducted in September 2011 and close-out during the period from August to September of this year. This document reports the comparative results of the two, which are primarily quantitative and nuanced with rich qualitative aspects that explain processes that occur as a backdrop, whether positive or negative, to the final results.

The results show the marked heterogeneity of the local governments in their technical capacity, size, organizational and institutional capacity. They are also affected by policy fragmentation or consolidation, and the distance to urban economic centers. In this highly complex scenario, an effort has been made to improve the skills of local management teams, **especiallly** in areas related to greater understanding and subsequent better implementation of budget transfers intended to combat chronic child malnutrition.

The close-out study confirmed an improvement of abilities in attracting financial resources for local governments through different mechanisms, but the involvement of citizens in the moderation of these processes is still in its infancy.

In this report, after describing the background of the experience and the characteristics of the project, we show the methodology used in the development of the study, then the results analyzed according to the criteria of relevance and effectiveness and finally we present the conclusions and recommendations.

I. BACKGROUND

1.1. Background of the evaluation in the institutional political scenario

Eleven years ago, a modernization process¹ began in Peru and within it, decentralization² as a central theme. Since then, there has been a succession of changes in order to convert *local* into empowered territories, territories that assume their management.³

The regulatory process has been extensive and is ongoing. It began in July 2002 with the Decentralization Framework Law (No. 27783) and was followed by the Organic Law of Regional Governments (No. 27867), which in that year said that henceforth the regional governments will define, regulate and manage its regional policies, exercising overall and specific functions for this purpose. The first amendment to that law⁴ was to regulate the participation of provincial mayors and civil society via installation of the Regional Coordinating Councils (RCC).⁵

In 2003, the Organic Law of Municipal Governments (No. 27972) was promulgated, establishing specific municipal powers and functions, and thereafter, Plans for the Transfer of Sectoral Powers to Regional and Local Governments, to be elaborated annually.

In 2007 the Presidency of the Council of Ministers (PCM) issued a Supreme Decree⁶ aimed to ensure the prompt and proper transfer of the powers, functions and resources to regional and local governments, implying their **sectorial training in order to create and consolidate a convenient management capacity**⁷ - trying to fill a void that was then already well known – also emphasizing the promotion of citizen participation in political, financial and administrative decision-making.

That same year, Results-Based Budgeting (BFR) was launched, making those responsible for its implementation, the Ministry of Economy and Finance (MEF), the National Center for Strategic Planning (CEPLAN), the sectors, regional and local governments, also implementing training programs to provide support to the process. The PpR was started with five Strategic Budget Programs (PPE): Maternal and Neonatal Health (SMN), Articulated Nutritional, Learning Outcomes at the end of the third cycle of Regular Basic Education, and Access to Identity and Access to Basic Social Services and Market Opportunities. The objective then proposed the Articulated Nutritional Program (PAN),

¹ Modernization Framework Law N° 27658

² Actually, the Constitution conceptualizes decentralization "*as a permanent and mandatory public policy.*"

³ By the principle of subsidiarity, a matter to be resolved by the authority (regulatory, political or economic) closest to the object of the problem.

⁴ Emited in December of the same 2002

⁵ Providing instruments for the proposal of the Framework Law on Decentralization: "*The regional and local governments are required to promote citizen participation in the formulation, discussion and conclusion of their development plans, budgets and governance ... to ensure access of citizens to public information, except as prescribed by law, and the establishment and operation of spaces and mechanisms for consultation and accountability ...*".

⁶ Supreme Decree (DS) 027-2007-PCM

⁷ The Law of the system of accreditation of regional and local governments (No. 28273) makes the National Decentralization Council (CND) responsible for training and technical assistance to regional and local governments, and financing accreditation.

was to reduce the rate of chronic malnutrition in children under five years old from 22.6% in 2007 to 16% in 2011.⁸

Closing the first quarter of 2009, the Plan Incentive to Improve Municipal Management was created in order to encourage local governments to improve the levels of municipal tax collection and the implementation of spending in investments. The Plan should include a technical assistance program **to municipalities that request it.**⁹

One of the most extensive¹⁰ Annual Plans for the Transfer of Sectoral Powers to Regional and Local Governments was that for 2009,¹¹ which proposed a decentralized management approach in which the centerpiece was the **gradual change of the sectoral approach to the territorial. This new management model would need to identify the shared management processes¹²** and delineation of roles by level of government in the framework of the laws of organization and functions of the respective ministries. It will require – again the redundant subject – **the formulation of sector plans for capacity building to exercise the transferred powers and functions and those being transferred, which should be designed in concert with regional and local governments, containing profiles of competencies and indicators of compliance with them.**

In 2011, the PPEs expanded to eight, adding: Access to potable water and sewage disposal for rural populations; access to energy in rural locations; and access to essential public telecommunications services in the rural population. Another major event that year was the creation of the Ministry of Development and Social Inclusion (MIDIS), to which was assigned the CRECER National Strategy¹³ and five Social Programs: National Food Assistance Program (PRONAA), Cooperation Fund for Social Development (FONCODES), Cuna Más National Program,¹⁴ Pension 65 and the National Program of Direct Support to the Poorest - JUNTOS. Among the most important functions of MIDIS are: i) The exercise of stewardship of development and social inclusion policies, and the most ambitious: **ii) Coordinate the activities that develop the various entities of the three levels of government** in compliance with policies to promote social development, inclusion and equity.

Returning to the issue of the modernization of financial management, in the last stage the concern of the National Public Investment System (SNIP) has focused on consolidating the design of the PPEs, even opening themselves to the design of new proposals, provided that they treat properly identified subjects.¹⁵ Its great barrier is still limited capacity building at the local level, and it is likely that this is one of the factors that decrease in the transfer of financial resources, very obvious in Figure 1 shown below, which marks a milestone in the process of decentralization, which deserves careful analysis, which is not the purpose of this document.

⁸ MEF. National Directorate of the Public Budget. 2009.

⁹ Law N° 29332

¹⁰ Because previous evaluate.

¹¹ DS 047-2009-PCM

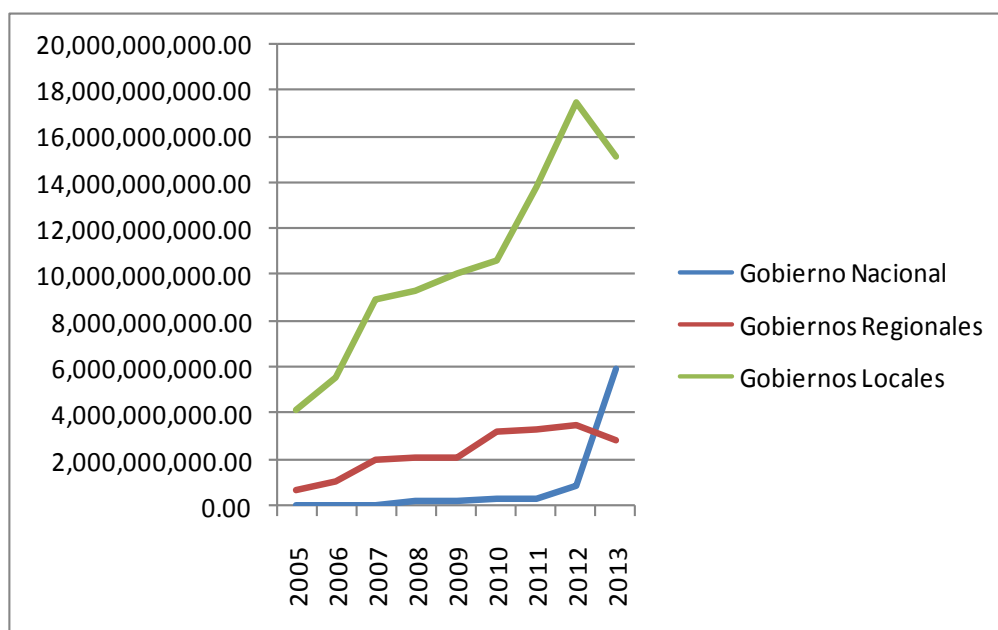
¹² Law N° 29158 Organic Law of the Executive Branch

¹³ Which became "Include to GROW" with five priorities: child nutrition, early childhood development, comprehensive development of children and adolescents, economic inclusion and protection of the elderly.

¹⁴ Which constituted the basis of Wawa Wasi

¹⁵ PPE are PpR tools that, integrated and articulated, aim at providing products to achieve a specific result in the population and thus contribute to the achievement of a Final Result associated with an objective of public policy (Law No. 28411)

Figure N° 1: Evolution of the transfer of financial funds, by management level 2005 - 2013



Fighting Chronic Child Malnutrition (DCI):

Fighting DCI in Peru occupies the agenda of the political, social and economic reforms implemented since 2002, but since 2006, it is defined as a national and policy priority of the State, perceiving a greater emphasis on specific interventions, including: i) the Initiative against Child Malnutrition (IDI), with an action platform composed of seventeen national and international institutions and concertation spaces in the fight against poverty; ii) the generation of information for decision-making, such as the Map of Chronic Malnutrition for children under five years old, prepared by the National Institute of Statistics and Informatics (INEI), iii) the CRECER National Strategy, which began the arduous task of strengthening the articulated management of the State,¹⁶ as a core element for improving the efficiency and effectiveness of the fight against DCI. The goal is to eradicate it by 2021; to achieve it, the MIDIS has developed a set of guidelines¹⁷ in partnership with public and private institutions, including the IDI - prioritizing intervention districts (seven of the eight districts of the project area are prioritized) and defining effective interventions on which to work, based on national and international evidence.¹⁸

¹⁶ Through horizontal articulation among sectors such as the Ministry of Education (MINEDU), Ministry of Health (MINSa), Ministry of Women and Social Development (MIMDES), Ministry of Agriculture (MINAG) and programs such as JUNTOS, and vertical articulation among the national, regional and local governments.

¹⁷ Directive N° 004-2012-MIDIS, "Guidelines for articulated inter-sectoral and intergovernmental management aimed at reducing DCI" approved by Ministerial Resolution (RM) in July 2012.

¹⁸ See Annex 2.

1.2 Description of the Project

1.2.1 The proposal for intervention

The PRISMA Benevolent Association (PRISMA) in partnership with the Adventist Development and Relief Agency (ADRA), CARE Peru and CARITAS del Perú, implemented from June 2011 to May 2013 the Alliance for Child Nutrition project, with the purpose of advocating at the three levels of government to keep the issue of DCI in the public agenda; technically assist in the implementation of a National Policy to Fight against ID, and to develop and validate models of public - private partnership with the common objective being associated with the reduction of DCI.

The purpose, results and main activities of the Project are as follows:

PROJECT PURPOSE: To improve government capacity to implement the National Policy to Combat Chronic Malnutrition among Children, with the participation of the private sector and civil society.

RESULT 1:

Public, private and civil society stakeholders mobilized to keep the fight against CM in the public agenda.

Activities

- Strengthen national level consensus-building spaces (IDI, MCLCP) related to the fight against child malnutrition
- Support for the MIDIS, especially in the dissemination and implementation of the national policy on social inclusion.
- Sensitize and influence political leaders and the communications media to keep the reduction of child malnutrition as a political priority
- Dissemination of monitoring and balance reports on interventions against child malnutrition.

RESULT 2:

Regional and local governments have the capacity to efficiently manage interventions designed to reduce chronic malnutrition.

Activities

- Strengthening of regional and local consensus-building spaces as well as the intervention area's implementing units to support the implementation of social policy aimed at the reduction of child malnutrition
- Strengthening the management of regional and local governments for adequate implementation of the Results-based Budget of the Articulated Nutritional Program (PpR-PAN), the Incentives Plan for Municipal Management Improvement and the implementation of interventions in child nutrition through the participatory budget
- Formulation of small Public Investment Projects (PIP) aiming at improving health and its determinants.

RESULT 3:

Modalities of public-private partnerships to contribute to the reduction of child malnutrition identified and promoted.

Activities

- Identification of viable modalities of association between the public and private sector in the interventions to reduce child malnutrition
- Dissemination and promotion of methods of partnership between the public and private sectors in interventions aimed at reducing child malnutrition
- Implementation of technologies for informed decision-making on child malnutrition (TDI or LQAS)

RESULT 4:

Authorities and the population participate in actions of citizen surveillance and accountability regarding activities with respect to interventions to reduce child malnutrition.

Activities

- Technical assistance to local governments to implement accountability methodologies.
- Strengthening the district coordination bodies.
- Project accountability actions

1.2.2 The territory of the intervention and some key indicators: Ancash and Huancavelica

Ancash and Huancavelica are completely different realities, with their own particular conditionalities, as described below:

Huancavelica is located in the central-southern part of Peru, bounded on the west by Lima and Ica, on the north by Junín, and east by Ayacucho and the south by Ayacucho and Ica. It is a department that is historically listed as the poorest in the country, the statistics and specialized studies of the INEI typify it so. The poor living conditions of the people are reflected in their different indicators of basic health, education and housing. The expanded coverage of services is a challenging task due to the high degree of dispersion of its inhabitants. The territory is home to more than 500 campesino communities that, because of their political presence and organizational features, are a key player in any territorial development proposal.

Urban development is scarce and limited to: Huancavelica, Pampas and Lircay, intermediate cities that are relatively important for their commercial traffic. Relationships of continuity between urban and rural spaces are complex and show difficult linkages. Nonetheless, economic circuits have been consolidated that are clearly identifiable with the production of alpacas, multiple crops and fruit, in which major relationships are established with markets in Lima, Huancayo and abroad.

With respect to institutions, the region is going through a significant process of change that places it on the national stage, associated with proposals of a conciliatory and constructive nature. The Regional assembly for the Fight against Poverty (MCPLCP) has brought together and reconciled the interests of various regional actors around key development issues.¹⁹

¹⁹ Desco: Huancavelica Program (2005)

Ancash is located in the central-western part of Peru, bounded on the west by the Pacific Ocean, the north by La Libertad, the east by Huánuco and the south by Lima. It is the fifth largest economy in the country, and has three clear potential areas: Mining, fishing with the hydro-biological richness of its sea and tourism in its different varieties.²⁰ To convert these potentials into advantages, seven economic corridors and sub-corridors²¹ are promoted and aggressive road development that is permitting the transverse integration of the region, not only with the Peruvian coast, but among the three longitudinal bands that divide it: the Pacific Coast, the Callejón de Huaylas and the Callejón de Los Conchucos.

The Cordillera Negra and Cordillera Blanca mountain ranges literally divide the territory of Ancash into three. These towering mountain ranges, although providing Ancash with a beauty that is unique in Peruvian territory and perhaps in the entire continent, constitute severe geographic restrictions that result in barriers to the development of the region, establishing equal number of clearly differentiated economic areas, where as one moves further away from the coast, the standard of living deteriorates.

The population of the region is mostly urban compared to the past. Until 1981, the population was predominantly rural, but migration processes in search of better living and working conditions impacted the cities, so that the highest percentage of the population currently lives in urban areas, constituting a serious problem for Ancash, as it means diminishing agricultural production and the generation of greater social problems in the cities.²²

Like fishing for the coast of Ancash, today mining is the economic hub of its highland region, where mainly Barrick Misquichilca (Pierina Mine) and Antamina are located. The latter not only is the top exporter of copper, but also one of the most important copper projects of the last decade. Similarly, the Pierina mine is one of the most important gold investments. Regionally, mining drives 30% of the entire economy, according to INEI, but its relevance is even greater for the transfers that its activities provide not only the regional government, but also the local and district governments. In relation to the amounts allocated, Ancash receives an average of 26% of the national mining royalties.²³ Nonetheless, the mining royalty is a problem in terms of its internal distribution, which generates serious disagreements and conflicts that are weakening its institutions.

The tables below compare the regions - Table 1 - and districts of the study - Table 2 - in figures:

²⁰ Tourist Circuits : Callejón de Huaylas, Sechín-Chavín, Gran Chavín, Andean and Coastal Gold

²¹ Chimbote-Huarmey; Chimbote-Sihuas-Marañón; Callejón de Huaylas; Yanamayo; Puchka; Andean Gold and Pativilca

²² 2004-2007 Concerted Regional Development Plan

²³ www.PeruEconomico.com: Ancash Mining Regional Dossier (2009)

Table 1: Comparison of main socio-demographic indicators in the regions of Ancash and Huancavelica

Ancash: The estimated population in 2013 is 1,135,962 inhabitants (Tenth place nationally).

The department is divided into 20 provinces and 166 districts.

Huancavelica: The estimated population in 2013 is 487,500 inhabitants (Eighteenth place nationally).

The department is divided into 7 provinces and 95 districts

Total poverty 2010	20 – 35.3%	Total poverty 2010	60 – 66.1%
Illiterate population (over 15 years old)	12.4%	Illiterate population (over 15 years old)	20.1%
Population with health insurance	35.9%	Population with health insurance	47.6%
Public grid in the Home	61.0%	Public grid in the Home	21.7%
Lighting on the public grid	73.2%	Lighting on the public grid	55.8%

Source: MEF, INEI

Table 2: Territory of project intervention in Ancash and Huancavelica

DISTRICT	PROVINCE	DEPARTMENT	Population (2012)*	Rate of DCI (2009)*	Type of Municipality **
Catac	Recuay	Ancash	---	---	With more than 500 VU
Marcará	Carhuaz		982	43.28	With less than 500 VU
Huayllabamba	Sihuas		576	51.8	With less than 500 VU
Cashapampa			371	52.13	With less than 500 VU
Yauli	Huancavelica	Huancavelica	31,604	57.02	With more than 500 VU
Ascensión			11,328	53.11	CP B
Huando			7,789	56.27	With more than 500 VU
Nuevo Occoro			2650	62.95	With less than 500 VU

* List of districts prioritized for the implementation of effective interventions for the reduction of DCI, 2012

** According to the classification of the Municipal Incentive Plan, DS 190-2010-EF. VU = Urban houses, CP B = Municipalities of Type B Major Cities.

II. METHODOLOGY OF THE EVALUATION

2.1. Overall sequence of steps:

- 2.1.1. Review of the Baseline report and documents from the project file and contributors to the evaluation.
- 2.1.2. Analysis and consensus with the Indicators Protocol from the Baseline.²⁴
Strategic circumstances that took place in 2012 influenced the amendment of the Indicator Protocol: The issuance of normative documents: *Guidelines for the Intergovernmental and Inter-sectoral Articulated Management Aimed to Reduce DCI under the Policies of Social Inclusion and Development* issued by the MIDIS and the resulting *Investment Guidelines for Reducing DCI*,²⁵ of the MEF.
- 2.1.3. Definition of key informants²⁶
- 2.1.4. Adaption of instruments of the Baseline for gathering information in the office and field. We worked with forms to gather secondary information and guides for semi-structured interviews.²⁷
- 2.1.5. Gathering field information
- 2.1.6. Gathering information in the office, primarily from the links on the MEF platform.
- 2.1.7. Processing of quantitative and qualitative information.
- 2.1.8. Triangulation of results for those related to APP, citizen monitoring and accountability.
- 2.1.9. Writing the evaluation report

2.2. Steps for analyzing relevance

- 2.2.1 The internet platform was explored for documents (ordinances, PDC, Programs, etc.) that took the orientation of regional and local policies in Ancash and Huancavelica into account.
- 2.2.2 They were also requested from regional and local governments during the field visits.
- 2.2.3 They were placed into the following matrix:

²⁴ See annex N° 2

²⁵ See annex N° 3

²⁶ See annex N° 4

²⁷ See annex N° 5

Programs or Plans	Relevance is valid at any level of planning: Mission, Vision, Strategic Objectives, Dashboard, Strategies, Tactics, Activities, etc.
Concerted Development Plans	
Purpose:	
Result 1	
Result 2	
Result 3	
Result 4	

2.3. Steps for the efficacy analysis

- 2.3.1 Source tables²⁸ were organized with information from the MEF web platform:
- Friendly page
 - Applicable to the Participatory Budget
 - Project Bank of the National Public Investment System
- 2.3.2 To identify the investment associated with DCI, the "Investment Guidelines to reduce Chronic Child Malnutrition"²⁹ was used as a reference.
- 2.3.3 Minutes were collected of meetings of the entities of articulation and the TDI / LQAS implementation reports.
- 2.3.4 Using all that was gathered, what was planned was contrasted with that achieved in the impact indicators and result of the project's logical framework³⁰ was contrasted, according to the following classical scheme:

Hierarchy of results	Indicator	Actors	Unit of measure	Baseline 2011	Final Evaluation 2013	Goal	Result
Purpose:							
Result 1							
Result 2							
.....							

²⁸ See annex 6

²⁹ Id 25

³⁰ See annex 7

2.3.5 The extent that the activities covered by the project permitted the transformation of available resources into results was analyzed, as were the level of their achievement and the factors that facilitated or hindered their achievement.

2.4. Limitations identified in the information gathering process

- Marked information gaps between municipal management teams that forced making permanent adjustments in the basic tools of information gathering.
- Substantial change in the figures reported in the friendly page of the MEF between September and December 2011.
- Marked disorder in the functional chains of public investment in 2011, which hampered the correlation with the effective interventions on DCI.
- Local governments concentrate information related to public investment in financial areas, in other words: The personnel of the social areas practically don't know the subject.

III. EVALUATION CRITERIA

3.1. Relevance

Table 3: Levels of Planning in the struggle against DI in development programs and plans of GR and GL intervened

Regional Programs or Plans	Levels of Planning									
	Develop-ment Concept	General Objective	Specific Objective	Goals	Investment Program	Vision	Strategic Objectives	Strategies	Activities or projects	Indicators
Huancavelica Region										
Regional Concerted and Participative Development Strategic Plan of Huancavelica 2005-2015	x		x		x					
Huancavelica Regional Strategy of Food Security (2006-2015)										
						X	x		x	x
Regional Program to overcome extreme poverty and chronic child malnutrition 2011-2014³¹	x	X	x	x						
Huancavelica Regional Plan for Early Childhood 2012-2017³²										
						x	x	x	x	x
District Plans										
District of Ascención Concerted Development Plan 2012-2021³³	x		x		x					
District of Yauli Concerted Development Plan– Huancavelica 2009 -2015	x				x		x		x	

³¹ Approved by Regional Ordinance N° 184-GOB.REG-HVCA/CR - September 07 2011.

³² Approved by Regional Ordinance N° 227-GOB.REG-HVCA/CR - September 06 2012.

³³ Approved by Municipal Ordinance al N° 001- 2013- MDA - February 19 2013.

Regional Programs or Plans	Levels of Planning									
	Development Concept	General Objective	Specific Objective	Goals	Investment Program	Vision	Strategic Objectives	Strategies	Activities or projects	Indicators
Ancash Region										
Articulated Regional Plan <i>Creciendo Contigo</i> 2008-2015³⁴		X	x							
Regional Concerted Development Plan 2008-2021							x	x		
2012-2021 Ancash Regional Development and Social Inclusion Plan	x		x	x			x		x	x
Comprehensive Program to improve actions in nutrition and early stimulation (PIMANET)³⁵		X	x	x						
MCLCP Work Plan 2012									x	
District Plans										
District of Cashapampa Concerted Development Plan 2011-2015			x		x	x			x	
District of Catac Concerted Development Plan 2012-2021	x		x			x				
Municipal District Concerted Development Plan - Huayllabamba 2011-2015							x			

Source: Project data

³⁴ Regional Ordinance N° 028-2009- Ancash Region /CR

³⁵ Ordinance N° 013-2011- Ancash Region/CR

As table 3 shows, the Project intervention has been completely relevant, since in both regions, DCI is part of regional policies since 2005 and has its own plans and programs since 2008 in the case of Ancash - *Growing with You and PIMANET* - and since 2011 in Huancavelica *Regional program*-

Most GL that have PDC -two in Huancavelica and three in Ancash – they also showed a high level of accuracy in their policy option to combat DCI.

It can be argued that the political guidelines for the struggle against DCI are given and the challenge today is the vertical and horizontal articulation within and between sectors at both levels of government: regional and local. The short phrase below gives a clear account of it:

With respect to the relationship with the local government, there is a balance ...to not feel that we depend on them nor they on us ...
Key informant MINSa – Marcará)

3.2. Effectiveness

3.2.1. Compliance with the purpose

The purpose indicator related to the PAN is complied with broadly, because the Ancash Region increased by 33.54% - 18.54% more than what was projected - from the baseline to exit, and Huancavelica increased 115.42% - 100.42% above the target. The marked difference in favor of the latter is because the PAN is a PPE that follows a logicode model³⁶ analysis of DCI causality that helps prioritize populations and define the products³⁷ they need. Huancavelica Region is among the poorest regions of the country; Ancash Region is not in this list. Huancavelica's high level of vulnerability to DCI gives it access to a greater number of the PAN products, which according to official publications of the MEF were 46 in 2012 and 58 in 2013.³⁸

In monitoring conducted as part of this report,³⁹ it was found that in 2011, the PAN allocated nine products to Ancash and fourteen to Huancavelica; in 2013, there were seven for the first region and eleven for the second.

³⁶ Ordered sequence of steps that contribute to systematize an articulated set of products that enable the achievement of results

³⁷ A bulk of them are listed in annex 3

³⁸ Public sector budgeting process. Combination of 2012 and 2013 functional networks and budgetary programs (MEF)

³⁹ See Annex 6

Results hierarchy	Indicator	Actors		Measurement unit	Base line 2011	Final Evaluation 2013	Goal	Result
		Regional Governments	Local Governments					
Purpose: To improve the capacity of the governments of Ancash and Huancavelica to implement the National Policy to Fight Chronic Child Malnutrition with the private sector and civil society.	Percentage increase in the budget for the strategic program of nutrition (PN) from the base year project (2011) in Ancash and Huancavelica.	Ancash		nuevos soles	24' 252, 599	32' 387, 178	15% of budget increase	33.54%
		Huancavelica			23' 203, 623	49' 987, 537		115.42%
	Number of regional and local governments that manage sodalities of public-private partnership (PPP) to reduce CM in the intervention areas.	Ancash		Number	0	0	1 GR and 4 GL	0
			Marcará		0	0		0
			Catac		0	0		0
			Huayllabamba		0	0		0
			Cashapampa		0	0		0
		Huancavelica		Number	0	0	1 GR and 4 GL	0
			Yauli		0	0		0
			Ascensión		0	0		0
			Huando		0	0		0
			Nuevo Occoro		0	0		0

The superiority of funds for Huancavelica is also explained by the presence of the Budgetary Support Project to the PAN - EUROPAN, which began in 2009, culminating this year and being implemented through direct transfers to the general budget of the Republic from the European Commission for 60.8 million Euros, with only three receiving regions: Ayacucho, Apurimac and Huancavelica. On the topic, we cite the comment of one interviewee:

The agreement with EUROPAN is ending right now.... It is supposed that the GR will replace this budget, because it covered mostly gaps in human resource if it not replaced, it will generate a rather large void and the population already accustomed to having its healthcare personal, etc. the GR must ensure the resources in the PIA ...
(Key informant NGO Huancavelica)

With respect to the APP indicator, the established goals that were to be translated into actions to promote the APPs incorporated into GR and GL plans were not achieved.⁴⁰ From the beginning it was the slowest process, first to emerge from the project team as a consensus position and then to move itself to the actors in the field, most of whom are still confused about this innovative form of investment.

The positioning of what is private as the best and what is public as the worst these ideas are against.... this culture has to change...
(Key informant MINSA Huancavelica)

The confusion is understandable because the APP framework law⁴¹ was enacted and regulated recently in 2008 and has not been widely disseminated, with the aggravating cultural factor mentioned by the key informant. In that sense, the project's contribution was valuable, undertaking a consulting project⁴² in order to promote or develop APP in the areas of health, nutrition and family food security as a means to improve DCI. One conclusion from this work is that the bases of APP are trust and communication and, as both are eroded in our environment, it takes time to organize and develop them, demanding longer term advocacy work, which it lacked.

3.2.2. Compliance with the results

Result 1 had two measurement indicators. The first explored the existence of **agreements** between the public and private sectors to combat child malnutrition at the regional level, proposing two as a goal.

Such an agreement was found only in Ancash, in the experience with Antamina Mining Company through its Mining Fund, which implements promotional preventive actions to improve the nutritional state of children

⁴⁰ The original goal proposed an APP implemented model, but in the first review of the project, conducted in 2012, it became clear that there was a very high fence and in the reprogramming March 2013, it was decided to be sincere the goal to promote APP, through the training of local managers and the commitment of the GL to incorporate actions to promote the APPs in their districts into their plans.

⁴¹ Legislative Decree N° 1012 December 09 2008

⁴² Villanueva, C (2013): Consulting service for Identifying modalities of association between the Public and Private Sectors in interventions that contribute to the reduction of child malnutrition in the areas of intervention of the Partnership for Child Nutrition Project

in the communities surrounding its operations. **It has an agreement** with the Regional Government, with interventions defined by regional and local area, the first in the territory of Recuay and second, in Carhuaz.

In the preparatory phase of the Partnership project, concrete commitments were obtained from other mining companies,⁴³ but these were put aside in September 2011 because the Peruvian government changed the mining taxation scheme,⁴⁴ a fact that caused the deactivation of Voluntary Social Fund in February 2012, through which they contribute to the Partnership.

Thus, only 50% of what was projected was fulfilled, as in the baseline, as no other experience was found with the explicit features in the means of verification.

With respect to the second indicator of increased financial resources in GL to combat child malnutrition, all but Huando achieved it and that is why 87.5% of the target was achieved. And this small district in Huancavelica faced serious management limitations:

*It lacked PDC, PEI, PIO activities of each Sub-Office did not exist, we have tried to correct, but it was not achieved because there was no skill in some professionals. They don't know how to program, budget activities ... there were no conditions to generate social projects... they give priority to irrigation the whole issue of sanitation, social projects: Very little
(Key informant GL Huando)*

Things came to a head when the Mayor joined the recall process, so that the situation in Huando was and is particularly complex, as will be seen in the following indicators:

⁴³ The letters are in the project file.

⁴⁴ The Special Mining Tax (GEM), the Special Tax on Mining (IEM) and the royalty system was modified.

Results hierarchy	Indicator	Actors		Measurement unit	Base line 2011	Final Evaluation 2013	Goal	Result	
		Regional Governments	Local Governments						
Result 1: Public, private and civil society stakeholders mobilized to keep the fight against CM in the public agenda.	Number of private companies that support corporate social responsibility interventions aimed at fight CM at the regional level.	Ancash and Huancavelica		Number	1	1	2 private companies	50.00%	
	Number of local governments that increased their financial resources to reduce CM in their 2011-2013 budgets.			Marcará	Number	2' 375, 789	5' 388, 893	8 local governments	87.5%
				Catac		2' 873, 579	5' 041, 140		
				Huayllabamba		315, 190	1' 101, 956		
				Cashapampa		80, 534	260, 152		
				Yauli		3' 851, 810	9' 667, 588		
				Ascención		1' 227, 222	3' 510, 011		
				Huando		1' 455, 933	775, 688		
				Nuevo Occoro		1' 159,766	1' 557, 637		

Result 2 had three measurement indicators. The first explored elements of **institutionalization** of the strategy to combat child malnutrition: Incorporating concrete actions in development plans and the existence of ordinances and / or laws duly endorsed by the actors, who knew of the implementation of activities. These means of verification were identified in five GL:

- Catac and Cashapampa: Development Plans
- Ascención: Development Plan and agreement acts
- Yauli: Development Plan, agreement acts, progress reports in the website of the local government.
- Nuevo Occoro: Ordinance

Surpassing the programmed goal of four and achieving 125%.

This indicator was initially cautious because they are angry, knowing the difficulties of organization and participation in planning that the GL face in general and the rural population in particular, as described in the following interview:

*It was an initiative of us and of PRISMA ... that was formulated last year in February **we have not had a similar space before** ... the ideas have been in the team of Councilmen, but we have not put them into practice.... we need an announcement and participation in the communities we lack dissemination we are leaving them behind ... we are almost centralized and we are not working collaboratively with our communities
(Key informant GL Nuevo Occoro)*

In this point, it should be mentioned that the GL of Ascension and Yauli have multisectoral spaces that support the strategy to combat child malnutrition: the Committee for Food Security and Child Protection (COSAPI) and Yauli Multisectoral Committee for Integrated Development (COMUDY), both with quite orderly records of their working meetings.

The second indicator of result 2 explored the evolution of the number of project proposals in nutrition included in the 2011 (Baseline) and 2013 PP (Final Evaluation), and both far exceeded the expectation of the target initially raised - four – since the baseline identified ten and in the end, twenty four: seven in Catac, one in Marcará, ten in Ascension, two in Huando and four in Nuevo Occoro.^{45 46}

This "profusion" of proposals was due to two elements: Increased programs and budget for rural sanitation⁴⁷ and linking it to the fight against DCI, which was a qualitative element identified very clearly in the words of the municipal management teams, one of them being cited below:

⁴⁵The record consulted was the PP application of the MEF virtual platform, and in Huayllabamba, there are no 2013 records.

⁴⁶ See annexes 6e and 6f.

⁴⁷ Between 2011 and 2013, there were four budgetary sources: Urban sanitation program, Rural sanitation program, Program for access to potable water and sanitary excreta disposal for rural populations of 2,000 inhabitants or less and No program.

What is most needed is basic sanitation: Water, sewerage ... if we start there, we would be attacking part of the DCI ... all part of the water and if the water quality is good, it will affect ...
(Key informant GL Ascensión)

The third indicator explored in the evolution of the number of PIP that have been approved - that is, **viable**⁴⁸ - to prevent child malnutrition, which was zero in the baseline and seven in the final evaluation. The target proposed in the logical framework was four PIP per region.

The strategy used was to transfer a validated methodology to facilitate the formulation of small PIPs⁴⁹ aimed at improving health and its determinants, with the technical assistance of the Healthy Municipalities and Communities project (MCS) II of USAID,⁵⁰ considered one of the largest contributions the project, according to its own actors:

That has been a contribution... the best contribution to the district governments ... helping them create a project profile ...
(Key informant GR Ancash)

The advantage of the methodology proposed by MCS is that it empowered the local government management teams in the decision to develop small PIPs, and that's how Huancavelica made three small PIPs viable and Ancash, four - in the local governments of Yauli, Nuevo Occoro, Ascension, Catac, Huayllabamba and Cashapampa. The non-viability of the PIPs - except for Huando, whose difficulties have already been described, was mainly because the Office of Programming and Investment (OPI) of the GLs disagreed and/or did not understand the methodology with which the small PIPs were developed because they thought they were very specific and succinct.

With the implementation of this strategy, fifteen viable small PIPs were actually achieved, ten in Ancash and five in Huancavelica, but they did not account for those that fall outside the area of intervention, nor those that fall outside the guidelines for investment in DCI, selected in Annex 3.

An important facilitating factor in the Huancavelica region for the viability of the small PIPs was the existence of the Regional Coordinator for Combating Poverty,⁵¹ an organ of the Office of the General Manager of the Regional Government of Huancavelica, created in early 2012 in order to channel resources to the struggle against poverty, and that has prepared three technical files for PIPs motivated by the Partnership project.

Other important events also occurred that affected this indicator: Three of the intervened GLs - Catac and Cashapampa in Ancash and Nuevo Occoro in

⁴⁸ With SNIP code in the Project Bank of the MEF.

⁴⁹ For projects of 300,000 new soles or less.

⁵⁰ The MCS project has validated a package of related practical software tools: a dynamic worksheet and dynamic Word document that automatically contains the information that fills in the dynamic worksheet. They are low volume formats, easy to access and use.

⁵¹ Created an Implementing Unit of the Budget Statement for its economic and financial management. It regulates, guides, directs, and evaluates compliance with the policies provided mainly by the MIMDES and the MIDIS, giving priority to people living in extreme poverty.

Huancavelica – qualified with proposals to the national competition held by the Fund for the Promotion of Regional and Local Public Investment (FONIPREL) to undertake pre-investment studies of the following proposals: *Improving maternal and child health for the reduction of child malnutrition in the district of Catac;*⁵² *Improving capacities to reduce malnutrition in children under 5 years old in the district Nuevo Occoro,*^{53 54} *and Reduction of chronic malnutrition in children and pregnant women in Cashapampa district,*⁵⁵ denoting a clear sensitivity to the issue by the GLs.

The Huayllabamba GL was also supported with technical assistance to submit a PIP on the issue of reducing chronic malnutrition in the district of Huayllabamba, which was presented in the 2013 FONIPREL contest, and the results are still unknown.

Finally, an added value of the training and technical assistance efforts to prepare small PIPs was that healthcare teams also benefited, by promoting larger spaces for local coordination between the GL and Health, this time, to prepare projects to combat DCI

⁵² Approved amount: 71, 843 new soles

⁵³ Approved amount: 39, 692 new soles

⁵⁴ Communique N° 03-2012-FONIPREL exceptional

⁵⁵ Approved amount: 124, 648 new soles.

.Results hierarchy	Indicator	Actors	Measurement unit	Base line 2011	Final Evaluation 2013	Goal	Result
Result 2: Regional and local governments have the capacity to efficiently manage interventions designed to reduce child malnutrition	Number of local governments that implement their plans to Fight DI	Catac	Number	0	1	4 local governments	125%
		Cashapampa		0	1		
		Huayllabamba		0	0		
		Marcará		0	0		
		Ascensión		0	1		
		Huando		0	0		
		Yauli		0	1		
		Nuevo Occoro		0	1		
	Number of project proposals on nutrition included in the 2011-2013 local governments' participatory budgets.	Catac	Number	0	7	4 project proposals	600%
		Cashapampa		0	0		
		Huayllabamba		0	No records available		
		Marcará		0	1		
		Ascensión		10	10		
		Huando			2		
		Yauli			0		
		Nuevo Occoro			4		
	Number of Public Investment Projects (PIP) to prevent CM approved.	Catac	number	0	2	8 PIP to prevent child malnutrition approved (4 in Ancash and 4 in Huancavelica)	100%
		Cashapampa		0	1		
		Huayllabamba		0	1		
		Marcará		0	0		
		Ascensión		0	1		
		Huando		0	0		
		Yauli		0	1		
Nuevo Occoro		0		2			

Result 3 had three measurement indicators. The first referred to the launching of an information campaign on proper nutrition, which was coordinated with Radio Programas del Peru (RPP) with an estimated goal of 758.857 listeners. In this context, before the cooperative agreement was approved, RPP developed the campaign "Ten tips for child nutrition " which was financed by the Wawa Wasi Program, which aired for seven months (June 2010 - January 2011) and reached more than 6 million listeners across the country . In order to replicate this experience -and in the context of the implementation of the project-, in January 2012 coordination was started with RPP and the newly created Ministry of Development and Social Inclusion. MIDIS was interested in supporting the campaign and initiated fundraising. Negotiations lasted until February 2013, when Midis started the hiring process. Unfortunately, a number of administrative factors delayed the beginning of the campaign and the date of started of this study no certainty of execution, which is why this indicator was not included in the terms of reference. Finally, the campaign aired in October.

The second continued to explore the elements of **institutionalization** of the regional and local APPs: Ordinances constituting working committees in APP and / or laws duly endorsed by the actors. These means of verification were identified in the GR of Ancash, and thus they achieved 50% of the goal:

*But I repeat that it is with Barrick⁵⁶ and Neoandina⁵⁷, no NGO, no alliance, no association, no organization. What they are contributing within a committee, what we call PIMANET (Comprehensive Program to Improve Actions in Nutrition and Early Stimulation),⁵⁸ led by the government with contributions from some sectors such as DREA, DIRESA and the health networks.
(Key Informant GR Ancash)*

Also in the GLs of Ascension and Huando in Huancavelica, and in Marcará and Cashapampa in Ancash - achieving 50% of the goal - events are occurring that set the groundwork for a more effective relationship of the GLs with private enterprise.

Ascensión⁵⁹ and Cashapampa⁶⁰ have municipal ordinances that institutionalize public-private partnership as a tool for investment promotion and they emphasize the need to raise funds for projects in DCI to address their shortage. Marcará opted for a mayoral resolution⁶¹ that considers the "Include to Grow" national strategy among its regulatory supports, and approves the establishment of a Management Committee, which among other responsibilities, must identify APP partners and propose appropriate measures to the GL favoring their constitution. Finally, in the case of Huando, Barbastro Mining Company SAC contributed US\$ 54,000 for the sewerage project of the community of Tinyacclla, which was supported by a **framework agreement** among the Municipality of Huando, Tinyacclla Campesino Community, Barbastro and PRISMA.

⁵⁶ Mining company.

⁵⁷ Implementing Unit of Social Interventions Barrick Mining Company.

⁵⁸ See 36

⁵⁹ 062-2013/MDA

⁶⁰ 07-2013-MDC/CM

⁶¹ N° 109-2013-MDM/A

The third indicator of result 3 refers to the experience of implementing Informed Decisions Technology (TDI) or batch sampling (LQAS)⁶² from GL, that is, a GL capable of applying TDI or LQAS as part of the follow-up to DCI interventions.

Although this has been an activity driven by the Project and during implementation has provided technical assistance and has been financially supported, at least two measurements in each of the districts, the indicator seeks to measure the number of local government applying the information generated by the TDI or LQAS in local management in nutrition. With respect to this operational definition, the versions and findings denote an underlying instability in the GL, agreeing with a goal that just came to 50%.

Initially several local governments were empowered by implementing TDI But I've also seen districts in which on three or four occasion, they started TDI from scratch favorable results have been shown in several districts, but they are not sustained due to high staff turnover another major weakness is that there is no or weak monitoring ...
(Key informant MINSA Huancavelica)

I have no results or reports as a result of using the TDI (Key informant GR Ancash)

It is difficult to do it alone... (Key informant MINSA Marcará)

Undoubtedly as a result of the exercise developed with support from the project, in some districts, the local health teams displayed a high predisposition to accompany GL in the task, not only in regard to the collection of information but in the use of it for decision-making regarding specific interventions or project development, as well as the assessment by the GL for timely and targeted information to help define the priority interventions. However, there is still a long way to go before these instruments are applied and sustained self-sufficiently

The implementation of the TDI / LQAS as a **management tool anchored in the GL** is an instructive example of the complexity of a transfer of competence in health sector in rural areas of the country. The GL receives an assignment such as to implement the TDI:

- And he is not qualified for it
- If the personnel are trained, their permanence is not guaranteed
- The training, technical assistance and monitoring of the implementation is a responsibility that goes up and down from the healthcare facility to the Network services without being precise or clear as to who is really responsible.
- In most GLs, the implementation does not have funding built into its budget structure⁶³

A project like "Partnership" cannot intervene in all this to change it, since it is a highly complex structural issue.

⁶² The latter was implemented only in the districts of Huayllabamba and Cashapampa in Ancash region.

⁶³ Yauli is an exception because it incorporated the TDI budget into the budget of the Municipal Incentive Plan and this permitted it to perform the measurement between the months of September-October 2013.

Results hierarchy	Indicator	Actors		Measurement unit	Base line 2011	Final Evaluation 2013	Goal	Result
		Regional Government	Local Government					
Result 3: Modalities of public-private partnerships to contribute to the reduction of child malnutrition identified and promoted	Number of regional and local governments with established PPP Committees to reduce DI.	Ancash and Huancavelica		Number	0	1	2 regional governments	50%
			Catac	Number	0	0	8 local governments local governments	50%
			Cashapampa		0	1		
			Huayllabamba		0	0		
			Marcará		0	1		
			Ascensión		0	1		
			Huando		0	1		
			Yauli		0	0		
			Nuevo Occoro		0	0		
	Number of local governments that apply the technology for informed decisions and/or LQAS as part of the monitoring of interventions in DI.		Catac	Number	1	0	8 local governments	50%
			Cashapampa		0	1		
			Huayllabamba		0	0		
			Marcará		0	1		
			Ascensión		0	1		
			Huando		0	0		
		Yauli	0		1			
		Nuevo Occoro	0		0			

Result 4 had two measurement indicators. The first looked at the idea that the local areas of citizen monitoring **supported by the GLs** were on the lookout so that actions to combat DCI were effective. The reality showed that there is active monitoring at the regional level. The Roundtable for the Struggle against Poverty in Huancavelica nurtures the monitoring of the implementation of the PAN and the Agreements for the Governance and Development Huancavelica until 2014. In Ancash, the same entity strongly advocated for compliance with the National Food Security Strategy; it will prepare the regional plans that currently contemplate goals, objectives and investment programs on DCI.

But at the local level the reality is different and citizen monitoring is active - not necessarily promoted by the local governments - only in those GL that have the support of tradition, such as Catac and Yauli. Catac has very organized and strong campesino communities that have representatives in all areas of local monitoring – for example, the CLAS⁶⁴ and the PP Monitoring Committee. Yauli over the years has also developed a level of power among the groups of community health agents and some community bases that team up and organize quickly when they perceive that their interests may be at risk.

In the other districts, there are monitoring spaces, though without the organization and advocacy necessary to consider themselves a powerful space, but efforts are evident that may achieve it. In Huando, the MCLCP is reactivating after a long period of inactivity⁶⁵ and in Nuevo Occoro, actions are just being initiated.

*We have tried to work with the roundtable to combat poverty. Although it is sometimes a little difficult because each institution has its own problems.
(Key informant MINSA Huando)*

*The last meeting was a month ago. In late January we made the plan for the first quarter. We met and all the institutions that participated in the roundtable knew about the activities we had planned. Then in April was the meeting to assess the plans for the first quarter and we scheduled activities for the second quarter. We assessed, but there was not good participation by all in the assessment of the first quarter. After that, we met again to schedule activities to September. There is no well-defined path.
(Key informant MINSA Huando)*

Despite all the limitations, the planned goal was achieving because it was quite conservative: Four GL.

It is noteworthy that the causes of the lack of interest by the population in participating and monitoring were explored. Some key informants attributed it to the aftermath of terrorist violence experienced in the country in the eighties, and believe it persists among families in the area. Others believe that the GL have lost credibility in the processes of

⁶⁴ Local Communities of Healthcare Management

⁶⁵ It was exactly ten months: From January to October 2011

participatory budgeting, where the population has witnessed their lack of willingness to comply with agreements.

The second indicator - which should be complementary to the first - explored the willingness of the GL to make transparent information on the overall administration of funds received from the public treasury, and in particular, the part assigned to combat DCI. The most common mechanism is accountability, although some claim that it is not done with the true intent of transparency, but just to comply with the norm:

*Planned in days and times when there will be no
participants ... like on Friday afternoons ...
(Key community informant)*

The Catac GL - for example - in addition to exercising public accountability, distributes a 40-page "Municipal Magazine" that includes a detailed analysis of the budget implementation and the projects carried out and those planned.

The GL that does no accountability is Marcará, due to the decision of the Mayor. However, despite having exceeded the overall goal, it is important to stop and think about how the GL that are unwilling to make their actions - or legal obligations - transparent and the local organizations that are unwilling and / or unable to conduct monitoring culturally triangulate.

Results hierarchy	Indicator	Local governments	Measurement unit	Base line 2011	Final Evaluation 2013	Goal	Result
Result 4: Authorities and the population participate in actions of citizen surveillance and accountability regarding activities related to the struggle against DI	Number of local governments maintaining mechanisms for citizen surveillance of actions in the struggle against DI	Catac	Number	0	1	4 local governments	100%
		Cashapampa		0	0		
		Huayllabamba		0	0		
		Marcará		1	1		
		Ascensión		0	1		
		Huando		0	0		
		Yauli		0	1		
		Nuevo Occoro		0	0		
	Number of local governments implementing mechanisms for transparency in the management of public resources.	Catac	Number	0	1	4 local governments	150
		Cashapampa		0	1		
		Huayllabamba		0	1		
		Marcará		0	0		
		Ascensión		1	1		
		Huando		1	1		
		Yauli		1	1		
Nuevo Occoro	1	1					

IV. CONCLUSIONS AND RECOMMENDATIONS

4.1. Conclusions:

1. The Partnership project intervention shows that national, regional and district policies to combat DCI are clear, precise and provide the overall framework for articulated intra- and inter-sectoral intervention. Nonetheless, the overall regulatory environment does not land on operational policies that permit, e.g., the stability of local government or sectoral management teams, the professionalization of municipal equipment, the proper achievement of plans for sectoral skills, etc.
2. The rapid and / or positive response to the project intervention was marked by the maturity of the local government management teams, which in the sample described marked gaps in skills.
3. It was an effective intervention for mostly complying with the targets set, despite the short time and the complexity of the territories of the intervention.
4. The goals achieved the most are related to precisely the aspects that the GLs perceive as their most pressing needs: capabilities to attract more investment through PIP preparation.
5. In contrast, goals achieved the least are those not yet positioned in the minds of local government management: The public-private partnership and tools to gather information for decision-making.

4.2. Recommendations

1. Create projects to work on operational policies in the GL that provide greater stability in their daily work and to external interventions.
2. In subsequent projects: Select districts of intervention with the greatest possible similarities or propose different deadlines for the development areas that are equally differentiated in the project's logical design.
3. The central point of the logical design should be marked by issues that the GL feel are their most pressing needs and interests. From there you can work on supplementary surrounding issues.

ANNEXES

Annex 1: List of effective interventions for the reduction of DCI⁶⁶

1. Council for the promotion of breastfeeding
2. Councils for complementary feeding
3. Zinc supplement for those under three years old
4. Multiple micronutrient supplement during pregnancy
5. Strategies to increase the practice of hand washing
6. Access to water and sanitation,
7. School programs with multiple interventions for the prevention of teenage pregnancy
8. Supply of food supplements with enough calories and protein for pregnant women
9. Literacy and primary education for women,
10. Articulation of conditional transfer programs with delivery of food and nutritional counseling in areas of food insecurity.
11. Local development plans to implement effective interventions.
12. Land titling for small farmers and projects to improve food production for improved food security

⁶⁶ Directive N^o 004-2012- MIDIS

Annex 2: Indicator protocol

Results hierarchy	Indicator	Operational definition	Quantitative and qualitative variables	Methods of gathering	Sources of information	Manner of calculation
<p>Purpose: To improve the capacity of the regional governments of Ancash and Huancavelica to implement the National Policy to Combat Chronic Child Malnutrition, with the participation of the private sector and civil society.</p>	% Increase of the PAN over the Project base year (Dec - 2011) in Ancash and Huancavelica	It is the percentage increase in the budget allocated to the "Articulated Nutrition Program" (PAN) Strategic Program since the first year of the Project (2011). Excludes PRONAA or JUNTOS	<p>Quantitative: Budget allocated to the PAN of the Ancash GR in 2011 and 2013</p> <p>Budget allocated to the PAN of the Huancavelica GR in 2011 and 2013</p>	Document review of public budgets of regional governments	Friendly consultation of the MEF virtual platform	Identification of the PIM (Amended Institutional Budget) for Programs, Sub-programs, activities or projects of the PAN, as of December 2011 and October 2013
	Number of GR and GL that manage modalities of public-private partnership (APP) to reduce child malnutrition in the areas of intervention	<p>Public Private Partnership (APP): Modalities for participation of private investment that include experience, knowledge, teams and technology, and risks and resources are distributed, preferably private. in order to create, develop, improve, operate and maintain public infrastructure or provide public services.</p> <p>Modalities of public-private partnership: 1. Corporate Social Responsibility / Social Investment</p>	<p>Quantitative: Existing public-private partnerships</p> <p>Qualitative: Feedback on APP and modalities</p>	<p>Semi-structured interviews</p> <p>GL and GR Work Plans with actions to promote APP</p>	<p>GR and GL officials</p> <p>APP Consulting report</p>	<p>Simple count to determine the number of partnerships</p> <p>Relevant excerpts from the interviews will be included to enrich the analysis.</p>

Results hierarchy	Indicator	Operational definition	Quantitative and qualitative variables	Methods of gathering	Sources of information	Manner of calculation
Result 2 Regional and local governments have the capacity to efficiently manage interventions designed to reduce child malnutrition.	Number of GL that implement their Plan to Combat Child Malnutrition (PDI, Articulated Plan, Plan for Food and Nutrition Security or other official plan)	GL implement their Plan to Combat Child Malnutrition by implementing at least 50% of the programmed activities on schedule and prioritized results	Quantitative: % of activities of the Plan to Combat Child Malnutrition undertaken in the GR % of activities of the Plan to Combat Child Malnutrition undertaken in the GL number of plans in GL	Review of management reports or implementation of the GL and GR plans	GL and GR Planning Office	Implemented budget / Programmed budget
	Number of nutrition project proposals included in the 2011-2013 participatory budget of the GL.	Participatory budgeting document approved	Quantitative: No. of nutrition projects included in participatory budgets	Review of 2011-2013 GL participatory budget	Participatory Budgeting link in the MEF website Official documents of the municipalities	Simple count
	No. of Public Investment Projects (PIP) approved to prevent child malnutrition.	They are PIP that contribute to the fight against Child Malnutrition declared viable by the Offices of Programming and Investment (OPI) of the GR or GL	Quantitative: Number of approved (pre-investment) PIPs in the GR and GL aimed at (impact or purpose) the fight against child malnutrition.	Review of PIP	MEF project bank	Simple count
Result 3 Modalities of public-private partnerships to contribute to the reduction of child malnutrition identified and promoted.	No. of GR and GL with committees to reduce DCI in public-private partnerships established	Public-private partnerships should be formal	Quantitative: Nº of ordinances constituting working committees in APP Nº of minutes of meetings	Document review	Printed or virtual documentary archive of the GR and GL	Simple count

Results hierarchy	Indicator	Operational definition	Quantitative and qualitative variables	Methods of gathering	Sources of information	Manner of calculation
	No. of GL applying technologies for decision making, such as LQAS-TDI, as part of the system of monitoring interventions in DCI	GL are what incorporate the information generated by the TDI in local management of nutrition	Qualitative: Knowledge of TDI Quantitative: Implementation of TDI	Semi-structured interviews Implementation reports Review of the diagnoses and / or action plans that are generated as part of the implementation of the TDI	GL officials Official documents Data base	Simple count Relevant extracts of the interviews, which can enrich the analysis, will be included
Result 4 Authorities and the population participate in an organized fashion in actions of citizen monitoring and accountability to support the reduction of child malnutrition.	No. of GL maintaining citizen monitoring mechanisms in actions to reduce DCI.	The roundtables or existing dialogue at the regional level maintain mechanisms of citizen monitoring of the actions in the fight against Children Malnutrition	No citizen monitoring mechanisms established No citizen monitoring mechanisms operating	Document review of GR mechanisms for citizen monitoring DI Review of records of monitoring of the MCLCP	MCLCP GR, provincial and district planning office Proceedings of the processes of citizen monitoring RENAMU of the INEI	Simple count
	No. of GL that implement mechanisms of transparency in the administration of public resources	GR and GL implement at least two mechanisms of transparency in the management of state resources: Web site, public hearings and others	No. of transparency mechanisms established No. of transparency mechanisms operating	Document review of GL transparency mechanisms	GL Law Office GR WEB page Minutes of GR / GL public hearings Proceedings of transparency processes RENAMU INEI	Simple count

*Currently, profiles of viable projects are presented

Annex 3: Investment guidelines to reduce DCI⁶⁷

1. Expected results in the post-investment phase to reduce DCI

1.1. Families with healthy practices for the care of the pregnant woman and the child less than 5 years old.

1.1.1. Care of women before, during and after pregnancy

- Provide adequate care to women during pregnancy.
- Childbirth cared for at a health facility.
- Provide adequate care for the mother during the postpartum period.
- Supplementation with micronutrients during pregnancy.
- Promote use of family planning methods.
- Promote adequate time between pregnancies (spacing between pregnancies: 24 to 36 months).

1.1.2. Child care: from birth to before completing 5 years, with a critical period being from birth to 24 months

- Provide adequate care for newborn.
- Exclusive breastfeeding of infants for six months.
- Provide supplemental feeding starting at 6 months to children, while continuing to breastfeed until at least 24 months.
- Provide adequate care for sick children.
- Psychological stimulation.
- Supplementation with micronutrients (under three years).
- Wash hands with soap and water.
- Consume safe water.

1.1.3. Access to quality preventive services by women of childbearing age, pregnant women, postpartum women and children under 5 years old

- Prenatal Care.
- Institutional birthing.
- Control of the newborn and counseling on breastfeeding.
- Vaccination complete for children less than 36 months, according to their age.
- Control of growth and development (CRED), including assessment of health and nutrition, delivery of micronutrients, stimulation of development, counseling on healthy practices and monitoring, with emphasis on children under 2 years old.
- Care for IRA and EDA in children under 5 years old.
- Family Planning.
- Demonstration session on feeding and nutrition, and on hand washing for mothers and caregivers of children under 2 years old.
- Stimulation sessions for mothers and caregivers of children under 3 years old.
- Scheduled home visits

⁶⁷ Directorial Resolution MEF N° 010-2012-EF/63.01

- Monitoring of water quality for human consumption.

1.1.4. Access of the families to potable water and sanitation services.

- Potable water services, allowing having water fit for human consumption.
- Adequate sewage disposal systems.

2. Public investment to reduce DCI

2.1. Installation of the Center for the Promotion and Community Monitoring of Comprehensive Care for the Mother and Child.

- Health education
- Community Monitoring
- Infrastructure
- Equipment

2.2. Improvement of the capacities of Local Government

- Support and technical assistance to Community Health Agents (ACS) and households
- Articulate the ACS with healthcare personnel
- Strengthen and / or implement the community monitoring system
- Infrastructure and equipment

2.3. Optimizing the access and use by the families to quality health services.

- Improvement of the infrastructure
- Equipping of the prenatal care services.
- Implementation and / or improvement of the cold chain, to ensure that vaccines are properly preserved and are effective.
- Equipping of the services for the control of growth and development, including counseling and developmental stimulation.
- Equipment for demonstration sessions.
- Equipment for monitoring the quality of water for human consumption.
- Equipment for preventive care mobile teams (for children under 5 years old).
- Equipment to improve the systems for recording information.
- Training for healthcare personnel who provide preventive services.

2.4. Implementation of potable water and sanitation systems

ANNEX 4. LIST OF KEY INFORMANTS INTERVIEWED

Name	Position	Institution / Location
National level		
Ana Alvarado	Partnership Project Coordinator	PRISMA
Rommy Ríos	Partnership Project Supervisor	PRISMA
Cecilia Moya	Partnership Project Chief of Monitoring	PRISMA
Elizabeth Trigo	Partnership Project Chief of Administration	PRISMA
Milo Stanojevich	Director	CARE Peru
Delia Haustein	Technical Committee	PRISMA
Walter Vilchez Paul Lucich	Technical Committee	CARE Peru
Marilú Chang Mariela Lévano	Technical Committee	PRISMA
Gorky Tudela	Technical Committee	ADRA
Andrés Morán	Technical Committee	CARITAS
Marlene Rojas	Technical Committee	CARITAS
Ana Quijano	DI - Anemia Strategic Coordinator	MIDIS
Edgar Ramirez	Representative	USAID
Huancavelica Region		
Regional level		
Manuel Picón	Local Coordinator	PRISMA
Doris Zubilete	Local Coordinator	CARE
Hugo Medrano	Deputy Manager of Social Development	Regional Government
Sonia Fernández	Chief of TDI	DIRESA
José Gómez	Territorial Coordinator	MIDIS
Carlos Yataco	Chief	PARSALUD
Héctor Bendezú	Representative, UE to Combat Poverty	Regional Government
Local level		
Severo Ordoñez Alanya	Mayor	Government of N. Occoro
Vilma Pallarco Hermógenes García	Health Councilor Ex-Health Councilor	Government of N. Occoro
Alejandro Ruiz Calderon	Representative of Councilor	Government of N. Occoro Multisectoral Committee
Manuel García Rodolfo Laura	Community President Community Secretary	District of N. Occoro
Elizabeth Anchahua Ccente	Chief of Health Promotion	N. Occoro Health Center
Rubén Aripazana	Mayor	Government of Ascensión
Raúl Asto Tueros	Manager of Social Development	Government of Ascensión
Wilder Damián	Incentive Plan Chief	Government of Ascensión
Jodi Curasma	Chief of Health Promotion	Ascensión Health Micro-network
Herlinda Huayllani	Health employee	Ascensión Health Center
Cesar Amaya Cubas	City Manager	Government of Huando
Joshy del Pino Guzmán	Chief	Huando Health Micro-network
Gregoria Fernández de la Cruz	Chief of Health Promotion	Huando Health Center
Jaime Ku	Ex-City Manager	Government of Huando
César Yauri	Ex-Deputy Manager of Social Development	Government of Huando
Macedonio Pari	Chief of Office of Social Development	Government of Yauli
Sabino De la Cruz Carbajal	Chief of Health	Government of Yauli

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Name	Position	Institution / Location
Nila Olivera	Representative	Yauli Health Micro-network
Moisés Vargas	Representative	COMUDY – Yauli
Ancash Region		
Regional level		
Javier Garay	Local Coordinator	CARITAS
Franz García	Local Coordinator	ADRA
Juan Fernando Jáuregui	Chief of Social Development	Regional Government
Ana Peñaranda	Representative	MCLCP
Local level		
Hernán Pérez Alvarado	Mayor	Government of Catac
José Maguiña Ortiz	Chief of Incentive Plan /MCLCP	Government of Catac
Johana Rodríguez Romero	Representative	Catac Health Center
Javier Copitán Leyva	Mayor	Government of Marcará
Dalila Paucar Vega	Chief of Glass of Milk Program	Government of Marcará
Mercedes Salazar Vargas	Representative	MCLCP – Marcará
Uldarico Cisneros Carrillo	Mayor	Government of Cashapampa
Natali Rojas Zavaleta	Chief of Office of Social Development/PIM	Government of Cashapampa

Anexo 5: FICHAS DE RECOJO DE INFORMACIÓN SECUNDARIA

APLICACIÓN DE TECNOLOGÍAS PARA LA TOMA DE DECISIONES EN DI

Tecnología utilizada	Fecha de inicio	Área que procesa información	Periodicidad de reportes	Observaciones

MECANISMOS DE TRANSPARENCIA

¿El GR/municipalidad tiene mecanismos para otorgar información pública?

Mecanismo	Si	No	Observaciones
Portal Web			
Boletines			
Programas radiales			
Audiencias públicas			
Cabildos			
Asambleas			
Talleres informativos			
Otros (<i>Especifique</i>)			

¿El GR/ municipalidad tiene mecanismos para recibir consultas?

Mecanismo	Si	No	Observaciones
Portal Web			
Audiencias			
Otros (<i>Especifique</i>)			

	<p>considera usted que podrían aportar en la lucha contra la DI?</p> <p>e. Transparencia y Vigilancia Ciudadana</p> <p>11. ¿Cómo evalúa Ud. el funcionamiento de los mecanismos de transparencia del GL?</p> <p>12. ¿Cómo evalúa Ud. el funcionamiento de los mecanismos de vigilancia ciudadana (seguimiento concertado u otro)?</p>	
SOSTENIBILIDAD	<p>¿Qué condiciones harían sostenible esta intervención? Capacidades locales, dinamismo de espacios de concertación, liderazgo del GR/GL, articulación intergubernamental.</p>	<ul style="list-style-type: none"> • Coordinadores Locales • Funcionarios ad hoc de gobiernos regionales y locales: Gerencias de Desarrollo Social, Gerencias de Planificación y Presupuesto u otras relevantes • Representantes de instancias de concertación regional y local

Appendix 6.a: PIM for Programs, Sub-programs, activities or projects, compatible with investment guidelines to reduce DCI to December 2011 in the project intervention area. Identification of budget for activities or projects directly related to effective interventions to combat DI, as of December 2011 and October 2013

PROGRAM	SUB-PROGRAM	BUDGETARY PROGRAM	ACTIVITY OR PROJECT
Collective Health	Specialized Medical Care	Maternal-Neonatal Health	Reduction of maternal and neonatal morbidity and mortality
	Basic Medical Care		Access to methods of Family Planning
	Control of risks and threats to health	No Program	Improving food and nutrition of children under 36 months old
		PAN	Reduction of morbidity from EDA and IRA and other prevalent diseases
Specialized Medical Care	Regular work in health networks and facilities		
Basic Medical Care	Improving feeding and nutrition of children under 36 months old		
Protection of populations at risk	Reduce the incidence of low birth weight		
	Urban Sanitation	No Program	Construction of sewerage system
Sewerage and water supply systems			
Sewerage and water supply systems			
Improvement and extension of the potable water and sewerage system in the town of Catac - Recuay - Ancash			
Potable water supply			
Construction of the sewage system of the town of Occoro Viejo, district of Nuevo Occoro - Huancavelica			
Improvement of the potable water service and installation of the sewerage system of the town of Pucapampa, district of Yauli - Huancavelica			

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PROGRAM	SUB-PROGRAM	BUDGETARY PROGRAM	ACTIVITY OR PROJECT	
			Improvement and extension of the potable water system in the village of Sotopampa, district of Yauli - Huancavelica	
			Improvement and expansion of the potable water and sewage systems and construction of wastewater treatment plant in the town of Yauli, district of Yauli - Huancavelica	
			Improvement of the potable water and sewerage services of blocks 1, 2 and 3 of Jr. Callao in the Mollepampa neighborhood, district of Yauli - Huancavelica	
	Rural Sanitation		Sewerage and potable water supply systems	
			latrines	
			Potable water	
			Latrines and sewerage systems	
			Construction, improvement and expansion of potable water systems in the towns of Paltamachay, Tacsana and Ambato, District of Yauli - Huancavelica	
			Access to potable water and sanitary disposal of excreta for rural populations of 2,000 inhabitants or less	Improvement of the Water Treatment Plant
	Individual Health		Health Facility Infrastructure and Equipment	Maternal-Neonatal Health
Specialized Medical Care		Construction of health centers		
		Maintenance of health services		
		Improving the supply of health services and support services for diagnosis and treatment		
Basic Medical Care		Outpatient care to children under 5 years old		
		Subsidized Comprehensive Insurance. Coverage for children under 5 years old		
		Basic health care for the outpatient		
		Basic health care in comprehensive care for children		
	Basic Health Care			

PROGRAM	SUB-PROGRAM	BUDGETARY PROGRAM	ACTIVITY OR PROJECT
			Households adopt healthy practices for child care and adequate feeding of children under 36 months old
			Improving the nutritional quality of children
			Strengthening the Neonatal and Child Obstetrics Network in the Health Posts in Pantachi Norte, Pantachi Sur, Chuccllaccasa, Santa Rosa de Chopcca, Castillapata, Ambato and San Juan de Ccarhuacc in the district of Yauli in the province of Huancavelica - Huancavelica DIRESA
			Improving the response capacity of health services. First level of attention of the Health Posts: San Jose de Miraflores, Cchillhuapampa, Nueva Acobambilla, Tinyacclla and Vista Alegre of the Huando micro network in the Huancavelica Network
			Improving the response capacity of health services. First level of attention of the Health Posts: Villapampa, Atalla, Paltamachay, Pucaccasa Chopca, Ccollpaccasa and Condor Huachana in the Yauli Micro Network of the Huancavelica Network
			Improving the response capacity of the health services of primary care of the Chacarilla Health Post in the Yauli Micro Network of the Huancavelica Network.
			Maintenance of health services
			Improving the supply of health services and support services for diagnosis and treatment
		Maternal-Neonatal Health	Access to methods of family planning / Reduction of maternal and neonatal morbidity and mortality
	Development of social and economic capacities	No Program	Support for social and productive infrastructure in Local Governments: Improving the potable water supply in Tincyalla

Source: Friendly enquiry of the MEF

Appendix 6.b: PIM for Programs, Sub-programs, activities or projects, compatible with investment guidelines to reduce DCI to December 2013 in the project intervention area. Identification of budget for activities or projects directly related to effective interventions to combat DI, as of December 2011 and October 2013

BUDGETARY CATEGORY	PRODUCT / PROJECT
NUTRITIONAL ARTICULATED PROGRAM	Improvement of Medical Posts
	Improving capacities in the care of children under 36 months and pregnant women in the Chuncuyamarca Sector, district of Ascension - Huancavelica
	Improved nutrition of children under 3 years old in the communities of Collpaccasa, Chucllaccasa, Condorhuachana, Pantachi Norte and Tacsana, District of Yauli - Huancavelica
	Improving the management of the nutrition strategy in children under five years in the communities of Huancavelica, Ascencion, Acobamba, Choclococha, Caja, Yauli and Julcamarca of the department of Huancavelica
	Strengthening the operational capacity in the primary care facilities to undertake community health activities in rural areas of the department of Huancavelica
	Construction of the infrastructure of the Occoro Viejo Health Post, district of Nuevo Occoro - Huancavelica
	Improving the response capacity of health services. First level of attention
	Healthy local governments, communities and schools promote child care and adequate nutrition
	Healthy local governments promotes child care and adequate nutrition
	Construction of Health Posts
	Homes with improved stoves
NATIONAL URBAN SANITATION PROGRAM	Regular work in DIRES, Networks and Health Facilities
	Sewerage systems
	Potable water and sewerage
	Sewerage systems and potable water supply
NATIONAL RURAL SANITATION PROGRAM	Potable water supply systems
	Sewerage and potable water supply systems
	Potable water
	Construction, improvement and expansion of the water supply systems in the towns of Paltamachay, Tacsana and Ambato, district of Yauli - Huancavelica

BUDGETARY CATEGORY	PRODUCT / PROJECT
	Potable water and building latrines
	Household potable water connections
	Sewerage system
	Potable water, sewerage and wastewater treatment
	Improvement of potable water system in the center of the town of Pucaccasa, district of Yauli - Huancavelica
BUDGET APPROPRIATIONS THAT DO NOT RESULT IN PRODUCTS	Potable water supply systems
	Sewerage
	Latrines
	Potable water, sewerage and wastewater treatment
	Construction and equipping of house of the woman and the child
	Improvement of health centers
	Equipping of health centers
	Expansion of health centers
	Creation of satellite health post
Improving the operational capacity of the Marcará health center	
MATERNAL - NEONATAL PROGRAM	Refocused Prenatal Care
	Healthy local governments promote SSR
	Healthy communities promote SSR
	Healthy schools promote SSR
	Monitoring, evaluation and control of Maternal and Neonatal Health
	Healthy families informed on their Sexual and Reproductive Health
	Population has access to methods of family planning
JUNTOS	Affiliation of new homes
CUNAMAS	

Source: Friendly enquiry of the MEF

Appendix 6c: PIM for Regional Government and districts of intervention for activities or projects compatible with public investment to reduce DCI to December 2011

ACTIVITY OR PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLABAMBA	CASHAPAMPA		YAULI	ASCENSION	HUANDO	N OCCORO
REDUCTION OF MATERNAL AND NEONATAL MORBIMORTALITY	4,410,432					4,241,651				
ACCESS TO PF METHODS	818,172					912,613				
IMPROVING FEEDING AND NUTRITION OF CHILDREN UNDER 36 MONTHS	16,450,366	184,259		31,688	47,215	15,714,327	144,064	1,000		
REDUCTION OF MORBIDITY IN IRA AND EDA AND OTHER PREVELENT DISEASES						5,310,536	113,761			
REGULAR WORK IN NETWORKS AND HEALTH FACILITIES	7,802,233					598,002				
IMPROVING FEEDING AND NUTRITION OF CHILDREN UNDER 36 MONTHS							139,384			
REDUCING THE INCIDENCE OF LOW BIRTH WEIGHT						1,580,758				
BUILDING SEWERAGE SYSTEM		2,050,094								
SEWERAGE SYSTEM AND POTABLE WATER SUPPLY			244,441							
SEWERAGE SYSTEM AND POTABLE WATER SUPPLY				283,502				960,984	315,000	
IMPROVEMENT AND EXPANSION OF POTABLE WATER AND SEWERAGE SYSTEM IN THE TOWN OF CATAC - RECUAY - ANCASH			2,567,267							
POTABLE WATER SUPPLY										18,193

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ACTIVITY OR PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLABAMBA	CASHAPAMPA		YAULI	ASCENSION	HUANDO	N OCCORO
CONSTRUCTION OF SEWERAGE SYSTEM IN THE VILLAGE OF OCCORO VIEJO, DISTRICT OF NUEVO OCCORO - HUANCAVELICA - HUANCAVELICA										1,008,325
IMPROVEMENT OF POTABLE WATER SERVICE AND INSTALLATION OF THE SEWERAGE SYSTEM OF THE VILLAGE OF PUCAPAMPA, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA							336,560			
IMPROVEMENT AND EXPANSION OF POTABLE WATER SYSTEM IN THE TOWN OF SOTOPAMPA, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA							136,444			
IMPROVEMENT AND EXPANSION OF POTABLE WATER AND SEWERAGE SYSTEMS AND CONSTRUCTION OF WASTEWATER TREATMENT PLANT IN THE TOWN OF YAULI, DISTRICT OF YAULI - HUANCAVELICA							275,632			
IMPROVING POTABLE WATER AND SEWERAGE SERVICES IN BLOCKS 1, 2 AND 3 OF JR. CALLAO IN THE MOLLEPAMPA NEIGHBORHOOD IN THE TOWN OF YAULI, DISTRICT OF YAULI - HUANCAVELICA							186,330			
SYSTEMS OF SEWERAGE AND POTABLE WATER SUPPLY		66,569					68,180	128,359	22,955	
LATRINES		5,332								
POTABLE WATER		64,555								
IMPROVING THE WATER TREATMENT PLANT										43,000

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ACTIVITY OR PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLABAMBA	CASHAPAMPA		YAULI	ASCENSION	HUANDO	N OCCORO
LATRINES AND SEWERAGE SYSTEMS					33,319					
CONSTRUCTION TO IMPROVE AND EXPAND THE POTABLE WATER SYSTEMS IN THE TOWNS OF PALTAMACHAY-TACSANA AND AMBATO, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA						858,292				
EQUIPPING HEALTH CENTERS			27,171					10,500	88,515	
CONSTRUCTION OF HEALTH CENTERS							136,879		1,733	
MAINTENANCE OF HEALTH SERVICES						2,995				
IMPROVING THE SUPPLY OF HEALTH SERVICES AND SERVICES OF SUPPORT FOR DIAGNOSIS AND TREATMENT						7,201,936				
OUTPATIENT CARE MEN 5 YEARS	28,342					1,461,487				
SUBSIDIZED SIS COB MEN 5 YEARS	164,106									
	1,768,329					4,006,602				
BASIC OUTPATIENT HEALTH CARE	3,027,933									
BASIC HEALTH CARE IN COMPREHENSIVE CHILD CARE	324,043									
BASIC HEALTH CARE		4,980	34,700				131,578			
HOMES ADOPT HEALTHY PRACTICES FOR CHILD CARE AND ADEQUATE FEEDING OF CHILDREN LESS THAN 36 MONTHS OLD						1,376,254				
IMPROVING THE NUTRITIONAL QUALITY IN CHILDREN							256,826			

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ACTIVITY OR PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLABAMBA	CASHAPAMPA		YAULI	ASCENSION	HUANDO	N OCCORO
STRENGTHENING THE OBSTETRIC, NEONATAL AND CHILD NETWORK IN THE TOWNS OF PANTACHI NORTE, PANTACHI SUR, CHUCCLLACCASA, SANTA ROSA DE CHOPCCA, CASTILLAPATA, AMBATO AND SAN JUAN DE CCARHUACCYAULI IN THE DISTRICT OF YAULI OF THE PROVINCE OF HUANCAVELICA-DIRESA HVCA.							79,471			
IMPROVING THE RESPONSE CAPACITY OF HEALTH SERVICES. FIRST LEVEL OF CARE OF THE HEALTH POSTS SAN JOSE DE MIRAFLORES, CHILLHUAPAMPA, NEW ACOBAMBILLA, TINYACLLA AND VISTA ALEGRE OF THE MICRO NETWORK HUANDO OF THE HUANCAVELICA NETWORK									921,699	
IMPROVING THE RESPONSE CAPACITY OF HEALTH SERVICES. FIRST LEVEL OF CARE OF THE HEALTH POSTS VILLAPAMPA, ATALLA, PALTAMACHAY, PUCACCASA CHOPCA, CCOLLPACCASA AND CONDOR HUACHANA OF THE YAULI MICRO NETWORK IN THE HUANCAVELICA NETWORK							1,029,993			
IMPROVING THE RESPONSE CAPACITY OF FIRST LEVEL OF CARE OF THE CHACARILLA HEALTH POST OF THE YAULI MICRO NETWORK OF THE HUANCAVELICA NETWORK, DEPARTMENT OF HUANCAVELICA							95,295			
MAINTENANCE OF HEALTH SERVICES						34,220				

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ACTIVITY OR PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLABAMBA	CASHAPAMPA		YAULI	ASCENSION	HUANDO	N OCCORO
IMPROVING THE SUPPLY OF HEALTH SERVICES + SUPPORT SERVICES FOR DIAGNOSIS AND TREATMENT	18,335,430					3,962,429				
ACCESS TO METHODS OF PF / REDUCTION OF DISEASE AND MATERNAL AND NEONATAL MORTALITY	7,950,426									
SUPPORT FOR THE SOCIAL AND PRODUCTIVE INFRASTRUCTURE IN GL: IMPROVEMENT OF THE POTABLE WATER SUPPLY IN TINCYALLA									185,779	
TOTAL FOR ALL SOURCES	61,339,813	2,375,789	2,873,579	315,190	80,534	46,403,809	3,851,810	1,227,222	1,455,933	1,159,766
TOTAL PAN	24,252,599	184,259	0	31,688	47,215	23,203,623	397,209	0	0	0

Source: Friendly enquiry of the MEF – 2011

Appendix 6d: PIM for Regional Government and districts of intervention for activities or projects compatible with public investment to reduce DCI to October 2013

PRODUCT/PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLA-BAMBA	CASHA-PAMPA		YAULI	ASCENSION	HUANDO	NUEVO OCCORO
IMPROVEMENT OF MEDICAL POSTS			30,000							
IMPROVEMENT OF SKILLS FOR CARE OF CHILDREN UNDER 36 MONTHS OLD AND PREGNANT WOMEN IN THE SECTOR OF CHUNCUYMARCA, DISTRICT OF ASCENSION - HUANCAVELICA - HUANCAVELICA								8,017		
IMPROVEMENT OF NUTRITION FOR CHILDREN UNDER 3 YEARS OLD IN THE COMMUNITIES OF COLLPACCASA, CHUCLLACCASA, CONDORHUACHANA, PANTACHI NORTE AND TACSANA, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA							9,191			
IMPROVEMENT OF NUTRITION MANAGEMENT STRATEGY IN CHILDREN UNDER FIVE YEARS OLD IN THE TOWNS OF HUANCAVELICA, ASCENSION, ACOBAMBA, CHOCLOCOCHA, CAJA, YAULI AND JULCAMARCA OF THE DEPARTMENT OF HUANCAVELICA						815,743				
STRENGTHENING OPERATIONAL CAPACITY IN FIRST LEVEL OF CARE FACILITIES TO ENGAGE IN RURAL COMMUNITY HEALTHCARE ACTIVITIES IN THE DEPARTMENT OF HUANCAVELICA						1,431,073				
CONSTRUCTION OF INFRASTRUCTURE FOR THE HEALTH POST IN OCCORO VIEJO, DISTRICT OF NUEVO OCCORO - HUANCAVELICA - HUANCAVELICA										116,082
IMPROVING THE RESPONSE CAPACITY OF HEALTH SERVICES.									593,600	

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PRODUCT/PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLA-BAMBA	CASHA-PAMPA		YAULI	ASCENSION	HUANDO	NUEVO OCCORO
FIRST LEVEL OF CARE							232,365			
HEALTHY LOCAL GOVERNMENTS, COMMUNITIES AND SCHOOLS PROMOTE CHILD CARE AND PROPER FEEDING							241,520			
HEALTHY LOCAL GOVERNMENTS PROMOTE CHILD CARE AND PROPER FEEDING		277,838		63,071						
CONSTRUCTION OF HEALTH POSTS				289,500						
HOMES WITH IMPROVED KITCHENS				126,102						
REGULAR WORK IN DIRES, NETWORKS AND HEALTH FACILITIES	32,387,178					47,740,721				
SEWERAGE SYSTEMS		314,930								
POTABLE WATER AND SEWERAGE SYSTEM							29,800			
SEWERAGE SYSTEMS AND POTABLE WATER SUPPLY		1,074,572		546,216				200,000		
POTABLE WATER SUPPLY SYSTEMS									127,081	
POTABLE WATER		1,369,501					975,688		48,007	
CONSTRUCTION, IMPROVEMENT AND EXPANSION OF POTABLE WATER SYSTEMS IN THE TOWNS OF PALTAMACHAY-TACSANA AND AMBATO, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA							11,590			
POTABLE WATER AND LATRINE CONSTRUCTION							8,000			78,000
HOUSEHOLD POTABLE WATER CONNECTIONS		100								

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PRODUCT/PROJECT	ANCASH					HUANCAVELICA				
	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLA-BAMBA	CASHA-PAMPA		YAULI	ASCENSION	HUANDO	NUEVO OCCORO
SEWERAGE SYSTEM		348,000								
IMPROVING THE POTABLE WATER SYSTEM IN THE CENTRAL NEIGHBORHOOD OF THE TOWN OF PUCACCASA, DISTRICT OF YAULI - HUANCAVELICA - HUANCAVELICA						10,818				
POTABLE WATER SUPPLY SYSTEMS		4,000	12,381		47,000	4,900				
SEWER			4,861,259			906,046				1,285,267
LATRINES					8,500					
POTABLE WATER, SEWERAGE AND WASTEWATER TREATMENT						6,904,299				
CONSTRUCTION AND EQUIPPING OF THE HOUSE OF THE WOMEN AND CHILD		35,600								28,416
IMPROVEMENT OF HEALTH CENTERS		126,384				15,850	3,301,994			
EQUIPPING OF HEALTH CENTERS			137,500							49,872
EXPANSION OF HEALTH CENTERS				44,110						
CREATION OF THE SATELLITE HEALTH POST					140,000					
IMPROVEMENT OPERATIONAL CAPABILITY OF THE MARCARA HEALTH CENTER		1,837,968								
REFOCUSED PRE NATAL CARE	2,384,912					2,884,145				
HEALTHY LOCAL GOVERNMENTS PROMOTE SEXUAL AND REPRODUCTIVE HEALTH (SSR)	79,063					530,818				
HEALTHY COMMUNITIES PROMOTE SSR	162,498				64,652	39,846				
HEALTHY SCHOOLS PROMOTE SSR	185,504					33,000				

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	REGIONAL GOVERNMENT	LOCAL GOVERNMENTS				REGIONAL GOVERNMENT	LOCAL GOVERNMENTS			
		MARCARA	CATAC	HUAYLLA-BAMBA	CASHA-PAMPA		YAULI	ASCENSION	HUANDO	NUEVO OCCORO
MONITORING, EVALUATION AND CONTROL OF NEONATAL AND MATERNAL HEALTH	437,184			13,957		3,098,605			7,000	
HEALTHY FAMILIES INFORMED ON SSR	100,983					134,153				
POPULATION HAS ACCESS TO PF METHODS	1,102,611					358,832				
AFFILIATION OF NEW HOUSEHOLDS				19,000						
CUNAMAS							317,521			
TOTAL FOR ALL SOURCES	36,839,933	5,388,893	5,041,140	1,101,956	260,152	57,066,936	9,667,588	3,510,011	775,688	1,557,637
TOTAL PAN	32,387,178	277,838	30,000	478,673	0	49,987,537	483,076	8,017	593,600	116,082

Source: Friendly enquiry of the MEF - October 2013

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Region and districts	Name of the project	ORIGIN		SNIP Code
		Registry of proposals in the 2014 PP *	2013 - SNIP Project Bank**	
District of Ascensión	Improvement of skills in the care of children under 36 months and pregnant women in Chuncuymarca Sector.		1	251700
	Instalation of latrines and safe water in the homes in rural and peri-urban areas	1		
	Improvement of the quality of life through implementation of housing and healthy environments in the campesino communities	1		
	Basic sanitation sewerage construction in the Jr. 28 de Julio	1		
	Basic sanitation - sewerage	1		
	Access to potable water and sanitation availability for the entire population, construction of silos for farms, improved stoves, healthy homes in 4 areas: Cusibamba, Altar, Centro Yauricocha and Allcahuasi	1		
	Installation of family latrines	1		
	Healthy homes for every family	1		
	Installation of water and sewer in Jr. Quintanillapampa , Mercurio, Estrellas and other arteries of the sector	1		
	Installing reservoir of drinking water for farms	1		
Improvement of the strategy and capabilities for the development of healthy communities and improving food insecurity in the communities	1			
SUB-TOTAL		10	1	
District of Huando	Construction of the potable water system and installation of latrines in Incañan Annex	1		
	Improvement of the system of reference and counterreference of the Huando health center	1		
SUB-TOTAL		2		
District of Yauli	Improving the nutrition of children under 3 years old in the communities of Collpaccasa, Chucllaccasa, Condorhuachana, Pantachi Norte and Tacsana		1	251508
SUB-TOTAL			1	

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Region and districts	Name of the project	ORIGIN		SNIP Code
		Registry of proposals in the 2014 PP *	2013 - SNIP Project Bank**	
Huancavelica				
District of Nuevo Occoro	Improvement of the the operational capacity of the water and sanitation management boards in the communities of Nuevo Occoro, Occoro Viejo, Buenos Aires and Tambopata		1	251522
	Construction of the potable water system in Buenos Aires	1		
	Improvement of potable water facilities in Occoro Viejo	1		
	Installation of family sanitary modules	1		
	Improvement in the consumption of treated water	1		
SUB-TOTAL		4	1	

* Application of the Participatory budget in the MEF platform

** SNIP Project Bank in the MEF platform

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Region and districts	Name of the project	Registry of proposals in the 2014 PP *	2013 - SNIP Project Bank**	SNIP Code
Ancash				
District of Marcará	Improvement of the water supply system in Tuyu	1		
Sub-total		1		
District of Catac	Improvement of capacities of the families and Community Health Agents to reduce the source of DCI in children under 3 years old in the communities of Shiqui and Utcuyacu	1		
	Construction of early stimulation rooms in Catac	1		
	Construction of water tank in Lampas Alto	1		
	Increasing potable water in San Miguel	1		
	Improvement and maintenance of potable water in Shiqui	1		
	Improvement of potable water in Utcuyacu	1		
	Improvement of potable water in Chacapampa and Pachacoto	1		
Sub-total		7		
District of Cashapampa	Improvement of the health practices to reduce DCI in the towns of Cashapampa, Bellavista, Gachillpampa, Mirador and Huayllampo Alto.	0	1	243297
Sub-total			1	
District of Huayllabamba	Installation of Promotion and Monitoring Centers for the Reduction of DCI in the communities of Santa Clara, Pachavilca, Colcabamba and Ahijadero, district of Huayllabamba-Sihuas-Ancash	Without registries	1	244186
Sub-total			1	