

MEMORANDUM

9311180 ①
PD-AAD-295

See Distribution

March 21, 1978 5p.

DS/PO, Robert C. Simpson

PP Review Issues Paper for MEDEX III, Primary Health Care System -
Wednesday, March 22 at 2:00 p.m., in Room 3676, N.S.

Attached is the issues paper for the subject review. It is anticipated that other issues will come forth during the review.

Attachment: a/s

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ISSUES PAPER - MEDEX III, Primary Health Care Systems

1. This project as proposed will continue to develop the MEDEX model, resulting at some point in the development of . prototype modules. Would it be more realistic to assume there will never be prototype modules but that the MEDEX approach will be applied and adapted in X countries during this next phase? In other words, we should treat this project now as a core-funded arrangement to provide services to the Missions. As an important by-product, the approach would be varied and refined through the testing in countries.
2. The relationships between Hawaii and the other participating universities places a heavy management burden on Hawaii. Is the contractor's management capability up to this task? What alternative funding and management arrangements could be considered?
3. Contract arrangements (see CM/CCD attachment).
4. This Project Paper involves core support and Regional Bureau financing. The Project Paper proposes central funding for the following:
 - a. Reconnaissance visits to Mission and host governments request- ing information on MEDEX System. This is linked with
 - b. Primary Health Care seminars which present the MEDEX System to concerned host country and U. S. Mission representatives.
 - c. Develop, adapt, evaluate and publish all MEDEX Community Health Workers, Management and Continuing Education Training Materials including modules.
 - d. Technical guidance to USAIDs and host governments which have decided on a MEDEX system through the "PID stage."

The "PID stage" is the point where MEDEX guidance under central funding shifts to Mission, Regional Bureau funding.

This raises two issues:

1. Is this arrangement workable? Will Missions be able to provide funds on a timely basis? Does A.I.D. now have satisfactory contracting mechanisms to implement this arrangement?
2. Should this project finance any services to Missions if a way can be devised to charge Missions directly?

5. The Project Paper states that WHO supports the MEDEX Primary Health Care System for use in its sponsored programs. WHO has also funded staff to support the Pakistan program. Will the University of Hawaii provide WHO countries programs desiring MEDEX systems with TA guidance (at UNDP or WHO cost)? Will the University of Hawaii staff be able to handle these requests?

Attachment: a/s

Drafted:DS/PO:3/20/78

MEDEX Issue Paper

CM/COD has raised the following questions concerning proposed arrangements for the MEDEX consortium: The proposed project is the third in a series of phases. Phases I and II were conducted by the University of Hawaii, Health Manpower Development Staff (HMDS). At first reading, the paper suggests that AID enter into a new five year contract, on a noncompetitive basis, with HMDS for Phase III effort. However, such is not truly the case. The paper goes on to describe the creation of a consortium with other U.S. institutions as members, and for the execution of a series of Memoranda of Understanding between HMDS and such institutions for participation in the project.

AID does contract with consortiums, e.g., CID and MUCIA, but the entire consortium which consists of all of its members IS the other contracting party under the contract. This use of a consortium as the other contracting party allows the consortium to draw upon its total resources, available from all of its member institutions, for participation in a project throughout its life.

The PP describes an arrangement where AID will contract with HMDS, who will then create the consortium whose members will be actively involved once the Memorandum of Understanding is executed between HMDS and that other institution. In other words, this appears to be a pure and simple subcontracting arrangement between HMDS and another institution.

If the prime contract is to be with HMDS, then, obviously, there is no problem with that entity having identified to AID which institutions it plans to subcontract with, or draw upon for consulting effort. If HMDS does, in fact, wish to sign Memoranda of Understanding with each identified subcontractor, again, I see no real problem. Such a formalization of the understanding of the two contracting parties would merely serve to reinforce the subcontract/consulting arrangement. But this paper presents an arrangement which is a hybrid, in that it has the mix of a contract with a consortium plus that of a prime/sub relationship or engaging consultants.

To go the route of a contract with the consortium as the single other contracting party will require the creation of the bona fide entity, all legally incorporated, etc., prior to AID's signing a contract with such entity. To go the other route is no more complex than any other prime/sub or consulting arrangement. In view of time constraints, it appears to me that the latter route is preferable.

Further, beginning on page 5 and continuing on page 6, the PP discusses bilateral agreements which will be executed between AID and the host governments of the eight (8) countries in which the activities will be carried out. If these activities are going to be carried out during the

term of the overall MEDEX contract with the University of Hawaii, there should be clarification concerning any contractual arrangements made under the bilateral agreements being financed by the Missions. For example, will there be separate contracts entered into by the Missions/Regional Bureaus which might contain any overlap in the responsibilities between the bilateral contractors and the University of Hawaii? The PP is not clear on this point.

AID 1580-1X (7-71)

DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country
TAB 318200

2. P/O/T No.
931-11-599-073-73

3. Original or Amendment No.
15P

4. Project/Activity No. and Title
MEDEX Phase II (Technical Support, Office of International Health, DHEW)

DISTRIBUTION

5. Appropriation Symbol
72-11X1024

6.A. Allotment Symbol and Charge
424-31-099-00-20-6

6.B. Funds Allotted to:
 A.I.D./W Mission

7. Obligation Status
 Administrative Reservation Implementing Document

8. Funding Period (Mo., Day, Yr.)
From 1/1/76 To 12/31/77

9.A. Services to Start (Mo., Day, Yr.)
Between 0/8 1/76 and _____

9.B. Completion date of Services (Mo., Day, Yr.)
12/31/77

10.A. Type of Action
 A.I.D. Contract Cooperating Country Contract Participating Agency Service Agreement Other Services Agreement

10.B. Authorized Agent

Estimated Financing		(1)	(2)	(3)	(4)
		Previous Total	Increase	Decrease	Total to Date
11. Maximum A.I.D. Financing	A. Dollars		\$ 816,000		\$ 816,000
	B. U.S.-Owned Local Currency				
12. Cooperating Country Contributions	A. Counterpart		<i>M. J. Seldan</i>		
	B. Other		<i>11/14/75</i>		

13. Mission References

14. Instructions to Authorized Agent

The AID PASA officer is requested to utilize the funds in this PIO/T to execute a Resources Support Services Agreement (RSSA) with the Office of International Health, Department of Health, Education, and Welfare. The specific services to be performed are detailed herein. To identify and distinguish the services requested in this document from those specified under the terms of other existing RSSA agreements with OIH/DHEW, it is suggested the services requested herein be sub-titled: MEDEX Phase II.

15. Clearances - Show Office Symbol, Signature and Date for all Necessary Clearances.

A. The specifications to the scope of work are technically adequate
TA/H: *for Ron* Merrill M. Shutt, M.D.

B. Funds for the services requested are available

C. The scope of work lies within the purview of the initiating and approved agency
TA/H: *for R. Newman* Edward Irons, M.D. 11/2/75

D. TA/H: R.D. Newman
TA/PPU: Evelyn C. McLeod
TA/PPU: Lovha Wakefield *for E.C. McLeod* 11/14/75

E. TA/H: Donn Hooker
TA/PPU: Mary E. Mozynski *Mary Mozynski*

F.

16. For the cooperating country: The terms and conditions set forth herein are hereby agreed -

17. For the Agency for International Development

18. Date of Signature

Signature and date: _____
Title: _____

Signature: *J.P. [unclear]*
Title: TA/PPU

Date: 11/14/75

PIO/T

Project/Activity No. and Title

MEDEX Phase II

Technical Support, Office of International Health

SCOPE OF WORK

W. Scope of Technical Services

A. Objective for which the Technical Services are to be Used

To develop a new approach and methodology for accelerated training and deployment of mid-level health manpower, and to provide guidance and project (cont'd on attached sheet)

B. Description

The Office of International Health will take the responsibility for implementation of this MEDEX Phase II project, primarily through a contract with the School of Medicine, University of Hawaii. Specifically: the OIH will:

1. Provide the services of Richard A. Smith, M.D., as a named key individual who will be assigned to work with the University of Hawaii project group as an integral part of the project.
2. Implement a contract with the School of Medicine, University of Hawaii, to provide the services described below, primarily through its Health Manpower Development Staff. (A.I.D. plans to hold an intensive review in the Spring of 1977, both to evaluate the services being provided under the RSSA, and to determine the projected requirements by LDCs and AID Missions for continuing RSSA services. (cont'd on attached sheet)

C. Technicians

(1) (a) Number

(b) Specialized Field

(c) Grade and/or Salary

(d) Duration
of Assignment
(Man-Months)

See attached sheet

(2) Duty Post and Duration of Technicians' Service.

Honolulu, Hawaii

(3) Language requirements

No access to classified information is required.

(4) Access to Classified Information

(5) Dependents

 Will Will Not

Be Permitted to Accompany Technicians

D. Financing of Technical Services

(1) By AID - \$ 816,000

(2) By Cooperating Country

AID 1288-1X 88-781 PIO/T	Cooperating Country	PIO/T No.	Page 3 of 14 Pages
	Project/Activity No. and Title MEDEX Phase II (Technical Support, Office of International Health)		

20. Equipment and Supplies (Related to the services described in Block 19 and to be procured outside the Cooperating Country by the supplier of those services)

A. (1) Quantity (2) Description (3) Estimated Cost (4) Special Instructions

Equipment and supplies required by the sub-contractor (School of Medicine, University of Hawaii) will be obtained through U.S. suppliers at the sub-contractors duty post, e.g., Honolulu, Hawaii. See attached sheet, page for listing and estimated cost.

B. Financing of Equipment and Supplies
 (1) By AID - \$ _____
 (2) By Cooperating Country - _____

21. Special Provisions

- A. This PIO/T is subject to AID (contracting) (PASA implementation) regulations.
- B. Except as specifically authorized by AID, or when local hire is authorized under the terms of a contract with a U.S. Supplier, services authorized under this PIO/T must be obtained from U.S. sources.
- C. Except as specifically authorized by AID/W, the purchase of commodities authorized under this PIO/T will be limited to the U.S. under Geographic Code 000.
- D. Other (specify)

Special Provisions: D.1. AID's Noncapital Project Paper entitled "MEDEX Phase II," which as approved on 11/3/75, describes the project and sets the parameters for A.I.D. support of this activity. This Paper should be treated as policy guidance by OIH in its administration of the project.

D.2 A representative of the Office of Health, TAB, will participate in the negotiation of the scope of work portion of the HEW contract funded under this PIO/T. HEW will provide AID a copy of the contract and any subsequent amendments for review by the Office of Health and the Participating Agency Staff, prior to its execution by HEW.

AID 1288-1X 88-701	Cooperating Country	PIO/T No.	Page 4 of 10 Pages
PIO/T	Project/Activity No. and Title MEDEX Phase II (Technical Support, Office of International Health)		

22. Reports by Contractor or Participating Agency (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

1. Quarterly technical progress report. This report will present a narrative summary of work performed including specific reference to the provisions numbered 1 through 4 cited under Scope of Work, Block 19B. The narrative will encompass major accomplishments, fiscal status, problems encountered, future plans, and any action believed required by AID. The fiscal data element in each report should include estimated sub-contractor commitments concerning travel and consultant services to date. Quarterly reports are to be forwarded to AID on or about the 15th day following the end of each quarter; e.g. the 15th of January, April, July and October.
2. Final report. The final report will cover in detail all work accomplished under the agreement including final statements of status of protocols, procedures, guidelines and related products required under the various task assignments of the agreement.
3. In addition to the above reports the AID Liaison Officer cited in Block 24C may periodically request written data relative to contract performance or oral briefings on any phase of performance or progress as may be required by AID.

(continued)

23. Background Information (Additional information useful to Authorized Agent and Prospective Contractors or Participating Agency; if necessary cross reference Block 19.C(4) above.)

24. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

B. Cooperating Country Liaison Official

C. AID Liaison Officials

1. Merrill M. Shutt, M.D.; Chief, Health Delivery ; TA/H/AID.
2. Liaison and coordination that may become necessary between OIH/HEW or the HMDS Staff at the University of Hawaii and the Regional Bureaus or component offices of AID will be managed by Dr. Shutt, TA/H/AID.

DEPARTMENT OF STATE
AGENCY FOR
INTERNATIONAL DEVELOPMENT

Worksheet Summary

PIO/T

PROJECT IMPLEMENTATION
ORDER/TECHNICAL
SERVICES

Cooperating Country

PIO/T No.

Project/Activity No. and Title

MEDEX Phase II
(Technical Support, Office of International
Health)

LOGISTIC SUPPORT

22. Provisions for Logistic Support **N.A.**

A. Specific Items (Insert "X" in applicable column at right. If entry needs qualification, insert asterisk and explain below in C. "Comments")

	In Kind Supplied By		From Local Currency Supplied By	
	AID	Cooperating Country	AID	Cooperating Country
(1) Office Space				
(2) Office Equipment				
(3) Housing and Utilities				
(4) Furniture				
(5) Household Equipment (Stoves, Refrig., etc.)				
(6) Transportation in Cooperating Country				
(7) Interpreter Services				
Other (Specify)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

B. Additional Facilities Available From Other Sources

N.A.

CENTINATION SHEET

FORM SYMBOL

DEPARTMENT OF STATE
AGENCY FOR
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

Worksheet Issuance

PAGE 6 OF 15 PAGES

1. Cooperating Country

2a. Code No.

2b. Effective Date

Original OR Amendment No. _____

3. Project/Activity No. and Title
(Technical Support, Office of International Health) **MEDEX Phase II**

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PAA form.

19A.
cont'd

design assistance to requesting countries. Under the provisions of a previous RSSA Agreement (HEW/OIH 13-74), the Office of International Health, DHEW, undertook to establish a special resource to carry out initial planning, research and advisory assistance necessary to utilize the MEDEX approach selected, and to adapt MEDEX technology to LDC environments. The resource that was established comprises a Health Manpower Development Staff at the School of Medicine, University of Hawaii which OIH supports through a contract financed by the above referenced RSSA Agreement. The RSSA Agreement requested by this PIO/T will permit a new contract with the University of Hawaii to expand upon the basic design work that has been accomplished to date and to provide project development and design assistance in approximately six requesting countries.

19B.
cont'd

Following that review, AID will determine whether to request continuing services following the termination of this proposed two year RSSA contract.)

a. Services to be provided:

- (1) Draft a basic core curriculum of 15 universal STEM (System to Train Essentials to MEDEX) modules to the pretest stage;
- (2) Conduct reconnaissance visits to explain the system and to assess individual LDC governmental interest in MEDEX projects;
- (3) Provide Project Development and Design Assistance in approximately six requesting countries. This activity will include assisting LDC's and USAIDs to design programs up to the point of implementation. Implementation of the programs is not provided in this project. A country plan would include: (a) the magnitude of LDC resources and external assistance required in terms of organization, fiscal support, logistics and manpower; (b) the LDC institutions around which training will be conducted; and (c) the MEDEX selection criteria to be followed.

CONTINUATION SHEET

FORM SYMBOL

DEPARTMENT OF STATE
AGENCY FOR
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

<input checked="" type="checkbox"/> Worksheet	<input type="checkbox"/> Reference	PAGE 1 OF 15 PAGES
1. Cooperating Country Worldwide	2a. Code No.	
2b. Effective Date o/a 9/20/75	2c. <input checked="" type="checkbox"/> Original OR <input type="checkbox"/> Amendment OR No.	
2. Project/Activity No. and Title MEDEX Phase II Technical Support, Office of International Health		

Indicate block numbers.

Use this form to complete the information required in any block of a PFD - FAA form.

19. B.

- (4) Prepare in draft guidelines and operational procedures which taken together will comprise a draft model for the MEDEX system. The elements of the draft model are to be applicable to the LDC environment. It will contain a detailed explanation of the MEDEX system and guidelines detailing how this system can be integrated into health delivery. Topics to be covered will include: (1) health selection; (2) general administration; (3) communications, supervision and referral; (4) continuing education of MEDEX graduates; (5) field operations, management and logistics support; and (6) evaluation guidelines. Item (6), Evaluation guidelines will consist of an evaluation methodology geared to determining the cost effectiveness and impact of the MEDEX projects. The protocol will address the problem of measuring the quality of MEDEX training and measuring the impact of the MEDEX system on health delivery.

Implementation Plan

1. First Year

- (a) Refine the format of STEM module design.
- (b) Continue production of draft modules now under design.
- (c) Make approximately four reconnaissance visits to requesting countries.
- (d) Provide technical assistance to requesting LDC's on project design and development
- (e) Prepare outline of draft guidelines.

2. Second Year

- (a) Complete the design of 15 STEM modules to the point they are ready to be tested.
- (b) Make approximately four additional reconnaissance visits.
- (c) Provide technical assistance in project design to a total of four LDC's the first two years.

CONTINUATION
SHEET

FORM SYMBOL

DEPARTMENT OF STATE
AGENCY FOR
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

<input checked="" type="checkbox"/> Checklist	<input type="checkbox"/> Invoice	PAGE 8 OF 15 PAGES
1. Cooperating Country	2a. Code No.	
2b. Effective Date	2c. <input type="checkbox"/> Original OR <input type="checkbox"/> Amendment No.	
3. Project/Activity No. and Title		

Indicate block numbers.

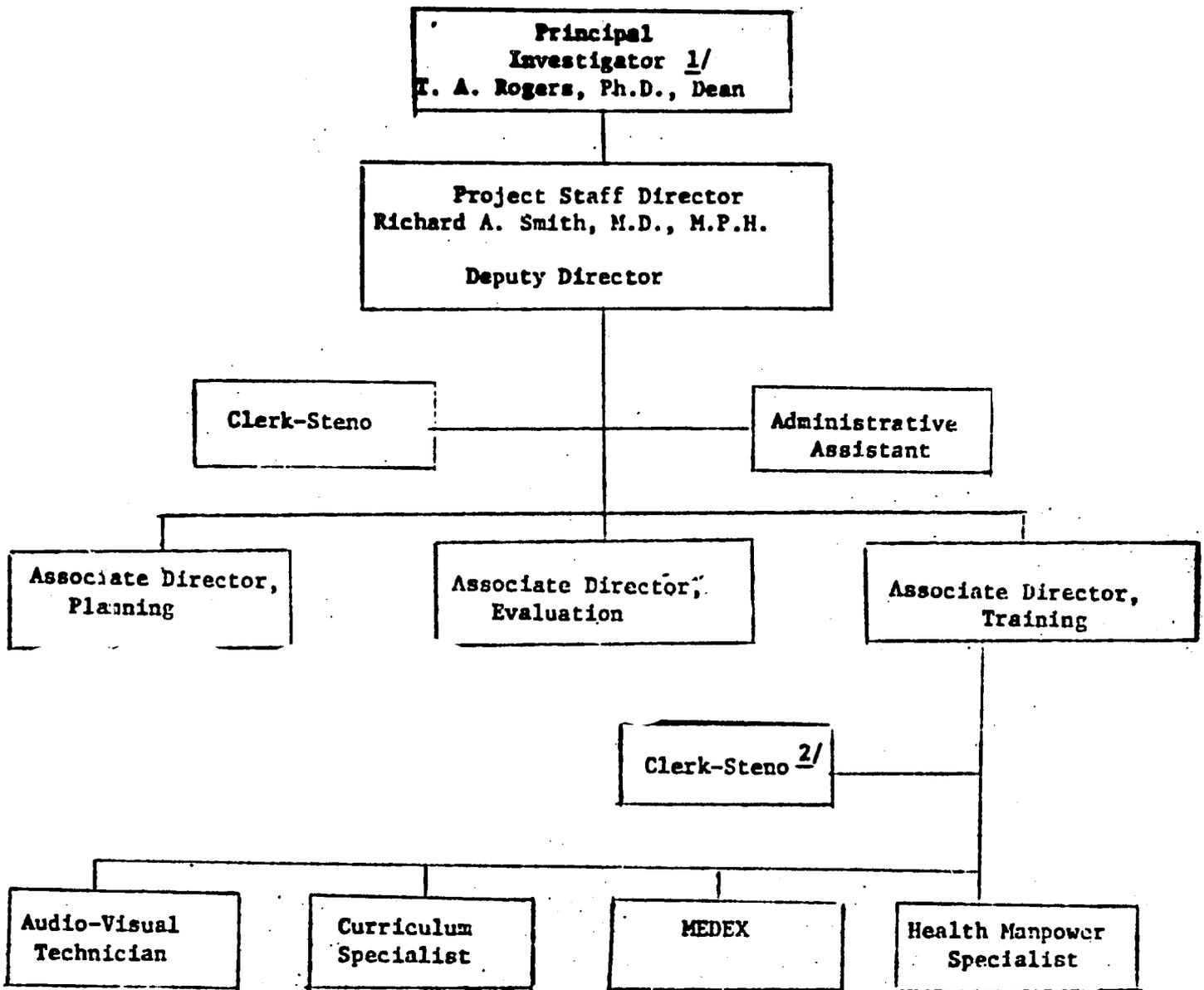
Use this form to complete the information required in any block of a PFD or PAA form.

22.

4. All reports required under the contract shall be delivered to:

Merrill M. Shutt, M. D.
Chief, Health Delivery Services
Office of Health
Technical Assistance Bureau
Agency for International Development
Washington, D. C. 20523

HEALTH MANPOWER DEVELOPMENT STAFF (HMDS)



^{1/} This position is funded by the University of Hawaii

^{2/} To be recruited.

III A BUDGET TABLE

<u>PERSONNEL</u>	<u>01 Year Analysis of Cost</u>		<u>TOTAL</u>	<u>02 YEAR</u>
	<u>SALARY</u>	<u>BENEFITS</u>		
Staff Director	43,267 ^{1/}	7,155	50,442	52,587
Deputy Staff Director	31,560	5,050	36,610	36,610
Administrative Assistant	13,224	2,645	15,869	15,869
Associate Director - Planning	35,448	5,672	41,120	41,120
Associate Director - Evaluation	29,748	4,760	34,508	34,508
Associate Director - Training	29,748	4,760	34,508	34,508
Curriculum Specialist	13,086	2,617	15,703	15,703
Medex	18,756	3,751	22,507	22,507
Health Manpower Specialist	8,952	1,790	10,742	10,742
Audio-Visual Technician	12,228	2,446	14,674	14,674
Stenographer	7,800	1,560	9,360	9,360
Stenographer (TBR)*	<u>7,800</u>	<u>1,560</u>	<u>9,360</u>	<u>9,360</u>
TOTALS	251,617	43,766	295,383	297,548

* (TBR) To be recruited

^{1/} Includes base salary of \$27,067 plus fixed incentive benefits totaling \$16,200

III A (Continued)

<u>PERSONNEL</u>	<u>01 YEAR</u>	<u>02 YEAR</u>
Salary	251,617	253,782
Benefits	43,766	43,766
<u>CONSULTANTS</u>		
Training/Admin/Evaluation @ \$125/day	13,750	15,625
<u>TRAVEL/PER DIEM</u>		
<u>International:</u> 16 trip tickets @ \$1875		
Per Diem 356 days @ \$40/day		
<u>Domestic:</u> 16 trips @ \$550		
Per Diem @ \$40/day (80 days)	56,240	55,490
<u>OTHER DIRECT COSTS</u>		
Office supplies, books, etc.		
Office rental @ \$7/sq ft.		
Telephone (3 lines)		
Printing/reproduction	28,900	28,900
Office Equipment:		
Executive desks @ \$300		
Executive chairs @ \$150		
Stenographer desk \$200		
Stenographer's chair @ \$100		
File cabinet @ \$150		
Electric typewriter @ \$600		
Various	1,500	
Audio-Visual Equipment	4,500	

III A (Continued)

	<u>01 YEAR</u>	<u>02 YEAR</u>
SUBTOTAL :	400,273	397,563
OVERHEAD @ 8% <u>1/</u>	27,988	27,598
CONTINGENCIES/INFLATION :	<u>10,000</u>	<u>20,000</u>
TOTAL :	438,261	445,161

1/ Calculation excludes the salary and benefits of STATE DIRECTOR.

III B ESTIMATED COSTS OF OUTPUTS

<u>OUTPUT ELEMENTS</u>	<u>YEAR 01</u>	<u>YEAR 02</u>	<u>TOTALS</u>	<u>COST</u>
1. STEM Modules				
a) Format design and process	4,100	4,128	8,228	1.0
b) Construction of modules in draft	149,105	134,985	284,090	32.2
2. Reconnaissance visits	43,655	43,830	87,485	10.0
3. Technical Assistance to LDC's for MEDEX Manpower Development	82,285	89,310	171,595	19.5
4. MEDEX Guidelines/Operational Procedures				
a) Health Manpower Selection	13,685	8,265	21,950	2.5
b) General Administration	12,310	9,640	21,950	2.5
c) Comm. Systems, Supervision	10,255	15,840	26,095	3.0
d) Cont. Education of MEDEX Graduates	13,708	17,900	31,608	3.7
e) Field Operations Mgt. & Logistics Support	6,155	15,840	21,995	2.6
f) Evaluation Guidelines	30,115	28,925	59,040	5.9
	<hr/>	<hr/>	<hr/>	<hr/>
SUBTOTALS	365,373	368,663	734,036	-
OTHER DIRECT COSTS	34,900	28,900	63,800	7.3
OVERHEAD @ 8%	27,988	27,598	55,586	6.4
CONTINGENCIES & INFLATION	10,000	20,000	30,000	3.6
	<hr/>	<hr/>	<hr/>	<hr/>
TOTALS	438,261	445,161	883,422	100.0

-13-

<u>OUTPUT ELEMENTS</u>	<u>TOTAL</u>	<u>CORE STAFF</u> <u>MM</u>	<u>CONSULTANTS</u> <u>MD</u>	<u>TRAVEL/TEL. ETC.</u>
1. STEM Modules				
a) Format design and process	<u>4,100</u>	<u>2</u>	<u>4,100</u>	
b) Construction of modules in draft	<u>149,105</u>	<u>68</u>	<u>139,480</u>	<u>5,250</u>
c) Test draft modules				
d) Development of refined modules				
2. Reconnaissance visits	<u>43,655</u>	<u>12</u>	<u>24,615</u>	<u>19,040</u>
3. Tech. Assistance to LDCs for MEDEX Manpower Development	<u>82,285</u>	<u>26</u>	<u>53,335</u>	<u>3,750</u>
4. MEDEX Guidelines/ Oper. Procedures				
a) Health Manpower Selection	<u>13,685</u>	<u>6</u>	<u>12,310</u>	<u>750</u>
b) General administration	<u>12,310</u>	<u>6</u>	<u>12,310</u>	
c) Comm. Systems/Supervision/Referral	<u>10,255</u>	<u>5</u>	<u>10,255</u>	
d) Continuing Education	<u>13,708</u>	<u>4</u>	<u>8,208</u>	<u>2,500</u>
e) Field Operations Management	<u>6,155</u>	<u>3</u>	<u>6,155</u>	
f) Evaluation Guidelines	<u>30,115</u>	<u>12</u>	<u>24,615</u>	<u>3,000</u>
SUBTOTALS :	<u>365,373</u>	<u>144</u>	<u>295,383</u>	<u>13,750</u>
OTHER DIRECT COSTS :	<u>34,900</u>			
Overhead @ 8%* :	<u>27,988</u>			
CONTINGENCIES/INFLATION :	<u>10,000</u>			
TOTAL FOR YEAR:	<u>438,261</u>			

* Calculation excludes salary and benefits of the Staff Director

ESTIMATED COSTS OF OUTPUTS 02 YEAR

OUTPUT ELEMENTS

<u>OUTPUT ELEMENTS</u>	<u>TOTAL</u>	<u>MM</u>	<u>MD</u>	<u>MD</u>	<u>MD</u>	<u>MD</u>
1. STEM Modules						
a) Format design and process	<u>4,128</u>	<u>2</u>	<u>4,128</u>			
b) Construction of modules in draft	<u>134,985</u>	<u>62</u>	<u>128,110</u>	<u>25</u>	<u>3,125</u>	<u>3,790</u>
c) Test draft modules						
d) Development of refined modules						
2. Reconnaissance visits	<u>43,830</u>	<u>12</u>	<u>24,790</u>			<u>19,040</u>
3. Tech. Assistance to LDCs for MEDEX Manpower Development	<u>89,310</u>	<u>28</u>	<u>57,860</u>	<u>50</u>	<u>6,250</u>	<u>25,200</u>
4. MEDEX Guidelines/ Oper. Procedures						
a) Health Manpower Selection	<u>8,265</u>	<u>4</u>	<u>8,265</u>			
b) General administration	<u>9,640</u>	<u>4</u>	<u>8,265</u>	<u>5</u>	<u>625</u>	<u>750</u>
c) Comm. Systems/Supervision/Referral	<u>15,840</u>	<u>7</u>	<u>14,465</u>	<u>5</u>	<u>625</u>	<u>750</u>
d) Continuing Education	<u>17,900</u>	<u>6</u>	<u>12,400</u>	<u>20</u>	<u>2,500</u>	<u>3,000</u>
e) Field Operations Management	<u>15,840</u>	<u>7</u>	<u>14,465</u>	<u>5</u>	<u>625</u>	<u>750</u>
f) Evaluation Guidelines	<u>28,925</u>	<u>12</u>	<u>24,800</u>	<u>15</u>	<u>1,875</u>	<u>2,250</u>
SUBTOTALS :	<u>368,663</u>	<u>144</u>	<u>297,548</u>	<u>125</u>	<u>15,625</u>	<u>55,490</u>
OTHER DIRECT COSTS :	<u>28,900</u>					
Overhead @ 8%* :	<u>27,598</u>					
CONTINGENCIES/INFLATION :	<u>20,000</u>					
TOTAL FOR YEAR:	<u>445,161</u>					

* Calculation excludes salary and benefits of the Staff Director

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