

U N C L A S S I E D

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Agency for International Development

Washington, D.C. 20523

PROJECT PAPER

LEBANON: HEALTH EDUCATION

Project Number: 268-0320 (Grant)

Date: February 28, 1983

U N C L A S S I F I E D

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add  
 C = Change  
 D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

Lebanon

3. PROJECT NUMBER

268-0320

4. BUREAU/OFFICE

Near East

5. PROJECT TITLE (maximum 40 characters)

School Health Education

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY  
12 31 85

7. ESTIMATED DATE OF OBLIGATION

(Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 83

B. Quarter 3

C. Final FY 83

8. COSTS (\$000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	600	0	600	960		960
(Grant)	( 600 )	( 0 )	( 600 )	( 960 )	( )	( 960 )
(Loan)	( 0 )	( 0 )	( 0 )	( 0 )	( )	( 0 )
Other U.S.						
1.						
2.						
Host Country	0	1427	1427		3848	3848
Other Donor(s)						
<b>TOTALS</b>	<b>600</b>	<b>1427</b>	<b>2027</b>	<b>960</b>	<b>3848</b>	<b>4808</b>

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION PURPOSE	B. PRIMARY CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)	620	636		0		960		960	
(2)									
(3)									
(4)									
<b>TOTALS</b>				<b>0</b>		<b>960</b>		<b>960</b>	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

620

563

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

TNG

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

The purpose of this project is to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate preventive curative health behaviors of public school students through organized health education efforts.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY  
12 83 11 01 84

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000  341  Local  Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of 3 page PP (amendment))

17. APPROVED BY

Signature

Revised according to Beirut 1153 01/10/83

Title

Date Signed

MM DD YY

18. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS. DATE OF DISTRIBUTION

MM DD YY

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D C 20523

ASSISTANT  
ADMINISTRATOR

PROJECT AUTHORIZATION

Name of Country: The Republic  
of Lebanon

Name of Project: Health Education

Number of Project: 268-0320

1. Pursuant to Part II, Chapter 4, Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health Education Project for Lebanon involving planned obligations of not to exceed (Nine Hundred Sixty Thousand Dollars) \$960,000 in grant funds over a two year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of the Project is two years from the date of initial obligation.

2. This Project consists of improving the health status of public school children by the provision of health education through the Ministry of Education (MOE) school system.

3. The Project Agreement which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

4. a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by A.I.D. under the Project shall have their source and origin in the United States or the Republic of Lebanon, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to any disbursement, or to the issuance of any commitment documents under the Project Agreement, the Cooperating Country shall furnish, in form and substance satisfactory to A.I.D.:

*Handwritten mark*

(a) An opinion of counsel acceptable to A.I.D. that this Agreement has been duly authorized and ratified by, and executed on behalf of the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms;

(b) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2 of the Project Grant Agreement and of any additional representatives together with a specimen signature of each person specified in such statement;

(c) Evidence that a sufficient number of teachers has been assigned to initiate the health education program;

(d) Evidence that an accountant has been assigned to the Central Health Unit on a part-time basis.

c. Covenants

(a) The Grantee shall covenant to cooperate with A.I.D. in the establishment of an evaluation program as part of the Project. Except as the parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter:

1. evaluation towards the attainment of the objectives of the project;
2. identification and evaluation of problem areas or constraints which may inhibit such attainment;
3. assessment of how such information may be used to help overcome such problems; and
4. evaluation to the degree feasible, of the overall development impact of the project.

(b) The Grantee shall covenant to provide adequate staff, implement necessary staff training and take such other actions as are necessary to assure that project objectives are accomplished. This will include provision of 100 teachers annually, 15 District Health Unit staff annually, and office space for the District Health Units.

d. Waivers

I hereby approve a non-competitive waiver in the amount of \$162,000 to permit procurement by the Grantee of management services under this Project from the Young Men's Christian Association (YMCA), as justified in Annex I to this authorization.

  
W. Antoinette Ford  
Assistant Administrator  
Bureau for Near East

28 FEB 1983

Date

III

## TABLE OF CONTENTS

	<u>PAGE</u>
I. PROJECT SUMMARY AND RECOMMENDATIONS	1
II. BACKGROUND AND PROJECT DESCRIPTION	2
A. BACKGROUND	2
1. Overview	2
2. Role of Health Education	5
3. Current Status of Health Education Efforts	6
4. Summary	9
B. PROJECT DESCRIPTION	10
1. Introduction	10
2. Project Purpose	10
3. Project Organization	11
4. Outputs	13
5. Inputs	14
III. PROJECT ANALYSIS	15
A. TECHNICAL FEASIBILITY	15
1. Introduction	15
2. Resources Needed for Project Implementation	15
3. Relationship of the Project to Host Country Priorities and Other AID Projects	17
4. Epidemiological Priorities for Health Education	19
5. Target Groups	20
6. The Health Education Curriculum Design and Delivery	20
B. SOCIAL ANALYSIS	22
C. ADMINISTRATIVE FEASIBILITY	23
1. Positioning within the MOE	23
2. Mission Capacity to Implement the Project	24
D. ECONOMIC ANALYSIS	24
E. ENVIRONMENTAL CONCERNS	25
F. FINANCIAL ANALYSIS	26
G. WOMEN IN DEVELOPMENT	30
IV. IMPLEMENTATION PLANNING	31
A. INTRODUCTION	31
B. IMPLEMENTATION PLAN	31
1. Implementing Agencies	31
2. Contractual Arrangements and AID Approvals	31
3. Pre-project Authorization Actions	33
4. Initial Actions	34
5. Training Plan	34

IV

TABLE OF CONTENTS (Cont'd)

	<u>PAGE</u>
C. PROJECT EVALUATION	35
D. CONDITIONS, COVENANTS, NEGOTIATING STATUS	36
1. Conditions: First Disbursement	36
2. Covenants	37
a. Project Evaluation	37
b. Staffing, Training and Coordination	37
3. Negotiating Status	38
E. MAJOR IMPLEMENTATION ACTIONS	39
V. <u>LIST OF ANNEXES</u>	
Annex A: PID Approval Cable (State 117027)	
Annex B: Mission Response to NEAC Review (Beirut 3446)	
Annex C: Logical Framework	
Annex D: Project Checklist	
Annex E: Project Authorization	
Annex F: Project Data Sheet Cable - Beirut 01153	
Annex G: Environmental Clearance	
Annex H: Official Request from the Ministry of Education, Lebanon	
Annex I: Waiver for Single Source Procurement of Management Services	
Annex J: Source Waiver for Audio Visual Equipment	
Annex K: Bibliography	

IV

HEALTH EDUCATION, PROJECT No. 268-0320

Project Committees:

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NE/PD	Judd Kessler
GC/NE	

HEALTH EDUCATION  
PROJECT NUMBER 268-0320  
PROJECT PAPER

1. PROJECT SUMMARY AND RECOMMENDATIONS

A. GRANTEE: The Ministry of Education of Lebanon (MOE).

IMPLEMENTING AGENCY: Ministry of Education,  
Directorate of Elementary and Intermediate  
Education (DG/EIE).

B. AMOUNT: U.S.\$800,000 - over two years  
(July 1982 - July 1984).

C. TERMS: This activity is to be grant funded from  
AID Economic Support Funds.

D. TOTAL PROJECT COST: The total project cost is  
estimated to be U.S.\$ 800,000. The MOE/L contri-  
bution is estimated to be U.S.\$ 3,207,000 or 80  
percent of the total cost.

E. DESCRIPTION OF THE PROJECT:

This two-year project will contribute to the over-  
all improvement of the health status of school age  
children and, thereby, the future parents of Lebanon  
through the provision of health education in the  
public school system operated by the MOE. Speci-  
fically a curriculum and teaching materials will  
be designed and strengthened through testing and  
evaluation for delivery in 300 of the 1300  
public schools in Lebanon.

The AID grant will be used to finance technical  
assistance, training of teachers and staff of the  
MOE, developing of teaching material and audio-  
visual aids, evaluation, and paying for commodities  
and services necessary for design, implementation  
and evaluation of the health program.

F. PURPOSE: The purpose of this project is three fold:  
(1) to develop the knowledge and practice of appro-  
priate health behaviors among the public school  
students through the provision of health education,  
(2) to create greater awareness among teachers and  
parents of the benefits of positive health behaviors, and  
(3) to strengthen the capability of the Directorate  
of Elementary and Intermediate Education (DG/EIE)  
to design, implement, and evaluate educational  
programs.

- G. GRANTEE CONTRIBUTION: The GOL is providing funding for 200 teachers, 30 health unit administrators, office space, school and training facilities, administrative support, some audio visual equipment, supplies and materials.
- H. AID/L AND MOE APPROVALS: The AID/L and the MOE have expressed their strong support for this project. This support is based upon our mutual review of the results of an experimental project (268-0316) implemented by the Young Men's Christian Association (YMCA) and the DG/EIE during which the Central Health Unit was established, 21 health education teachers were trained, a health education curriculum and teaching materials were developed and tested in 16 public schools. GOL and Mission personnel were extensively involved in the preparation and review of this paper. Mission responses to NEAC issues (State 117027) are summarized in Annex B and have been integrated into the body of this paper.
- I. RECOMMENDATION: Approval of this project and authorization of the Grant.

## II BACKGROUND

### 1. Overview:

Prior to 1975 Lebanon was considered a politically stable middle income country with a relatively high level of development. Although poverty and its accompanying socio-economic problems existed, the majority of population enjoyed a relatively good standard of living and had access to adequate social services through the public and private sectors.

However, over the last seven years conditions and institutions have experienced tremendous deterioration due to the outbreak of civil war in 1975, continuous civil unrest and violence and almost complete breakdown in law and order. Characteristic of this period has been increased rates of mortality, injuries, and physical debilitation, extensive population displacement, and a significant exodus of trained and professional personnel principally to the oil producing Arab countries, Europe and North America.

This disintegration is perhaps most serious in the public sector, where the government, never a powerful force in Lebanon, has almost ceased to function in many important areas.

Documentation of this decline is extremely difficult due to the non-existence of current data. During the civil war of 1975-76, the Central Statistical Office was destroyed along with its records. Information collection and analysis have been for the most part suspended since that time.

With understanding of this caveat concerning the quantity and quality of statistical information on Lebanon, the following overall description of relevant sectoral activity is presented.

A) Disease Indicators: In 1980-81 an AID-funded disease surveillance project found high incidences of typhoid, enteric fever, food poisoning, viral hepatitis, and trichinosis. Food and water contamination were largely responsible for these health problems. The study revealed a coliform count exceeding 240/100 ml. in ten to thirty percent of the samples tested. According to a UN Economic and Social Council report (Country Profile, 1980) outbreaks of poliomyelitis and typhoid occurred in 1979. Lebanese authorities report increases in the incidences of diphtheria as well as polio and typhoid.

B) Housing: Prior to 1975 it has been estimated that 56 percent of the population lived in unhealthy crowded dwellings that averaged more than two persons per room.

Many of the low-income urban areas were destroyed during the war years and families moved to half-finished buildings with inadequate water and electricity. A marked rural to urban migration was also noted.

C) Sanitation: Areas with proper sewage systems and treatment facilities are limited in Lebanon. It has been estimated that approximately 55 percent of the total population is provided with sewage collection networks, of which 80 percent disposes untreated wastes into the sea. This applies primarily to the coastal cities of Beirut, Tripoli, Sidon, Tyre and the towns at the foot-hills close to the sea. Some 270,000 m<sup>3</sup> of waste water per kilometer of coastline is annually dumped into the sea. Another 20 percent of the population

discharge their domestic waste water into rivers or wells. A few communities use septic tanks or pits. Solid waste management is also inefficient and inadequate. The studies made on water pollution indicate that all the swimming beaches along the Lebanese coast are polluted, with some beaches having a coliform count of 11300/ml. Well water in the Beirut area was found to be polluted by chemical wastes rendering them unsuitable for domestic purposes.

D) Population: The total Lebanese population is estimated to be about 3 million. The current growth rate is probably about 2.8, including a net annual out migration of 50,000 depending upon the intensity of the civil strife. Presently Lebanese authorities estimate there are approximately 450,000 registered refugees and displaced persons receiving assistance on a regular basis. Of these 250,000 are located in the Beirut area.

E) Health Services: Private sector services have generally continued to function on a reduced level due to the outmigration of health professionals. However, governmental services provided to the lower socio economic groups through the Ministry of Health (MOH) have experienced serious disorganization and deterioration. Many MOH hospitals are in need of extensive repairs and reconstruction. Those that are functioning in a limited manner provide curative services with little or no attention to preventive health. Presently no public emergency services exist. More than half of the remaining health personnel work in Beirut. Coverage in rural areas is minimal or non-existent. Only 20 per cent of the doctors reside outside the principal urban areas. The lack of security restricts access to what health services do remain.

F) Education: Approximately 55 per cent of the students attend private schools. Total enrollment in public schools is approximately 300,000. The curriculum of both public and private schools is controlled by the GOL. Rather surprisingly under the circumstances, both public and private schools have continued to function. When the security situation forces school closings, the material must be made-up. If necessary, the school year has been extended. Grade promotions and examinations for certificates at the conclusion of elementary, intermediate, and secondary cycles continue to be held. Drop-out rates at the end of primary and intermediate levels are five and eight percent respectively, but reach 23 percent by the end of the secondary level.

G) Other comments: Teachers, doctors, and other authorities have recently reported that an increasing number of people are using hashish, tranquilizers and sleeping pills. This is seen as being attributable to the war situation and continuing tension and fear. Although the Lebanese have made significant adjustments to cope with the continuous civil strife and lack of security, the situation has had adverse effects on the mental health and family behavior. Stress on nuclear family relations and general lack of law and order have produced a resurgence of traditional tribal and familial allegiances. Disregard for law and individualistic codes of behavior have emerged in young and old alike.

In addition to the above cited health, service delivery and situational problems, certain conditions associated with more developed countries are also prevalent in Lebanon. Traffic accidents and a high incidence of cancer and respiratory diseases resulting from smoking and general air pollution have been reported by Lebanese authorities and doctors.

Under these circumstances, the provision of health education is seen as a practical and low cost means to positively affect health status, to increase ability to cope with the effects of continued unrest, and to contribute to longer term developmental objectives in Lebanon.

2. The Role of Health Education:

Government officials realized that a concerted effort was necessary to cope with the health problems resulting from the deterioration of health services, and the increasing incidence of disease in the Lebanese population. The provision of health education was determined to be a cost effective and politically feasible method for influencing this situation. Members of the lower socio-economic groups are seen as the most critically in need due to the deterioration of public health services and their general living conditions. Delivery of the education program was determined to be unfeasible through the existing health services. Due to the tension in the streets, attention to posters would be limited. While local radio and television stations have indicated interest in broadcasting health related information, local expertise for developing these programs was lacking. Therefore, the public school system which is one of the few remaining functioning systems in Lebanon, was chosen as the vehicle for delivering health education. By utilizing the public school system the lower economic group which is the most at risk portion of the population would be directly affected.

The objective of the program will be to develop and maintain positive mental and physical health and health habits, to understand the process and problems of human growth, to develop responsibility toward family and community health and to appreciate the value of a healthy life among public school students and, indirectly, their parents and siblings.

At the elementary school level (ages 6 to 10 years), children can be taught information and health behaviors which will improve their health status. Proper teeth brushing, waste disposal, personal hygiene, food handling, and the avoidance of foods generally contaminated are all concepts well within the comprehension and practice of even a six year old. Older students, (ages 11-14 years) will be taught germ theory, bacterial contamination, environmental health and family health including sex education and responsible parenthood.

These age groups were selected in order to impact the greatest number of children, as dropout rates begin to climb after the intermediate level.

The program will indirectly affect siblings and parents thereby improving the health environment in the home. Students will be given assignments to complete at home such as filling out charts on teeth brushing and collecting information on the kinds and quantity of foods served in the home. Meetings between parents and health education teachers to discuss the program and explain the nature of these assignments should increase the awareness of the benefits of positive health behaviors among all family members.

Health education teachers will also teach health behaviors necessary in the school environment and be tasked with determining ways to improve health conditions in the schools themselves. It is hoped that increased awareness on the part of teachers and parents will eventually produce the demand for the provision of health services through the school system. This proposal has already received a favorable reaction on a preliminary basis from several school directors and MOE officials.

3. The Current Status of Health Education Efforts:

Through the collaborative efforts of the YMCA and the MOE, an experimental program in health education

was implemented during 1980 to 81. Under this AID-financed project, a Health Unit has been established in the MOE. The Health Unit now functions in a manner similar to the Social Studies, French, Science and Mathematics Units also operated by the DG/EIE. Through these Units the DG/EIE develops curricula and teaching materials that are utilized in the schools. Therefore, the establishment of the Health Unit was the first necessary step in the process to incorporate health into the school system.

The staff of the Health Unit (four MOE employees) have been trained in curriculum development, text-book design and production, program management, testing, and evaluation.

Utilizing local health education and medical experts, 21 health education teachers were trained and have been teaching health in 16 public schools in the Beirut area to about 4000 students in grades 1 and 2. Additionally, some of the school directors voluntarily attended the training programs.

The curriculum for grades 1 through 5 has been prepared and reviewed by the curriculum committee which included health and education specialists, MOE, and MOH representatives. The curriculum for grades 6 through 9 has been prepared and is currently under review by the Committee.

Based upon this curriculum, authors and artists were contracted to prepare textbooks for grades 1 and 2. These books have been printed and are now being tested in the classroom.

Teaching of health education began in March of this year at the mid-point of the semester which ends in the middle of June, unless the school year is extended. Follow-up meetings are held monthly between the Health Unit, the teachers, and the YMCA to follow the progress of the course, resolve problems, answer questions, and discuss suggestions for improved delivery. To date feedback from these meetings indicates the introduction of health education is proceeding smoothly with strong support from school directors, teachers, and parents.

Pretesting of the students' health knowledge and practice was conducted prior to the commencement of the course. Due to the age of the students these tests utilized interview and demonstration techniques. For example, they were asked to show the teacher how they brushed their teeth. In April a follow-up test was administered on the material covered to that point (about sixty per cent) to a randomly selected sample of the students. Teachers expressed their surprise at the lack of knowledge and correct practice of even basic health behaviors as evidenced during the pre-test. Performance on the follow-up test showed considerable improvement as indicated in the table below.

	<u>Pretest Score</u>	<u>Followup Test Score</u>
Grade I	15	72
Grade II	17	84
Number of Students	800	150

A full post-test will be carried out at the conclusion of the semester in June.

The teaching materials and techniques were also evaluated to determine if the content of the books was appropriate, if it was easily understood by the students, if the students were able to carry out the activities and exercises on their own, if a reasonable amount of time was allowed for covering each subject, and if the techniques and materials were successful in achieving the teaching objectives. Analysis of the questionnaires provided the Health Unit with considerable useful criticism and suggestions. A few words and phrases in the text books were not understood, e.g., the concept "We grow differently". Colors were not appropriate and illustrations at times not expressive of the intended concept. Information on mental growth was not included and several teachers felt it could have been. On the other hand, social growth and interaction was found by some teachers to be too difficult for the age group. These criticisms, the teachers editorial comments, and the results of the final evaluation in June, will be utilized in the revision of the teaching materials.

4. Summary:

The current status of the social, political, and organizational factors in Lebanon provide a very promising backdrop for the expansion of the experimental health education program in the public school system to the elementary and intermediate levels.

The MOE has shown strong commitment, interest, and motivation in the continuation and expansion of the experimental program and in the eventual adaptation of health education throughout the Lebanese school system.

## II. PROJECT DESCRIPTION

### 1. Introduction

Health Education is an idea that has finally come into its own in Lebanon. Since 1970 education authorities have recognized a need for improving health status and, prior to the outbreak of civil war, had undertaken efforts in this direction. Previously, a health education curriculum was planned by the MOE's Research and Development Council. In 1972, AUB designed a modular health education curriculum for the MOE elementary system. A curriculum and textbooks were developed for the private school, International College, in 1974. Many of the results of these efforts have been lost. What is available has been utilized in the development of the program currently under implementation.

Many of the priority health problems that have increased in severity as a result of civil unrest in Lebanon are preventable through a concerted health education effort. The inclusion of health education in the public school system has been identified as a highly effective and feasible means of delivering this information not only to students of lower socio-economic status, but indirectly to other family members.

The DG/EIE, through the successful institutionalization of this project, will have improved its overall capability to design, administer, and evaluate all MOE educational activities.

### 2. Project Purpose

The primary purpose of this project is to create awareness, to increase knowledge, and to positively influence attitudes and appropriate health behaviors of Lebanese students through an organized health education program. The means of accomplishing this purpose are through the development and implementation of a well designed health education program at the elementary and intermediate levels of the public school system. By the end of the project, health education will have been introduced to approximately 30,000 (one quarter of the total) elementary and intermediate level Lebanese students in public schools throughout Lebanon. Because the private school system is the preferred place to send children for those who can afford it, it is expected that working through the public school system will directly affect children of low-income families.

In order to achieve this purpose, the institutionalization of the health education program in the MOE must be achieved prior to the conclusion of the project. This institutionalization will consist of the development and organization of certain mechanisms and linkages necessary to the continuation and further expansion of the program and its eventual acceptance by the Parliament as an official subject to be taught in all Lebanese schools both public and private.

The strategy for health education development in this project will be based on the following premises:

- a) "Learning by doing" will be emphasized over simple memorization through activities and exercises designed for every level of education.
- b) Adequate technical assistance is available from the YMCA and local university experts and will be utilized on an as needed basis.
- c) Project will emphasize training, feedback, follow-up, and site visits on a regular programmed basis.
- d) Specialized training will be provided to selected DG/EIE personnel to further enhance their technical competence.
- e) Program evaluation and feedback systems will be an integral part of every aspect of project implementation.

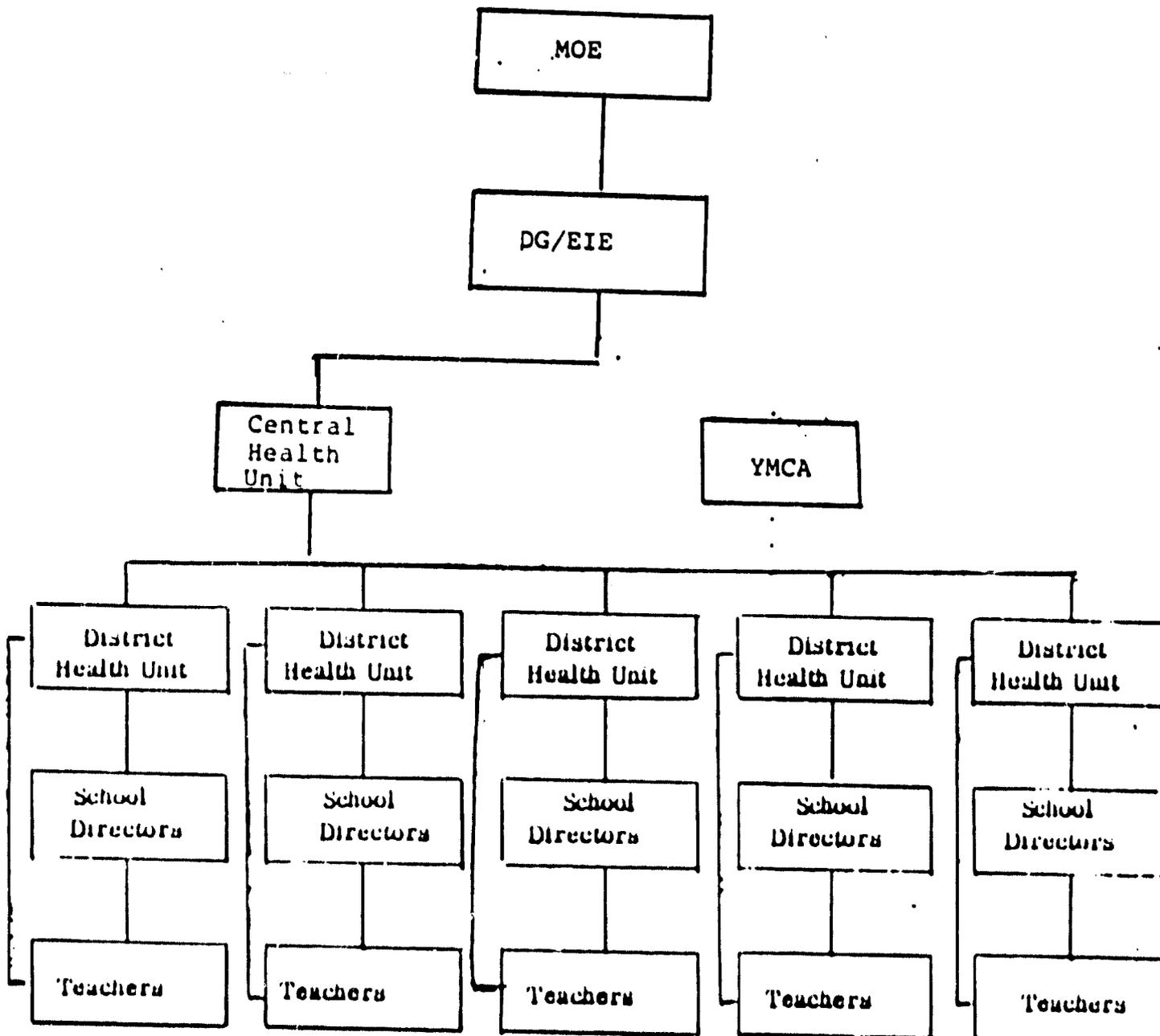
### 3. Project Organization

The DG/EIE will create District Health Units in each of the five regions of Lebanon. These Units in collaboration with the school directors will be responsible for carrying out the program as directed by the Central Health Unit which is organizationally located within the DG/EIE in the MOE. The following chart summarizes these relationships.

Schools will be selected for the program on a representative national basis considering rural, urban and regional areas.

The MOE has agreed to assign teachers to the health education program on a permanent basis after they have been accepted for candidacy by their School Directors and the Central Health Unit staff and received training.

The MOE, with the establishment of the central health unit and the experience of the last year, has developed the capability of managing a health education program. However, the YMCA will continue to have a significant role in order to meet the requirements of AID project management and the rapid expansion of the program contemplated under the project.



For example, because the experimental program was implemented through the YMCA, the MOE has had no experience in handling funds in accordance with AID regulations and procedures.

More importantly, the continued presence of the YMCA in the Project will, in the opinion of the MOE, greatly enhance the technical and managerial flexibility and independence of the Project. These elements will be crucial to the success of the Project during this development and institutionalization phase. By the conclusion of this Project, the MOE will have transferred all program activities into the regular administration of the Ministry. At this time, the YMCA will have phased out leaving a fully institutionalized and functioning health education program.

#### 4. Outputs

In order to achieve the stated purpose, the following specific activities will be accomplished during the two year life of the project.

A) The Central Health Unit will have developed financial management procedures and the full range of other administrative capabilities to successfully continue the health education program.

B) Five district level health units will be functioning. The 30 staff members will have received training sufficient to execute their technical managerial and supervisory responsibilities.

C) 200 health education teachers will have been trained, provided teaching materials, and have completed teaching 80,000 public school students health education for at least one full year in 300 schools.

D) Teaching materials including textbooks, posters, and audio visual aids will have been produced, evaluated, and revised for use in the program. Audio visual equipment will have been procured and adequate distribution and maintenance systems will be in place.

E) Project progress, effectiveness of teachers and teaching materials will be evaluated by means of teacher questionnaires, pre-and post-testing, and home visits. Necessary revisions of the process and materials will have been made and follow up training sessions held.

F) Mechanisms for the institutionalization of health education in the public school system will be in place.

These include: development of a health education curriculum and prototype teaching materials for use in the MOE Teacher Training Colleges; arrangements for the reprinting and distribution of textbooks by the MOE Research and Development Center and/or private firms; and the provision of a budgetary allocation for the DG/EIE to continue the health education program after the termination of project funding.

#### 5. Inputs

To achieve the purpose of the project, the MOE will provide teachers, staff, and administrative support for the District Health Units in addition to the continued salaries of the teachers and Central Health Unit staff operationalized during the previous experimental phase. The MOE will provide office space, training facilities and materials for training programs. During the implementation period, the MOE will provide funds for field visits in addition to facilities, transportation, audio visual equipment, and program materials for follow-up training.

Funds for per diem, consultant and trainer fees, the production of first edition textbooks for grades 3 to 9 and the teachers' manuals, project transportation costs, and the procurement of audio visual equipment will be provided by AID. In addition, AID will finance the services of a local health education consultant for two years and specialized training for selected health unit staff and teachers in health education and program management.

If necessary, centrally funded contracts may be utilized to provide short-term assistance in the areas of mass media, the provision of health services in the school system, and other technical areas, if the need arises.

### III. PROJECT ANALYSES

#### A. Technical Feasibility

##### 1. Introduction

Under the experimental phase, the Central Health Unit was organized and its staff trained in the design, management, and evaluation of the health education program. This unit has been in operation now six months and has established the program in 16 schools with a total of 4000 students. The Unit has shown considerable managerial and technical capability in the planning and implementing of this program and, in the opinion of the Mission and YMCA, is prepared to handle most aspects of the activities proposed in this project paper. However, to date neither the staff of the Unit nor the Director of the DG/EIE have had experience in financial management, as required under this project, or much opportunity to familiarize themselves with AID regulations and procedures. (Within the GOL, all funds are usually managed directly by the Ministry of Finance). To overcome these problems, the DG/EIE will supplement the staff of the Health Unit with a part-time accountant who will be trained by the YMCA in the specific financial management techniques and procedures required by the project. In addition, the MOE will avail itself of the GOL auditing services on a regular basis. Central and district level Health Unit Staff will be trained in project management procedures and requirements and technical assistance in these areas will be available from the YMCA and other sources. Project funds will be disbursed from a bank account held jointly by the DG/EIE and the YMCA. Financial management of AID funds will be the joint responsibility of the DG/EIE and the YMCA. However, ultimate decision making authority will lie with the Director of the DG/EIE and will be carried out in accordance with AID and GOL regulations and procedures.

The 21 teachers already involved in the program have demonstrated talent, dedication, and enthusiasm in the training and implementation stages. Training approaches used in preparing the teachers and the Central Health Unit Staff have proven successful and will for the most part be replicated after fine tuning integrating the results of the evaluation during the implementation of the experimental project.

##### 2. Resources Needed for Project Implementation

###### a. Availability of Suitable Manpower

Due to the virtual non-existence of trained health education teachers, the MOE has agreed to assign teachers

to this subject on a permanent basis after they have been accepted for candidacy by the Health Unit and received training.

Teachers will be selected by the Directors of these schools. Directors who determine there is a need for the teaching of health education in their school will be asked to contact teachers having following qualifications: a baccalaureate degree, several years of experience, proven capability, and availability. The Director will then determine which of the qualified teachers are willing to enter the program. These teachers will be interviewed by personnel from the Central Health Unit and the best candidates selected.

District Health Unit staff will be selected from the best teacher candidates and recruited from other district level MOE offices.

Backup technical services from the recently instituted Division of Health Education at the American University in Beirut (AUB) and the YMCA will be utilized as necessary.

Additionally, the project will fund specialized training and observational visits in health education and program management in the U.S. It is envisioned that selected staff of the Central and District Health Units will receive this training.

The same writers and artists which authored the initial textbooks under contract to YMCA during the experimental phase will be contracted to prepare the manuscripts for the first set of textbooks. During the second year, MOE personnel will also be utilized.

**b. Textbooks and Teaching Material Production Facilities**

In general the Research and Development Center (RDC), another agency of the MOE, handles the printing and distribution to bookstores of the MOE textbooks and teaching materials. In competition with the RDC, and usually more expensive, are many good private publishing firms. Students buy their books at local bookstores and the books are generally not re-used by other students. The MOE does not make a profit on these sales but does cover the costs of production. Since this is a new program, the initial copies of the textbook will be given to the students free. The revised editions will be bought by the students at a reduced sales price made possible by the A.I.D. contribution through this project. After project funding ends, the textbooks will be sold at cost by the MOE or at cost-plus-profit by private sector publishers.

Therefore, adequate facilities exist both in the public and private sectors to produce the materials needed by the project.

c. Audio Visual Equipment and Materials

There are American companies that have distributors in Beirut which sell a wide variety of audio visual equipment and supplies and offer long term maintenance contracts which the DG/EIE will utilize. A source origin waiver for the local procurement of equipment is contained in Annex K. This equipment will be stored in the offices of the Central and District Health Units and transported to the schools and training sites when needed.

Transportation will be provided through project funding the first year and by the MOE the second year. Slides and posters will be designed by the Health Unit Staff in collaboration with the YMCA and produced by the MOE and/or local private sector firms which do exist in Beirut. Related health education films will be purchased from the US. Translation and sound recordings in Arabic when necessary will be arranged locally.

3. Relationship of the Project to Host Country Priorities and Other AID Projects

a. Host Country Priorities

The GOL has considerable interest in strengthening and rebuilding the public sector. It has also shown support for programs to rehabilitate Lebanese institutions and arrest the decline of socio-economic conditions. Perhaps the highest ranking priority in this area is the implementation of the National Waste Management Plan estimated to cost \$3.6 billion over 20 years. The concurrent implementation of this plan and the Health Education Program will have mutually reinforcing benefits as both will improve health conditions and status.

Presently UNICEF and the GOL are implementing a \$30 million project which includes reconstruction of public schools damaged or destroyed during the war. Strengthening the MOE will contribute to the general functioning of these schools as they reopen.

b. Relationship to Other AID Projects

In addition to the strengthening and reconstruction of the education sector, the GOL has considerable interest in revitalizing the MOH and public health services.

The AID funded Health Sector Rehabilitation Project (268-0305) has been working in this area since 1978. Current activities under this project include: communicable disease surveillance, environmental sanitation, emergency medical services, health services development, equipping of Tripoli Hospital, vocational rehabilitation, and family planning training. The population served by both the MOE and MOH overlap. Therefore, as these services are made available to this target population, the health education program will reinforce their utilization by teaching students when health services are needed and how to best use them.

Results of the communicable disease surveillance sub-project have been utilized in the design of this project and as additional findings become available will continue to be fed into the health education program.

Discussions concerning collaboration between this project and the activities of the office of Health System Development (OHSD) are now underway. The proposal is that the MOE assign some health education teachers to the three sites involved in the OHSD sub-project.

The mission has also sponsored the Technical Education Project (268-0300) also through the MOE, Directorate General of Technical and Vocational Education. Under this project vocational training schools were re-equipped and have begun this equipment during the Fall 1981 school year. The Health education project will serve to further strengthen the MOE through another directorate.

The Health Education Project also coincides with the final implementation phase of the UNICEF Potable Water Project (268-0306). This project addresses the problem of contaminated drinking water. The Health Education project will teach children proper water storage, treatment, personal hygiene, sanitation, and how diseases are transmitted by water to make the best use of potable water once it leaves the faucet.

Other AID projects which include health or education related components are: Reconstruction and Rehabilitation of Private Sector Institutions (268-0313), Vocational Training in Building Skills (268-0318), and three housing construction and rehabilitation projects.

#### 4. Epidemiological Priorities for Health Education

In Lebanon the health sector has been seriously curtailed by damage to facilities, looting of equipment, and limited access due to lack of security. Public services (electricity, water and sanitation) have been similarly affected producing reported increases in many preventable diseases. A logical, cost-effective, and feasible means for dealing with this situation is the provision of health education with an emphasis on preventative health.

Based upon the information available to Lebanese authorities, health education curriculum will be designed to effect these priority health problems by influencing the behavior of public school children and indirectly other family members. Over the life of the project as additional information becomes available, the following list of subject areas will be reviewed and refined.

Priority areas for health education intervention as presently conceived are the following:

- a. Food and Water Borne Disease Control
- b. First Aid and Safety
- c. Utilization of Existing Health Services
- d. Hygiene
- e. Sex Education and Responsible Parenthood
- f. Improving Health Environment at Home and in School.
- g. Alcohol, Drug and Tobacco Abuse

Local traditional practices and folk medicine have been considered in the planning of the health subject areas so as to emphasize behaviors which are both socially acceptable and effective. For example, many Lebanese believe eating yogurt with fish will cause illness. In the rural areas, there still exists a distrust of modern medical practices and a belief in magic. A frequently practiced treatment is to put coffee on a wound. Practices and beliefs such as these will be considered in the designing of the curriculum to insure cultural sensitivity and acceptability as well as the encouragement of effective health practices.

## 5. Target Groups

Under this project the principal target group will be public school students aged 6 to 14 years. Through the provision of health education these children will learn how to improve their health, about disease and its causes, and be encouraged to adapt the health practices they will learn in the classroom.

Through homework assignments, parent/teacher meetings, and home visits, other family members will also be affected by the program improving the health status of the entire family and conditions in the home.

As the health education program is implemented and personnel are trained, teachers will be influenced by the subject matter they are teaching and will also be encouraged to explore ways to improve health conditions in the school environment. Furthermore, through the institutionalization of the program, health education and health practices will receive greater attention in the public and private sectors, through the adaptation of health education courses in all public and private schools and the strengthening of the newly emerging health education activities at such institutions as the AUB and other private colleges.

## 6. The Health Education Curriculum Design and Delivery

Under the experimental project, curricula for grades 1 to 5 have been prepared and reviewed. Curricula for grades 1 and 2 are currently being tested in the classroom.

The curricula for grades 6 to 9 are currently under review by the Curriculum Committee. These will all be tested, evaluated, and revised during the project.

These curricula have been designed in 12 different modules. The number of modules taught to a class during the school year increases with the grade level.

Therefore, new health subject areas are introduced to the students each year as well as more detailed information on topics covered a lower levels.

As currently envisioned, these 12 modules consist of the following subject areas:

- a. Man and His Environment
- b. Keeping Healthy (Hygiene)

- c. Growth and Development
- d. Food and Nutrition
- e. First Aid and Safety
- f. Disease Control
- g. Mental and Social Health
- h. Physical Fitness
- i. Pollution and the Environment
- j. Alcohol, Drug, and Tobacco Abuse
- k. Family Life (Sex Education and Responsible Parenthood)
- l. Local Health Services.

Each of these modules contains teaching objectives which are further elaborated with respect to information to be covered and exercises and activities designed to achieve each teaching objective.

During the training, teachers receive teaching material and lesson plans which give the suggested general and specific teaching techniques and amount of time to be spent on each module. As stated above, the number of modules increases as the grade level increases. However, subjects that are repeated receive new treatment as well as reinforcing information delivered previously.

During the two years of the project as these curricula and materials are introduced to the students, pre-and post-testing, evaluation, feedback, and revision will be taking place. Monthly meetings will be held between health unit personnel, school directors, and teachers to achieve the maximum utilization of evaluation information and introduction of revised materials. Activity reports will be prepared by the District Health Units and forwarded to the Central Office on a monthly basis. Audio visual equipment will be stored in the district offices and will be transported to and from the schools on an as-needed basis.

Teachers will also be identifying areas where the health conditions of the school environment can be improved and organizing school projects which might include parents as well as students.

During the experimental phase parents demonstrated a keen interest in this new program. Teachers will be meeting with parent groups and individuals to explain the program to them and the activities and exercises that the students will be carrying out at home.

#### B. Social Analysis

Lebanese society and social conditions vary with socio-economic class, rural, urban, and regional residence, and access to services, good roads, transportation and utilities. Therefore, it will be necessary to modify the emphasis and in some cases even the information content to make it consistent with the local conditions. For example, in some areas trash is collected in garbage trucks, in others it is thrown into a pit and burned, and in other areas there is no system or that which existed has been disrupted by the civil strife. Information and suggested health practices delivered to the students must be tailored to each of these different situations. Similarly, some areas have an effective, operational water system, in others water is a scarce resource. The availability of water will dictate how the teacher presents topics such as bathing, water storage, and sanitation in the home. Teachers will be instructed during the training sessions how to handle the specific environmental situations in their regions during training and again in follow-up sessions.

A major obstacle to the reliable targetting of the education interventions to the most severe health problems is the lack of statistical data on disease prevalence and trends. During the second phase of the sub-project Communicable Disease Surveillance (funded under AID project 268-0305) some information will be collected, analyzed, and utilized directly in the revisions of the health education curricula.

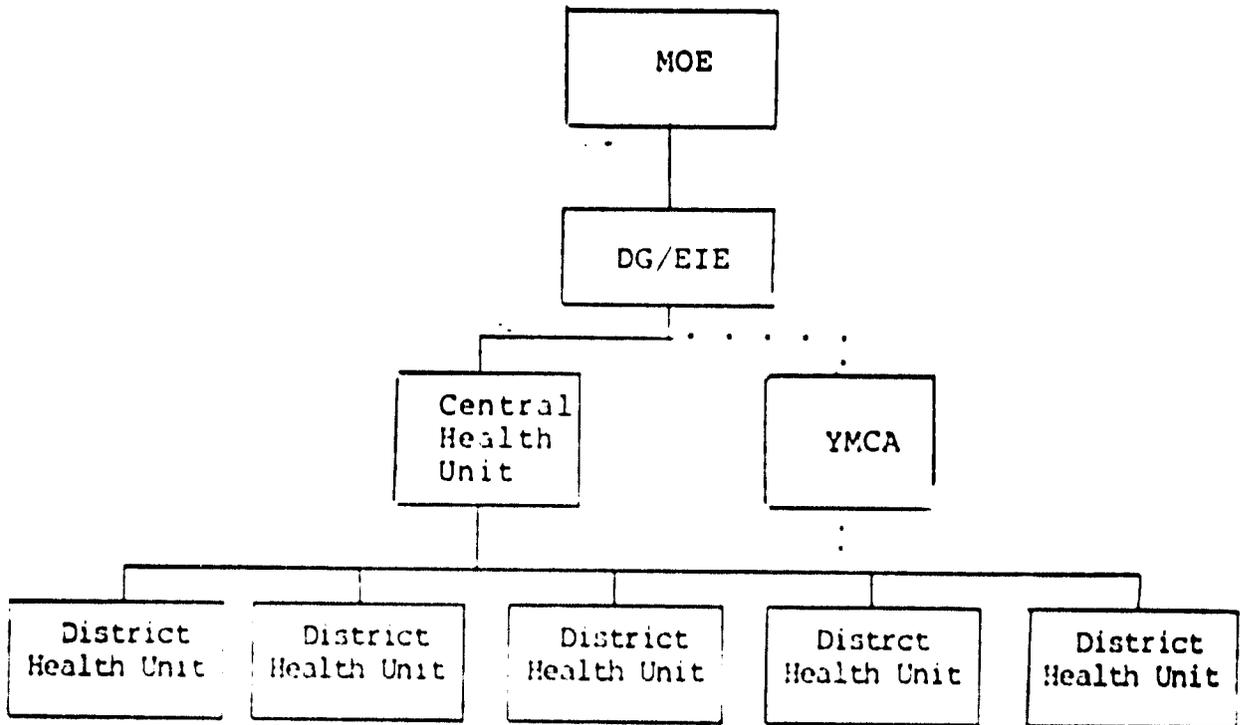
Teachers and health unit staff will be selected from the communities in which they presently live and work. Those teachers who may be encountered as new arrivals to their school districts will be instructed concerning local socio-economic, cultural, and environmental differences during training and in follow-up sessions in order to assure sensitivity and awareness of unfamiliar values and behavior and how these differences should be handled in the classroom.

In addition, AUB consultants knowledgeable concerning socio-cultural patterns and differences in Lebanon will be involved in the curriculum development and training programs during which these issues will be discussed.

C. Administrative Feasibility

1. Positioning Within the MOE

Adequate administrative control and authority is considered to be sufficient under the present organizational structure, presented below:



Under this arrangement, the program during the first two years of implementation will be relatively self-contained except for the cooperation with the YMCA, outside consultants/trainers, and consultation with the JCH representative.

During the second year a linkage with other offices of the MOE as well as the Ministries of Health, Information and Environment will be established in order to assure the continuation of the program and its further expansion into more schools and ancillary activities.

In 1971 through this organizational arrangement the MOE was successful in adding Kindergarten to the school system. Between 1970 and 1974 other specialized units were added to the DG/EIE to improve teaching methods and evaluate the teaching programs in Math, French, and the Social Sciences..

## 2. Mission Capacity to Implement the Project

The Mission's General Development Officer will have direct project monitoring responsibility. Additionally, the Mission has a Program Officer who will serve on the Project Committee and be available, if necessary, to assist with the project. The Mission will utilize the legal and financial services available regionally. Foreign Service National employees will have direct involvement in project monitoring.

Due to the limited US direct hire personnel in Beirut, the Mission makes perhaps greater utilization of the backstopping assistance available from AID/W and will continue this relationship with this project. The assistance of NE/TECH, especially NE/TECH/HPN, will be particularly valuable in the implementation of this project. In addition to their assistance in the preparation and monitoring of PIOs, NE/TECH's participation in the two scheduled evaluations is planned.

## D. Economic Analysis

The efficiency of the health education approach to the improvement of health problems of a preventative nature has been repeatedly demonstrated. As pointed out earlier in this paper, many of Lebanon's health problems are preventable and are situational in nature and, therefore, lend themselves well to the approach described in this project. The provision of preventative-oriented health education is a more cost effective method of attacking these health problems than the utilization of a curatively-oriented health system. In the current Lebanese context, where access to and availability of health services is severely restricted, this approach takes on an even greater significance. Judging from the limited amount of data available, Lebanon's population has suffered a deterioration in both health status and health services during this period of conflict.

The health education intervention will have an impact on the arresting of this deterioration in the population served and eventually represent significant savings to the GOL in their efforts to rehabilitate their human resources to their pre-war health status.

The costs of the program will be greatest during this institutionalization phase. The project will spend about \$ 4 per year per recipient (AID financial portion) directly affected by the program. This figure drops to 80 cents when other family members who will be indirectly impacted by the program are considered. This cost is still relatively high during the two-year life of the project. However, reoccurring program costs are minimal and well within the means of the MOE once (1) the Teacher Training Colleges assume the responsibility for the training of health education teachers, (2) the textbooks are written, tested, and being sold at cost, and (3) Health Unit Staff has received specialized training. Therefore, after the second year of the program not only the continuation but the further expansion of the program to cover all public school students can be accomplished for a significantly reduced price.

It is also important to recognize the coincidental benefits to be derived from this project. First of all, it has been noted that several private schools have already begun the effort to incorporate health education into their curriculum. As has been repeatedly the case in the past, the private school system in Lebanon is expected to loose little time in following the MOE's lead once the initial groundwork has been laid. YMCA consultants are already working with the first interested private institutions in this area. Secondly, private sector publishers will begin producing separate health education textbooks as soon as a market for them has been established. Therefore, from many points of view this project represents a sound economic investment for the GOL in terms of improvement in health status, reduced costs of providing health services, and stimulation of the private sector through mutual cooperation.

#### E. Environmental Concerns

This project received a 'negative determination' from the AID Near East Bureau's Environmental Coordinator during the review of the PID. If anything, this project is expected to support positive attitudes and behavior towards the environment, especially with regard to sanitation and utilization of water supply in the home, school and community. Annex G contains this determination.

## F. Financial Analysis

The present annual budget of the DG/EIE is about LL.500million or \$100 million. This amount supports 24,000 teachers and staff that operate 1300 primary and intermediate schools. The financial requirements of this project, which are principally in personnel costs to be borne by the MOE, are well within the capacity of the DG/EIE. The costs of the continuation and further expansion of the health education program, principally training and personnel, are also within the means of the MOE, utilizing the facilities and services available in the MOE in addition to the DG/EIE.

This project, utilizing AID funds and MOE resources, will finance the additional costs associated with establishing the program on a national basis in one quarter of the school population. The AID contribution will fund the costs of training, the production of textbooks and teachers' manuals, technical assistance, participant training, and some audio visual equipment. The MOE will assume certain of these costs during the second year of the project, i.e., program materials, writing of textbooks and teachers' manuals, overtime and staff fees, consultant fees, and local transportation and distribution. During both years the MOE will share the cost of the procurement of audio visual equipment. Therefore, the DG/EIE is providing direct funding for about \$45,000 of project costs over and above its in-kind contribution, which is also substantial. This monetary contribution is another indication of the MOE's strong commitment to the health education program.

The Health Education Unit will expand considerably over the two-year project eventually reaching a total of 34 staff members and 221 teachers. A budget for its continuing activities after two years will be prepared and submitted to the Parliament as part of the general MOE proposed budget at the appropriate time during the budgetary cycle.

Health Unit Staff at the level planned under this project are considered sufficient for the successful continuation of the program beyond year two. Other recurring costs (travel and per diem, audio visual maintenance and parts, transportation, continued textbooks and curriculum content review and revision, and misc.) is estimated to cost approximately LL.140,000 annually (or \$28,000).

An illustrative budget for the services to be provided by the TMCA follows:

<u>Direct Costs:</u>	<u>Year 1</u>	<u>Year 2</u>
Director (part-time)	10,000	6,000
Project Coordinator	7,000	5,000
Secretarial Assistance	8,000	5,000
Accountant and Auditors	10,000	3,000
Clerk	3,500	1,000
Translation	4,000	900
Consultants Fees (mgt. & tech)	26,000	17,000
Travel and Per Diem	<u>3,000</u>	<u>1,800</u>
	71,500	39,700
<u>Other Indirect Costs: (20%)</u>	15,000	6,800
Office Space, Office Equipment, Electricity, Telephone, Supplies, and Miscellaneous.	_____	_____
<u>TOTAL:</u>	86,500	46,500
	*****	*****

Two Year Total: \$133,000  
\*\*\*\*\*

The project will utilize the standard A.I.D. financial arrangements. A phased payment schedule will be developed. Based upon an initial estimated budget for first quarter activities an advance will be made to the project account. Thereafter, this account will be reimbursed on a regular basis, after a review of project financial documentation by A.I.D. personnel .

The following budget has been reviewed in detail by Mission and host country officials and found to be in accordance with the standard and usual costs in Lebanon.

This project does not require substantial technical and financial planning and is not a capital development project; section 611(a)(1) of the Foreign Assistance Act of 1961, as amended, is deemed not to be applicable. However, the cost estimates and financial plan as well as the Technical Analysis herein satisfy the substance of that section.

**HEALTH EDUCATION PROGRAM**

**BUDGET IN U.S.\$.**

	A. I. D		M.O.E.	
	2nd Phase Year 1	3rd Phase Year 2	2nd Phase Year 1	3rd Phase Year 3
<b>I. TRAINING: 200 TEACHERS &amp; 30 ADMINISTRATORS</b>				
<b>A. TEACHERS TRAINING</b>				
1. Personnel: consultant trainers: coordination & supervision 4 courses 90 hrs/each @ \$50/lesson	35,500	27,000	-	8,000
2. Conference facilities	13,000	6,000	5,000	5,000
3. Salaries for trainees	-	-	55,000	55,000
4. Per Diem: 100 pers. @ \$10/day x 18	18,000	18,000	-	-
5. Program material	10,000	5,000	-	5,000
6. Miscellaneous and contingencies	-	-	-	3,000
	<u>76,500</u>	<u>56,000</u>	<u>60,000</u>	<u>76,000</u>
<b>B. HEALTH UNIT STAFF</b>				
1. Training: 80 hrs. @ \$50/lesson	4,000	4,000	-	-
2. Salaries	-	-	6,000	6,000
3. Conference facilities	1,000	1,000	4,000	4,000
4. Per Diem: 15 pers. @ \$10/day x 20	3,000	3,000	-	-
5. Program material	1,000	1,000	-	500
6. Miscellaneous and contingencies	-	-	-	500
	<u>9,000</u>	<u>9,000</u>	<u>10,000</u>	<u>11,000</u>
<b>C. FOLLOW UP ON TEACHERS TRAINING</b>				
1. 4 Sessions 80 hrs/each @ \$50/lesson	16,000	16,000	-	-
2. Salaries	-	-	60,000	60,000
3. Conference facilities	5,000	5,000	10,000	10,000
4. Per Diem for teachers: 15 pers. @ \$10/day each x 4 sessions x 20 days each	12,000	12,000	-	-
5. Program material	5,000	5,000	-	-
6. Per Diem for Health Unit staff - follow up trips @ \$30 per day	10,750	10,750	-	-
7. Miscellaneous & contingencies	-	-	-	3,000
	<u>48,750</u>	<u>48,750</u>	<u>70,000</u>	<u>73,000</u>
<b>I. TOTAL c/f</b>	<u>134,250</u>	<u>113,750</u>	<u>140,000</u>	<u>160,000</u>

BUDGET IN U.S.\$ (continued)

	A. I. D.		M. O. E.	
	2nd Phase Year 1	3rd Phase Year 2	2nd Phase Year 1	3rd Phase Year 2
I. Total c/f	134,250	113,750	140,000	160,000
II. <u>BOOKS</u>				
A. Authors, reviewers, etc. (gr.3-9)				
Yr. 1: 3 books/100 p.each	21,000	-	3,000	6,000
Yr. 2: 6 books/100 p.each	22,000	20,000	-	-
B. Printing & producing of books	22,000	38,000	-	-
C. Reprinting of books grades 1-5	15,000	25,000	-	-
D. Writing of teachers guides	24,000	8,000	3,000	3,000
E. Printing of teachers guides	7,500	7,500	-	-
	<u>111,500</u>	<u>98,500</u>	<u>6,000</u>	<u>9,000</u>
III. <u>IMPLEMENTATION</u>				
A. Salaries: teachers & staff	-	-	850,000	1,500,000
B. Facilities	-	-	150,000	300,000
C. Technical & academic consultant	13,000	13,000	-	-
D. Office staff	-	-	30,000	30,000
E. Overtime & extra staff fees	30,000	15,000	5,000	5,000
F. Consultants fees:				
Evaluation & reviewing Committees	8,000	8,000	3,000	3,000
	<u>51,000</u>	<u>36,000</u>	<u>1,038,000</u>	<u>1,838,000</u>
IV. <u>AUDIO VISUAL AIDS &amp; MATERIALS</u>	35,000	-	5,000	6,000
V. <u>STAFF DEVELOPMENT &amp; SPECIALIZED TRNG.</u>	60,000	-	-	-
VI. <u>TRANSPORTATION &amp; LOCAL DISTRIBUTION</u>	5,000	-	-	5,000
VII. <u>INFLATION, MISCELLANEOUS &amp; CONTINGENCIES</u>	16,750	5,250	-	-
VIII. <u>MANAGEMENT SERVICE CONTRACT</u>	36,500	46,500	-	-
GRAND TOTAL:	<u>500,000</u>	<u>300,000</u>	<u>1,189,000</u>	<u>2,018,000</u>

### G. Women in Development

This project does not specifically target women as beneficiaries. However, efforts have been made in the design of the project to insure female participation and impact at least equal to that of the male population. For example, by targetting the project to the elementary and intermediate levels, the project will capture more female students who have a much higher drop-out rate after this level of education than males. Similarly, the majority of the teachers at these school levels are female. Therefore, through the program additional employment opportunities and the opportunity for specialized training will be provided to women. This exposure and training will impact upon their personal as well as professional lives.

#### IV. IMPLEMENTATION PLANNING:

##### A. Introduction

During the experimental phase, the DG/EIE gained valuable experience in the design, implementation, and evaluation of this program. Key elements were tested in a controlled manner such that during this project (which represents an expansion from 4000 to 80,000 students) projections concerning timing, staff and other resource requirements, and general level of effort can be reliably predicted. Also, much of the necessary groundwork, such as curriculum development, has been undertaken to a level where it can be assumed not to negatively affect project implementation. To further assure timely achievement of project objectives, a health education consultant who is an expert in the field and has good managerial experience will be contacted by the MOE during the life of the project.

##### B. Implementation Plan

###### 1. Implementing Agency

This project will be implemented by the DG/EIE of the MOE. The project will continue to utilize the already established design, testing, evaluation, and continuous feedback approach. For example, the introduction of the program into grades 1 through 5 will benefit from the experience gained through the experimental project carried out during 1981/2 in Grades 1 and 2. Likewise, the introduction of the program to Grades 6 through 9 in 1983/84 will be based upon the results of the experimental phase in grade 5 to 7 in 1982/83.

###### 2. Contractual Arrangements and Other AID Approvals

This project will require the following contractual arrangements which will be executed using AID's host country procedures and Mission approval.

- a. A two-year host country contract between the MOE and the YMCA to provide technical services, financial management, and some administrative support. The principal reason for the participation of the YMCA in this project is to provide the flexibility and independence necessary to insure maximum benefit from project resources, coordination of goods and services to be procured from the private sector, and the timely achievement of project objectives.

Specifically, the YMCA will provide:

1. Management of project funds and training of Health Unit Staff in financial management.
2. Reporting on progress of program and training of Ministry Staff in reporting.
3. Management training for Health Unit Staff.
4. Assistance in purchasing, contracting and sub-contracting.
5. Assistance in formation of Review and Evaluation Committees.
6. Assistance in planning and election of trainees for specialization abroad.
7. Training of an MOE accountant in auditing and accounting procedures.
8. Coordination and supervision of all training courses.
9. Training of Health Unit Staff in coordination and supervision of training courses.
10. Undertake other activities and provide other assistance as required by the DG/EIE.

For this contract, a single source waiver will be required. The basis of this waiver will be the unique expertise and position of the YMCA with respect to their experience with the program during the experimental phase, intimate knowledge of the current and future project requirements, excellent working relationship with DG/EIE staff, and non-existence of other local agencies with the combined expertise in all of the areas needed by the project, health education, administration, financial management, private sector linkages, training. A waiver for this purpose is contained in Annex I.

- b. The MOE will contract directly with a health education consultant for the life of the project. This person will have an acceptable amount of experience in the areas of management, health education, and training and an advanced degree in a relevant academic field. This person will play a key role in liaison between the MOE, the YMCA, and AID. His/her office will be physically located in the Central Health Unit.
- c. The DG/EIE with the assistance of the YMCA will prepare specifications, solicit bids, and contract for the procurement of the audio visual equipment, materials, and a maintenance contract with the supplier. Due to the need of some of this equipment for use in the training courses during the summer, a source waiver will be required for the procurement of US made audio visual equipment. This waiver is included in Annex J.
- d. The DG/EIE will also contract with authors, artists, and publishing firms to produce and reprint the textbooks and training manuals.
- e. All other commodity procurement will be arranged by the DG/EIE with AID approval.
- f. Short term training in the US will be contracted by the Mission with the assistance of AID/W,

Standard host country contracting procedures will be utilized throughout as well as the review by AID and authorization through Project Implementation Letters.

### 3. Pre-project Authorization Actions

After the submission of this paper to AID/W but before its final authorization, the DG/ EIE will, in collaboration with the staff of the Central Health Unit, select and assign 15 staff members to the District Health Units and 100 teachers to the Health Education Program. This action will be necessary at this time in order to reach the teachers prior to the conclusion of the school year.

#### 4. Initial Actions

Once funding has been authorized, an MOE accountant will be assigned part-time to the Central Health Unit Staff. Once Project Implementation Letter No. 1 is issued and the initial CPs have been satisfied, the contracts with the YMCA and the Health Education Consultant will be negotiated and signed. Training of teachers and new health unit staff will be carried out over the summer vacation.

The DG/EIE is seen as prepared to initiate these actions in a timely manner utilizing the curriculum and training materials developed and revised during the experimental phase of the program.

#### 5. Training Plan

Due to the scarcity of health education expertise and materials in Lebanon, the private sector has been and will continue to be utilized to develop, test, review, and revise materials and deliver training courses with the increasing utilization of the staff of the Central and District Health Units. Specific training courses will be held as follows:

##### a. Training of District Health Unit Personnel

Two training courses, each accommodating 15 persons will be conducted, one in 1982/83 and the other in 1983/84. The training program for each of these courses will contain 80 hours of material developed and revised based on the similar training program conducted during the experimental project stage in 1981/82.

##### b. Health Education Teacher Training

Eight training courses, each accommodating about 25 teachers, will be conducted over the two-year life of the project. In the first year of the project (1982/83) four courses will be conducted. Three of the four courses will be given during the 1982 summer vacation for teachers in grades 1 to 5.

The fourth course schedule for the first year will be conducted to train intermediate level teachers for grades 6 to 7.

In the second year of the project (1983/84), another four training courses (three for Intermediate Level and one for Elementary Level) will be conducted. At the end of the two-year, 125 Elementary and 75 Intermediate Level teachers, along with 21 teachers trained earlier, will be teaching a revised health curriculum to around 80,000 public school children.

c. Follow-up Training

Follow-up on the effectiveness of teachers, and teaching methods and materials will be done continuously. Four formal follow-up/feedback sessions will be conducted in each of the two-year life of the project. These courses will extend over 20 days each and will stress sharing of teaching experiences and evaluations of the program's effectiveness.

d. Participant Training of DG/EIE Staff

Up to 12 months of short-term training in the US have been programmed over the life of the project. Participants in this training, which will consist of observational trips and specialized education, will be Health Unit staff members and selected teachers.

C. Project Evaluation

As previously stated, internal evaluation of all project activities will be continuous. Teaching and training materials will be developed, produced, tested, and revised. Monthly sessions between teachers, Health Unit staff, and School Directors, when possible, will be held. In addition, eight formal follow-up training sessions will be held over the life of the project.

Overall project impact and institutionalization will be measured twice during the project. The first will be carried out at the conclusion of the first year and will consist of:

- a. Review of the change in knowledge and practice of positive health behaviors by the students and their family members. This review will be based upon pre and post-testing, parent/teacher consultations, field visits, and home visits.

- b. Analysis of the DG/EIE's capacity to fully implement the second year activities after the YMCA has phased out. The evaluation will focus on (1) the assignment of adequate staff, teachers, and office space to the program, (2) satisfactory capability of the DG/EIE in the area of financial management, and (3) overall program administration and the timely achievement of project objectives.

The final evaluation to be held towards the end of the program will measure additional progress towards (a) and (b), above and will also evaluate achievement of key institutionalization indicators such as:

- i. Arrangements made for the continued reprinting of textbooks.
- ii. System in place for maintenance and distribution of audio visual equipment and materials.
- iii. Existence of curriculum and proto-type teaching materials for use in the Teacher Training Colleges.
- iv. Development of an annual budget and the provision of a separate allotment for the DG/EIE Health Unit's continued operation.
- v. Linkages in place with other MOE offices (RDC, Teacher Training Colleges, etc.), other GOL agencies, such as the MOH, Ministry of Information, Ministry of Finance, and other private educational institutions as appropriate.

#### Conditions, Covenants, Negotiating Status

##### 1. Conditions prior to First Disbursement

Prior to the first disbursement under the Grant, or to the issuance by AID of documentation pursuant to which disbursement will be made, the Grantee will, except as the parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID:

- a. An opinion of counsel acceptable to AID that this Agreement has been duly authorized and ratified, by, and executed on behalf of, the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms;
- b. A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2 of the Project Grant Agreement and of any additional representatives together with a specimen signature of each person specified in such statement;
- c. Evidence that a sufficient number of teachers has been assigned to initiate the health education program;
- d. Evidence that a sufficient number of MOE employees has been assigned to work in the District Health Units;
- e. Evidence that an accountant has been assigned to the Central Health Unit on a part-time basis.

## 2. Covenants

### a. Project Evaluation

The parties agree to establish an evaluation as part of the Project. Except as the parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter;

1. evaluation towards the attainment of the objectives of the project;
2. identification and evaluation of problem areas or constraints which may inhibit such attainment;
3. assessment of how such information may be used to help overcome such problems; and
4. evaluation, to the degree feasible, of the overall development impact of the project.

### b. Staffing, Training and Coordination

The Grantee covenants to provide adequate staff, implement necessary staff training and to effect necessary actions to assure that project objectives are accomplished. This will include 100 teachers annually, 15 District Health Unit staff annually, and office space for the District Health Units.

### 3. Negotiating Status

The terms and conditions of the project paper have been reviewed and agreed upon by appropriate GOL and Mission personnel according to standard AID procedures. The initial draft and this final paper were reviewed by the Minister of Education and the Director of Elementary and Intermediate Education. Technical and managerial issues were discussed and agreed upon with the Chief of the Central Health Unit. The budget was prepared by the MOE with the approval of the AID Rep/L.

MAJOR IMPLEMENTATION ACTIONS

	Year One					Year Two								
	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Project Paper Submitted to AID/W	X													
Selection and Assignment of 15														
Health Unit Staff Members		X									X			
100 Health Education Teachers		X									X			
Project Paper Approval	X													
Account Assigned Parttime to CHU	X													
PII. #1 Issued	X													
CPS Satisfied			X											
Management Services Contract														
Health Education Consultant														
Training of District Health Unit Staff														
Training of Teachers														
Short term Training of Chief, Central Health Unit														
Production and Reprinting of Textbooks and Teaching Materials														
Procurement of Audio Visual Equipment														
Teaching														
Testing of Curriculum Textbooks, and Teaching Materials														
Monthly District Health Unit Reviews														
Follow up Training Sessions														
Revision of Curriculum and Teaching Materials for use in Teacher Training Colleges														
Arrangements Made for Continued Reprinting of Textbooks														
Provision of a Separate Budgetary Allotment to the Health Unit														X
Evaluations														
Selection of Participants for Short Term Training														
Short Term Training														



DEPARTMENT OF STATE

(UNCLASSIFIED DISTRIBUTION)

# TELEGRAM

ANNEX A

*Weekend cable*

UNCLASSIFIED

FROM: AFB

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to log m

**ACTION COPY**

INFO:  
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DCM  
CHRON  
**DO**

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FM SECSTATE WASHDC  
TO AMEMBASSY BEIRUT 3493  
BT  
UNCLAS STATE 117027

AIDAC

E.O. 12865: V/A

TAGS:

SUBJECT: PID REVIEW, HEALTH EDUCATION PROJECT (25B-3327)

1. NEAC REVIEWED AND APPROVED SUBJECT PID ON APRIL 22, 1982 BASED ON THE FACT THAT THE ACTIVITY PROPOSED REPRESENTS A LOGICAL CONTINUATION OF THE HEALTH EDUCATION PROJECT BEGAN UNDER THE YMCA OPS (PROJECT 25B-2315). MISSION IS THEREFORE AUTHORIZED TO PROCEED WITH PREPARATION OF THE PROJECT PAPER. THIS IS BASED ON THE ASSUMPTION THAT SUFFICIENT DATA WILL BE AVAILABLE FROM THE ON-GOING EVALUATION OF THE OPS TO CONFIRM THE QUALITY OF THE MATERIALS AND TRAINING AND TO GIVE MEANINGFUL INPUT TO THE PP.

2. THE FOLLOWING ISSUES AND CONCERNS WILL REQUIRE FURTHER ANALYSIS IN THE PROJECT PAPER:

A. MISSION PROJECT FUNDING PLAN RECOMMENDATION IS NEEDED. I.E. ONLY DOLS 500,000 ALLOTTED TO THE PROJECT IN FY 82.

B. PP SHOULD CLEARLY INDICATE THAT MOE WILL BE RESPONSIBLE FOR THE ACTIVITY AT THE END OF TWO YEARS AND IDENTIFY MOE ACTIONS TO TAKE OVER PROGRAM. IN VIEW OF THIS, PHASE-IN. A MORE ACTIVE MOE FUNDING ROLE SHOULD BE CONSIDERED, FOR EXAMPLE, DURING YEAR TWO, MOE COULD BEGIN PICKING-UP SOME OF THE COSTS OF COMMODITIES AND PRINTING.

3. THE ADMINISTRATION AND MANAGEMENT OF THE PROJECT FROM THE GOV SIDE SHOULD BE ANALYZED IN DEPTH. WILL THE DGEIE BE ABLE TO SUPERVISE THE PROGRAM EFFECTIVELY AFTER YEAR TWO FOR ITS SUCCESSFUL CONTINUATION? HOW WILL PRINTING AND DISTRIBUTION OF MATERIALS BE ACCOMMODATED AS PROGRAM EXPANDS?

D. A MORE DEFINITIVE REVIEW OF THE PROSPECTS OF THE MOE MAKING HEALTH EDUCATION A PART OF THE FORMAL SCHOOL CURRICULUM IS NEEDED. IF IT APPEARS LIKELY THAT THE GOV WILL NOT ACCEPT THE PROGRAM, WHAT ARE THE ALTERNATIVES? A WRITTEN COMMITMENT FROM THE MOE SHOULD IDEALLY BE PART OF THE PP.

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40

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3. NE/TECH/HPV RESOURCE PERSON, CRIS LOKEN, WILL BE  
PREPARED TO ASSIST MISSION ADDRESS THESE ISSUES.  
ETA FOLLOWS. HAIG  
BT  
47027

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41

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Annex B

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Department of State

INCOMING  
TELEGRAM

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BEIRUT 03446 171235Z

4610 092715 A104949

ACTION AID-35

6. MISSION PLANS TO HAVE FINAL PP ARRIVE IN AID/W ON  
MONDAY, MAY 25, FOR REVIEW.  
BARRETT

ACTION OFFICE NETC-04

INFO NEPD-04 NEDP-02 PPCE-01 PDPR-01 PPPB-03 FM-02 AAST-01  
STHE-01 ED-02 NEME-03 MNS-09 RELO-01 MAST-01 /035 A4 817

INFO OCT-00 INR-10 EB-08 NEA-07 AMAD-01 OES-09 /070 V  
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TO SECSTATE WASHDC PRIORITY 6518

UNCLAS BEIRUT 3446

AIDAC

E.O. 12065: N/A

SUBJECT: HEALTH EDUCATION PID, 266-0320

REF: STATE 117027

1. PP IS IN FINAL STAGES OF REVIEW AND PREPARATION.  
FOLLOWING ARE MISSION RESPONSES TO ISSUES RAISED IN  
NEAC REVIEW.

2. EVALUATION: AID STAFF HAS PARTICIPATED IN REVIEW OF  
MID-TERM EVALUATION OF CURRICULUM, TEXTBOOKS, TEACHING  
TECHNIQUES, AND PROGRAM ADMINISTRATION. RESULTS OF THIS  
EVALUATION VERY ENCOURAGING. PRE AND MID-TERM TESTING CARRIED  
OUT ON SAMPLE OF STUDENTS USING INTERVIEW AND  
DEMONSTRATION TECHNIQUES. STUDENTS SCORES ROSE  
DRAMATICALLY, RETENTION WAS GOOD, AND STUDENTS WERE  
ABLE TO DEMONSTRATE LEARNED HEALTH PRACTICES ON A MUCH  
IMPROVED LEVEL.

3. TOTAL PROJECT FUNDING \$800,000 OF WHICH \$500,000  
WILL BE OBLIGATED DURING FY 82.

4. INSTITUTIONALIZATION ACTIONS DISCUSSED WITH MOE OFFICIALS.  
MOE HAS EXPRESSED FULL COMMITMENT AND AGREED TO  
INCLUSION OF SEVERAL INDICATORS IN PP AND SCHEDULED EVALUATIONS  
OF PROJECT. SPECIFIC INDICATORS DEVELOPED ARE:

A. ADAPTATION OF TEACHER MANUALS AND CURRICULUM FOR  
CONTINUING TEACHER TRAINING IN MOE TEACHER TRAINING  
COLLEGES.

B. ARRANGEMENTS MADE WITHIN MOE AND/OR PRIVATE PUBLISHING  
FIRMS FOR THE CONTINUED REPRINTING OF TEXTBOOKS.

C. SPECIAL BUDGETARY ALLOTMENT FOR MOE HEALTH UNIT.  
FY1: IN LEBANON TEXTBOOKS ARE PRINTED BY THE MOE AND BY  
PRIVATE PUBLISHING FIRMS. THESE ARE THEN SOLD TO STUDENTS  
THROUGH BOOKSTORES. END FY1.

5. IN LEBANON AN ACT OF PARLIAMENT IS REQUIRED TO CHANGE  
THE SCHOOL CURRICULUM. ONCE THAT ACTION IS TAKEN ALL  
PUBLIC AND PRIVATE SCHOOLS MUST INTEGRATE THE CHANGE.  
THEREFORE, SINCE TRAINED HEALTH EDUCATION TEACHERS AND  
TEXTBOOKS WILL NOT BE AVAILABLE FOR BROAD NATIONAL COVERAGE  
FOR FOUR YEARS, IT WOULD NOT BE PRUDENT TO PROPOSE THE  
FORMAL INCLUSION OF HEALTH EDUCATION TO THE SCHOOL  
CURRICULUM BEFORE THE END OF THE PROJECT. HOWEVER,  
MISSION AND MOE HAVE DECIDED UPON THE NECESSARY ACTIONS  
(MENTIONED PARAGRAPH 4 ABOVE) THAT WILL INSURE INSTITUTIONALIZATION  
OF THE HEALTH EDUCATION PROGRAM. THE MOE FULLY INTENDS TO  
INTRODUCE THE FORMAL PROPOSAL ONCE THE REQUIRED RESOURCES  
ARE AVAILABLE. THIS COMMITMENT ON THE PART OF THE MOE IS  
REITERATED IN THE FORMAL REQUEST FROM THE MINISTER OF EDUCATION.

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42

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Project Title and Number: Health Education (268-0320)

Life of Project: 2 Years  
From: FY 1983 to FY 1985  
Total US Funding: \$960,000  
Date Prepared: May 17, 1982

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Improve Health Status of Lebanese Population</p>	<p>Decreased incidence of morbidity, healthier home and school environment for the population.</p>		<p>Continuation and of institutionalization of formal program of health education throughout Lebanon's private and public schools.</p>
<p>Project Purpose</p> <p>The purpose of this project is to create awareness, increase knowledge, positively influence attitudes, and foster adoption of appropriate preventive curative health behaviors of public school students through organized health education efforts.</p>	<p>End of Project Status</p> <p>Knowledge of health behavior increases by at least 50 percent in target group.</p> <p>Increased awareness of some program content by other family members.</p> <p>Students' ability to perform 90 percent of practices taught in the classroom and that these practices are performed at home.</p> <p>5 district health units in place.</p> <p>300 schools participating in program.</p>	<p>Pre and post testing, class attendance, teacher's reports, home visits, interviews with students and parents, site visits.</p>	<p>a) "Learning by doing" will be emphasized over simple memorization through activities and exercises designed for every level of education.</p> <p>b) Practices taught in the classroom will be performed at home.</p> <p>c) Adequate technical assistance is available from the YMCA and local university experts and will be utilized on an as needed basis.</p> <p>d) Project will emphasize training, feedback, follow-up, and site visits on a regular programmed basis.</p>

63

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Project Title and Number: Health Education (268-0320)

Life of Project: 2 Years  
From: FY 1983 to FY 1985  
Total US Funding: \$960,000  
Date Prepared: May 17, 1982

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
			e) Specialized training will be provided to selected DG/EIE personnel to further enhance their technical competence.  f) Program evaluation and feedback systems will be an integral part of every aspect of project implementation.

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Project Title and Number: Health Education (268-0320)

Life of Project: 2 Years  
From: FY 1983 to FY 1985  
Total US Funding: \$960,000  
Date Prepared: May 17, 1982

OUTPUT	MAGNITUDE OF OUTPUTS	MEANS OF VERIFICATION	ASSUMPTIONS
As operational health education program with trained staff and curricula materials institutionalized in the MOE	<p>Central Health Unit established and fully functional.</p> <p>Five District Health Units established and functioning.</p> <p>Curriculum developed and tested</p> <p>Textbooks and teaching materials developed, tested, revised and printed.</p> <p>200 Health Education teachers trained and teaching.</p> <p>30 health unit staff members trained.</p> <p>Curriculum implemented in 300 schools.</p> <p>Special budgetary allotment approved.</p> <p>System for maintenance and distribution of AV equipment.</p> <p>Student school and home health projects completed.</p>	<p>MOE records, site visits MOE project reports.</p> <p>MOE records and site visits.</p> <p>Review of materials financial records and contracts for publication of texts.</p> <p>MOE records and site visits.</p> <p>Training records</p> <p>Training records</p>	Office and classroom space provided by MOE as per the project covenants.

45

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Project Inputs:	Implementation Targets (Type and Quantity)	Site inspections, review of vouchers, budgetary allocations for MOE and DG/EIE, PIOs.	Funding and Staff will be made available by the GOL.
	(000's)		
<u>MOE</u>			
1. Salaries .....	\$ 2,662		
2. Facilities .....	\$ 488		
3. Materials .....	\$ 16.5		
4. Other Costs .....	\$ 40.5		
TOTAL:	\$ 3,207		
<u>AID</u>			
1. Tech. Assistance ...	\$ 270		
2. Training .....	\$ 308		
3. Commodities .....	\$ 150		
4. Other Costs.....	\$ 72		
TOTAL:	\$ 800		

AID HANDBOOK 3, App 5C(2)

TRANS. MEMO NO.

141

EFFECTIVE DATE

December 16, 1953

## 5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual funding sources; Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE?  
HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

## A. GENERAL CRITERIA FOR PROJECT

1. Continuing Resolution  
Unnumbered; FAA Sec. 634A;  
Sec. 651(b).

(a) Describe how authorizing and appropriations Committees of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$ million over that amount)?

The congress will be notified in accordance with Agency procedures.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) yes.  
(b) yes, appear in project paper.

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

Not applicable

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FORM NO. 5(2)-2	EFFECTIVE DATE December 16, 1980	TRANS MEMO NO. 141	AID HANDBOOK 1, App 5(2)
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- A. 4. FAA Sec. 611(b); Continuing Resolution Sec. 501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in the Principles and Standards for Planning Water and Related Land Resources, dated October 25, 1977? **Not applicable.**
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project? **Not applicable.**
6. FAA Sec. 209. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. **This project is not susceptible. Assistance will not encourage regional development programs.**
7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.
  - (a) No.
  - (b) Yes. Indirect benefits of this project will foster private initiative and competition.
  - (c) No.
  - (d) Not applicable
  - (e) No.
  - (f) No.
8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. **Certain training and equipment will be sought from the US or from US origins.**

a. participation in foreign assistance program (including use of private trade channels and the services of U.S. private enterprise).

9. FAA Sec. 612(b), 616(h); Continuing Resolution Sec. 508. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.

The Grant Agreement will so provide.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

No. Lebanon is not an excess currency country.

11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

Yes, except where noted in Project Paper.

12. Continuing Resolution Sec. 505. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?

Not applicable.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 107(b), 111, 113, 281(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor

(a) Target group is 100,000 public school students from lower socio-economic groups.

... intensive production and the use of appropriate technology, increasing investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (d) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (e) support the self-help efforts of developing countries; (f) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (g) utilize and encourage regional cooperation by developing countries?

D. PAA Sec. 104, 104A, 104, 105, 106, 107. Is assistance being made available; (include only applicable paragraph which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.)

(1) 104 for agriculture, rural development or nutrition; if so (a) extent to which activity is specifically designed to increase productivity and income of rural poor; 104A if for agricultural research, full account shall be taken of the needs of small farmers, and extensive use of field testing to adapt basic research to local conditions shall be made; (b) extent to which assistance is used in coordination with programs carried out under Sec. 104 to help improve nutrition of the people of developing countries

(b) Project will assist in the strengthening of public school system.

(c) Project will encourage effective preventative health behaviors.

(d) Project will provide job opportunities and training to women; health education to female students.

(e) Not applicable.

(b) Nutrition status will be improved through education in health and nutrition.

R.1.b.(1) through encouragement of increased production of crops with greater nutritional value, improvement of planning, research, and education with respect to nutrition, particularly with reference to improvement and expanded use of indigenously produced foodstuffs; and the undertaking of pilot or demonstration of programs explicitly addressing the problem of malnutrition of poor and vulnerable people; and (a) extent to which activity increases national food security by improving food policies and management and by strengthening national food reserves, with particular concern for the needs of the poor, through measures encouraging domestic production, building national food reserves, expanding available storage facilities, reducing post harvest food losses, and improving food distribution.

(2) [104] for population planning under sec. 104(b) or health under sec. 104(c); if so, (1) extent to which activity emphasizes low-cost, integrated delivery systems for health, nutrition and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems and other modes of community research.

(4) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development;

(4)(i) Project will make health education available through public school system to rural and urban poor and assist in the strengthening of the public school system.

PAGE NO. 5C(2)-6	EFFECTIVE DATE December 16, 1980	TRANS. MEMO NO. 3:41	AID HANDBOOK 3, App 5C(2)
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u.l.b.(4) and (ii) extent to which assistance provides advanced education and training of people in developing countries in such disciplines as are required for planning and implementation of public and private development activities.

(4)(ii) Project will provide training to public school teachers and administrators in management and health education.

(5) [106; ISDCA of 1980, Sec. 304] for energy, private voluntary organizations, and selected development activities; if so, extent to which activity is: (i) (a) concerned with data collection and analysis, the training of skilled personnel, research on and development of suitable energy sources, and pilot projects to test new methods of energy production; (b) facilitative of geological and geophysical survey work to locate potential oil, natural gas, and coal reserves and to encourage exploration for potential oil, natural gas, and coal reserves; and (c) a cooperative program in energy production and conservation through research and development and use of small scale, decentralized, renewable energy sources for rural areas;

(ii) technical cooperation and development, especially with U.S. private and voluntary or regional and international development organizations;

(iii) research into, and evaluation of, economic development process and techniques;

(iv) reconstruction after natural or manmade disaster;

(v) for special development problems, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(vi) for programs of urban development, especially small laborintensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

AID HANDBOOK 3, App 5C(2)	TRANS. MEMO NO. 1:41	EFFECTIVE DATE December 16, 1980	PAGE NO. 5(2)
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B 1. c. [107] is appropriate effort placed on use of appropriate technology? (relatively smaller, cost-saving, labor using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor.)

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least developed" country)?

Recipient country will provide almost 80 percent of project costs.

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

No.

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

Project utilizes local management and technical expertise available through local institutions.

g. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

Project contributes to the improved health which in turn increases the productive capacity of the population.

2. Development Assistance Project Criteria (Means Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to

PAGE NO. 5C(2)-8	EFFECTIVE DATE December 16, 1980	FRANC. MEMO NO. J:41	AID HANDBOOK 3, App 5C(2)
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8.2.a. repay the loan, at a reasonable rate of interest.

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

3. Project Criteria Solely for Economic Support Fund

a. FAA Sec. 531(a). Will this assistance promote economic or political stability? To the extent possible, does it reflect the policy directions of FAA Section 102?

Yes, the GOL will be perceived by the population as better able to meet their needs.

b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities?

No.

AID HANDBOOK 3, App 5C(3)	TRANS. MEMO NO. 1-41	EFFECTIVE DATE December 16, 1980	PAGE NO. 5C(3)
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5C(3) - STANDARD ITEM CHECKLIST

Listed below are the statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Yes, to the extent practical.
  
2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him? No. A source/origin waiver is sought to purchase training aids from 0935 countries if U.S. equipment is not available in Lebanon.
  
1. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will commodities be insured in the United States against marine risk with a company or companies authorized to do a marine insurance business in the U.S.? Not applicable.
  
4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement where the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) Not applicable.
  
5. FAA Sec. 603. Is the shipping excluded from compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities Will be complied with.

PAGE NO. 5C(3)-2	EFFECTIVE DATE December 16, 1980	TRANS. MEMO NO. 3:41	AID HANDBOOK 3, App 5C(3)
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A.5. (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates?

6. FAA Sec. 621. If technical assistance is financed, to the fullest extent practicable will such assistance, goods and professional and other services be furnished from private enterprise on a contract basis? If the facilities of other Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

Yes.

The facilities of other federal agencies will not be utilized.

7. International Air Transport, Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will provision be made that U.S. carriers will be utilized to the extent such service is available?

Yes.

8. Continuing Resolution Sec. 405. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States?

Yes.

9. Construction

1. FAA Sec. 401(d). If capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interests?

Not applicable.

ii 2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? Not applicable.

1. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million? Not applicable.

C. Other Restrictions

1. FAA Sec. 122(b). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? Not applicable.

2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? Not applicable.

1. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries? Yes.

4. Continuing Resolution Sec. 514 If participants will be trained in the United States with funds obligated in FY 1981, has it been determined either (a) that such participants will be selected otherwise than by their home governments, or (b) that at least 20% of the FY 1981 fiscal year's funds appropriated for participant training will be for participants selected otherwise than by their home governments? (b) No.

C. 5. Will arrangements preclude use of financing:

- a. FAA Sec. 104(f). To pay for performance of abortions as a method of family planning or to, motivate or coerce persons to practice abortions; to pay for performance of involuntary sterilization as a method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization? Yes.
- b. FAA Sec. 620(g). To compensate owners for expropriated nationalized property? Yes.
- c. FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotic programs?
- d. FAA Sec. 662. For CIA activities? Yes.
- e. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained. Yes.
- f. Continuing Resolution Sec. 504. To pay pensions, annuities retirement pay, or adjusted service compensation for military personnel? Yes.
- g. Continuing Resolution Sec. 506. To pay U.N. assessments, arrearages or dues. Yes.
- h. Continuing Resolution Sec. 507. To carry out provisions of FAA section 209(d) (Transfer of FAA funds to multilateral organizations for lending.) Yes.
- i. Continuing Resolution Sec. 509. To finance the export of nuclear equipment fuel, or technology or to train foreign nationals in nuclear fields? Yes.

AID HANDBOOK 3, App 5C(i)	TRANS. MEMO NO. 3:41	EFFECTIVE DATE December 16, 1960	PAGE NO. 56(1)
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c.5. j. Continuing Resolution Sec. 510. Will assistance be provided for the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights?

No.

k. Continuing Resolution Sec. 516. To be used for publicity or propoganda purposes within U.S. not authorized by Congress?

Yes.

Best Available Document

PROJECT AUTHORIZATION

Name of Country: Lebanon  
Name of Project: Health Education  
Number of Project: 268-0320

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health Education Project for Lebanon involving planned obligations of not to exceed \$800,000 in grant funds over a two year period from the date authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project.

2. This project consists of improving the health status of public school children by the provision of health education through the Ministry of Education (MOE) school system.

3. The Project Agreement which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate:

a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by A.I.D. under the Project shall have their source and origin in the United States and other free world nations, and (Code 935) except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to any disbursement, or to the issuance of any commitment documents under the Project Agreement, the Cooperating Country shall furnish, in addition to the standard legal opinion and specimen signature(s), in form and substance satisfactory to A.I.D.

(a) An opinion of counsel acceptable to A.I.D. that this Agreement has been duly authorized and ratified by, and executed on behalf of the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms;

(b) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2. of the Project Grant Agreement and of any additional representatives, together with a specimen signature of each person specified in such statement;

(c) Evidence that 125 teachers have been assigned to the health education program;

(d) Evidence that 15 MOE employees have been assigned to work in the District Health Units;

(e) Evidence that office space has been set aside in the MOE District Offices for the Health Units;

(f) Evidence that an accountant has been assigned to the Central Health Unit staff on a parttime basis.

c. The Cooperating Country Shall Covenant:

( i ) to provide adequate staff, implement necessary staff training and to effect necessary actions to assure the Project objectives are accomplished.

(ii) to establish evaluation as an integral part of the project.

Typed Name      Office Symbol      Date      Initial

Signature \_\_\_\_\_

Typed Name of Authorization Officer

61

(M 1 19)

APR 68

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I

1. CHARGING ENTITY  
**LEBANON**

2. PROJECT NUMBER of Request  
**268-0320**

3. PROJECT TITLE  
**HEALTH EDUCATION**

4. ACTION CATEGORY  
**NE**

5. FUNDING SOURCE  
**A**

6. FUNDING SOURCE  
**A**

7. FUNDING SOURCE  
**03**

8. FUNDING SOURCE  
**0**

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PROGRAM		D. 82		E. 83		F. 84	
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A. APPROPRIATION	B. ALLOTMENT REQUESTED	
	M. GRANT	N. MAN
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102		
103		
		TOTALS
	500	-0-

9. FUNDS RESERVED FROM ALLOTMENT

10. SIGNATURE

11. DATE

12. CHECK ONE:  NEW  MOD  CORR  OTHER **935**

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Annex F

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Department of State

INCOMING TELEGRAM

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PAGE 01

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ACTION OFFICE NETC-04

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GCFL-01 GCNE-01 NEME-03 RELO-01 MAST-01 LFT-01  
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R 011046Z FEB 83  
FM AMEMBASSY BEIRUT  
TO SECSTATE WASHDC 1413

UNCLAS BEIRUT 01153

AIDAC

E. O. 12356: N/A  
SUBJECT: SCHOOL HEALTH EDUCATION 268-0320

REF: STATE 014604

MISSION DIRECTOR AUTHORIZES NE BUREAU TO REVISE PP FACE SHEET TO REFLECT NEW TOTAL PROJECT COST OF DOLS. 950,000 AND CONCURS WITH SUBJECT NAME FOR PROJECT. DILLON

UNCLASSIFIED

63

UNITED STATES GOVERNMENT

# memorandum

DATE: April 21, 1982

REPLY TO  
ATTN OF: Barbara J. Ormond, <sup>hj</sup> Deputy Environmental Coordinator, IE/PD/PDS

SUBJECT: Lebanon: Health Education PID

TO: John Wiles, IE/TECH/HPN

I have reviewed the subject PID and recommend that it be given a "Negative Determination" under the provisions of 22 CFR 216.2 (c) Categorical Exclusions (2)(i), "AID Environmental Procedures".

64

RÉPUBLIQUE LIBANAISE  
MINISTÈRE DE L'ÉDUCATION NATIONALE  
ET DES BEAUX-ARTS

Mr. William R. McIntyre  
AID Representative  
American Embassy  
Beirut, Lebanon

May 18, 1982

12/1.7  
907/41

Dear Mr. McIntyre,

SUBJECT : Health Education Project  
268-0320

In reference to our recent discussions concerning the proposed expansion of the Health Education Program in the Directorate of Elementary and Intermediate Education, the Ministry is extremely pleased with the results of the AID-funded experimental project ( 268-0316 ) in this area. Based upon these results, we desire to expand this program to include national coverage as rapidly as possible. The Ministry of Education fully supports this effort and will contribute substantial resources to it.

Therefore, we hereby request your assistance in the form of a grant for \$ 800,000 for this purpose.



*Handwritten initials*

Sincerely yours,

*Handwritten signature of Rene Moawad*

Rene Moawad  
Minister of Education

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, NE

FEB 18 1983

FROM : NE/TECH, Kenneth H. Sherper *KS*SUBJECT: Waiver to Contact Managerial Services from a Single  
Source for the School Health Education Project No. 268-0320

**PROBLEM:** A waiver to contract for the management services from a single source is requested to permit the procurement of these services by the Ministry of Education for the Health School Education Project.

Cooperating Country: Lebanon

Project: Health Education 268-0320

Nature of Funding: Economic Support Fund

Description of Services Requiring Waiver: Management and technical assistance and support services in health education, training, financial management, administration, and supervision.

Approximate Value: \$162,000

Probable Source: Young Men's Christian Association (YMCA)

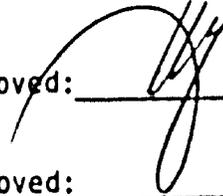
**JUSTIFICATION:** Under an AID-funded grant (project 268-0316) the YMCA in Lebanon successfully developed a set of health education curricula and teacher training materials for testing by the Ministry of Education. That project was envisioned as the first of a two-phased activity. Project 268-0320 is the second phase. The YMCA has established an excellent working relationship with the Ministry of Education (MOE) and it is proposed that they continue the work initiated in the phase one activity as they assist the MOE implement the health education program.

Under this new School Health Education Project (268-0320) principal responsibility for the expansion of this program will shift to the MOE. The contractor (YMCA) will provide management and technical services to the MOE to implement the program. The MOE has particularly requested that assistance from the YMCA continue since it developed the initial materials, has the most intimate knowledge of the information and can respond most effectively to cultural concerns and biases which may arise.

Time is also a factor in that the MOE had hoped to start this project last summer, but the war prevented project approval. It is essential that the teacher training program be set up and functioning by June so the summer break can be used for training. Otherwise another academic year will be lost.

The Mission and the Ministry of Education have indicated that they know of no other organization in Lebanon which can deliver the combined package of necessary skills in health education, linkage with the private sector resources, training and management services.

Pursuant to AID Handbook 1, Supplement 8, Chapter 12, Section 4a (2)(a)3, you are authorized to waive competition and approve negotiation with a single source for contracts up to \$500,000 where grantee desires to utilize a contractor previously engaged in the project for follow-on work and the contractor clearly has special capability by virtue of previous experience in the work. Although this is not the same project in this case, its follow-on nature and the particular experience and capability of YMCA to implement it adequately support this justification for your waiver. The anticipated contract amount of \$162,000 is clearly within your waiver authority.

Approved:  Date 28 FEB 1983  
Disapproved: \_\_\_\_\_ Date \_\_\_\_\_

NE/TECH/HPN:B Turner, X29196/GC/NE:8.Janigian, X28826, 2/17/83, am/1 #0996h

67

Action Memorandum for the AID Representative/Lebanon

FROM: Anne Dammare ~~X~~, General Development Officer

SUBJECT: Source/Origin Waiver for the Purchase of US  
Made Audio-Visual Equipment for the Health  
Education Project 268-0320

PROBLEM: A procurement source/origin waiver from Geographic Code 000 (U.S. only) to Geographic Code 935 (Special Free World) is requested to permit the purchase of the audio-visual equipment detailed below for use in the Health Education Project. Code 941 equipment of this type is not available in stock in Lebanon.

Cooperating Country: Lebanon  
Project: Health Education 268-0320  
Nature of Funding: Economic Support Funds  
Description of Com-  
modities Requiring  
Waiver:

Seven overhead projectors, seven slide projectors, four 16 mm movie projectors four transparency copiers, seven tape recorders, and tables.

Approximate Value: \$ 31,000 CIF Beirut, Lebanon

AID Handbook 11, Chapter 3, Section 2.6.1.3.(1) and (6)  
list circumstances which may merit waiving source/origin requirements;

- (1) There is an urgent requirement for which non-AID funds are not available and the requirement can be met in time only from suppliers in a country not included in the authorized geographic code.
- (6) Such other circumstances as are determined to be critical to the success of project objectives.

The circumstances for this particular waiver are listed below.

Justification:

This equipment is to be utilized in conjunction with a training course for health education teachers. During their training, the teachers will learn how to operate and maintain this equipment. In order to have these teachers prepared to commence teaching in the fall of 1982, this training must be held during the summer recess which begins in June. The purchase of this equipment would require a minimum two months if done in the U.S. by SER/COM. Therefore, there is not sufficient time for the scheduling and receipt of this equipment if procured from a US source.

In Lebanon there are several distributors of the kinds of audio-visual equipment needed by the project. Although these distributors are affiliates of American firms, it will not be possible to find any who have US made equipment in stock. In order to assure availability of these items and competitive procurement, it will be necessary to solicit bids from firms which stock equipment from European and Japanese origins.

Additionally, by buying the equipment from a local source, the Ministry of Education will be able to contract for maintenance service for all audio-visual equipment procured by the project. Funds have been set aside in the project for this purpose and the Ministry has agreed to continue these services once project funding terminates.

The non-receipt of this equipment in a timely manner will do serious damage to the implementation of project activities. Based on the information received from a preliminary evaluation of the experimental project (268-0316), this equipment is essential both to the teachers' training and for their use in the classrooms.

Recommendations:

According to Redelegation of Authority 113.3B, Section 4 (B), you have the authority to approve a waiver for U.S. source, origin, and nationality requirements to allow purchase of goods in A.I.D. geographic Code 935 when the cost of the goods does not exceed \$ 500,000. Based upon the justification set forth herein, it is requested that you approve a waiver of the requirement, under Handbook 1, Supplement B, that commodities procured pursuant to a USAID grant shall have their source and origin in the U.S. (Geographic Code 000). This waiver will permit procurement of the audio-visual equipment at an approximate value as set forth above, which has the source and origin in countries included in AID Geographic Code 935. In making this determination you are also required to determine: that exclusion of procurement of the project equipment from 935 would seriously impede attainment of U.S. foreign policy objectives and the objectives of the Foreign Assistance Program.

Approved: *[Signature]*

Disapproved: \_\_\_\_\_

Date: 12-4-54

**BIBLIOGRAPHY**

**Health Education Project Paper,**  
Jordan, 278-0245, FY-1980

**Background Paper: The Health Status of Lebanon, Department of Health  
Education, and Welfare, Office of International  
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**Final Report of Food and Waterborne Disease Surveillance in Lebanon,  
A.I.D. Project 268-0305, Communicable Disease Surveillance  
Subproject, July 1981.**

**YMCA/MOE Evaluation of the Health Education Project 268-0316,  
May, 1982.**

**Teaching Curricula and Materials, developed under the Health Education  
Project 268-0316.**

**A.I.D. Handbooks.**