

Patricia Moser

UNITED STATES AID MISSION to BOLIVIA  
c/o American Embassy  
La Paz, Bolivia

PD-AAK-282  
54581

USAID - BOLIVIA  
APO MIAMI 31022

Telephones: 350120, 350251  
Casilla 673  
La Paz, Bolivia

January 27, 1988

Mr. Bruce Harris  
Save The Children Federation  
Casilla 5793  
La Paz, Bolivia

Subject: Grant No.511-0601

Dear Mr. Harris:

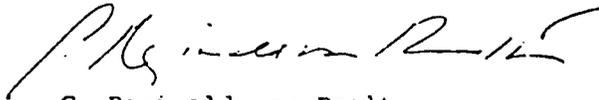
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to Save the Children Federation (SCF) the sum of \$1,000,000 to provide support for an activity to promote child survival in Bolivia through enhanced coordination among Private and Voluntary Organizations. The activity is described in the Schedule of this Grant and in Attachment 2, entitled "Summary Program Description."

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives for a three year period beginning with the date of this letter and ending January 26, 1991.

This Grant is made to Save the Children Federation on the condition that the funds be administered under the terms and conditions as set forth in Attachment 1, entitled "Schedule," Attachment 2, entitled "Summary Program Description," and Attachment 3, entitled "Standard Provisions," which have been agreed to by your organization.

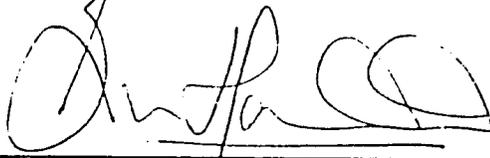
Please sign the original and seven (7) copies of this letter and return the original and six (6) copies to the Office of Contract Management, USAID/Bolivia.

Sincerely yours,



G. Reginald van Raalte  
Director

ACKNOWLEDGED:

By:   
Bruce Harris

TITLE: Field Office Director  
Save the Children Federation

Date Jan. 27th, 1988  
∴

ATTACHMENTS:

1. Schedule
2. Summary Project Description
3. Standard Provisions

FISCAL DATA

OBLIGATED AMOUNT \$1,000,000  
ESTIMATED LIFE OF PROJECT FUNDING \$1,677,000  
APPROPRIATION 72-1181021  
BUDGET PLAN CODE LDCA-88-25511-KG13  
PROJECT No. 511-0601  
  
AGREEMENT No. 80021  
  
SCF IRS EMPLOYER  
IDENTIFICATION No. 06-6726-487  
  
Funding Sources: AID/W \_\_\_\_\_ USAID X

0626L

CHILD SURVIVAL PVO NETWORK

OPERATIONAL PROGRAM GRANT

SCHEDULE

A. Purpose of Grant

The purpose of this grant is to provide support for the Child Survival PVO Network program with Save the Children Federation, as described in Attachment 2 to this Grant entitled "Summary Program Description."

B. Period of Grant

1. The effective date of this Grant is January 27, 1988. The expiration date of this Grant is January 26, 1991.

2. Funds obligated hereunder are available for program expenditures during the life of the Project, which is the period from the effective date through the expiration date of the Grant.

C. Amount of Grant and Payment

1. The total estimated amount for this Grant for program expenditures during the period set forth in B.1 above is \$1,677,000.

2. A.I.D. hereby obligates the amount of \$1,000,000 for program expenditures during the period set forth in B.1 and as shown in the Financial Plan below.

3. Payment shall be made to the Grantee on a cost reimbursement basis only.

4. Additional funds up to the total amount of the grant shown in C.1 above may be obligated by A.I.D. subject to the availability of funds, and to the requirement of the Standard Provision of the Grant, entitled "Revision of Financial Plans."

D. The following table is the Financial Plan for this Grant. Revisions to this plan shall require the approval of A.I.D. in accordance with the Standard Provision of this Grant, entitled "Revision of Financial Plans."

E. Reporting and Evaluation

Standard USAID/Bolivia quarterly project progress reports will be submitted to USAID 15 days after the reporting period which detail the project purpose; current assessment; project status (financial summary,

FINANCIAL PLAN \*

	FIRST YEAR			SECOND YEAR			THIRD YEAR			SUB-TOTALS
	AID	PVO	SUBTOTALS	AID	PVO	SUBTOTALS	AID	PVO	SUBTOTALS	
1. <u>SUBGRANTS SUBTOTALS</u>	162,500	87,500	250,000	390,325	210,175	600,500	-	-	-	850,500
2. <u>TA</u>										
A. International TA	90,000	30,000	120,000	90,000	30,000	120,000	37,500	12,500	50,000	290,000
B. Local TA	37,500	12,500	50,000	45,000	15,000	60,000	75,000	25,000	100,000	210,000
C. International Training & Start-Up	45,000	15,000	60,000	45,000	15,000	60,000	22,500	7,500	30,000	150,000
SUBTOTALS	172,500	57,500	230,000	180,000	60,000	240,000	135,000	45,000	180,000	650,000
3. <u>EQUIPMENT, MATERIALS AND SUPPLIES</u>										
A. Office Equipment	10,500	3,500	14,000	6,000	2,000	8,000	4,500	1,500	6,000	28,000
B. Field Equipment	15,000	5,000	20,000	13,500	4,500	18,000	-	-	-	38,000
C. Maintenance	2,250	750	3,000	4,500	1,500	6,000	4,500	1,500	6,000	15,000
SUBTOTALS	27,750	9,250	37,000	24,000	8,000	32,000	9,000	3,000	12,000	81,000
4. <u>PROJECT MONITORING AND EVALUATION</u>										
A. Field Supervision	4,500	1,500	6,000	6,750	2,250	9,000	12,000	4,000	16,000	31,000
B. Reporting	4,500	1,500	6,000	6,750	2,250	9,000	12,750	4,250	17,000	32,000
C. Subgrant Evaluations	-	-	-	7,500	2,500	10,000	30,000	10,000	40,000	50,000
D. Midterm Evaluation	-	-	-	4,500	1,500	6,000	-	-	-	6,000
E. Final Evaluation	-	-	-	-	-	-	4,500	1,500	6,000	6,000
SUBTOTALS	9,000	3,000	12,000	25,500	8,500	34,000	59,250	19,750	79,000	125,000
5. <u>ADMINISTRATION</u>										
A. International Staff	59,650	10,350	70,000	59,650	10,350	70,000	59,650	10,350	70,000	210,000
B. National Staff	16,350	2,850	19,200	31,700	5,500	37,200	31,700	5,500	37,200	93,600
C. Office Space	5,110	890	6,000	5,110	890	6,000	5,110	890	6,000	18,000
D. Communications	10,220	1,780	12,000	10,220	1,780	12,000	10,220	1,780	12,000	36,000
E. Office Utilities	1,020	180	1,200	1,020	180	1,200	1,020	180	1,200	3,600
F. Travel	3,060	540	3,600	10,220	1,780	12,000	10,220	1,780	12,000	27,600
G. SCF Accounting Costs	22,360	3,880	26,240	16,560	2,880	19,440	16,560	2,880	19,440	65,120
SUBTOTALS	117,770	20,470	138,240	134,480	23,360	157,840	134,480	23,360	157,840	453,920
6. <u>AGENCY OVERHEAD</u> 6% of (Line Items 1-5)	29,400	-	29,400	45,300	-	45,300	20,300	-	20,300	95,000
<b>T O T A L S</b>	<b>518,920</b>	<b>177,720</b>	<b>696,640</b>	<b>799,605</b>	<b>310,035</b>	<b>1,109,640</b>	<b>358,030</b>	<b>91,110</b>	<b>449,140</b>	<b>2,255,420</b>
	519,000	178,000	697,000	800,000	310,000	1,110,000	358,000	91,000	449,000	2,256,000

SCF Overhead 6% + OR - Rounding off each year.

AID TOTAL	1,677,000	74%
PVO CONTRIBUTION	579,000	26%
T O T A L	2,256,000	100%

\* Budget contains 15% line item flexibility.

DISBURSEMENT SCHEDULE

	<u>FIRST QUARTER</u>		<u>FIRST YEAR</u>				<u>FOURTH QUARTER</u>		<u>SECOND YEAR</u>		<u>THIRD YEAR</u>		<u>TOTALS</u>
	<u>FX</u>	<u>LC</u>	<u>SECOND QUARTER</u>		<u>THIRD QUARTER</u>		<u>FX</u>	<u>LC</u>	<u>ANNUAL</u>		<u>ANNUAL</u>		
			<u>FX</u>	<u>LC</u>	<u>FX</u>	<u>LC</u>			<u>FX</u>	<u>LC</u>	<u>FX</u>	<u>LC</u>	
1. SUBGRANTS	-	50,000	-	50,000	-	100,000	-	50,000	-	601,000	-	-	851,000
2. TECHNICAL ASSISTANCE	80,000	25,000	35,000	10,000	35,000	10,000	30,000	5,000	180,000	60,000	80,000	100,000	650,000
3. EQUIPMENT, MATERIALS AND SUPPLIES	20,000	5,000	4,000	1,000	1,000	4,000	-	2,000	20,000	12,000	-	12,000	81,000
4. PROJECT MONITORING AND EVALUATION	-	3,000	-	3,000	-	3,000	-	3,000	6,000	28,000	12,000	67,000	125,000
5. ADMINISTRATION	24,000	20,000	20,000	12,000	10,000	22,000	10,000	20,000	65,000	93,000	65,000	93,000	454,000
6. AGENCY OVERHEAD	30,000	-	-	-	-	-	-	-	45,000	-	20,000	-	95,000
<b>T O T A L S</b>	<b>154,000</b>	<b>103,000</b>	<b>59,000</b>	<b>76,000</b>	<b>46,000</b>	<b>139,000</b>	<b>40,000</b>	<b>80,000</b>	<b>316,000</b>	<b>794,000</b>	<b>177,000</b>	<b>272,000</b>	<b>2,256,000</b>

\* QUARTERLY DISBURSEMENT PLAN FOR SECOND AND THIRD YEARS TO BE DETERMINED BASED ON FIRST YEAR'S ACTUAL DISBURSEMENTS AND PROJECTIONS MADE AFTER 1 YEAR OF OPERATIONS.

6,

local contribution, and major outputs with target, this period and cumulative data); other accomplishments; audits and evaluations; problems, delays, and actions to address them; and major actions over the next six months with action and target dates. In addition, the PVO/REC will submit a consolidated annual Tier II Child Survival report under the A.I.D. Health and Child Survival Project reporting schedule for all subgrants by October 15. Special reports as agreed upon by mutual consent will be submitted on an ad hoc basis.

Two external evaluations will be conducted. A mid-term evaluation around the 18th month will be essentially corrective in nature and a final end-of-project evaluation will be conducted to ascertain lessons learned and recommend possible future activities in this area.

F. Special Provisions

USAID shall exercise the right of concurrence with regard to the candidate identified for the position of Project Coordinator (General Secretary) for the PVO REC.

G. Overhead Rate

The overhead rate for SCF will be 6% of total project costs.

H. Title to Property

Title to all property financed under this Grant shall vest in the Grantee until the end of the grant, at which time the Grantee shall transfer all such property to the PVO/REC, ASONGS LA PAZ, or the Ministry of Health, as instructed by AID. Title to all property financed under any subgrant hereunder shall vest in the subgrantee until the end of the subgrant; at which time the subgrantee shall be required under the subgrant to transfer all such property to the PVO/REC, ASONGS LA PAZ, or the Ministry of Health, as instructed by AID.

I. Authorized Geographic Code

The authorized geographic code for procurement of goods and services under this grant is Code 000, which includes the United States and the Cooperating Country, as explained in Annex 3 Standard Provisions entitled "AID Eligibility Rules for Goods and Services" and "Local Cost Financing with U.S. Dollars."

1

CHILD SURVIVAL PVO NETWORK  
OPERATIONAL PROGRAM GRANT

SUMMARY PROJECT DESCRIPTION

I. PROJECT SUMMARY

A. Project Description

1. Funding: Over the three-year life of the project, the contribution pattern will reflect a 74.4% input from USAID totaling \$1,677,000, and a 25.6% match of \$579,000 which will be provided by cash and in-kind payments from the Private Voluntary Organizations\* (PVOs) working in Bolivia in conjunction with the Government of Bolivia (GOB).

2. The Goal: The program goal of the project is to decrease morbidity and mortality of children under five years of age and women of child bearing ages. Achievement towards attaining this goal will be reached by using the existing PVO Rotating Executive Committee (PVO/REC) and augmenting its current administrative structure to establish and develop a long-term viable local resource which will:

a) channel funds to PVOs to support the development or strengthening of current Child Survival (CS) projects;

b) fortify coordinating efforts on the national, regional, and local levels between the public and private health sectors;

c) support PVO staff training and improve collaborative training efforts among PVOs and the Ministry of Health (MOH);

d) coordinate and provide technical assistance (TA) to PVOs from local and international resources as well as from PVO personnel from their offices in-country and from headquarters, and

e) share resources as may be provided through local or international sources to the PVO in-country to encourage the standardization of guidelines and criteria.

\* Unless otherwise noted, "PVO" indicates both nationally and internationally based organizations.

3. The Purpose: The purpose of this project is to improve and strengthen basic health services provided to the Bolivian rural populations by focusing on the coordination of resources to address the issues of CS, e.g. immunizations, control of diarrheal diseases, nutrition, child growth monitoring, birth spacing, acute respiratory infections, and maternal and child health (MCH).

PVOs are recognized as a mechanism to address the needs of low income populations because PVO project implementation sites are at the community level in areas of least resources and because PVOs often are innovative and effective in providing project feedback to the community level and thereby generating community participation. Thus, by strengthening the local consortium of PVOs, a national network of organizations working in Bolivia will become a permanent and vital element in project planning and implementation. This Proposal ensures local control of joint CS activities and a more effective use of local funds. The granting of this OPG will improve the coordination of CS PVOs and have a positive effect on CS activities due to the facilitation of communication between the implementing PVO and AID in Bolivia and Washington.

4. Project Components: The costs of the project activities will be divided between USAID and the PVO/GOB as shown below:

	PVO	USAID
Subgrants to PVOs	298,000	553,000
Technical Assistance	163,000	487,000
Equipment, Materials and Supplies	20,000	61,000
Project Monitoring & Evaluation	31,000	94,000
Project Administration	67,000	387,000
Administration Recovery	0	95,000
TOTAL	579,000	1,677,000

The total cost of the Project activities are as follows:

Subgrants to PVOs	851,000	(37.7%)
Technical Assistance	650,000	(28.8%)
Equipment, Materials and Supplies	81,000	( 3.5%)
Project Monitoring and Evaluation	125,000	( 5.5%)
Project Administration	454,000	(20.0%)
Administrative Recovery	95,000	( 4.0%)
TOTAL	2,256,000	

5. Project Implementation: The PVO/REC, and a member of the MOH, will play central roles in the appraisal, monitoring, and evaluation of the subgrants approved and financed by this Project. The development and strengthening the pool of local experts by providing TA to both the PVOs and the MOH is an integral part of this Project. The Project will have an external mid-term and final evaluation.

## II. BACKGROUND AND RATIONALE

### A. Background

1. The Problem: Bolivia has over 6.5 million inhabitants, of which 59% reside in small villages of less than 2,000 people. This demographic aspect increases the difficulty to properly address the basic health care needs of the rural population. Currently 70% of the MOH personnel work in urban areas and, of the 1,164 health establishments in Bolivia, only 177 have hospitalization facilities. As cited in the MOH's Three-Year Health Plan, this situation helps create the overall life expectancy rate at birth of 48 years, the infant mortality rate at 169 per 1,000 live births, the maternal mortality rate at 48 per 1,000 live births, and malnourished children under five years at 47% in the rural and 57% in the urban areas.

The indicators presented above reflect the national average of the farmers, general laborers, and lower income people of the rural and urban areas. Of the ten main causes of death, 60% are related to transmissible diseases, of which 33% are preventable by immunizations and 28% by changes in the environment. The mortality rate of children under five years constitutes 65% of the total mortality rate in Bolivia, with the common causes of infant mortality being:

- diarrheal diseases;
- gastroenteritis;
- upper respiratory diseases; and
- other infectious diseases.

Statistics provided in "A Second Report to Congress on the AID Program: Child Survival," show that of the population under five years, only 33% have received their DPT vaccinations, 30% have received immunizations against polio, 21% against measles, and only 24% of under-fives have been vaccinated against BCG. Nationally, less than 50% of children one year old are still breastfed: bottle feeding may lead to diarrheal diseases due to unclean conditions and the use of contaminated water. Only 21% of the children under five years receive oral rehydration solutions (ORS) to treat cases of diarrhea. It is still uncertain how many families have access to any type of ORS. Numerous international and local PVOs, in addition to bi- and multi-lateral agencies are addressing these basic health issues in Bolivia. This Project will address these health issues directly, as well as through multi-sectoral activities which effect the health status of women and children, e.g. by providing assistance in projects that address potable water, nutrition gardens, education, and income generation.

The offices of AID in the U.S. and Bolivia currently fund PVO CS activities in Bolivia at a total project cost of approximately \$10,000,000. The PVOs and the amount of their project costs are:

- Project Concern International: \$1,200,000,
- CARE: \$5,077,900,
- Save the Children (SCF): \$1,124,000,
- Project Esperanza: \$550,000,
- Foster Parents Plan (PLAN): \$500,000,
- Catholic Relief Services (CRS)/CARITAS: \$736,000,
- Andean Rural Health Corporation (ARHC): \$220,000, and
- Meals for Millions (MFM): \$360,000.

In addition, the GOB, UNICEF, WHO, international PVOs, and other European and Asian countries maintain and support a variety of US activities. In spite of this plethora of CS interventions in Bolivia, there are a number of factors that influence the level of health.

This Project plans to have a positive impact on these factors.

The Project is designed to develop a permanent coordinating structure that oversees CS initiatives, including the

- provision of immunizations to children under five years and pregnant women,
- improvement of the nutritional status of members of these same target group,
- increased use and understanding of ORT, and
- increased routine growth monitoring of children under five years.

These CS activities will be strengthened by the following inputs:

- strengthening and encouraging collaboration among the MOH, indigenous PVOs, and bi- and multi-lateral organizations working in CS;
- unifying health information systems (HIS) to insure rapid delivery and analysis of data and appropriate follow-up action,
- addressing the duplication of services and conflicting educational messages by sharing resources and information, as well as by unifying educational content and materials;
- identifying and supporting local TA needs, and the pool of local sources to address these needs;

- strengthening ties and participation with the National GOB Ministries working in CS activities,
- supporting multi-sectoral activities and community development.

2. Bolivia's Commitment and Strategy: Bolivia's interest in coordinating sectorial and multi-sectoral health activities was stated during the recent CS Monitoring and Evaluation workshop, when Dr. Maria Teresa Paz, Under-Secretary for Public Health, acknowledged the cooperation received from PVOs in regards to CS activities, and pointed out the need for better coordination and cooperation among the PVOs and Bolivian government offices, and offered the MOH support for future activities in this regard. The National MOH has stated that it is vital to begin implementing the primary health care strategy, optimizing the scarce national resources and the international cooperation in both technical assistance and planning.

The current MOH's Three-Year Plan (1987-1989) states the desire for coordination of PVO activities with those of the MOH. In addition, the MOH acknowledges that they respect the diverse opinions and methods of the PVOs working within Bolivia's development strategy.

(It should be noted the PVOs that attended the workshop on Monitoring and Evaluation of CS interventions, also agreed to respect the development plans and strategies of the MOH. The Three-Year Health Plan also presents targets in:

community participation - to make effective the participation in a conscientious, organized, and permanent form, by planning and implementing health activities, and consolidating the Health Committees, as an expression of uniting social organizations and the basic health units of the area.

women in health - to achieve the overall participation of the women in the defense of the right to health with the proposition to raise the quality of life in general and elevate the role of women in the process of socioeconomic development in Bolivia.

development of health personnel - to develop human resources in health through actions of formation, continued education, the use and evaluation of these resources throughout the sector with the goal of integration of the assistant teachers and active community participation.

prenatal care - to improve the level of health of the mother and the child by way of extending coverage, in order to provide adequate attention that permits the early detection and prevention of maternal and infant pathologies with the goal to reduce morbidity and mortality of women and infants.

3. Relationship to the USAID Country Strategy: The Project proposed here is in accordance with USAID's current CDSS. The Mission's recent support for the CS Workshop on Monitoring and Evaluation provides evidence of the potential interaction between the PVOs activities in health and the desire of the Mission to reduce infant and maternal mortality. The overall Mission strategy stated that it would continue to require input from the PVOs, as well as multi- and bi-lateral programs. The participation of these resources are important in achieving the following CDSS project activities:

- to expand the participation of private agencies in the EPI program;
- to standardize training and public information materials and oral rehydration salt packets for public and private sector CS programs;
- to integrate maternal and child nutrition education curriculum into the food distribution/ ORT/growth monitoring programs;
- to promote and support an expansion of birth spacing education in conjunction with the MOH;
- to increase the number of communities that have access to potable water; and
- to improve cost effectiveness of MOH health expenditures through increased emphasis on primary health care in rural areas, fostering closer collaboration with private sector health agencies, and promotion of cost-recovery mechanisms.

B. Rationale for the OPG: Child Survival PVO Network-1 (CS.PVO.N-1).

1. The PVO Rotating Executive Committee (PVO/REC): In August, 1987 the PVOs working in CS that are being funded by USAID/Bolivia and AID created a "network" of PVOs working in health to oversee and coordinate their activities. The Network was created to meet a need defined by the PVOs: increase communication and coordination among agencies implementing CS activities in Bolivia. The PVO Network then created the PVO/REC which represents the CS PVO Network and is responsible for directing the implementation of policies determined by the Network.

The PVO/REC is comprised of three voting members who meet on a bi-monthly basis and oversee the general PVO Network meetings that are held 4 times a year. A PVO/REC Spokesperson chairs the meetings and is responsible for the general flow of communication among the PVOs. Currently the ARHC representative is the spokesperson for the PVO/REC. A

representative from both PRITECH and SCF are currently non-voting members of the PVO/REC. One member of the Committee rotates out every trimester and the PVO Network elects another PVO to sit on the PVO/REC for the next nine months. Currently the membership consists of a representative from Meals for Millions, PCI, and ARHC.

2. Institutional Relationships: The PVO/REC is the coordinating body of the PVO community which is addressing the health needs of the target population that, through normal channels, may not otherwise receive health services. The CS.PVO.N-1 is a mechanism to

- fund activities that are outside the current narrow scope of CS activities,
- support PVO staff development,
- develop an overall coordination organization,
- improve coordination with the MOH,
- respond to TA needs, and
- decrease duplication of services and materials.

It is recognized that PVOs have a relatively unique capability to provide basic health services at the community level because they are seen as part of the private sector working throughout Bolivia, reaching communities that are unserved or underserved by the existing health structure. PVOs are willing to be innovative and are effective in encouraging community participation and motivation, due in part to their sensitivity to local needs and social obstacles in providing health services.

The funding of this Proposal will provide poor urban and rural dwellers with an opportunity to improve their quality of life through better health; assist local resources at all levels to better understand the factors which influence the acceptance of self-help in health care; and provide reliable survey data on innovative projects that impact infant and maternal mortality.

3. Other Donor Assistance in Health: International donor agencies, including those from Italy, Germany, Canada, and Japan provide funds to the PVOs working in health.

Currently there is no defined group that coordinates the donation of these funds, the projects' objectives, nor the location of the project's implementation site.

Information is not available on the total amount of funds available for project implementation in the health sector. However, these outside sources of program funds are necessary for projects which fall outside the CS mandate, which only addresses immunization, maternal and child health, nutrition, and control of diarrheal diseases. This Project will provide subgrants for multi-sectoral activities that may include health projects outside the four components listed above.

#### 4. Coordination with Other Projects and Programs

By providing subgrants, the CS.PVO.N-1 will coordinate PVO activities with the Ministry of Health, national Bolivian agencies, and multi-lateral donors such as UNICEF and PAHO. This process increases the likelihood that funded activities will not duplicate or supplant existing GOB programs. The majority of subgrant projects will be implemented in the rural areas of Bolivia. These projects will support coordinated health activities that address the health needs of a national target population, as provided in "A Second Report to Congress on AID Program: Child Survival," of approximately 1.1 million children under the age of five years, of which 267,000 are under 12 months, as well as 900,000 women of child bearing age.

### III. DETAILED PROJECT DESCRIPTION

#### A. Life of Project and Funding Level

The CS.PVO.N-1 Project provides a total LOP funding level of \$2,256,000 over a three year period. Individual recipients of the subgrants will contribute an estimated Bolivian peso equivalency of \$298,000. The remaining \$281,000 of the contribution will be met through cash and in-kind contributions in TA, materials and supplies, monitoring activities, and project administration. The three-year LOP will allow the PVO/REC to spread the grant appraisal and approved work load for approximately 20 subprojects, over the initial 18 months, and thus allow a maximum 18-month implementation period for each subgrant. The main components of the Project are subgrants to PVOs and the provision of TA for project administration, planning, and training. These components are described in more detail in Subsection D below.

#### B. Goal and Purpose

1. Goal: The program goal is to decrease morbidity and mortality of children under 5 years of age and women of child bearing ages.

2. Purpose: The purpose of this Project is to improve and strengthen basic health services provided to the Bolivian Rural populations by focusing on the coordination of resources to address the issues of Child Survival, e.g. Immunizations, Control of diarrheal diseases, Nutrition, Child Growth Monitoring, Birth spacing, Acute Respiratory infections, and maternal and child health. (MCH).

#### C. Inputs of the Project

The inputs which affect the purpose of the Project are reflected in the development of a viable long-term institution that will:

- support health related multi-sectoral activities such as income generation, sanitation, and providing potable water;
- improve the quality of village-level training for local health workers, teachers, and members of the community health committees;
- upgrade the management skills of core PVO personnel;
- support innovative community health nutrition education and women's health projects;
- identify and support local institutions capable of providing TA to the subgrant recipients;

- ensure geographic coverage in accordance with MOH priorities;
- encourage and support activities which integrate western and traditional concepts in health care; and
- promote self-help among beneficiaries so a collective response to their needs is generated.

D. U.S. Grant Financed Activities

The funds requested in this OPC will be used to finance the following activities:

1. Subgrants to PVOs (\$851,000) - These PVO-managed subgrants are the thrust of the Project, and consume 37.7% of the USAID contribution. Subgrants will be limited from \$10,000 to \$60,000. Exceptions will require complete justification by the PVO/REC and ultimate approval by SCF. Subgrant requests smaller than the minimum will also require justification because of the administrative workload. However, an innovative small grant would be considered for funding by the Subgrant Review Committee. The narrow limits of the grant size is expected to produce approximately 20 individual subgrants. To take into consideration the project start-up time, and balance the workload of grant review, appraisal, and monitoring, subgrant approvals will be spread over the first eighteen months of the three-year Project (5, 15, 0 per year respectively). The subprojects will have a maximum duration of eighteen months, but due to project start-up, a twelve-month project cycle is most likely.

The approved subgrants will finance activities in basic preventive health services; training for community health workers and other health volunteers; and multi-sectoral health and income generating activities. Examples for subgrants could be the following:

- a. Water systems and latrines, with an educational component.
- b. Improved nutrition through community gardens.
- c. Developing communication systems to improve Child Survival interventions.
- d. Develop a standardized training process for Communities involved with C.S. activities.

As presented earlier, priority will be given to subprojects that creatively address means to reduce infant and maternal mortality, address the issue of sustainability, and are implemented in conjunction with a local PVO or the MOH.

Subgrant approval will be limited to subprojects which emphasize community outreach as well as participation and overall sustainability.

2. Technical Assistance (\$650,000) - TA is 28.8% of USAID's contribution and will be provided to PVOs to improve both technical and managerial aspects of program implementation. Thus, from the pool of TA resources, both local and international, TA will be provided in project and survey design, training, health education, communication, management information systems, and technical aspects of health care related to maternal and infant mortality. Each subgrant will include funds earmarked to finance TA and assistance in securing the appropriate professionals will be provided by the Secretariat.

The workshops and meetings for potential and actual Subgrantees are funded through this line item. During the Year-1 and Year-2 of the Project, the CS Fellow will be financed through the TA category.

During the initial six-months of the Project, TA will be sought for the development of the necessary administrative and management systems of the Secretariat. Local and international agencies with a strong track record in systems development will be considered as potential sources of TA.

3. Equipment, Materials and Supplies (\$81,000): The start-up of the Project requires the purchase of office equipment such as a photocopy machine, office furniture, and two computers (one for the Secretariat and one for Health and Human Resources (HHR) at USAID/BOLIVIA), as well as vehicles. Maintenance and repair costs are charged to this category.

It should be noted that equipment purchased or contributed for use in CS.PVO.N-1 will eventually be provided to the primary implementing agency in accordance with USAID regulations.

4. Project Monitoring and Evaluation (\$125,000): The funds obtained through this OPG will finance the monitoring and evaluation of the subgrants and the Project's internal bi-annual, external Mid-term, and external End-of-Project Evaluations.

5. Project Administration (\$454,000): Salaries and benefits of the Secretariat staff are charged to this category: the General Secretary, and two secretaries (one for the Secretariat and one for Health and Human Resources (HHR) at USAID/Bolivia). In addition, office space for the Secretariat and SCF/Bolivia's administrative cost recovery are charged here.

6. Administrative Recovery (\$95,000): Payment to SCF/Westport is determined to be 6% of the USAID-provided funds. This payment covers SCF/Westport's overall financial responsibility for report submission and use of Project funds.

E. Project Implementation

1. Subgrant Activities: The main focus of the Project and the subsequent subgrants will be activities that impact infant and maternal mortality and morbidity, such as birth spacing education, ARI, nutrition, immunization, and MCH. The programs should be community and education oriented and include surveillance for high risk people in the target groups of children under five years and women of childbearing ages.

a. Child Survival - The main components of CS activities include nutrition monitoring of children under five and pregnant women, immunizations for the targets groups provided above, control and prevention of diarrheal and acute respiratory diseases through preventive and curative activities.

b. Training Programs - The Project will support training programs for paramedical workers, health management personnel (nurses, doctors, project managers, supervisors), as well as training of village level workers: CHWs, teachers, members of health committees, traditional healers.

c. Innovative Activities - Priority will be given to all subprojects that include the creation and testing of innovative approaches in health areas such as community education, ORT delivery, growth monitoring, coordination of resources, use of various types of health workers or cost recovery schemes. Subprojects that are considered on their innovative merits must include provisions measuring the "before and after" situation in the subproject implementation site. This will allow the evaluation of the innovative approach and provide proper documentation. Funds for the pre and post subproject situation analysis will be included in the subgrant.

d. Integrated Approaches - Integrated approaches to activities with the overall goal to reduce infant and maternal mortality and morbidity will be supported by the Project, such as: activities which are integrated into existing development projects in addition to activities involving water, education, environment, and/or local cooperatives. Multi-sectoral subgrant requests are required to emphasize CS activities and interventions, be investigative in their design, and stress the educational component of project design.

2. Activities Ineligible for Project Support: Grant and subgrant funds may not be used for the following activities:

- those not related to improving the health status of women and children;
- salaries of medical specialists who are not working as technical resources;
- any medicine costs not included in the subgrant proposal;
- activities which benefit only individuals and not the community;
- activities that emphasize the use of inappropriate types and levels of technology; and
- activities that the GOB would consider outside the national development plans.

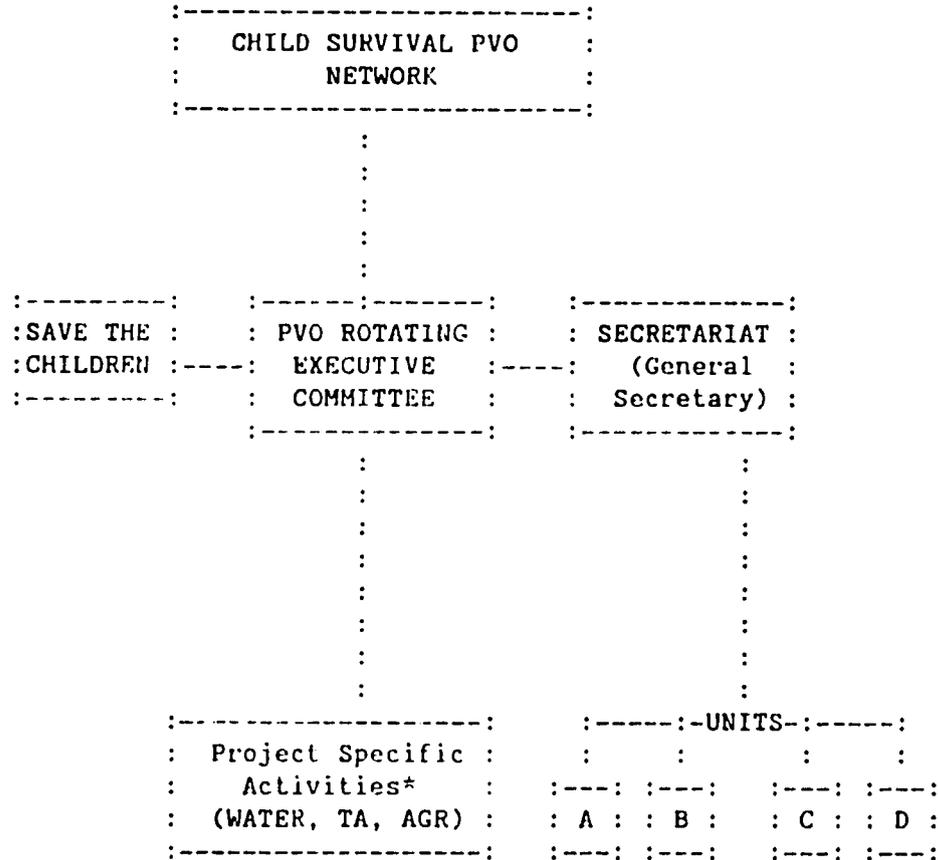
3. Subgrantee Criteria: Recipients of the subgrants will be PVOs registered with AID/Washington or USAID/Bolivia. Local PVOs not registered with USAID/Bolivia can participate in the project only by becoming part of the proposal of a registered PVO. This will allow unregistered local PVOs to gain partial acceptance with USAID by fulfilling some of the prerequisites for becoming a registered PVO with USAID/Bolivia.

In addition, the Subgrantee must meet the following eligibility criteria:

- Organizations seeking assistance must be a legally registered non-profit institution with the Government of Bolivia and preferably also with the US Government, and thus are required to maintain financial accounts, undergo audits, and have a board of directors.
- Organizations receiving a subgrant may be of any religion or creed but must be non-sectarian in the provision of health care services.
- Organizations receiving a subgrant must have a history of acceptable financial accountability in their operations to date; and
- Organizations must have at least two years of successful experience in health care projects or two letters of reference from organizations which meet the above stated criteria.

4. Subgrant Process - Please refer to Charts A and B on the following pages for clarification of the subgrant submission process.

CHART A: PVO/REC ADMINISTRATIVE STRUCTURE

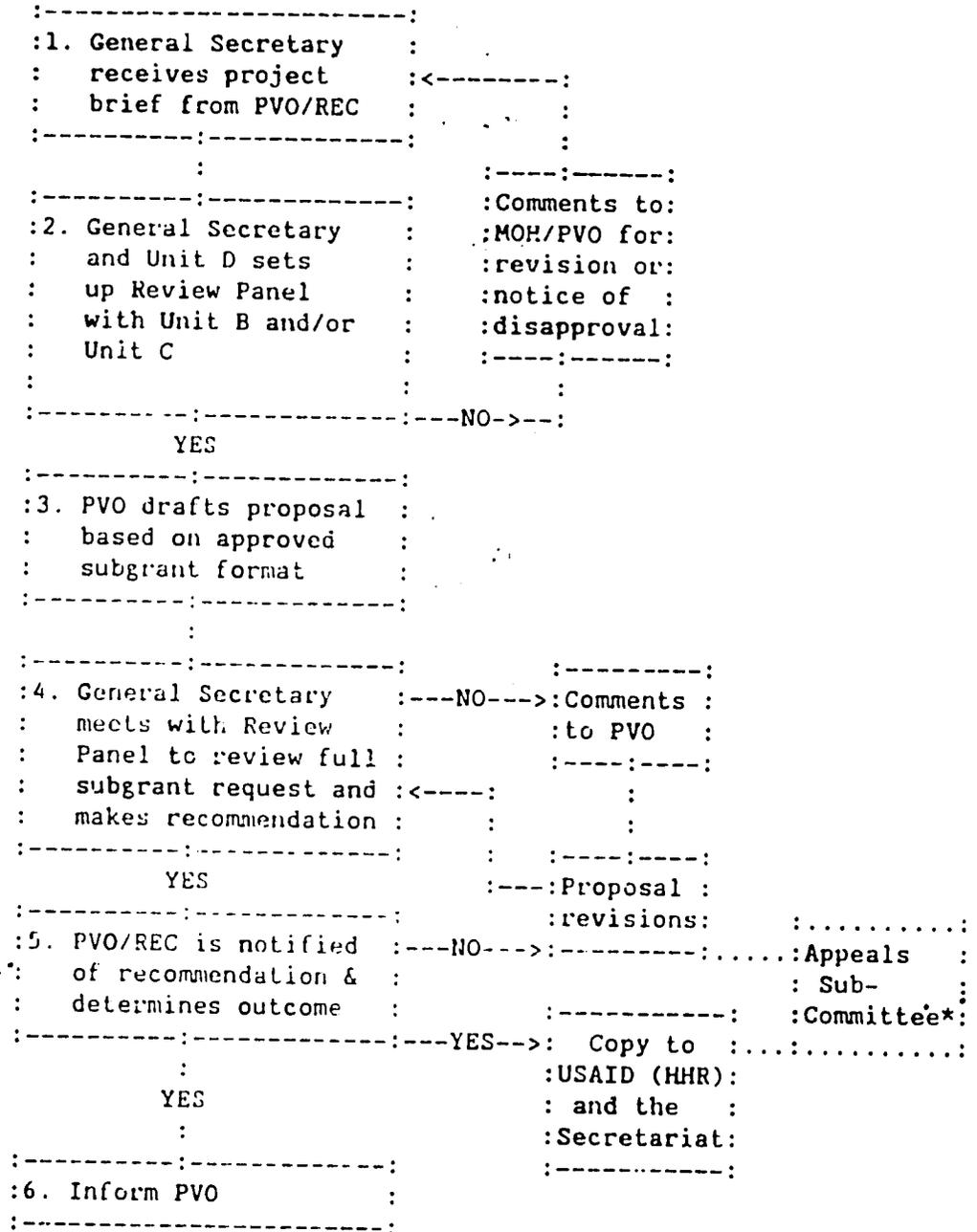


Unit A = Administration  
Unit B = Technical Assistance in multi-sectoral and community development activities\*\*  
Unit C = Technical Assistance in Health  
Unit D = Programming and Evaluation

\* The project specific activities must be health related.

\*\* Unit B will be staffed at a later date.

CHART B: REVIEW AND APPROVAL PROCESS FOR FUNDING AND TECHNICAL ASSISTANCE



Steps 2 and 4 involve the Secretariat Programming Review Panel (SPRP) which consists of a representative from: USAID, General Secretary, MOH, SCF, UNICEF, ASONGS, and UNIT D.

\* Appeals Sub-Committee is comprised of a Representative from MOH, USAID, and the PVO/REC Spokesperson.

The Appeals Sub-Committee is a safety catch for proposals that either shouldn't have been approved by the PVO/REC but were, or were not approved but should have. The details of the members of the Appeals Sub-Committee and the method of determining the outcome of the appeal will be developed within the first 3 months as part of Project start up planning. Any member of the PVO Network, SPRP, or USAID may request a review of the funding decision and that the Appeals Sub-committee will have the final decision on the status of the project approval.

All approved subgrants will include a start-up period of three to six months. During this period, funds will be released to cover the costs of baseline surveys, needed TA, and core administrative costs. Following the submission of the results from a baseline study deemed "acceptable" by UNIT D of the Secretariat, additional funds will be released to the subgrantee.

The Secretariat is responsible for the day-to-day administration of CS.PVO.N-1, in addition to the project and fiscal monitoring of the subgrants and the mid and final subproject evaluation.

The Project will support TA and or training for PVO staff and counterparts in both subproject management, fund raising, and basic concepts of fiscal management.

Additional sources of counterpart funding will be sought. Possible assistance in meeting the twenty-five percent match may come from Title III funds, the Emergency Social Fund, or other non-US funds.

IV. PROJECT BUDGET AND FINANCIAL PLAN

A. General

The Project will have a total life project budget of \$2,256,000 (see Table 1). Of this AID will provide 1,667,000 and the GOB and the PVO will contribute in cash and kind, \$579,000. SCF will be legally responsible for all funds dispersed under the grant as well as all accounting, recordkeeping and audits. SCF will also be responsible, ultimately, for all funds disbursed under subgrants hereunder, as well as accounting, recordkeeping and auditing thereof.

B. The Process

SCF/Bolivia will call forward Project funds from SCF/Westport. The funds will be managed separately and placed in an account separate from any other funds overseen by SCF/Bolivia. The project account will be for withdrawals and payments made by cheques that require the signature of both a SCF and PVO/REC representative. The Secretariat will not be a controller of the Project funds but will function through an imprest account. Transfers of funds to the Secretariat will be approved by the PVO/REC after presentation of requests by the Secretariat. The General Secretary will prepare monthly financial reports for the PVO/REC and USAID.

TABLE 1

Summary of Cost Estimate - By Source and Component

Components	US Grant	PVO	Total
Subgrants	553,000	298,000	851,000
Technical Assistance	487,000	163,000	650,000
Equipment, Materials, and Supplies	61,000	20,000	81,000
Project Monitoring and Evaluation	94,000	31,000	125,000
Project Administration	387,000	67,000	454,000
Administrative Recovery	95,000	0	95,000
<b>TOTAL</b>	<b>\$1,677,000</b>	<b>\$579,000</b>	<b>\$2,256,000</b>

C. Project Costs

Under each approved subgrant, the Secretariat will initially advance to the recipient an amount equal to approximately a six-months requirement to each subgrantee. The subgrantee will submit to the Secretariat on a quarterly basis a statement showing the:

- a) opening balance of advance,
- b) actual expenditures during that quarter,
- c) the balance of advance available,
- d) requirements of the next quarter, and
- e) additional advance requested, which will be d) minus c)

The Secretariat will prepare a consolidated statement of actual expenses of all the subgrantees during the reporting period and forward it to USAID through SCF/Westport on a quarterly basis.

D. SCF's Status

SCF will have final decision making power over all project disbursements and is the bearer of legal responsibility for the OPG.

E. Financial Review

The Secretariat will maintain separate records and books for the grant funds. These shall provide adequate records of the activities financed under the Project related to the administration, monitoring, and evaluation of the Project. All records and books will be available for review by USAID.

Each recipient of a subgrant will be required to maintain a separate, non-interest bearing bank account as well as separate books and records for the subproject showing information similar to that needed by the Secretariat. All subgrantee's books and records will be audited by a registered accountant each project year.

25

V. IMPLEMENTATION PLAN

A. Administrative Structure

1. The Rotating Executive Committee: This currently existing structure represents and is responsible to the PVO Network in Bolivia. The PVO/REC will be responsible for the overall policy determination and guidance of the Project as well as the final decision of all subgrant requests.

Currently the PVO/REC meets on a monthly basis and calls general PVO Council meetings when warranted. The funding of this Project will create the need to meet twice a month to discuss general procedural matters and review subgrant requests.

2. The Secretariat: This assemblage is comprised of a General Secretary and four UNITS that oversee subgrant projects and provides TA to agencies working in CS. In addition, this body will forward to the PVO/REC, a recommendation to approve or deny the subgrant proposal; monitor and evaluate the subgrant activities, directly and/or by contract; and will be responsible for the reporting and administration of Project funds.

TA will be obtained when the various systems within the Secretariat are to be developed, e.g. personnel, recordkeeping, reporting guidelines, UNIT guidelines and TOR. The creation of this institution will be aided by the internal administration and management evaluations conducted twice a year. This will provide the opportunity to make adjustments to the institution in a timely manner.

This administrative body is directed by a General Secretary who is responsible to the PVO/REC and will:

- be selected through at least limited competition,
- USAID/Bolivia should have right of concurrence,
- identify and strengthen Bolivian institutions capable of providing TA to health delivery systems and stimulate their role as a resource to the PVO network,
- initiate and maintain a periodic system of information exchange among the MOH and the PVOs working in CS,
- develop and direct a monthly reporting system on the financial, programmatic, and progress status of the Project to USAID/Bolivia and other interested parties,

- initiate and maintain institutional development activities which include the development of unified health education messages and materials, as well as training curricula.

a. Unit A - Administration - will be completing all aspects of financial monitoring and reports submitted to USAID/Bolivia and the PVO/REC as well as oversee the reports of the subgrants. This UNIT will work with SCF/Bolivia's accountant to provide oversight on Project financial reports. This UNIT also serves as TA to Subgrantees requesting information on USAID's internationally accepted financial procedures.

The UNIT will be administered by a qualified applicant with successful experience in USAID subgrant reporting requirements, and working with PVOs.

b. Unit B - Technical Assistance in Multi-sectoral and Community Development Activities - This UNIT will support the strengthening and stimulation of approved innovative approaches to health care by community groups and PVOs working in CS. The UNIT's objectives will be supported through subgrant proposals which will include in their design the development, study, and testing of innovative activities. It will be encouraged that specific provisions for measuring the impact of the subproject site are not restricted to a single method and measure both the effectiveness of the approach and level of community participation.

UNIT B will be administered by a qualified applicant with successful experience in developing community-oriented small businesses or community-development related experiences tied into community health improvement schemes. It is anticipated that the successful candidate will be a Bolivian national who will become an integral part of the MOH's Regional planning services by having frequent communication with this MOH service.

This UNIT will support PVO and Bolivian community activities whose objective is to include new or expanded outreach activities through innovative approaches that will adequately support community health care systems. Such activities will receive the UNIT's support through counselling, home/village visits, and community-based group committees or cooperatives. The UNIT will stimulate the use of community women's groups, school teachers, family level volunteers, MOH community workers, and organized cooperatives. Possible activities conducted by UNIT B include:

- overseeing the purchase of equipment and the construction of village water systems jointly supported by a latrine program,

21

- collaborating with agricultural cooperatives whose services can be directly linked to improvement of community health, e.g., construction of a health center, a water system, home gardens, training of paid village health workers,

- forming village-level committees using cooperative procedures for rotating pharmaceutical supplies, or

- providing TA for simple community managerial systems for maintenance and administration of health facilities, water systems, and other components of community health outreach services.

c. Unit C - Technical Assistance in Health - will support the strengthening and establishment of services to CS activity beneficiaries in a framework of primary health care as undertaken by PVOs and rural community groups. The objectives will be supported by subgrant proposals that stimulate health and nutrition activities through the active involvement of PVOs, the Regional health authorities, and community members.

The UNIT will originally be administered by a Johns Hopkins CS Fellow who will encourage and oversee activities including training, research, and the exchange of health information systems. A Bolivian national will be hired later to participate in institutional development activities including training, development of coordinated curricula, review of relevant training materials, and overall professional development and become UNIT Administrator.

In order to support the sustainability of subgrant funded activities, this UNIT's activities may include:

- strengthening of CS interventions, e.g. ORT, growth monitoring and nutrition, immunization, MCH;

- coordinating action-oriented investigations for program modification;

- identification of resource people at the regional, local, and community levels who have proven track records with community participation, project management issues, and/or cultural dynamics in project implementation; and

- coordinating HIS, and providing TA in information feedback to communities for the purpose of generating community education and participation.

28'

d. Unit D - Programming and Evaluation - will monitor and evaluate subproject activities as described in the subgrant proposal. The overall objective of the UNIT is to impart technical and managerial know-how, assist in the design and management of baseline surveys, stimulate community management of health projects, and encourage the active two-way flow of information between the community and PVO.

This UNIT will be administered by a qualified applicant with successful experience in health care delivery systems, community development programming or other delivery systems, community development activities, preferably in the rural areas. It is anticipated that the UNIT Administrator will be a Bolivian national who will eventually become a vital element in the MOH's planning and programming sector because of the close collaboration developed between the UNIT Administrator and this MOH sector.

The UNIT will support PVO and Bolivian community participation whose objective is to strengthen the capacity of local groups working together with PVOs engaged in CS activities. Possible activities undertaken by UNIT D include:

- conducting training seminars at the community level, through the use of focus groups and informal training sessions,
- investigating approaches to assess subproject and project impact,
- conducting subproject mid-term and final evaluations, and
- being an active participant of the Secretariat Programming Review Panel.

3. The Appeals Sub-Committee: This Committee decreases the likelihood that the PVO/REC makes a decision based on issues not related to the merits of a proposal and thus, will be activated if and when the needs arises.

	APPROVED	DENIED
Good Proposal	No concern	Of concern
Poor Proposal	Of concern	No concern

As shown above, when a good proposal is approved and when a poor proposal is rejected, there is no need to activate the Appeals Sub-Committee. However, if a good proposal is denied or a poor proposal is approved by the PVO/REC, upon the request of USAID, SPRP, a PVO, or

24

the MOH, the Appeals Sub-Committee will be activated. A decision made by the Appeals Sub-Committee cannot be appealed and overrides the earlier decision of the PVO/REC.

B. Project Guidance

1. USAID: The PVO/REC will have access to USAID/Bolivia through the Health Project Officer assigned to CS.PVO.N-1 and the Administrative Secretary hired by the PVO/REC to oversee the communications between the PVOs and USAID. The Administrative Secretary will monitor PVO/REC waiver requests that are approved by USAID/Bolivia.

The main USAID management and monitoring responsibility will be with the staff of the HRR. USAID's role in project monitoring will include:

- participating in field visits to the subgrant implementation sites either individually or as a member of the monitoring team;
- review reports of the monitoring visits to each subgrant implementation site by the staff of the Secretariat;
- review the quarterly progress reports submitted by each subgrant recipient along with the financial report;
- review the Secretariat semi-annual project status reports submitted to USAID;
- review the results of the mid-term and final evaluations of each subgrant;
- review and possibly participate in the mid-term evaluation of the CS.PVO.N-1 project;
- participate in the annual subgrantee meetings and/or workshops;
- have periodic contact with the TA contractors; and
- monitor the Johns Hopkins University Child Survival Fellow's assignment with the PVO/REC.

2. GOB/MOH: The PVO/REC will communicate with the MOH at the National level through the staff of the Secretariat. A MOH person from the National level will be a voting member of the SPRP. This person will also serve as a backstop for Department level MOH personnel requesting TA or clarification on policy and procedures as they relate to a subproject.

3. Subgrant Financial Monitoring: The Secretariat will conduct financial assessment visits to the subgrant recipient to establish that correct financial record keeping is in place and then conduct a follow-up visit to the recipient to review and verify that the recipient is maintaining adequate records and internal controls, and is complying with USAID procedures.

4. Subgrant Project Monitoring: The Secretariat will determine the members of the Teams conducting the pre-implementation visit to each subproject implementation site. The primary responsibility for monitoring the subgrants is vested in UNIT D of the Secretariat. UNIT D will work closely with UNITS B and C to conduct site visits of 3-4 days per subgrant per year. The purpose of the visits is to review overall subproject progress against the project plan and to identify possible areas of concern to be resolved, as well as to determine possible TA needs. The members of the Monitoring Teams will be comprised of staff from UNITS B, C, and D, in conjunction with representatives from the MOH at the Departmental levels.

5. Subgrant Evaluation: Each subgrant will have a mid-term and end-of-project evaluation conducted by a Team designated by the Secretariat. The Evaluation Teams will consist of members of UNIT D, the MOH at the National and/or Departmental levels, the respective PVO(s), and USAID.

6. Project Monitoring: An internal management and administrative evaluation will be conducted twice to year to monitor the Project's progress towards the attainment of the stated objectives. The results of these evaluations will be made available to USAID/Bolivia, the PVO/REC, and the mid-term and end-of-project evaluation teams.

C. The First Year of Project (1988)

1. Initial Six Months: Following the signing of the Project Agreement in January 1988, a six-month period will be required to develop the necessary management and administrative systems as well as complete other legal administration actions before the first subgrant application can be solicited. However, in a broad sense, during this period,

- the Project Agreement will be signed.
- the General Secretary and other personnel of the Secretariat will be hired.
- representatives to the SPRP from the MOH will be designated.
- procedures for the Secretariat will be developed by the General Secretary pending approval of PVO/REC.

- the PVO/REC and the Secretariat will prepare subgrant appraisal criteria.

- the first internal management and administration evaluation is conducted.

- the Secretariat and the PVO/REC will develop the subgrant application forms and a Project information brochure. The PVO/REC will oversee the printing and distribution of the Project literature.

- the PVO/REC and the Secretariat will issue guidelines for the quarterly progress reports of the subgrantees in accordance with AID guidelines

- contractors will be identified to provide TA in subproject and baseline survey design.

- workshops, meetings and conferences will be developed.

2. Second six-month period:

- the Secretariat will prepare revised guidelines for monitoring and evaluation reports and submit them to the PVO/REC.

- subproject application procedure becomes active.

- potential subgrantee applications that have progressed to Step 4, will experience an appraisal visit from member(s) of the Secretariat.

- the PVO/REC will advance funds to the five approved PVO subgrant recipients.

- subgrantee meeting and/or workshop is held.

- the second internal management, and administration evaluation is conducted.

D. The Second Project Year (1989)

- approximately fifteen subgrants are approved.

- the external mid-project evaluation during the 16th month is completed, and any necessary adjustments are made.

- after the 16th month evaluation the future legal grantee and funding arrangements will be determined.

two internal management and administration evaluations are conducted.

- subgrantee meeting and/or workshop is held.
- monitor and evaluate the five subgrants from Year 1

E. The Third Project Year (1990)

- monitor and evaluate the fifteen subprojects from Year 2.
- subgrantee meeting and/or workshop is held.
- two internal management and evaluations are conducted.
- the final external evaluation is conducted.

VI. EVALUATION ARRANGEMENTS

A. Overall Project Evaluation

During the three-year life of the Project, two independent evaluations will be conducted: a mid-term evaluation during the middle of the second year of the Project (1989) and a final evaluation in late 1989. The Evaluation Teams will be contracted directly by USAID and be comprised of probably four people. The actual composition of the teams and their Terms of Reference (TOR) will be determined in conjunction with the MOH. However, a likely team would be comprised of a representative from the MOH, a PVO specialist, a finance/management specialist, and the team leader being a community health specialist.

1. The mid-term Evaluation - will assess progress toward the achievement of project objectives and determine if project implementation is on schedule. Barriers and constraints to project achievement will be identified and corrective action will be recommended.

2. The Final Project Evaluation - will focus on the impact of the Project. Problems of project design and implementation will be identified and suggestions for corrective measures will be provided. In addition, the final evaluation will recommend any identified health needs of the MOH and the PVO community, as well as donor support for health PVOs in the future, with financial implications and obligations clearly spelled out.

B. Evaluation of Subgrants

Each subgrant will be formally evaluated during the midterm and end-of-project evaluations. The same evaluation objectives mentioned above will apply for the subgrant evaluations. Report formats and TOR for the mid-term and final evaluations will be developed by Unit D of the Secretariat. These will be submitted to the PVO/REC for review and approval before being implemented.

0626L