PD-AAX-634
55532

UNCLASSIFIED

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D. C. 20523

LAC/CA REGIONAL

PROJECT PAPER

HEALTH AND NUTRITION

TECHNICAL SERVICES SUPPORT

AID/LAC/P-462

Project Number: 597-0027
598-9657

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete) — Amendment Number

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: LAC/CA Regional

3. PROJECT NUMBER: 597-0027/598-0657

4. BUREAU/OFFICE: LAC Bureau, Office of Development Resources — 05

5. PROJECT TITLE (maximum 40 characters): Health and Nutrition Technical Services Support

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 94

7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4)
A. Initial FY 89 B. Quarter 4 C. Final FY 92

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

A. FUNDING SOURCE	FIRST FY 89 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	1,788		1,788	10,000		10,000
(Grant)	(1,788)	( )	(1,788)	(10,000)	( )	(10,000)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1. Mission Buy-ins (Non Add) --				(8,285)		(8,285)
Other U.S. 2.						
Host Country						
Other Donor(s)						
TOTALS	1,788		1,788	10,000		10,000

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) H	590	500				1,393		6,190	
(2) CS	590	500				95		2,860	
(3) AIDS	590	500				100		550	
(4) ARDN	390	330				200		400	
TOTALS						1,788		10,000	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 390 | 520 | 540 | 560 | 590

11. SECONDARY PURPOSE CODE: 500/300

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

A. Code	NUTR	TECH	INTR			
B. Amount						

13. PROJECT PURPOSE (maximum 480 characters)

To improve the effectiveness of strategies, programs and projects in the areas of health management, health financing, nutrition, child survival, and special concerns in the LAC Region by facilitating the exchange and application of technology and information.

14. SCHEDULED EVALUATIONS
Interim MM 10 YY 92 | MM YY | Final MM 09 YY 94

15. SOURCE/ORIGIN OF GOODS AND SERVICES
[X] 000 [ ] 941 [ ] Local [ ] Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

"I certify that the methods of payment and audit plan are in compliance with the Payment Verification Policy."

[signature], G. Byllesby, LAC Controller

17. APPROVED BY
Signature: Terrence J. Brown
Title: Director, LAC/DR
Date Signed: MM 06 DD 20 YY 89

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
MM DD YY

AID 1330-4 (8-79)

PROJECT AUTHORIZATION

Name of Country: LAC Regional/Central America Regional

Name of Project: Health & Nutrition Technical Services Support

Number of Project: 598-0657/597-0027

1. Pursuant to Sections 103 and 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health and Nutrition Technical Services Support Project for the Latin America/Caribbean (LAC) Region involving planned obligations of not to exceed Ten Million United States Dollars (US $10,000,000) in grant funds ("Grant") over a four year period from 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 five years from the date of initial obligation.

2. The project will furnish assistance to improve the health and nutrition status of the population in the LAC region; in particular, to contribute to the reduction of infant and child morbidity and mortality. The Project will include the provision of long and short-term advisors, conferences, workshops, intensive studies and analyses.

3. The Project Agreements which may be negotiated and executed by the officers 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 Commodities, Nationality of Services

Commodities financed directly by A.I.D. under the project shall have their source and origin in the United States (code 000) except as A.I.D. may otherwise agree in writing. Commodities financed with funds granted to non-governmental organizations through specific support grants will be governed by Handbook 13 procurement regulations. Except for ocean shipping the suppliers of commodities or services shall be the United States (code 000) or code 941 countries as their place of nationality, 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

b. Funding Level for Buy-in Technical Assistance Contracts and Cooperative Agreements

Contracts and Cooperative Agreements entered into with LAC/CA Regional funds and Mission Buy-in funds to finance activities in furtherance of the project objectives will be limited to a maximum of $18,300,000 million including $10,000,000 in LAC/CA Regional funds and up to $8,300,000 in Mission-obligated funds.

c. Non Competition of a Cooperative Agreement

A Cooperative Agreement with the Association of University Programs in Health Administration (AUPHA) will be granted based on Handbook 13, Chapter 2,B,3 guidance for follow-on assistance awards intended to continue or further develop an existing assistance relationship.

Frederick W. Schneider
Acting Assistant Administrator
Bureau for Latin America
and the Caribbean

June 22, 1989
Date

Clearances:

LAC/DR:DBoyd
LAC/DR:JEvans
LAC/DR/HN:PFeeney 6/15/89
LAC/DR:SWingert 6/16/89
LAC/DR:TBrown
LAC/DP:WWheeler 6/19/89
GC/LAC:GDavidson for 6/15/89
LAC/CONT:GByllesby 6/19/89
AA/LAC/SA:LWood
LOdle/AG#50240

TABLE OF CONTENTS

HEALTH AND NUTRITION TECHNICAL SERVICES SUPPORT

LAC/CA REGIONAL PROJECT

Summary and Recommendations

I. EXECUTIVE SUMMARY i

II. BACKGROUND AND RATIONALE. 1

A. Background. 1
1. Health and Nutritional Status 1
2. Recent Programming Trends 2
3. Program Development and Management. 2

B. Project Rationale 3
1. Limitations of Present Systems. 4
2. Lagging Development of New Activities 4
3. Inadequate Anticipation of Problems 5

C. Relationship to A.I.D. Policies and Strategies. 5

D. Relationship to Other A.I.D. Programs and Projects. . . 6
1. Other LAC Regional Activities 6
2. Science and Technology Bureau Activities. 7

III. DETAILED PROJECT DESCRIPTION 9

A. Introduction. 9
B. Project Rationale 9
C. Project Goal and Purpose. 10
D. Project Outputs 10
E. Project Inputs. 11
F. Project Beneficiaries 11

G. Project Components. 11
1. Health Management and Administrative Strengthening. 13
2. Health Care Financing 30
3. Nutrition 43
4. Special Concerns. 55

H. Technical Advisory Group. 58

IV. IMPLEMENTATION PLAN/ADMINISTRATIVE ARRANGEMENTS 62

A. Contractual and Funding Arrangements. 62

B. Funding Details 67
1. LAC/CA Regional Funds 67
2. Mission Buy-Ins 67

C. A.I.D./W. Responsibilities. 68

D. Mission Responsibilities. 69

V. PROJECT ANALYSES. 70

A. Technical Analyses. 70
1. Health Management 70
2. Health Financing. 70
3. Nutrition 71
4. Special Concerns. 72

B. Administrative/Institutional Analysis 73
1. LAC/DR/HN Management Responsibilities. 73
2. LAC/DR Finance Officer Responsibilities 74
3. A.I.D. Contracting Officer Responsibilities 74
4. Coordination Among Responsible Parties. 74

C. Financial Analysis. 74

VI. EVALUATION AND AUDIT PLAN 75

VII. IMPLEMENTATION/CONTRACTING PLAN 76

LIST OF EXHIBITS . . . . . .

Exhibit 1: Project Components 12
Exhibit 2: Person Months Short-Term TA Level of 22
Effort--Health Management Component
Exhibit 3: Output Indicators--Health Management Component . . .23
Exhibit 4: Person Months Short-Term TA Level of 41
Effort--Health Financing Component
Exhibit 5: Output Indicators--Health Financing Component. . . .42
Exhibit 6: Prevalence of Chronic and Acute Malnutrition in. . .44
Children under Five
Exhibit 7: Person Months Short-Term TA Level of 53
Effort--Nutrition Component
Exhibit 8: Output Indicators--Nutrition Component 54
Exhibit 9: Special Concerns Component--Person Months. 59
Exhibit 10: Special Concerns Component--Output Indicators. . . .61
Exhibit 11: Inputs Funded by Project 63
Exhibit 12: Core Contract Staffing Pattern 64
Exhibit 13: Project Costs--By Component 78
Exhibit 14: Project Costs--By Input and Funding Source 86
Exhibit 15: Project Expenditures-- By Input and Fiscal Year. . .91
Exhibit 16: Project Obligation Schedule--By Fiscal Year. 92

ANNEXES

Annex A. Scopes of Work - Core Contractor & Child Survival Fellow. . . . . .
Annex B. LAC Mission Estimates of Technical Support Needs (July 1988). . . . . .
Annex C. Logical Framework. . . . . .
Annex D. Initial Environmental Examination. . . . . .
Annex E. Statutory Checklist. . . . . .
Annex F. PID Issues . . . . . .
Annex G. PID Approval Memorandum. . . . . .
Annex H. LAC Mission Estimates of Technical Support Needs (Mission Buy-ins) - April/May 1989 . . . . . .

I. EXECUTIVE SUMMARY

A. Introduction

LAC/DR/HN is proposing an $18.3 million dollar regional Health and Nutrition Technical Services Support Project. This project, funded with LAC and CA regional funds, with provision for buy-ins by LAC Missions, will provide necessary support services to assist in developing specific regional and bilateral programs and activities in the health and nutrition sectors in LAC.

B. Problems

LAC has identified three significant problems in carrying out its responsibilities in the health and nutrition sectors of the Latin American and Caribbean Region which it proposes to address in this Project.

1. When preparing strategies, programs or projects in the health and nutrition sectors, both LAC/DR/HN and LAC Missions make use of experts with skills not necessarily available to the A.I.D. generalist health officer. These skills have been obtained in a number of ways, including from IQCs or as buy-ins to centrally funded A.I.D. projects. While high quality services have been obtained by this route, at times the services have been delayed or inadequate, or a centrally funded project's buy-in limit had been reached. More significantly, none of the existing alternatives assures continuity of services by high quality Spanish-speaking consultants, familiar with LAC cultures, who work throughout the LAC Region and can therefore transfer technology and experience among the LAC countries.

2. While health and child survival funds for the LAC Region have increased since the early 1980's, these additional funds have been reflected in limited specific intervention areas (e.g. immunization, ORT). The Agency level of effort for the areas of health management, health financing, and nutrition has not increased significantly, and, in fact, appears to have declined. Yet all three areas are critical if there is to be a sustained effort to reduce rates of morbidity and mortality of infants and of children under five years of age.

3. As A.I.D.'s activities in the LAC health sector have increased, and as many health problems with high political visibility have emerged (e.g. Vitamin A, AIDS), it has become important for the LAC Bureau to have the capacity to anticipate and respond to developments and trends impacting upon the health of the population in the LAC Region. The LAC Bureau must have analyses performed and information at hand so that it can be out front, leading the way in planning necessary actions rather than being forced to assume a reactive posture.

C. Response

This Project proposes to address these problems.

1. Its purpose is to improve the effectiveness of strategies, programs, and projects in the areas of health management, health financing, nutrition, and child survival in the LAC Region by facilitating the exchange and application of technology and information among LAC Missions and country institutions with respect to activities in these areas. These four priority areas were given highest priority for this Project by LAC Missions and/or LAC/DR/HN when surveyed by cable in July 1988 and April 1989 (see Annex B).

2. A subsidiary purpose is to promote an increased level of activities in the areas of health management, health financing, and nutrition.

3. A second subsidiary purpose is to facilitate the LAC Bureau's ability to respond with timely programs and activities to special concerns in the areas of child survival, Vitamin A, AIDS, and drug abuse/narcotics awareness.

D. Activities

To achieve these purposes, the Project will fund the following services, utilizing regional LAC/CA funds (Health, Child Survival, ARDN, AIDS) and also, for some of the services, Mission funds through the buy-in mechanism.

1. A "Core Contract," which will be awarded competitively, will provide three long-term advisers in the areas of health management, health finance, and nutrition. The advisers will assist LAC/DR/HN and LAC Missions, as requested, in such activities as the preparation of strategies, analyses, and assessments; the performance of evaluations; the preparation of analyses required for PIDs and PPs; and the tracking and monitoring of progress. These advisers will be fluent in Spanishand English, familiar with LAC cultures, and available throughout the four year project period. A fourth full time adviser will serve as Project Director for the contract and concentrate as well on tasks of evaluation, monitoring/tracking, operations research, and information exchange.

The Core Contract will also provide a roster of LAC-experienced short-term consultants who will provide services in the three priority areas, under the guidance of the long-term advisers, in response to requests by LAC/DR/HN, and by LAC Missions.

2. A cooperative agreement will be awarded to the Association of University Programs in Health Administration ("AUPHA") for services in the field of health management education and training. This agreement will continue selected services now being performed by AUPHA under an existing cooperative agreement and will also permit LAC Missions to continue to buy-in for services of particular relevance to them.

3. LAC/DR/HN will buy-in to various centrally funded A.I.D. projects to obtain specific services to enable the LAC Bureau to address "special concerns" in the areas of child survival, Vitamin A, AIDS, drug abuse/ narcotics awareness, and management data information systems for the LAC Region. A long-term child survival adviser will be obtained by buying into an S&T/Bureau project with LAC/CA regional funds. Since 1987 such services have been successfully obtained from a Child Survival fellow under the CSAP-Support project.

E. Management

The Project will be managed for A.I.D. by an LAC/DR/HN officer, with backstopping from an A.I.D. contracting officer(s) and an LAC/DR finance officer. (Section IV. C. for detailed discussion of the Management Plan).

II. BACKGROUND AND RATIONALE

A. Background

1. Health and Nutritional Status

There has been considerable improvement in the health status of people in the Latin American and Caribbean ("LAC") Region since the mid-sixties. The rate of infant mortality (average for the region), in 1965-70, stood at 85 deaths per thousand live births, has declined to 60 per thousand by 1988. Deaths among children aged 1-4 years fell from 8.5 per thousand in 1965-70 to 6.3 per thousand in 1975-1980. The incidence of specific diseases such as measles and polio has also shown a significant decline.

This apparent progress, however, masks to some extent the serious conditions and developments still adversely affecting the health of people in the region. While regional averages show improvement, the health indicators in a number of countries and areas remain considerably below the average. Haiti, Bolivia and Honduras, and areas of Guatemala, Brazil, and Peru, for example, have mortality and morbidity rates equivalent to the poorest countries in Asia and Africa. Malnutrition, parasitic, viral and other infectious diseases remain major causes (or associated causes) of death and disability in Latin America and the Caribbean. Diarrheal and acute respiratory diseases continue to be the major killers of children. Parasitic diseases, especially those that are viral borne (schistosomiasis, malaria, etc.) remain endemic particularly in Central and South America. The incidence of certain viral diseases including dengue and yellow fever is actually increasing. The resurgence of malaria is a particularly significant health problem due to the appearance of insecticide-resistant strains of the malaria-carrying Anopheles mosquito and drug resistant strains of the malaria parasite.

Malnutrition also remains a major concern. An estimated 21 million children under five suffer from growth failure due to malnutrition of which 12 million are severely malnourished and at high risk of death. Specific nutrient deficiencies of iron, iodine, and Vitamin A are also prevalent in the region and result in high rates of nutritional diseases such as anemia (iron deficiency), goiter (iodine deficiency), and xerophthalmia (Vitamin A blindness) among adults and children as well as increase the risk of mortality due to infectious diseases.

Economic, social and political trends in the region are creating special problems. The continuation of civil strife in Central America has killed and maimed thousands,uprooted many more and moved others to marginal border areas of adjacent countries. All suffer the aggravation of an already marginal living conditions and deteriorating health status which is the plight of the refugee. At the same time, the pace of urbanization continues to accelerate, creating demands upon the health infrastructure of many cities to which they are unable to respond. This, at a time when the AIDS epidemic, heavily concentrated in urban areas of Mexico, the Caribbean and Brazil, is taking an increasing toll in many countries.

2. Recent Programming Trends

Funding for health programs (including child survival) in the Latin American and Caribbean region increased dramatically in the mid-80s. From a level of $35.7 million in FY 1983, and $27.1 million in FY 1984, the health/child survival budget jumped to $79 million in FY 1985, and $72.1 million in FY 1986, falling thereafter to the $57-$61 million range. Since FY 1986 monies appropriated for the Child Survival Fund have constituted an increasingly larger proportion of the total resources available for health activities (from a total of $7.5 million in FY 1986 to $23.9 million in FY 1987, primarily concentrated in Central America). This expanded program appears to be confronting problems of absorptive capacity. In certain Child Survival Emphasis Countries like Guatemala and Peru, for example, pipelines are becoming quite large.

In response to the focus on Child Survival, A.I.D. has been emphasizing major new initiatives in activities such as oral rehydration therapy, and immunization. One consequence of this heavy emphasis on specifically targeted, often vertically organized programs, has been a declining emphasis on "horizontal" activities affecting the integration and sustainability of health programs. Thus, for example, programs in Management and Systems Improvement, which in FY 1985 constituted 28.7% of the LAC Health budget, by FY 1987 had declined to 15%.

Despite the priority Child Survival has placed on nutrition, the level of nutrition activities in LAC during these recent years has remained low and, in fact, is declining. Nutrition accounted for 0.6% of the total economic assistance to the Region in 1987, declining from $13.8 million in 1985 to $8.4 million in 1987. The ARDN account, at approximately $160 million in 1987, funded only $1.2 million dollars for nutrition/consumption activities, down from $3.8 million in 1985. Only about 10% of the Health/Child Survival accounts goes to support nutrition activities.

3. Program Development and Management

When confronted with these sizeable increases in funds available for health and child survival activities, the LAC Missions moved expeditiously to develop strategies and projects, in part because they were able to call upon services of outside consultants who offer a level of technical competence and expertise not available among the more generalist A.I.D. health officers. Utilization of such technical consulting services is an Agency practice of long standing.

Traditionally, missions have obtained consultant services for technical support in one of three ways:

-- By contracting with an individual or, (less likely), a firm for services on an ad hoc basis. While this mechanism may have been a popular means of securing assistance some years ago, it is usually more cumbersome than available alternatives, and thus has declined in significance.

-- By utilizing one of the Indefinite Quantity Contracts (IQCs) which A.I.D. has in place to provide health/nutrition technical support services. These contracts, competitively bid, are intended to facilitate the ability of missions and regional bureaus to procure short-term services (on an "as needed" basis) to assist with such tasks as sectoral analyses, studies, design, and evaluation.

-- By utilizing one of the contracts under a "Ribbon Project," managed by S&T/Health, such as PRICOR, HEALTHCOM, REACH, or PRITECH, and S&T/Nutrition, such as Nutrition Education. These multi-year, competitively-bid contracts utilize firms which become specialized in specific technical fields. While most have a heavy operations research element, and undertake longer term activities, all reserve a certain portion of their activities for short-term services. Missions are offered the opportunity to "buy in" to these projects, i.e., utilize Mission funds to pay for technical services, over a period of time. Missions have found this device more attractive than IQCs in part because it is more convenient, fast, and flexible. The recently-concluded management assessment of the S&T/H Office concluded that "the growing use of contract 'buy in' arrangements has greatly facilitated mission use of the central projects. Missions appear to be using IQCs relatively infrequently, probably because the buy-in mechanism is so attractive."

B. Project Rationale

In carrying out their responsibilities in the health and nutrition sectors, the LAC Bureau and the LAC Missions have encountered several significant constraints to developing sound programs which will have a sustained impact upon the health of infants and children in the LAC Region. As the availability of health funding has increased, and as the potential impact upon the health sector of economic, social, and political trends, and new epidemics (AIDS; drug abuse) have become more apparent, these constraints have become more severe.

Three of the most pressing problems, with which this project is designed to deal, are:

> While there are a number of instruments available to the Regional Bureaus and missions for securing the services of outside consultants, none of the alternatives assures the kind of uniform quality, responsiveness, continuity, and regional cross-fertilization that is desired.
>
> Certain activities in the health sector have increased as a result of higher funding levels, however, activities in the nutrition area have been comparatively neglected, with consequent negative impact on nutritional status of infants and children in the Region; and initiatives in the fields of health finance and health management have lagged, with a consequent threat to the long-term sustainability of some of the health sector initiatives presently being undertaken.
>
> When faced with special problems in the region, such as AIDS, drug abuse, or Vitamin A deficiency, there is no ready source of Regional funds to permit the prompt development of necessary studies, strategies, and other initiatives that would enable the LAC Bureau to be out in front, leading the way in planning necessary actions, rather than being forced to assume a reactive posture.

1. Limitations of Present Systems Available for Obtaining Outside Consultants for Technical Support Services

The LAC Bureau and LAC Missions have obtained the assistance of outside consultants for a variety of technical support tasks in the health and nutrition sectors. Consultants have been utilized to help develop regional strategies, country strategies, sector assessments, and special studies as well as carry out more Mission specific activities, such as preparation of PIDs and PPs. These services have been available from individual consultants or contractors on an and hoc basis, from several IQC contractors, or from the Agency's centrally-funded health projects offering "buy in" opportunities.

While the services provided by each of these devices have proven to be useful and necessary, they have rarely been sufficient. On occasion, attempts to utilize one of the existing contract mechanisms have encountered significant delays because of the inability of the contractor to find consultants with the requisite experience as well as technical and Spanish language capability. On other occasions, a central project, such as REACH (Resources for Child Health), having exhausted its buy-in ceiling before anticipated, was unable to respond to mission new requests. In addition, certain technical skills are presently not available from central contracting arrangements. A number of S&T/Nutrition activities, for example, have now expired and while there are plans for new activities in the future, there is no follow-on now in place.

Most importantly, existing technical assistance mechanisms by their very nature lack important elements such as continuity and/or cultural specificity. If technical support services for health and nutrition activities are to achieve their maximum utility and effectiveness, they must be obtained in a manner which provides a group of consultants, fluent in the appropriate languages, familiar with the regional cultures, who can provide a continuity of services to a mission and can bring to the Region the benefit of cross-fertilization; what technical approaches have been successful and which have failed; what results can be successfully applied to activities in other countries.

What is required, and what this project will provide, is a core group of consultants in LAC Bureau priority health and nutrition areas who will be available on a long-term basis to provide services to the Bureau and its missions, and to offer guidance and oversight to other available consultants who will be called on to provide supplemental short-term services.

2. Lagging Development of New Activities by Missions in Critical Health and Nutrition Sub-sectors

Three priority areas have been selected for emphasis in this project: health management, health financing, and nutrition. In these areas the level of mission funding in recent years has not been high. For example, a "focused nutrition package" is one of the four priority Child Survival interventions established in A.I.D.'s Child Survival Policy Paper of April 1986. Yet nutrition has not received sufficient project attention in the 1980s and is currently receiving less project funding in 1987 than in 1985. Both LAC Missions and the LAC Bureau have expressed a desire to reverse this trend and address this continuing regional problem. During PID preparation, LAC Missions were surveyed as to their anticipated nutrition technical support needs - estimated as the second highest priority request.

There is a consensus that insufficient attention has been given to health financing and health management. The effort to promote child survival initiatives in ORT and immunization has often devoted insufficient attention to the development of sustainable systems to maintain program benefits and activities once A.I.D.'s role is ended. With the major technical advances in specific child survival interventions now well established, financing and management constraints are currently perhaps the greatest constraint on effective and sustainable project implementation. LAC Missions have placed health management as a high priority for technical support in the next four years. (In the survey taken at the time of PID development, they ranked management training as the fourth highest priority. In another survey taken during preparation of this project paper, the Missions anticipated greater utilization of the project's technical support services for health management than for any other activity.) (See Annex B).

In estimates made during PP preparation concerning utilization of the project's technical support services, Missions gave health financing as high a priority as nutrition. Informal surveys of mission personnel reveal that many health officers are uncomfortable with the highly specific technical issues of health financing and require assistance to develop feasible and effective health financing activities. (See Annex B).

What is required, and what this Project will provide, are resources to achieve the secondary purpose of promoting an increased level of high quality activities in these fields.

3. Inadequate Anticipation of, or Delayed Responses to, Developments and Problems in the LAC Health Sector

The increased funding for health activities since the mid-eighties reflects a recognition of the importance of this sector to economic development, and places on A.I.D. a major responsibility for development of effective and sustainable programs. If the LAC Bureau is to be able to carry out this responsibility it must be able to anticipate and respond to developments and trends impacting upon the health of the population in Latin America and the Caribbean. There is concern, for example, about the spread of the AIDS epidemic in many LAC countries; the impact of drug abuse as a growing problem among the countries of Latin America; and the necessity to develop programs and specific activities which respond to continued high levels of Vitamin A deficiency in the LAC Region. What is required, and what this Project will provide, is funding so as to achieve a secondary purpose of facilitating the LAC Bureau's ability and technical flexibility to respond with timely programs and activities to special concerns in the areas of child survival, AIDS, Vitamin A, and drug abuse/narcotics awareness.

C. Relationship to A.I.D. Policies and Strategies

This Project identifies priority areas in the Health and Nutrition sectors in which activities will be concentrated: health management, health finance, and nutrition. The Project will increase the effectiveness of programs in these areas and, in certain areas will encourage an increased level of activity. In so doing, the Project supports current Agency policies and strategies.

The A.I.D. Policy Paper on Health Assistance (Revised), of December 1986, states that "within A.I.D.'s health assistance program priority will be given to support for child survival and improved maternal and child health". The objective of child health is to be approached primarily through four interventions, one of which, is "a focused nutrition package".

The policy recognizes that other health interventions, in addition to the primary four, can make important contributions to child survival. Improvement in the sustainability of delivery systems is one example, and activities designed to make improvements in essential management systems required to implement the child survival service delivery are regarded as being necessary. While the policy mandates that health financing concerns should be addressed in all health projects, it recognizes that, in some countries, improving the financing of health care may be the main A.I.D. activity, and emphasizes the importance of resource management aspects of the health care system as a whole. It provides, however, that A.I.D. support for health programs beyond the four direct child survival interventions (immunization, diarrheal disease control emphasizing ORT, focused nutrition package, and birth spacing) requires an additional burden of proof to demonstrate their appropriateness, - a test we believe to be met in this paper.

The LAC Bureau has prepared a draft LAC Regional Nutrition Strategy. The concerns expressed therein regarding the diminishing level of resources being devoted to nutrition, the threat posed to health by increasingly serious and persistent malnutrition in many countries, and the need for taking initiatives to combat both of these trends are reflected in the designation of nutrition as a priority area for activity under this project, and the nutrition activities included in this project are consistent with that strategy.

D. Relationship to Other A.I.D. Programs and Projects

1. Other LAC Regional Activities

The existing LAC regional health project, entitled "Health Technology and Transfer Project" (597-000/598-0632 and 596-0007) and begun in 1985, includes five activities: malaria control, essential drugs, clinical training, health services financing, and management training. Two of the Project activities (clinical training and health services financing) will terminate in 1989; the malaria control and essential drugs activities have been extended until mid-1990; and management training will terminate in late 1990.

Under the health services financing component only a small amount of discrete technical assistance is provided to Missions. This component is essentially limited to carrying out research studies. To date, there has been three health care cost studies, three health care financing studies, and two related demand studies completed. Some of the studies were carried out by the contractor, State University of New York ("SUNY"), and some by sub-contractors to SUNY. The inclusion of a health care financing element in this new project is consistent with the finding that "the basic problems of sector financing are continuing constraints to progress in health." The new health financing activity will build on the previous SUNY studies, but will include a more comprehensive and sustained effort, with a heavy emphasis on technical assistance, lacking under the current SUNY contract.

The health management education and training component of the ongoing Health Technology and Transfer Project is carried out through a cooperative agreement with the Association of University Programs in Health Administration ("AUPHA"). This component currently aims at strengthening the network of health management and training programs in the LAC Region and the ties between the LAC country trainers and training institutions in North America. Under the cooperative agreement AUPHA is to:

(a) carry out assessments of host country needs and resources;

(b) hold workshops and conferences concerning key problem areas; and

(c) provide technical assistance to host country training programs

The mid-project evaluation and continued high demand by the LAC Missions indicates that the AUPHA component has been quite successful. As a result, it was extended with additional funding (including addition of a $750,000 Mission buy-in capacity) until the end of October, 1990.

The health management activity of this new Project includes continuation of selected health management training services from AUPHA, building upon those carried out under the existing agreement. The continuation of certain on-going services past 1990 will be accomplished by concluding a new cooperative agreement with AUPHA.

2. Science and Technology Bureau Activities

The Science and Technology Bureau (S&T) works with the Latin America and Caribbean Bureau to ensure that the most appropriate applications of science and technology are used to cmplement and support developing countries' development programs. The S&T Offices of Health and Nutrition carry out their responsibilities through technical assistance to LAC field programs and implementation of assistance projects which respond tp problems that extend beyond bi-lateral or regional interests or capabilities. To this end there exist specific S&T projects which are relevant to the priority components identified in this Project, as follows (an illustrative list of key projects):

<u>Health Management</u> -
-Technology for Primary Health Care (PRITECH) No. 936-5927.1
The main purpose of this project is to promote and assist the development of national oral rehydration/diarrheal disease programs. The project provides assistance to government and non-governmental institutions in the areas of program planning and management, etc. related to these programs. While PRITECH provides the possibility for assistance in health management, such assistance is a subsidiary element of that project; limited PRITECH services for health management technical support will be available during the period encompassed by this proposed project.

No other S&T Projects which address health management concerns are planned for the period encompassed by this Project.

Health Care Financing -

- Technology for Primary Health Care (REACH) No. 936-5927.3
This Project was designed to strengthen the delivery of basic health care services in developing countries through the identification of means to improve the efficiency and effectiveness with which health services are delivered, organized, and financed. The REACH Project has worked concurrently with the Health Care Financing component (implemented by SUNY) of the LAC Regional Health Technology and Transfer Project with minimal duplication.

However, the current REACH project can no longer accept buy-ins from field missions; on-going activities will be completed in FY 90. A follow-on health care financing project has been designed and will be competed in FY 89. The purpose of this new HCF project is to increase and make better use of existing health sector resources, and to ensure that the poor have access to affordable health services. The project will focus on health care financing technical assistance needs identified in the global context; demand for services under this project are expected to limit draw down for specific regional agendas. Therefore, availability of resources under both the Regional and the S&T/H Project will ensure adequate coverage for fulfilling projected LAC Mission needs in this area.

In addition, the evaluators of the current LAC Health Technology and Transfer Project said: "There is a need to tap as much talent as possible in the field, including a pool of talented Spanish-speaking experts. Having an organization exclusively devoted to LAC Countries may help to assure better understanding of problems in a region with such widely diverse financial problems."

Nutrition -

The Office of Nutrition has several projects offering limited field support to specific nutrition technical areas. These projects will complement and not duplicate the broader and more long term mission-specific planning approaches required. S&T/N projects which will have some field support emphasis are:

-Women and Infant Nutrition (WIN): A Family Focus Project No. 936-5117
The project will continue and enhance efforts in the area of lactation management education and infant feeding. Both service delivery and technical assistance will be provided; an operations research component will focus on reproductive age women and adolescent girls prior to pregnancy.

-Nutrition Education and Social Marketing Field Support Project No. 936-5113
The purpose is to improve country capability to design, disseminate, and evaluate nutrition information messages. Field support is available to missions for assessment of needs, design of interventions, and training.

This new Project will buy-in to selected S&T projects for services required by the LAC Bureau for Child Survival, AIDS, Vitamin A, drug abuse/narcotics awarenwss, and management data information systems. However, none of the S&T/Health or Nutrition projects, including the several IQCs managed by those offices, can achieve the continuity and cross-fertilization which are the principal objectives of this Project in the areas of Health Management, Health Care Financing, and Nutrition.

III. DETAILED PROJECT DESCRIPTION

A. Introduction

LAC/DR/HN is proposing for approval an $18.3 million dollar Health and Nutrition Technical Services Support Project to assist in developing regional and bilateral programs and activities in the health and nutrition sectors of LAC. This regional project will be funded with LAC and CA regional funds, and will include provision for LAC Missions to "buy-in" with their own funds to obtain services related to bilateral activities.

B. Project Rationale

The need for this Project is influenced by several factors:

Most of the activities of the existing LAC/CA Regional Health Technology and Transfer Project (598-0632/597-0006; PACD October 1990; LOP $5.99 million) and the Malaria and Essential Drugs (597-0007; PACD March 1990; LOP $7.86 million), authorized in 1985, amended in 1988 and totalling $13.85 million, will be phasing out in three stages from September 1989 through October 1990. This new Project, therefore, will not tax the managerial or budgetary limits of LAC/DR/HN, as it builds on the foundation laid by two major components of the earlier project.

Several recent attempts by LAC Missions to obtain technical support services from S&T/Health projects have resulted in delays and/or incomplete responses.

The desire to have a core group of long-term consultants together with a cadre of regionally-oriented short-term consultants, available to provide continuous and region-wide technical support in several priority areas. These consultants will provide a technological and informational exchange among Missions, and between A.I.D./W and the field, that has heretofore not existed.

The priority areas were selected on the basis of assessed needs of the LAC Bureau as well as of the LAC Missions. (See Annex B). In FY 1988, the LAC Missions, when queried by A.I.D./W, ranked child survival, nutrition, and health services management (including management training) among their highest priorities for inclusion in this Project. LAC/DR/HN is in full agreement with these priorities, believing further that a proactive effort is called for on its part to increase the level of activities and support for continuing activities in these key sectors.

It is expected that most Missions will utilize the services of the long-term consultants at various times during the Project. The Missions will also be encouraged to "buy-in" to the Project, using Mission funds, to obtain the services of short-term consultants (from the Core Contractor) in the three priority areas of nutrition, health management, and health financing.

C. Project Goal and Purpose

The goal of this project is to improve the health and nutritional status of the population in the LAC Region; in particular, to contribute to the reduction of infant and child morbidity and mortality.

The purpose of the project is to improve the effectiveness of strategies, programs, and projects in the areas of health management, health financing, nutrition, child survival, and special concerns in the LAC Region by facilitating the exchange and application of technology and information among LAC Missions and LAC host country institutions with respect to activities in these areas. There are two subsidiary purposes, which are as follows:

1. To promote new, and an increased level of, activities in the priority areas of health financing, health management and nutrition; and

2. To facilitate the LAC Bureau's ability to respond with timely programs and activities to new developments and problems affecting the health and nutrition sectors in the LAC Region.

Success in achieving the goal will be determined by examining data from LAC countries and data collected through A.I.D.'s tracking systems, some of which will be expanded and rendered more accurate as a result of Project funded activities.

The attainment of the Project purpose will be reflected in the quality of strategies and project documents developed in the LAC Bureau during the period of this project, and by evaluations of project achievement. The attainment of the subsidiary purposes will be determined by the percentage increase of the portfolio devoted to activities in health management, health financing, and nutrition; and in the quality, timeliness, and responsiveness of appropriate programs and activities developed by the LAC Bureau and Missions for dealing with special concerns which impact upon the health and nutrition sectors in the LAC Region.

D. Project Outputs

There will be a broad menu of Project outputs with respect to the priority areas of concentration. As a result of the Project there will be the following products: 1) regional and subregional strategies; 2) country strategies; 3) sector assessments; 4) special studies; 5) operations research; and 6) studies and analyses in support of Mission PIDs and Project Papers, - all reflecting the cross fertilization provided by the Project. In addition, there will be a number of cross-cutting evaluations, improved tracking systems for indicators related to the priority areas, and an improved system for information exchange among the Missions and between A.I.D./W and the field.

E. Project Inputs

In order to achieve the anticipated purpose, goal, and outputs the following inputs will be funded under the project:

-- A contract with a private firm, awarded competitively, (the "Core Contract"), which will fund: (a) one long-term technical adviser in each of three priority areas, i.e., health management, health finance, nutrition; (b) an estimated 493 person-month level of short-term technical assistance (82 LAC/CA Regional funds; 411 Mission buy-ins) within the three priority areas of health management, health finance, and nutrition; and (c) administrative support staff and supplies.

-- A cooperative agreement with AUPHA, for services in the area of health management education and training, will permit a specified limit of Mission buy-ins. This cooperative agreement will continue and apply selected successful education program development activities begun under the existing Health Technology and Transfer Project cooperative agreement (scheduled to be completed October 1990).

-- Buy-ins to central A.I.D. contracts and cooperative agreements for short-term assistance, as appropriate to provide technical assistance in support of studies, strategies and other activities related to programs and activities in AIDS, Vitamin A, drug abuse/narcotics awareness, and management data information systems (i.e., for the Special Concerns Component). There will be a buy-in to the Child Survival Action Program-Support Project, or some other S&T/Health project providing similar services, to provide for the continuing services of a skilled adviser in the area of child survival.

F. Project Beneficiaries

The ultimate beneficiaries of this Project will be the large number of infants and children under five years of age in both the rural and marginal urban areas in the LAC Region, who will enjoy longer and more healthy lives because of the improved health and nutrition interventions supported by this Project.

G. Project Components

There are four Project components (See Exhibit 1, page 12):

(1) Health Management and Administrative Strengthening;

(2) Health Financing;

(3) Nutrition; and

(4) Special Concerns.

The activities included within the components have been given the highest priority by the LAC Missions and/or LAC/DR/HN, on the basis of anticipated needs for technical support services during the project period, the importance of these sectors to the status of health and nutrition in the LAC Region, and the need to promote more indepth and substantive activities in these areas. The selection of these priority focus areas was ratified by an internal LAC/DR Bureau review process. The activities included in the special concerns component are the result of Agency priorities, as influenced by Congressional earmarks, and LAC Bureau priorities.

Exhibit 1
PROJECT COMPONENTS

Component #1	Component #2	Component #3	Component #4
Health Management and Administrative Strengthening	Health Care Financing	Nutrition	Special Concerns

Inputs

1. Core Contract 2. AUPHA Cooperative Contract	1. Core Contract	1. Core Contract	1. Central A.I.D. Contracts: ° Buy-ins
LAC/CA Funds	LAC/CA Funds	LAC/CA Funds	LAC/CA Funded Buy-ins
Mission Buy-ins	Mission Buy-ins	Mission Buy-ins	No Mission Buy-ins

5672T

1. Health Management and Administrative Strengthening Component

A. Introduction

Increasingly it is apparent that weak management and inadequate administration in host country health institutions pose major constraints on the effectiveness and sustainability of donor funded health projects. Low levels of management skills, archaic financial control and procurement systems, cumbersome non-computerized health and management information systems, inadequate personnel systems, chaotic logistics and maintenance systems have not been adequately addressed by most Ministries of Health. Centralization of decision-making at the national level has choked off local initiatives, inhibited flexibility and burdened top officials with routine matters better addressed by local officials. Donor funded projects have often exaggerated these problems by establishing vertically organized implementation units which further fragment the Ministries of Health.

Similar management problems also plague large private sector organizations such as private hospitals. In new efforts to privatize some health delivery and support systems (e.g. private wards, concessions for laundry service), management problems created by the public/private mix are also in need of attention. The private sector also has special management problems of health-related micro-enterprises, and the management of employer-provided services and insurance.

The sustainability of A.I.D. project benefits and activities rests on the effective development of institutional capacities to carry on activities to achieve project objectives. Two recent studies (implemented in 1986 and 1987 by PPC/CDIE for its evaluation series) of U.S. government-funded A.I.D. health and nutrition projects in Guatemala and Honduras, have shown that more effective projects and those implemented by stronger institutions with improved management capabilities are more likely to be sustained after the project funding stops (T. Bossert, et all., "Sustainability fo U.S. Government-funded Health Projects in Guatemala and Honduras," A.I.D. PPC/CDIE, 1986 and 1987).

Simplification of administrative routines, decentralization of responsibility and authority, the provision of pertinent and rapidly accessible management information, development of procurement, logistics and supply systems, and management education and training all can contribute to increasing efficiency in the health sector. It is also important to integrate health financing improvements into a strong management system for these schemes to be implemented effectively.

It is important to tie efforts to improve management and administration to the current child survival interventions, building on the effectiveness of such programs. It is likely that such a focused approach, which also emphasizes the need to integrate vertical activities into a broader administrative structure and to decentralize management capabilities, can be more successful than A.I.D.'s earlier "institution building" efforts of the 1970's which were not linked to specific targetted interventions. Recent projects in the Region, notably those in Honduras, El Salvador and the Dominican Republic, have shown that significant project efforts can be focused on management and

institutional development to improve the ability of projects to achieve their goals and objectives in ways that strengthen the health systems responsible for delivery and sustainabilty of child survival interventions. Lessons learned from these efforts should be evaluated and disseminated for future management efforts.

In addition, lessons from private sector efforts, such as the TIPPS Project in Peru, the divestment of government hospital services to the private sector in Jamaica, and health insurance development in Santo Domingo should be incorporated into a regional management plan.

Many bureaucratic routines, legal constraints, culturally defined administrative patterns can be addressed only with strong sensitivity and knowledge of the region. In LAC, the legacy of the colonial and post-colonial bureaucracies presents special problems that are unique to the Region. Perhaps more so than in any other Region, physicians with little public health or management expertise take crucial decision-making roles in Ministries of Health which are also among the weakest administrations in the public sector. Few public health officials can devote full time to their administrative jobs since a significant portion of their personal income is derived from the part-time private practice of medicine.

Management problems also affect the efficiency and sustainability of private sector organizations, especially in the development of physicians' group practices, private hospitals, insurance schemes, and employer-provided services (for example).

The LAC Bureau, supported by a survey of Mission interests, have identified management and administrative issues as high priority for technical assistance in the areas of strategy formulation, project design, information exchange, monitoring, tracking and evaluation. In order to carry out these activities, this Project Component will be implemented through two mechanisms: a Core Contractor and the Association of University Programs in Health Administration (AUPHA).

The current LAC/CA Regional Health Technology and Transfer Project (598-0632/. 597-0006) includes a major component in health management education and training, implemented by AUPHA. The current cooperative agreement with AUPHA was designed to assist in the development of stable, indigenous capabilities to provide a base for management training support of the health delivery systems in Latin America and the Caribbean. It assists Missions to identify local and region-wide training resources, develop curriculum, and provide workshops and information exchange in the area of health management education and training. These services have been particularly well-received by Missions which "bought-into" the project at significant levels. A mid-term evaluation (March 31, 1988) of AUPHA's efforts was very favorable. This new Project will continue funding AUPHA, through a cooperative agreement, in order to focus training efforts more directly toward in-service training needs of specific bi-lateral A.I.D. health program and project activities.

Training is only one approach to strengthening health systems management and administration. In some cases major administrative reforms in both public and private institutions are necessary to encourage effective management through decentralization and integration of administrative structures. Specific administrative systems (such as personnel, logistics, financial management and accounting) also need to be addressed so as to simplify routines, provide incentives for appropriate decision-making, provide controls for financial accounting, etc.

In the private sector particularly, there is a need to establish the management capacity and legal incentives for the creation of group practices and private hospitals where increasing efficiency, cost containment, and financial management are crucial to sustained private enterprise.

The Project will support the development of a Regional Strategy for Health Management and Administrative Strengthening, technical assistance for design, monitoring, information networking and evaluation for bilateral or subregional management and administration projects or project components. It will also support regional, subregional, and national workshops in order to facilitate information exchange.

B. Core Contractor

1. Long Term Technical Assistance

The Core Contract will provide one long term management and administration specialist to support the management activities in this Project. This specialist will be primarily responsible for the development of the Regional Management and Administration Strategy, assist in the networking and information coordination of health management activities, and the promotion, identification and provision of technical support as requested by Missions. This specialist will have LAC health experience, and fluent written and spoken English and Spanish language capabilities. This specialist will work closely with AUPHA in order to avoid duplication and assure complementary integration of AUPHA's management training approach in the Regional Management and Administration Strategy and other activities. An estimated 48 person months of technical assistance will be required.

Another function of the Core Contractor will be identification and management of short-term technical assistance to fulfill Project objectives and Missions needs in the area of health management. This will include assistance to Missions in identifying needs and clarifying technical scopes of work.

2. Short Term Technical Assistance

Missions have identified management issues as high priority for technical assistance in the development of strategy and analysis of problems for inclusion in the design of projects/components of PIDs and PPs. The project will also provide a roster of short term consultants in management and administration who have appropriate language skills and experience in the LAC Region.

Based on Mission estimates, it is expected that there will be approximately 96 person months of short term technical assistance required by the Missions for health care management activities (22 person months LAC/CA Regional; 74 person months of Mission buy-ins). The contractor will develop a means to assure continuity and sharing of experience among a stable roster of consultants so that special regional needs can be identified and successful approaches shared.

Approximately 39 person months of Mission buy-ins for management specialists will be available for short term assistance to Missions for the development of project activities, PID and PP support as well as evaluation. The areas of technical assistance in health management and administrative (this list is meant to be illustrative) are as follows:

-- supervision techniques at central; regional and local level health service institutions;
-- development and utilization of high quality and responsive H/MIS;
-- financial control systems, including procurement;
-- special management problems for private insurance;
-- special management problems for employer provided services;
-- privatization and health-related micro-enterprises;
-- upgrading of personnel systems (census, incentives, career paths, timely remuneration schemes).
-- integrative reforms to overcome programmatic fragmentation, duplication, skill imbalances;
-- decentralization and devolution of responsibilities, accountability, skills and budgets;
-- interaction of public and private sectors; and
-- administrative implications of health financing reforms.

LAC Bureau estimates that additional short term support will be needed for regionally sponsored activities in country strategies, tracking/monitoring, information exchange, and for workshops. Other special studies (four) will be implemented with LAC Bureau support to provide cross-cutting evaluations of management projects, and evaluation of lessons learned from large health systems strengthening projects in Honduras, the Dominican Republic and El Salvador (for example).

3. Mission Buy-ins

Based on LAC Mission estimates, it is expected that there will be approximately 74 person months of short term technical assistance required by the Missions (through buy-ins) for assistance in the design, analyses, monitoring, and evaluation of health management programs and activities.

39 person months will be made available for program and project short-term technical needs. This will include buy-ins for assistance in developing Mission programs and related documents such as strategy statements, policy dialogue agendas, PIDs and PPs, as well as various short term technical studies and reports. Of this, 16 person months will be made available as buy-ins for up to 8 Mission evaluations.

4. Component Activities (Exhibits 2 and 3, pages 22 and 23):

a) Regional Strategy for Health Management and Administrative Strengthening

In order to develop a systematic prioritized approach to management and administrative problems related to health and nutrition projects in the LAC Region, a comprehensive regional strategy will be developed with the technical assistance provided by this project. The regional strategy will develop priority areas for health management activities. These areas should include

the following: 1) major administrative reform issues, such as decentralization to the local levels of the health delivery system and integration to overcome programmatic fragmentation and duplication; and 2) specific management themes, such as the development of appropriate supervisory systems, H/MIS, logistics and procurement systems, personnel and financial management. The regional strategy will take into account the current priority that PAHO has placed on institution strengthening and should seek improved means of cooperation and coordination of activities among donor agencies, including the Inter-American Development Bank and the World Bank.

Before a strategy is developed several special studies, analyses, and issues papers will be carried out by the Project's long term management expert. During the first year of the project an overall assessment of management and administrative problems in the region will be prepared as well as an inventory and cross cutting evaluation of potential project activities that have addressed management and administrative issues.

This review will encompass but not be limited to:

-- Mission experience vis a vis bilateral programs,
-- the AUPHA inventory of health management education and training resources,
-- PAHO institutional development projects,
-- systems support activities of PRITECH and other centrally funded projects,
-- operations research projects in supervision, finance, and H/MIS (particularly PRICOR), and
-- lessons learned from experiences in institutional development in other regions and from other technical fields (rural development, etc.).

The development of a Regional Strategy will be completed by the end of Year Two and will be followed by (or accompanied by) support for Missions which request assistance in developing health management and institutional strengthening strategies in CDSSs, Action Plans, PIDs and PPs.

As noted below, these efforts will be accompanied by tracking and monitoring systems for management and administrative indicators -- such as performance based indicators for management and supervision tasks and "management by objectives."

b). Operations Research, Special Studies and Cross-cutting Evaluations

1) Operations Research

Operations research is a methodology designed to evaluate the effectiveness of different alternative activities designed to achieve specific project objectives. It can provide significant support for both the design and the implementation of projects in health management and administration.

This project will provide technical support for Mission funded operations research targeted toward solving problems in the following topic areas (for example):

-- supervision schemes,
-- financial controls,
-- management of drugs,
-- logistics systems, and
-- alternative forms for H/MIS.

The operations research activities should focus on problem analysis and solution development of clearly defined management problems which have the commitment of the local Ministry of Health or of a private institution to implement of the recommendations. The operations research should be of modest size and build on instruments and methodologies that have been tested by the LAC/CA Regional Health Technology and Transfer Project (598-0632/597-0006) and/or the S&T Bureau's worldwide efforts.

b) Special Studies and Cross Cutting Evaluations

The Project will also support special studies and cross cutting evaluations, which evaluate ongoing processes, state of the art, and assessments. Special studies might be focused on:

-- decentralization processes,
-- integrative reforms to overcome programmatic fragmentation, and
-- other institution building efforts.

Cross cutting evaluations in this area might include:

-- evaluation of Mission funded and other donor projects in LAC,
-- comparative cases of management improvement techniques, and
-- management improvements for private sector activities (e.g. PVO umbrella projects).

Four special studies and cross cutting evaluations in management and administration are anticipated during the life of the project.

c) Monitoring/Tracking and Information Exchange

1) Monitoring/Tracking

In order to upgrade the available data base for monitoring and tracking activities in all of the health and nutrition components of this Project, the Core Contract Project Director will be responsible for the development of an information system that is compatible with the other two available monitoring/tracking systems: the ISTI Child Survival Tracking System of S&T/Health and the LAC Management Information System.

Currently these systems have not been fully responsive to the information needs of the LAC Missions and LAC Bureau. In particular, country specific data and analysis is not yet available from the ISTI System, and there is no current means of tracking components of projects that are priorities in this project -- management, health care financing, and nutrition.

Missions also need assistance in the design phase of projects so as to select appropriate indicators for monitoring and evaluation which are both effective indicators of project objectives and readily available from country data bases. Each of the long term experts -- management, health care financing, and nutrition -- will be responsible for assisting the Project Director in the development of the data base and for maintaining an up to date information system in their area of expertise. There will also be short term technical assistance for each component to assist in the development and maintenance of the information system.

None of the existing data systems currently available to A.I.D include sensitive or appropriate indicators for management and administrative improvements that could be used to monitor or track project activities in this

area. Some current indicators, such as number of officials trained in management short-courses, may not be particularly appropriate indicators for effective change in management skills. The development of performance-based indicators would be a more appropriate means of monitoring and tracking achievement of management objectives.

The current Project will fund the development of appropriate indicators and assist in their incorporation into the ISTI Health and Child Survival Tracking System and LAC Management Information System (as appropriate). The regional monitoring system would provide a basis for rapid analysis of regional efforts in management and administration, and networking for information sharing within the Region.

The recent survey of Mission estimates for technical assistance under this project suggest that Mission buy-ins for their tracking and monitoring needs will be 8 person months. Short term technical assistance in this area will assist Missions with selection of appropriate and available indicators for project monitoring and evaluation, strengthen information analysis capabilities, and ensure compatibility among LAC Regional and S&T Information Systems.

The long term adviser for management will assist the Core Contract Project Director in the design and maintenance of the management indicators in the monitoring/tracking systems available to LAC.

2) Information Exchange

This Project will support the dissemination of information on health management by providing material for the semi-annual distribution of information packets to Missions. Responsibility for providing management information will primarily be that of the long term management adviser who will also provide information and facilitate LAC Region networking.

Development and distribution of a state-of-the-art on health management activities and maintenance of a basic library on health management will be included here.

d) Workshops

This Project will support two one week regional workshops (one mid-term and one in the final year) on general administrative reform issues for 25-30 participants, and three one week sub-regional workshops on management issues (one each in the Caribbean, Central America, and South America) for 15-20 participants each. These workshops will be designed for the discussion of the state of the art of specific health management and administrative project activities and research. Host country private and public sector counterparts, technical assistance contractors, interested management experts and Mission officials will be invited to these workshops.

Workshop topics can include: evaluation of experiences in decentralization and integration of Ministries of Health, political constraints on administrative reform, role of donors in administrative reform, H/MIS systems, supervision systems, design of logistics and procurement systems, etc. These workshops are designed to promote knowledge sharing and the development of appropriate regional models of management and administrative projects.

C. Inputs

Global estimates for level of effort for technical assistance (in person months*) and other resources in health care management are as follows:

1. LAC/CA Regional

Core Contract:	
Long term assistance	48 person months
Short term prog support	22 person months
Activities:	
a.LAC Reg. Health Mgt. Strg -	
Strategy analyses (2)	4 person months
Assessment (1)	2 person months
b.Special Studies/Eval -	
Special Studies (4)	6 person months includes travel, per diem, local costs, local TA, adminis. costs, computer time, survey costs, materials, etc.
c. Monitoring/Track/Inf. Exch	
Data Base design	2 person months
Tracking system (5)	4 person months
Output indicators	office supplies, acquisition allowance
Inform. Packets (semi-annual)	acquisition allowance, inform. editing, reproduction, dissemination, materials
d. Workshops	
Biennial Regional Workshops (2 @ 1 week each)	4 person months travel and per diem for 25-30 participants and 5 experts org conference fac., materials

2. Mission Buy-ins:

Short term TA	
Program/Proj. Tech Support	23 person months
Evaluations	16 person months
Activities	
a. Strategy Develop	
Analysis	2 person months
Strategies (2)	4 person months
b. Special studies/OR Operations Research (6)	12 person months includes travel, per diem, local costs, local TA, adminis. costs, computer time, survey costs, materials, etc
c. Monitor/Track/Info. Ex Tracking Systems Ind	11 person months
d. Subregional Workshops (3 @ 1 week each)	6 person months travel and per diem for 15-20 participants and 5 expert organizers, conference facilities, materials

* person months	salary, benefits, insurance, perdiem and travel, secretarial and administrative support, materials, computer time, misc. expenses, report reproduction, and dissemination

Exhibit 2

PERSON MONTHS OF SHORT TERM TECHNICAL ASSISTANCE - LEVEL OF EFFORT
HEALTH MANAGEMENT AND ADMINISTRATIVE STRENGTHENING COMPONENT (Core)

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
A FOR PROJECT DESIGN, ONITORING, AND EVALUATION													
Project, PID and PP Support			5			6			6			6	
Evaluation			3			3			5			5	
TIVITIES													
a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	2	2	2										
Regional Strategy (long term)													
Mission/Country Strategies						2			2				
Sector Assessments				2									
Child Survival/Nutrition Comp. Reviews													
b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			4						4			4	
Special Studies/C.C. Evaluations				2	2		1	1					
c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	2												
Tracking System	1		2	1	1	2	1		2			1	
Output Indicators (long term)			1			1			1			1	
Information Packets (long term)													
d) WORKSHOPS													
Regional				2						2			
Sub-Regional			2			2			2				
Other (National)													
Subtotal (pm)	5	2	19	7	3	16	2	1	22	2	0	17	

LAC - Regional Funds
CA - Regional Funds
M - Mission Funds

LAC Regional = 16 Both = 22 pms (core) Mission - 74 pms
CA Regional = 6

Total pms = 96

Exhibit 3

OUTPUT INDICATORS

HEALTH MANAGEMENT AND ADMINISTRATIVE STRENGTHENING COMPONENT (Core)

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			3			3			4			3	
Evaluation			1			2			3			2	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	1	1	1										
Regional Strategy (long term)				1									
Mission/Country Strategies						1			1				
Sector Assessments				1									
Child Survival/Nutrition Comp. Reviews													
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			2						2			2	
Special Studies/C.C. Evaluations				1	1		1	1					
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	1												
Tracking System	2		1	1	1	1	1		1			1	
Output Indicators (Long term)	1		1	1		1	1		1	1		1	
Information Packets (Long term)	2			2			2			2			
(d) WORKSHOPS													
Regional				1						1			
Sub-Regional			1			1			1				
Other (National)													
Subtotal	7	0	10	8	2	9	5	1	13	4	0	9	

LAC = Regional Funds
CA = Regional Funds
M = Mission Buy-Ins

LAC Regional = 24
CA Regional = 3
Both = 27 activities

Mission = 41

Total # activities = 68

LAC/DR/HN:2/28/89:[illegible]

-23-

D. Health Management Education and Training (AUPHA)

This Project will continue support for the effective efforts of the Association of University Programs in Health Administration (AUPHA) in health management education and training.

Experience has shown that Mission support and host country participation in management activities are essential to institutionalizing efforts to affect health management systems. One indication of the high priority and the level of importance of this activity is the strong demand generated by Health Officers in the Latin America and Caribbean Bureau for the services/activities provided by AUPHA under the ongoing cooperative agreement.

The first phase of the effort to expand and improve health management education and training capacity in the LAC Region will end with the completion of the current amended AUPHA cooperative agreement under the Health Technology and Transfer Project No. 598-0632/597-0006 (PACD October 1990). The second phase, to be implemented under a new cooperative agreement financed by this new Project, will build on previous AUPHA achievements and experience.

The second phase integrates two activities which are anticipated to result in improved health education, training, and professional health administration practices to support Mission programs and LAC Regional health systems. The Project includes the following elements:

1). assistance to LAC Missions for development of Health Management Programs, and
2). Development of Education Programs.

AUPHA's distinctive competence to implement this Project component is based upon several unique institutional characteristics. The forty year old consortium includes most U.S. and Latin American Health Management Educational Institutions. AUPHA's intimate knowledge of and relationships with key individuals in health services and in management education throughout the LAC Region is based on twenty-five years of active collaboration. Since FY 1985, AUPHA has gained familiarity with LAC Mission needs and resources, and has demonstrated unusual skill in providing direct support to them (in Haiti, Ecuador, Colombia, Costa Rica, and Mexico). AUPHA's resource base is also unique in that it effectively draws upon U.S. based schools of management, public health, public administration, and medicine as well as utilizes the resources of almost four hundred participating U.S. health service delivery organizations. There is no other organization with similar resources, experience, and mission. Of particular note is AUPHA's institutional commitment to continue network support in the Region beyond the limits of specific A.I.D. projectized support.

The primary objective of AUPHA's management training activities is to assist the LAC Bureau and LAC Missions with development of the regional and country-specific capacity to train the health services administrators necessary to implement and sustain successful health services delivery.

This Project, through a cooperative agreement mechanism, will provide funding for the following elements:

a). Assistance to LAC Missions for Development of Health Management Programs

The objective of this element is to allow AUPHA to provide technical assistance to LAC Missions for development of country-specific health management education and training programs.

Support will be provided by AUPHA to keep LAC Missions informed about U.S., national and regional health services administration training resources. AUPHA staff will keep themselves informed about A.I.D. project development through direct contact with the Missions. Technical assistance will be provided to Missions as they develop or refine management and administrative components for health projects as part of a comprehensive plan to support and strengthen education and training programs of host country institutions.

Based on current AUPHA experience in the LAC Region, there is now an opportunity to address the problem of sustained management training support for LAC health services. It is anticipated that during the period of this Project several new LAC health development projects (or components of health projects) will be designed. AUPHA experience to date has improved knowledge of the A.I.D. Mission needs and procedures for project design and implementation vis a vis management (recent examples include assistance to match health management trainee needs with U.S. programs in Haiti; health management University curriculum and training development in Colombia; and preparation of a management training plan for a child survival project in Ecuador).

Technical assistance will also be available to LAC training institutions to design programs and curriculum which support the long-term personnel needs for administrative reform. Seminars will be conducted each year to strengthen trainers' project design and teaching skills as required by Mission project plans. Mission buy-ins are appropriate for these activities and would typically include technical seminars to strengthen trainers' project design and teaching skills as required by Mission project plans, and information dissemination and development of appropriate materials and local publications.

AUPHA, in collaboration with the American Hospital Association, will provide Spanish, English and Portuguese articles on hospital management, designed to be reprinted in national association publications. This will stimulate the development of indigenous publications and promote the growth of the organizations. Eight articles a year will be distributed in the second, third and fourth years.

b). Development of Education Programs

The objective of this element is to continue development and improvement of host country health services administrative training capacity to provide appropriately trained administrative personnel for effective delivery of health services and will continue support for AUPHA's efforts to improve the Region's health services administrative training capacity.

Under the ongoing cooperative agreement with AUPHA significant progress was made to:

-- Assess host country health services administrative needs and resources.
-- Assist LAC Missions to develop and strengthen host country management education and training centers and programs.

In order to build on the experience and success of the ongoing cooperative agreement, AUPHA will implement the following selected support activities:

1). Continue to collect, publish and distribute guides for LAC Health Management Training Resources -

The directory of U.S. Health Management Training Resources, "Health Services Administration Education," is distributed to all LAC Missions, selected host country health care institutions and health management training institutions bi-annually. The next two editions will be published in 1989-91 and 1991-93.

Another publication, Education in Health Administration in Latin America and the Caribbean, is published in Spanish with descriptions of LAC management training resources. The next editions, 1989-90, 1991-92, 1993-94, as well as the directory will include a guide for health management training in the Region.

2). Continue updating the U.S. and LAC Consultant Index -

Activities will include the maintenance and up-date of the current index.

3). Provide selected technical assistance -

Short term technical assistance will be scheduled for one person month per year during the four year period for program and project design support for LAC Missions.

4). Regional Workshops -

There will be two workshops/seminars held each year. The location and topics will be determined according to the needs of the LAC Missions. It is anticipated that 20 to 30 host country participants will attend. Results will be disseminated through the AUPHA Journal and newsletters, and through special publications.

5). Newsletter -

"Boletin Latinoamericano" will continue to be published and distributed quarterly. Program specific information will be included.

6). Expand and maintain the Resource Center -

The number of books and the reference collection have been substantially enlarged throughout the program. Additional materials will continue t be received and catalogued regularly. The focus of activities will now be the dissemination of reference material to the field.

7). Provide bibliographies on specific topics -

At least two bibliographies will be prepared per year (for a total of 8), with two of these focussing on health administration education.

8). Continue to distribute AUPHA periodicals -

This activity will include distribution of the quarterly publication of the Spanish section of the Journal of Health Administration Education; AUPHA Book (which is a list of new publications appearing in the health administration field) which is published bi-annually; and special AUPHA reports.

9). Central American Regional Strategy and Guide for Health Management Training -

These two products (which will be completed under the ongoing cooperative agreement) will be used to provide Missions with current guidance for bilateral program development.

10). Central America Staff Extension -

Central America has been one of the foci for the ongoing cooperative agreement activities. It is anticipated that this concentration will continue under this new cooperative agreement; however a determination to continue/discontinue this element will be based on the results of a final evaluation (under the Health Technology and Transfer Project No. 598-0632/597-0006) to be completed in late FY 90. The AUPHA Central America staff will provide continued support to the CA Missions and ROCAP in order to assist them with development of health management plans, to provide technical assistance to maximize the appropriateness of U.S. training placements, to develop course materials in specialized management fields, and to strengthen existing local institutions that are participating in management training elements of Mission bilateral projects. An up-to-date resource center for Central America, including information on management institutions and CA consultants, will be maintained.

11). Middle Management Training Materials -

The materials developed under the ongoing cooperative agreement will serve as resources for the development of similar programs in Latin America dependent upon Mission buy-ins.

12). Fellowship Program -

This activity will provide an opportunity for two Latin American health administrators/educators per year (total of 8 persons) to participate in one month study visits to U.S. institutions or other relevant LAC programs. Fellows will be invited to participate in AUPHA seminars and country projects.

(5) A.I.D. Mission Buy-ins

Based on the Mission buy-in and technical assistance experience in the ongoing cooperative agreement, future buy-ins are anticipated in the following areas (See Section E.2. for details and estimates):

- As Missions include management education and training plans within health projects, they will need assistance to develop more comprehensive activities such as management training needs assessments and monitoring the management training capacity during health project implementation.

- Special attention will be given to the development of middle level management capacity through innovative, intensive, non-residence programs. AUPHA is currently involved in the development of such programs in Costa Rica and the Dominican Republic (using Mission buy-ins). Support will be available for the continuation of these country programs and for replication and testing in other countries.

- Enhance the capacity of local health management training resources and to develop new training programs and institutions.

E. Inputs

1. AUPHA

This Project will provide support for continuation of selected ongoing Education Program Development activities after the completion of the existing cooperative agreement in FY 1990.

a). Assistance to LAC Missions for Development of Health Management Programs

1. Technical Assistance

Assessment country visits (1 person month/yr)	4 person months
Technical assistance (1 person month/yr)	4 person months

b). Continuation of Education Program Development

Core staff (and travel)

Proj Dir (part-time)	10 person months
Proj Mger (full time)	36 person months
CA field office dir	36 person months
secretaries, resource center coordinator	

Seminars and Workshops
(2 per year = 8 workshops
20-30 participants
2 resource persons

Information Network
Publications - Boletin, Journal and Directory
Technical Assistance
(1 person month/yr) 4 person months
Fellowship study visits
(2 per/yr @ 1 mon) 16 person months
Supplies and logistics
Hq and CA office

2. Mission Buy-ins

a). Management Training Needs Assessment
4 countries @ $40,000

b). Middle Management Training
3 country programs @ $100,000

c). Institutional Development
3 countries @ $60,000

2. Health Care Financing Component

A. Introduction

Economic problems of the Region have, since the debt crisis of the early 1980's, imposed severe restrictions on national government budgets. This crisis has led many nations to adopt austerity programs which limited or reduced public funding for health systems. Since health systems in most LAC nations are largely dependent on national budgets these restrictions have had a significant impact on the resources available to the health sector in each country. The economic stagnation that the Region has experienced in the 1980's has also reinforced the large gap between rich and poor and has limited the resources available for private sector provision of health care. Although economic recovery is underway in a number of LAC countries, the widespread rapid growth rates of the 1960s and most of the 1970s may not be achieved again until into the 1990s.

In this context, it is important for health systems to develop appropriate means of increasing the efficient use of the scarce resources currently available and to devise mechanisms to recover costs and distribute the burden of financing the health services. It is important that financial sustainability be achieved while at the same time equity concerns are addressed.

Health financing issues involve two central areas: 1) the reduction of costs through cost containment, increasing efficiency, and the utilization of more cost-effective technologies (i.e., PHC rather than tertiary care, Maternal-Child Health/Child Survival rather than curative care), and 2) the mobilization of alternative sources of financing through cost-recovery, cost-sharing, privatization, and insurance schemes. Efforts in both these areas are crucial to the successful reallocation of scarce health sector resources.

While the sustainability of A.I.D. project benefits and activities do not depend on health care financing alone, it is clear that efficiency and cost recovery are important elements in the development of sustainable programs in the Region. A recent PPC/CDIE study of sustainability of U.S. government funded health projects in Guatemala (Bossert, et.all.) showed that projects which encouraged progressive national adoption of project costs during the life of the project were more likely to be sustained after project funding ended. It is likely that other financing mechanisms which shift the burden of funding from the national budget to other local sources through cost recovery and social insurance mechanisms can also contribute to the sustainability of A.I.D. projects.

Development of increased private sector participation in the provision and funding of health care is a central objective of current A.I.D. policy. However, in health sectors dominated by public facilities -- as are those of Latin America and the Caribbean -- the development of this capacity has been limited until recently. Nevertheless, the current austerity imposed on national government budgets by the debt crisis has created a more receptive environment for the exploration of private sector mechanisms for both the provision and funding of health activities. There are several fruitful areas of private sector interest including the PVOs, private insurance schemes, HMOs, micro-enterprises, and privatization of support services.

Health financing has been a significant theme in A.I.D. efforts for the 1980's. The Agency established a set of Health Financing Guidelines in 1986. S&T has promoted health care financing efforts through a component of the REACH Project. The LAC Bureau has supported major studies and some technical support through the SUNY component of the Health Technology and Transfer Project (598-0632/597-0006). Health financing was the theme of the LAC HN Conference in Gettysburg in 1984; the 1986 LAC HN Annapolis Conference had significant health care financing emphasis as did the 1989 HPN Conference.

Despite these efforts, there is still a lack of sufficient knowledge and consensus among health care financing experts over appropriate strategies and programs to follow. There is still need for the development of basic understanding of the implications of changes in demand for services, the ability and willingness of different segments of the population to pay for curative and preventive services, and the implications for equity in access to quality services of different cost recovery schemes. In addition, the capacity of systems to impose effective cost-containment strategies without undermining quality of care is still not well understood.

The need for developing a consciousness about and expert skills within the Region in cost-effective utilization of resources and financing options is urgent. There are a variety of policy and project options that can be explored and evaluated throughout the Region. Although health care financing has been a major topic of A.I.D. policy, there has not been a major movement to develop health care financing policy agendas, projects, or project sub-components in the Region. Part of this lack of activity may be due to host government reluctance to explore alternative financing and fee modifications--a reluctance which is changing in the face of the enduring economic crisis. However, there is also an explicit reluctance on the part of some A.I.D. health officers to become involved in an area for which many are untrained or undertrained. Health financing is a relatively new field with a new vocabulary for health officials to learn. It is one which does not yet have a clear consensus on a set of activities which will accomplish desired goals and objectives.

The experience of both the regional and centrally-funded activities in health care financing suggests that modest efforts of technical support can make the difference in developing greater awareness and understanding of health care financing by both A.I.D. and host country officials.

A survey of LAC Missions' anticipated demand for technical assistance showed that financing issues are now the second highest priority for technical assistance under this Project (See Annex B - State 235236 dated July 21, 1988).

While a major effort in this component will be proactive--designed to promote greater activity in health care financing in the Region--it will do so in a manner complementary to current and planned mission activities (CDSS, health sector strategies, and project design) to assist these initiatives to develop financing elements.

Based on analysis, the following objectives have been developed for this component:

- development of appropriate activities and policy agendas on a priority basis for selected countries in the region;
- development of a LAC Regional Health Care Financing Strategy with targets and verifiable indicators;
- development of up to 4 country-level strategies as appropriate for the CDSS and Action Plan process;
- contribution to the understanding of health care financing through implementation of two studies;
- development and promotion of alternative solutions to health care financing problems through six operations research studies;
- development of a regional information network and database in health care financing including bimonthly mailings to Missions and key nationals in the area of health care financing;
- development of a roster of available experts in health care financing with language and specific skills; and
- contribution to the understanding of health care financing through up to ten national, sub-regional, and/or regional workshops.

To accomplish these objectives, the LAC Bureau has identified the need for both long-term and short-term technical assistance to assist the Bureau and the LAC Missions in the development, monitoring and evaluation of health care financing activities in the countries of the Region.

B. Core Contract

1. Long-term Technical Assistance

The contractor will provide one long-term consultant for four years to support the LAC Bureau in promotion and technical assistance as requested by Missions, for development and Mission-level application of a regional strategy, networking and information exchange, and coordination with other donor agencies (IDB, IBRD, PAHO) on regional health care financing activities. This advisor will be a senior health care financing/economist expert with strong health care financing experience and background as well as with extensive LAC Region experience and fluent written and spoken Spanish. This level of staffing is a reduced level from that provided under the Regional Technology Development and Transfer Project (598-0632/597-0006) Health Care Financing Component (SUNY).

A major function of the Core Contract will be the identification and management of short-term technical assistance to fulfill Project objectives and Mission needs in the area of health care financing. This will include assistance to Missions in identifying needs and in clarifying technical scopes

of work. In addition, this Project will continue the efforts of previous contractors in developing additional consultant resources in the Region through workshop participation and use of local consultants.

The Core Contractor will be responsible for developing a Regional Health Care Financing Strategy with targets and indicators. To support the design of the Strategy, two strategy analysis studies will be prepared with short-term technical assistance. This Strategy will be implemented beginning in the second year of the Project. Short-term technical assistance for development of country-level strategies will also be available from the Core Contract on a buy-in basis.

Continuing efforts to develop basic knowledge in health care financing through special studies similar to those carried out previously by SUNY will be supported in this Project. Two special studies will be supported with additional short-term technical assistance for follow-up and application of recommendations.

The Project will fund biennial one week regional health care financing workshops (twenty-five to thirty participants for each) for the dissemination and review of the Project activities during a two year period. Two (15-20 persons per workshop) one week sub-regional training workshops for sensitizing MOH and private sector health officials in health care financing issues and experience will also be supported through the Core Contract.

Support for the semi-annual dissemination of information packets on health care financing, development and distribution of an Update on Project health care financing activities, and maintenance of a research and document library will be provided. In addition, information on short-term and long-term training programs in topics of health care financing will be distributed to LAC Missions and key local personnel in each country annually.

2. Short-term Technical Assistance

This Project is designed to provide technical support services to the LAC Region. A major part of this is assistance to Missions and the LAC Bureau in addressing informational or technical needs on a short-term basis.

To fulfill these short-term technical assistance needs in Health Care Financing unmet by other Agency efforts, the Contractor will provide a roster of available technical consultants with experience in the LAC Region and with appropriate skills. It is expected that the current roster of health care financing experts, which focuses on broadly trained economists, will need to be expanded to include professionals with expertise in areas such as health policy, financial management, accounting, insurance, and hospital administration. While there is a recognition of the current limited supply of health care financing experts available for LAC technical assistance, it is expected that this Project can assist in the search for additional expertise and encourage the development of a larger roster of experts with appropriate language and cultural skills.

This roster of LAC health care financing experts will assist Missions through the buy-in mechanism to develop project designs and sectoral analyses in the following areas of expertise:

-- cost studies in health facilities,
-- cost containment strategies,
-- operations research,
-- cost accounting systems,
-- financial management in public and private organizations,
-- social and private health insurance,
-- HMOs and private physician groups,
-- user-fee cost recovery,
-- macro economic analysis,
-- revolving drug funds, and
-- financial devolution of public to private services.

In addition to provision of assistance through its own roster, the Core Contractor will assist Missions in identifying technical resources in Health Care Financing outside the scope of expertise made available under the Project.

3. Capacity for Mission Buy-Ins

Based on LAC Mission estimates, it is expected that there will be approximately 199 person months of short-term technical assistance required by the Missions (through buy-ins) for assistance in the design, monitoring and evaluation of health care financing programs and activities, and in management and implementation of up to six national level workshops and two operations research efforts.

90 person months will be made available for program and project short-term technical needs. This will include buy-ins for assistance in developing Mission documents including strategy statements, policy dialogue agendas, PIDs and PPs as well as short-term technical studies and reports on specific program or project related areas. These experts will include both U.S. and LAC consultants and will provide support in areas as outlined in Section 2., above.

In order to support up to four Missions in strategy development and implementation, 19 months of intensive local, short-term technical assistance (4 - 5 months per country) will be provided on a Mission buy-in basis.

15 person months of technical assistance will be available on a buy-in basis for Mission monitoring and tracking needs. An additional 20 person months will be available as buy-ins for up to 6 Mission funded evaluations.

Buy-in capacity for design, management, and implementation of six Mission funded Operations Research efforts in conjunction with Mission level strategies will be available.

Mission's will also be able to provide funding to the Regional Project for the management and implementation of six, three day national level training workshops for twenty to thirty participants.

4. Component Activities (Exhibits 4 and 5, pages 41 and 42):

a) LAC Regional Health Care Financing Strategy

To approach this priority problem of more efficient use and more adequate quantities of resources available for health care in the region, an LAC Regional Health Care Financing Strategy will be developed under the Project during the initial two years. This Strategy will set broad regional goals and objectives, prioritize policy and project activities for implementation, and identify appropriate indicators for measuring progress toward these objectives. The development of this Strategy will build on existing studies and assessments completed by S&T/Health (REACH) and the current LAC Health Care Financing Component (SUNY) of the Regional Health Technology Development and Transfer Project (598-0632/597-0006). Particularly relevant will be the updated review of the literature on health care financing (SUNY) and the recently implemented cross cutting evaluation in health care financing (LAC buy-in to REACH) which examined health care financing activities in the region. It is anticipated that two strategy analyses will be prepared to assist in the development of the Regional Strategy (e.g. private sector strategies, social security and cost savings in hospitals).

The development of this Strategy will build on existing studies and assessments completed by S&T/Health (REACH) and the current LAC Health Care Financing Component (SUNY) of the Regional Health Technology Development and Transfer Project (598-0632/597-0006). Particularly relevant will be the updated review of the literature on health care financing (SUNY) and the recently implemented cross cutting evaluation in health care financing (LAC buy-in to REACH) which examined health care financing activities in the region.

Technical support to up to four Missions will be available through buy-ins to this Project to provide background analyses and studies in these areas for all stages during the development of country strategies and programs. All Missions will be able to access technical assistance through the Project for analyses and studies required for sector assessments, PIDs and PPs. Technical support will include short-term local and external technical assistance available to all countries.

b). Special Studies and Operations Research

1. Special Studies

The state of the art of health care financing remains underdeveloped. Considerable conceptual work has been done; however, major gaps in empirical knowledge remain. With the immediate pressure to find means of developing appropriate approaches to health care financing it is important to contribute to applied, practical knowledge in this area.

The LAC Bureau, under the SUNY contract of the previous technical support project, funded eight major research studies which have contributed to understanding of demand, costs and alternative financing mechanisms in the LAC Region. The Project also held three annual meetings which reviewed the Project studies conducted during each year.

These research activities have been well received by Missions and by host governments in the Region. They have been particularly effective in developing appropriate methodologies for cost studies. The SUNY research studies have generally been regarded as high quality academic studies which have effectively developed and utilized advanced research techniques in this area. However, there is some concern that the research activities have not been effectively utilized for project and policy decision-making. The major problem identified by the LAC Bureau has been insufficient follow-up and application of recommendations of research activities due to the lack of a readily available mechanism for providing complementary technical assistance.

A second source of support for health care financing studies has been health care financing component of the S&T/Health Resources for Child Health (REACH) Project. In the LAC region, REACH studies include a cost study of hospital efficiency in the Dominican Republic, user fee studies in the Dominican Republic, Honduras and Jamaica, and support for a demand survey in El Salvador.

In continuing the efforts of the Technology Development and Transfer Project, although on a modified scale, this Project will support two special studies similar to those implemented under the SUNY contract. Study efforts will be focused on cost studies which can assist in the development of cost containment and efficiency strategies, on the evaluation of alternative financing mechanisms (insurance and private sector), and preparing methodologies for developing basic health expenditure information to assist the policy dialogue process.

This Project will also emphasize the application of study findings and recommendations. Each research study will be designed to address specific program-related questions which have been identified by Missions, national institutions, and/or the LAC Bureau. Research conducted at the request of the Missions must fit within a Mission level strategy to assure an appropriate context for use of findings. In addition, all research efforts will allow for Mission buy-ins for technical assistance to follow-up on research recommendations so that Missions and decision-makers can be supported in utilizing research conclusions for policy and program design, and project implementation.

2. Operations Research

In addition to providing support for these broader special studies, the Project will include operations research. LAC examples of effective health care financing operations research are the PRICOR community financing studies in Bolivia, Haiti and Honduras, and the revolving drug fund study in Dominica. This approach provides clear choices for decision-makers as well as contributing to general knowledge in this field.

Operations research can also be utilized in a proactive fashion in order to demonstrate the alternatives in health care financing that could be available for project activities. Again, Mission requested research will be within the context of a Mission strategy; and assistance will be available through the Regional Project to promote application of the results.

Possible areas for research include:

-- alternative insurance mechanisms,
-- community financing schemes,
-- fee schedules,
-- cost-effective utilization of a subset of resources such as personnel or pharmaceuticals in some part of the health sector,
-- cost accounting programs,
-- private sector initiatives in physician group practices and employer provided services, and/or
-- privatization of some public services.

The LAC Bureau estimates that a total of six operations research efforts of moderate scale (six to twelve months each) will be implemented through Mission buy-ins during the life of the project. Use of local resources in conducting these studies, including funding of a local OR Project Manager, will be promoted to the extent possible.

c). Monitoring/Tracking/Information Exchange

1). Monitoring/Tracking

The monitoring effort will build on the development of a data-base under the crosscutting evaluation in health care financing conducted by REACH and on the development of a regional strategy (to be completed in Year Two) -- which will set regional objectives in health care financing and will establish indicators for measuring progress toward objectives. Separate Mission health strategies and projects will also require assistance from this Project for the development of appropriate objectives and output indicators (see "Monitoring/Tracking and Information Exchange" of Health Management Component).

2) Information Exchange

Currently there is no central source of information on the various projects, activities, and training in health care financing in the LAC Region. Many efforts by other donors, as well as by A.I.D., have produced useful information on health care financing issues and experiences which have not been disseminated in a systematic way.

This Project will establish a center for maintaining documents and a modest library on health care financing issues, and prepare health care financing materials for information packets and an Update of component activities to be distributed semi-annually to Missions and three to four appropriate national organizations in each LAC country. In addition, on an annual basis, the Project will provide information to field Missions on the availability of short-term and long-term training in health care financing for regional professionals.

d). Workshops

The Project will support workshops at the regional and subregional levels, as well as provide buy-in capacity for national level workshops.

Biennial region-wide weeklong workshops for twenty-five to thirty persons will provide a means of sharing Project experience in health care financing efforts. These two workshops will be held during the second and fourth years of the Project. Relevant public and private health officials in each country, Mission health officers, and health care financing experts from the LAC region will be invited to discuss the topics and issues that have been the subject of Project activity during the preceding periods. This use of workshops was found by the SUNY project to be highly effective in information sharing, the development of consensus on methodologies, and the promotion of health care financing efforts.

The Project will fund two one week sub-regional training workshops for sensitizing fifteen to twenty national health officials and Latin American development people, concerning health economics and financing issues and have buy-in capacity for an additional six three-day national level training workshops for twenty to thirty participants for similar purposes.

Such workshops have been effective in stimulating policy dialog in numerous countries throughout the Region, including Belize, the Dominican Republic, and Jamaica. However, there has not been a ready mechanism available through the Agency for contracting for implementation of these small, local workshops with appropriate technical guidance.

C. Inputs

Global estimates for level of effort for technical assistance (in person months*) and other resources in health care financing are as follows:

1. LAC/CA Regional

Core Contract:

Long-term assistance:	48 person months
Short-term program support:	21 person months

Activities:

a. LAC Regional HCF Strategy

Reg. Strategy analyses (2):	3 person months

b. Special Studies/Opr. Research

Special Studies (2):	10 person months TA round trips; local TA other costs: computer time, administrative needs, survey costs, materials, etc.

c. Monitoring/Tracking/Info. Exchange

Monitoring/Tracking:	computer, office supplies
Information Exchange:	
Center for Information	acquisitions allowance; furniture, computer, space, part-time resource person, materials for cataloging system, computer database network system allowance
Infor packets (semi-annual)	acquisition allowance; information editing, reproduction, dissemination; materials
HCF Comp Updates(semi-annual)	Update prototype production inc. editing and graphics, reproduction, dissemination

d. Workshops:

Biennial regional workshops (2 @ 1 week each)	4 person months TA travel and per diem 25-30 participants and 3 experts/organizers, conference facilities, materials
Subregional workshops (3 @ 1 week each)	4 person months TA travel and per diem 15-20 participants and 3 experts/organizers, conference facilities, materials

2. Mission Buy-Ins

Short-term TA:

Prog and Proj technical support	90 person months
Evaluations (6 Missions)	20 person months

Activities:

a. LAC HCF Strategy

Nat'l HCF stra develop(4)	19 person months
Assessments (6)	24 person months

b. Special Studies/Op Research

Op Research efforts (6):	22 person months TA travel; local TA other costs: computer time, administrative needs, survey costs, materials, etc.

c. Monitoring/Tracking/Info. Exchange

Monitoring/Tracking	15 person months

d. Workshops

National Workshops (6 @ 3 days):	9 person months local travel and per diem 20-30 participants and international travel and per diem for 3 experts/organizers, conference facilities, materials

*Person months include: salary, benefits, and insurance on a basis of 22 days; per diem and travel, secretarial and administrative support, computer time, materials, miscellaneous expenses, report reproduction and dissemination

(These estimates based on Annex B "Interpreted Estimates" of Mission demand.)

Exhibit 4

PERSON MONTHS OF SHORT TERM TECHNICAL ASSISTANCE - LEVEL OF EFFORT
HEALTH CARE FINANCING COMPONENT

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			15			30			30			15	
Evaluation			3			3			7			7	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	2	1											
Regional Strategy													
Mission/Country Strategies			4			10			5				
Sector Assessments			8			12			4				
Child Survival/Nutrition Comp. Reviews													
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			8			7			7				
Special Studies/C.C. Evaluations					4		6						
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design													
Tracking System			4			4			2			1	
Output Indicators			1			1			1			1	
Information Packets (long term)													
(d) WORKSHOPS													
Regional				2						2			
Sub-Regional					2		2						
Other (National)			3			3			2			1	
Subtotal (pms)	2	1	46	2	6	70	8		58	2	0	25	

LAC - Regional Funds
CA = Regional Funds
M - Mission Buy-Ins

LAC Regional = 14 (pms)
CA Regional = 7 (pms)
Both = 21 pms

Mission = 199 pms

Total = 220 pms

Exhibit 5
OUTPUT INDICATORS
HEALTH CARE FINANCING COMPONENT

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
A FOR PROJECT DESIGN, ONITORING, AND EVALUATION													
Project, PID and PP Support			3			5			5			3	
Evaluation			1			1			2			2	
CTIVITIES													
a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	1	1											
Regional Strategy				1									
Mission/Country Strategies			1			2			1				
Sector Assessments			2			3			1				
Child Survival/Nutrition Comp. Reviews													
) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			2			2			2				
Special Studies/C.C. Evaluations					1		1						
c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design						2			2			1	
Tracking System	1	1	1	1	1	1	1	1	1	1	1	1	
Output Indicators	2			2			2			2			
Information Packets													
d) WORKSHOPS													
Regional				1						1			
Sub-Regional					1		1						
Other (National)			2			2			1			1	
Subtotal	4	2	12	5	3	18	5	1	15	4	1	8	

AC = Regional Funds
CA = Regional Funds
M = Mission Buy-Ins

C/DR/HN:2/28/89:5661I:p.1

3. Nutrition Component

A. Introduction

Undernutrition is a major roadblock to economic development. It underlies more than half of early childhood mortality, reduces learning potential and performance, limits work capacity and increases reproductive wastage. Family planning and child survival objectives cannot be met in the absence of adequate nutrition.

In LAC, an estimated 50 million people face food insecurity. They live in households with incomes too low to afford sufficient food at prevailing prices. An estimated 21 million children under five in the LAC Region suffer from growth failure due to malnutrition, according to 1986 PAHO data, of which 12 million are severely malnourished and at high risk of death. Recent data confirm that the nutrition situation is stagnant or worsening in LAC in a number of areas (see Exhibit 6, page 44).

This level of malnutrition exists in LAC despite increases in per capita income, aggregate food supplies, and expanded health services. Spectacular increases in food production in LAC during the last two decades were accompanied by increases in the number of people with inadequate levels of food consumption. Economic growth in countries of the region during 1960-1980 exceeded historical growth rates of the now-developed countries, yet malnutrition remained unchanged or increased. Clearly, aggregate economic growth and increased agricultural production have not been sufficient to reduce malnutrition.

What determines nutritional adequacy in an individual or population is the overlay of food security and health security. In geographic areas or among specific economic and social strata, where one or the other is weakened, nutrition problems emerge. Nutrition strategies therefore must focus on policies and interventions that span agriculture, rural/urban development and income generation, health/child survival, and food subsidy programs. It is the failure of development programs to monitor the household food and health security impacts of these sectoral programs and policies in a timely manner, and the inability to compensate for any deterioration in the food and health security of large segments of the population, that malnutrition remains a significant and growing concern in LAC.

The urgency of redressing this situation is that undernutrition stalls economic development through capping human resource potential and fostering social instability, and creates enormous inefficiencies in key areas such as child survival, family planning, and education. Policy reforms such as structural adjustment, which are essential to economic development can be undone by food insecurity unless adequate measures are taken to provide support for those marginal households temporarily hurt by macroeconomic policy change.

Exhibit 6

PREVALENCE OF CHRONIC AND ACUTE MALNUTRITION IN CHILDREN UNDER FIVE

Country	Year	Sample Size	% Stunted (Ht./Age)	% Wasted (Wt./Ht.)	% Underweight
Bolivia	1981	5880	42.2	0.7	21.4
Colombia	1977-80	1762	25.9	6.0	19.4
El Salvador	1978	7381	29.2	0.8	17.9
Guatemala	1986				33.5
Haiti	1978	5353	40.1	6.0	46.8
Honduras	1987				20.6
Panama	1980	3314	22.0	6.4	15.8
Peru	1984	15285	35.7	1.0	12.7

Sources: PAHO; 1987 data from USAID/Dominican Republic, USAID/Ecuador, USAID/Guatemala, Honduras from PAHO.

Malnourished children face twenty times the mortality risk of normal children. Interventions such as ORT and immunizations, while contributing to nutritional improvement, cannot achieve significant or sustainable reductions in infant and child morbidity and mortality unless the nutritional status of children under five is protected through maternal/fetal nutrition, appropriate infant feeding practices, micronutrient supplementation, and household food security. Medical interventions may forestall some deaths, but replacement mortality - deaths due to lowered resistance to other diseases such as pneumonia or measles - will continue to claim lives.

Millions of dollars of A.I.D. assistance in agricultural and child survival/health programs have little developmental impact when malnutrition continues to affect half of the child population (estimated First, Second and Third degree malnutrition) in children under five years of age. The missing link is redirecting/strengthening the consumption impacts of agriculture/rural development sector programs in LAC countries, supporting interim compensatory nutrition programs (with Title II better targeted and designed), and operationalizing nutrition components of child survival strategies.

This Project will assist Missions with the following efforts:

- develop food security strategies
- make new data and analytical techniques available
- support Mission activities in nutrition surveillance/monitoring
- help estimate nutrition/consumption effects of agriculture/rural/urban development programs and policies
- assist missions in developing a focussed set of nutrition activities in the agriculture/rural development sector and in health/child survival that are appropriate for LAC countries
- technical assistance and operations research for expanding the developmental uses of food under Title II
- support the integration of food aid programs in food security planning
- help strengthen design and implementation of PVO food program components.

Through mechanisms established under this Project, LAC Mission child survival and health projects will be able to tap a pool of LAC-experienced food/nutrition/growth monitoring/weaning management consultants, to strengthen the nutrition components of Mission programs and projects. Training workshops, information dissemination and regional meetings will be supported to exchange information and foster program design/implementation in these areas. The design and testing of nutrition monitoring and surveillance systems supported under this Project will strengthen Mission and host country capacity to predict and intervene in a timely manner when there is a risk of nutritional deterioration. Cross-cutting evaluations and analyses will help Missions and host countries learn from the experience of others in the Region.

The LAC Region is unique in that expertise in a number of nutrition-related fields resides in the countries of the Region. A number of nutrition surveillance activities have been initiated by countries in LAC. Expertise in household food consumption economics, breastfeeding/lactation management/weaning, vitamin A programming, and growth monitoring can also be identified in LAC institutions. However, this expertise is scattered and not easily accessible to Missions. This Project will bring together a roster of these experts and through the Core Contractor, make them available to Missions and their counterparts, and help in the cross-fertilization of ideas and experiences within the Region.

The LAC region is also unique in the nature of food security and nutrition problems that prevail. Urban malnutrition and the effects of structural adjustment on food prices and employment are major issues in the LAC Region. This Project will identify and make available technical assistance and support for studies, operations research, and analyses to help Missions address these issues.

B. Core Contractor

1. Long Term Technical Assistance

The contractor will provide one full time, long-term adviser with experience in nutrition program planning and analyses appropriate for agriculture/rural development, health/child survival interventions, and food aid programs. This expert will work primarily with LAC Missions, will coordinate short-term technical assistance, and will review and revise the LAC Regional Nutrition Strategy. This advisor is required to have fluent written and spoken English and Spanish; LAC Region experience is desired. The level of effort is estimated at 48 person months.

A major function of the Core Contract will be the identification and management of short-term technical assistance to fulfill Project objectives and Mission needs in the area of nutrition. This will include assistance to Missions in identifying needs and in clarifying scopes of work for the required technical assistance.

2. Short Term Technical Assistance

In addition, short-term consultants will be available under the contract to provide support services to the LAC Region in the following areas (for example):

- food security/nutrition components of Mission sector assessments in agriculture/rural development, private sector, Title II, child survival/health;
- consumption/nutrition components of Mission programs, PPs and PIDS, CDSSs, Action Plans;
- monitoring and evaluation of the nutrition and consumption impacts of ARDN projects, health/child survival projects and Title II programs;
- special studies concerning nutrition surveillance, and food subsidy programs, growth monitoring, Title II food programming, and breastfeeding/weaning practices; and
- workshops concerning structural adjustments, growth monitoring, lactation management training, nutritional surveillance, Title II activities, vitamin A interventions, and weaning practices (for example).

Total level of effort is estimated at 177 person months, of which 39 person months will be funded with LAC/CA Regional funds, and 138 person months will be funded through Mission buy-ins.

To fulfill short-term technical assistance needs in nutrition unmet by other Agency efforts, the Contractor will provide a roster of available technical consultants with experience in the LAC Region, appropriate Spanish language skills and other relevant technical skills. In addition to provision of assistance through its own roster, the Core Contractor will assist Missions in identifying technical resources outside the scope of expertise made available under this Project (e.g. S&T/N projects). Every effort will be made to avoid duplication with ongoing S&T/N projects and to coordinate activities during the period of this Project.

3. Capacity for Mission Buy-ins

Based on LAC Mission estimates, it is expected that there will be approximately 138 person months of short-term technical assistance required by the Missions (through buy-ins) for assistance in the design, monitoring and evaluation of nutrition programs and activities.

38 person months will be made available for program and project short-term technical needs. This will include buy-ins for assistance in developing Mission documents, including program statements, PIDs, and PPs as well as reports on specific program or project related areas and project evaluations. The experts will include both U.S. and LAC consultants.

In order to support Missions in strategy development child survival/nutrition component reviews, and nutrition sector analyses, 50 person months of intensive local short-term technical assistance will be provided on a Mission buy-in basis.

Buy-in capacity for project design, management, and implementation of 7 Mission funded operation research efforts and 4 special studies will be available. 35 person months of technical assistance will be funded by Missions for operations research and special studies.

Missions will also be able to provide funding to the Regional Project for the management and implementation of 10 two day national level training workshops for 10 to 20 participants. These workshops have been effective in stimulating policy dialogue, program planning, and development in the Region, however, there has not been a ready mechanism available to most Missions for contracting for implementation of small local workshops. Approximately 15 person months of technical assistance will be available to support these activities.

4. Component Elements (Exhibits 7 and 8, pages 53 and 54):

a).LAC Region and Mission Strategy Development/Sector Assessments

A draft Regional Nutrition Strategy for the LAC Bureau was prepared in 1987-1988. The document will be reviewed, revised, and finalized during Year One of implementation of this Project based on evolving needs of LAC Missions, new data from surveillance activities, new analyses from surveys and studies, and various other input. The Core Contractor long term advisor will be responsible for implementing this activity, with further assistance from short-term consultants, as needed.

A number of LAC Missions are planning to develop food security/nutrition strategies. The objective of this activity is to provide a Mission-specific strategy that defines the linkages among Mission/A.I.D.-supported agricultural/rural development, health/child survival, private sector and Title II activities in the host country, and associated causes of hunger and malnutrition in that country. Each strategy will identify a plan of action to increase the consumption/nutrition impacts of A.I.D./Mission-supported ARDN, HE/CS, and Title II activities, set targets and identify technical assistance needs to achieve these targets. The role of this new Project and of Mission and Central (S&T, FVA) projects will be clearly identified. This Project will provide the services of a long-term nutrition expert and short-term consultants, as required, under the Core Contract to scope out the development of each strategy and plan of action, and to assist with analyses, reviews, studies etc. that may be needed. Missions in all Child Survival Emphasis Countries (Guatemala, Honduras, Haiti, Peru, Ecuador, Bolivia, plus El Salvador and the Dominican Republic) are expected to develop these strategies for a minimum of 8 countries during the life of the project.

Many Missions have already drafted Child Survival Strategies that include nutrition components to guide health sector activities. As an element within these food security/nutrition strategies, assistance will be available to help Missions review the appropriateness of these Child Survival nutrition components and recommend how they may be strengthened, given new country data or lessons learned from other countries in the region, and assist with operationalization of these activities. It is estimated that a minimum of 7 nutrition components of Child Survival Strategies will be updated.

The services of the long-term nutrition expert and other specialists will be available to assist with analyses for the nutrition/consumption elements of sector assessments in agriculture, rural development, health, and other pertinent areas (such as structural adjustments). An estimated two sector assessments per Child Survival Emphasis Country plus El Salvador are expected to receive this assistance for a total of 15 nutrition/consumption components of sector assessments.

b) Operations Research/Special Studies and Cross-cutting Evaluations

The following is an illustrative list of operations research/special studies that may be undertaken during the course of this Project. The Project will fund technical assistance, local field costs, data analysis, and workshop costs for conducting these studies. The following list is illustrative of the topics to be considered based on LAC Missions and Bureau needs:

- Cost-Effectiveness of Food Subsidy Programs for Nutrition/Consumption Impacts;
- Alternative Developmental Uses of Title II Resources;
- Field Models for Integrating Growth Monitoring Into Child Survival Programs;
- Impacts of Structural Adjustment/Urban Migration on Food Security;
- Maternal Nutrition Delivery Systems and Interventions; and
- Alternatives for Improving Weaning Practices.

A total of 7 operations research/special studies are expected to be conducted during the life of the Project - all funded through Mission buy-ins. Each study will be designed to address project-related questions which have been identified by Missions and must fit within a Mission strategy/plan of action to assure appropriate context for use of findings. In addition, 7 special studies (4 Mission funded) for Missions and other decision-makers will be funded to undertake studies for policy, project design and program implementation. Short-term technical assistance will also be available to assist with implementation of these studies.

Under this nutrition component, experts will be available to Missions to develop the analyses and studies needed as a basis for nutrition and consumption components of appropriate health and agriculture/rural development PIDS and PPs. It is estimated that these studies and analyses will be prepared for a total of 10 PPs and PIDs.

Analyses for the nutrition/consumption elements of CDSS and Action Plans will also be performed for requesting Missions. Technical resources will be available to Missions to conduct detailed analyses of the role of Title II in achieving food security, child survival, and other priority Mission objectives.

c) Monitoring /Tracking Systems and Information Exchange

1) Monitoring/Tracking Systems

During 1987, ISTI designed and set up an LAC nutrition data base intended to track A.I.D. funded projects in Latin America and the Caribbean as well as to strengthen the LAC Bureau capacity to respond to specific nutrition related requests. This data will be updated and refined on a yearly basis to serve the needs of LAC and to allow Missions to track their nutrition activities.

The data base was established following identification of nutrition related data requirements as defined by LAC as well as through a preliminary search in AID/W for all LAC projects with nutrition activities. Missions were then asked to review and submit modifications of the nutrition data elements, country level information, and the list of projects. Over 250 LAC projects were identified as having nutrition related components. As was anticipated, nutrition activities are embedded in a number of larger sectoral projects and programs of Missions and the LAC Bureau.

Funds under this activity may be used to buy-into the existing S&T/H contract with ISTI, for tracking of regional nutrition activities. This will involve data gathering, analysis and reporting back to LAC/DR/HN on the nature and level of nutrition assistance to the region by functional account including local currency generations and year of funding. The nutrition consultant, will review this work from time to time and will also facilitate mission coordination with ISTI. The tracking of nutritional status data will be conducted through the ISTI Child Survival Information System and the nutritional surveillance/monitoring technical assistance activities in the project.

This Project will provide nutrition/consumption experts when requested by Missions, to join teams for monitoring and evaluation of Mission projects in agriculture/rural development, Title II and health/child survival.

2) Information Exchange

In addition to maintaining the basic data system, the Project will serve as a resource conduit for responding to Mission requests for information (through access to current on-going nutrition information networks or other bibliographic/library sources such as the APHA Clearinghouse on Infant Feeding and Maternal Nutrition) and/or technical documentation, and prepare nutrition materials for information packets to be distributed periodically to Missions. S&T/N will be consulted regarding specific sources of information and materials for distribution. The Core Contractor will be responsible for responding to information requests and for supporting the preparation and dissemination of semi-annual information packets during the four years.

d) Workshops

The Project will support workshops at the national and subregional levels, as well as provide buy-in capacity for national workshops.

The following is a proposed list of workshops that will be assisted:

- Lactation Management Training for Private/Public Sector Health Services/Facilities Staff;
- Food and Nutrition Surveillance and Monitoring;
- Vitamin A Assessment Methodologies and Interventions;
- Household Food Consumption and Food Security Analysis and Growth Monitoring Techniques for ARDN Project Design and Monitoring; Proper Infant/Child Feeding Practices (dietary management during diarrhea and after); and
- Strategies to Improve Weaning Practices.

C. Inputs

Global estimates for level of effort for technical assistance (in person months*) and other resources in nutrition are as follows:

1. LAC/CA Regional

Core Contract:

Long-term assistance:	48 person months
Short-term program support:	39 person months

Activities:

a. Strategy Dev/Sector Ass -

Str. Analyses(2)	4 person months
Country Str. Dev. (2)	4 person months
Assessments (4)	7 person months
C.S./Nutr. Comp. Rev (1)	2 person months

b. Operations Research/ Sp. Studies-

Special Studies (3):	4 person months local TA, computer time, administrative needs, survey costs, materials, etc.

c. Monitoring/Tracking/Info. Exchange

Monitoring/ Tracking- Data Base design & update	computer, office supplies 2 person months
Inform. Packets (semi-annual)	acquisition allowance, information editing, reproduction
Nutrition Up-dates/exchange (semi-annual)	editing, graphics, reproduction, dissemination

d. Workshops-

Regional workshop (1 @ 4 days each)	5 person months TA travel and per diem for 25-30 participants and 5 experts/organizers, conf. facilities, materials
Sub-regional workshops (2 @ 3 days each)	6 person months TA travel and per diem 10-15 participants and 5 experts/organizers, conf. facilities, materials

2. Mission Buy-ins

Short-term TA:

Program and Project Tech.Support	20 person months
Evaluations (9):	20 person months

Activities:

a. Strat. Dev/Sector Asses -

Country Strategies (8)	14 person months
Assessments (11)	22 person months
C.S./Nutr. Comp. Reviews (7)	14 person months

b. Op. Research/ Sp. Studies -	
Op. Research (7):	27 person months TA, round trips person months local TA other costs: computer time, admin. needs, survey costs, materials, etc.
Special Studies (4):	8 person months TA, travel, person months local TA, computer time, administrative meetings, survey costs, materials, etc.
c. Monitoring/Tr./Infor Ex.	
Monitoring/Tracking	0 person months
d. Workshops	
Nat'l Workshops (10 @ 3 days):	15 person months local travel and per diem for 15-20 participants; travel and per diem for internat'l experts/ organizers facilities, materials

*Person months include:	salary, benefits, and insurance, per diem and travel, secretarial and administrative support, computer time, materials, miscellaneous expenses, report reproduction and dissemination.

Exhibit 7

PERSON MONTHS OF SHORT TERM TECHNICAL ASSISTANCE - LEVEL OF EFFORT
NUTRITION COMPONENT

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			4			6			6			4	
Evaluation			2			4			6			6	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	2			2									
Regional Strategy													
Mission/Country Strategies	2		3	2		4			5			2	
Sector Assessments	2	1	4	2		6	2		8			4	
Child Survival/Nutrition Comp. Reviews	2		4			4			4			2	
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			8			8			8			3	
Special Studies/C.C. Evaluations	1	1	2	2		4			2				
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	1												
Tracking System	1	1		2			1			1			
Output Indicators													
Information Packets (Long term)													
(d) WORKSHOPS													
Regional	5												
Sub-Regional				3				3					
Other (National)			3			4			6			2	
Subtotal (pms)	16	3	30	13	0	40	3	3	45	1	0	23	

LAC = Regional Funds
CA = Regional Funds
M = Mission Buy Ins

LAC Regional (pms) = 33
CA Regional (pms) = 6
Both = 39 pms

Mission (pms) = 138

Total (pms) - 177

Exhibit 8
OUTPUT INDICATORS
NUTRITION COMPONENT

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			2			3			3			2	
Evaluation			1			2			3			3	
ACTIVITIES													
A) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	1			1									
Regional Strategy	1												
Mission/Country Strategies	1		2	1		2			3			1	
Sector Assessments	1	1	2	1		3	1		4			2	
Child Survival/Nutrition Comp. Reviews	1		2			2			2			1	
B) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			2			2			2				
Special Studies/C.S. Evaluations	1	1	1	1		2			1			1	
C) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	1												
Tracking System	1	1		1			1			1			
Output Indicators (Long term)													
Information Packets	2			2			2			2			
D) WORKSHOPS													
Regional	1												
Sub-Regional				1				1					
Other (National)			2			3			4			1	
Subtotal	11	3	14	8	0	19	4	1	22	3	0	11	

LAC = Regional Funds
CA = Regional Funds
M = Mission Buy-Ins

LAC Regional = 26
CA Regional = 4
Both = 30

Mission = 66

Total = 88 activities

AC/DR/HN:2/28/89:

4. Special Concerns Component

A. Introduction

There is an increasing awareness of significant health problems, resulting from social, economic, and political trends, in the LAC region. An illustrative list of special concerns includes:

a) the spread of the AIDS epidemic;
b) the impact of drug abuse on socioeconomic development;
c) child survival, including control of diarrheal disease and immunization;
d) continued high levels of Vitamin A deficiency; and
e) lack of reliable data and information for LAC Region health and nutrition indicators.

It is important that the LAC Bureau be able to anticipate developments in these critical areas and the problems that will result in the health sector, and to prepare to deal with them in a timely fashion. To plan for an appropriate and adequate response, the services of expert consultants are essential to assist with studies, evaluations, workshops, and other related activities. The only available source of funding for such activities at this time is the P.D.& S. monies available to LAC/DR/HN, which are too limited to adequately respond to Bureau needs.

B. Activities (Exhibits 9 and 10, pages 59-61):

Activities under this component are contemplated in the following areas:

(1) Drug Abuse/Narcotics Awareness

No regional health problem evokes greater political concern within the United States than drug abuse. It is a matter of growing importance to Congress and is certainly a significant issue with the new U.S. Administration. The LAC Bureau must be in a position to undertake analyses, strategic planning, and do cross-cutting evaluations so as to be responsive to this concern, and to anticipate requests for information and demands for action. Narcotics awareness activities, for example, are critical to the certification requirement which Congress has imposed as a condition for economic assistance to certain LAC countries.

The magnitude of the problem has already resulted in significant activity directed at the demand side in LAC. There are nine (soon to be eleven) bilateral narcotics awareness projects in the LAC region. S&T is developing a new $25 M Narcotics Awareness and Education project for FY 1989 which will supplement these LAC projects and has a large buy-in level for Missions and the Regional Bureaus. With funds available under this Special Concerns component the LAC Bureau intends to utilize this new S&T project.

FY 89 and FY 90 LAC Regional funds will be utilized to buy-into the S&T Project for technical assistance for cross-cutting evaluations and the supporting analysis. There has been a proliferation of Mission funded narcotics awareness projects in LAC, but there has been very limited

cross-fertilization. A limited amount of buy-in resources will fund a very limited tracking system for LAC which will track indicators which will enable LAC Missions to know what other Missions are doing. In FY 90 funds will be committed to develop a "RAPID" type system which depicts the growth of the narcotics problem in LAC and how it impacts on development.

The specific use of the FY 91 and FY 92 funds will be determined in response to the changing face of narcotics in LAC during the second half of the Project.

(2) AIDS

The incidence of AIDS in the island countries of the Caribbean is among the highest in the world. And, while not of the same magnitude in Central America and the Andean Countries, AIDS is a growing concern there as well. There have been no funds available, however, to support activities directed at multi-country concerns in the LAC Region. The two S&T projects, AIDSTECH and AIDSCOM, have used a significant portion of their S&T Bureau funds for activities in African countries. While the LAC Bureau received $2 million of the AIDS earmarked funds in FY 1988, to date all of these funds have been used for bilateral purposes.

Under this component, AIDS funds will be used by LAC/DR/HN to buy-in to AIDSTECH and AIDSCOM for multi-country needs. Activities to be funded will be technical assistance, cross-cutting evaluations, and workshops. Considering the magnitude of the problem, the estimated 33 person-months of services for these activities over the Project's four years is quite modest.

In FY 89 $100,000 will be assigned for two activities. Approximately $60,000 will be used to buy-in to AIDSCOM for LAC specific technical assistance in AIDS communication. There are insufficent central funds available to fund the total costs of a second full time technical advisor in this important arena. The current advisor is completely overbooked for LAC TDYs (there is a wait list which is several months long), he is spending approximately 90% of his time travelling. S&T has highly encouraged LAC to contribute to funding a second LAC specific advisor. The LAC Bureau will work with S&T to ensure that the advisor is responsive to unmet LAC needs. None of the other donors are moving in this important area where A.I.D. is seen to have predominant capability. Also, with FY 89 resources, LAC will buy into AIDTECH (estimated $40,000) to begin the process of designing a training program in AIDS financing for LAC planners from Ministries of Planning, Health and Finance. This training program will be developed with the World Bank and the World Health Organization. It is anticipated that FY 90 funds would be utilized in the same manner.

The specific use of the FY 91 and FY 92 funds will be determined in response to the changing face of AIDS in LAC during the second half of the Project.

3) Child Survival

The Child Survival effort is the major thrust in A.I.D. and the LAC region. An S&T/H project, Child Survival Action Program Support, provides a number of services in support of the child survival effort. One activity taps the U.S.

academic community for persons qualified to serve as Child Survival Fellows in A.I.D. These fellows are to provide general advisory services to help develop sustainable child survival initiatives. Since 1987, the LAC Bureau has utilized the technical services one of these fellows.

The Bureau will continue to utilize the services of a Child Survival Fellow. Assistance will be provided to Missions to help complete the Child Survival Strategies in the remaining emphasis countries and in El Salvador and the Dominican Republic, and thereafter to assist other Missions in the region to prepare strategies; to provide technical guidance in the implementation of child survival country strategies; to help with preparing child survival elements in country development strategy statements; to help prepare analyses for use in the development of PIDs and project papers; to assist in the promotion of the involvement of the private sector in child survival activities; to assist in the evaluation of child survival projects; and to facilitate the exchange of information among LAC missions concerning child survival efforts in LAC.

To provide the assistance contemplated in this component, the Project will provide funding for one long-term consultant. Presently, such a consultant is available as a Child Survival Fellow under the Child Survival Action Program Support ("CSAP-Support") Project (936-5951) being managed by S&T/Health. The LAC Bureau funded the first year of this fellow's services (1987-1988) by buying-in to CSAP-Support, and the second year (through March 31, 1989) by transferring funds to S&T/H's OYB. A $50,000 OYB Transfer of FY 89 funds will be utilized to fund the continuation of the current fellow through June. 1989 and to begin the new fellow in the summer of 1989.

Under this Project component, funding will be provided for services beginning o/a Sept. 1989, and continuing for the remainder of the Project. A long-term consultant will be obtained from CSAP Support or some other S&T/H project providing similar services. CSAP Support is scheduled to terminate in 1990, but the S&T Bureau anticipates that it or a similar program will continue thereafter (Annex A includes a Scope of Work for the Child Survival Fellow).

The Child Survival Fellow will be available to assist LAC Missions in determining their short-term assistance needs, and to help them identify the most suitable technical assistance.

(4) Vitamin A

Vitamin A deficiency exacts a heavy economic and social toll due to irreversible blindness caused by the deficiency and a suggested increase in mortality and morbidity in young children. Significant numbers of children are estimated to suffer from Vitamin A deficiency in the LAC Region, with an associated two to three fold increased risk of Acute Respiratory Infection and diarrheal disease. Several countries in the LAC Region are rated as having a significant and/or a high probability public health problem with regards to Vitamin A according to WHO standards.

Under this component, FY 89 and FY 90 LAC Regional Vitamin A earmark funds (ARDN) will be used by LAC/DR/HN to buy-into a new FY89 S&T/Nutrition project entitled Vitamin A for Health. Funds will be used to procure and coordinate technical services for expanded field support throughout the Region and include technical assistance for program development and monitoring, and information dissemination as required by LAC Missions. These activities will be coordinated with the Core Contract, Nutrition Planner Advisor in order to assure complementarity with development of the LAC Regional Nutrition Strategy.

FY 91 and FY 92 Vitamin A earmark funds are not anticipated.

(5) Management Data Information Systems

It is critical that the LAC Bureau be able to access high quality and reliable country data for health and nutrition indicators. LAC health and nutrition data is being collected by many different agencies and institutions, and in varying configurations which may not be applicable nor easily accessible.. Under this component, funds will be used to buy-in to ongoing Data and Information Systems Projects which are centrally funded. These projects currently include the S&T/H International Science and Technology Institute (ISTI) Child Survival Tracking System, the Vector Biology and Control Project (VBC), and the Water and Sanitation Project (WASH).

These projects maintain worldwide data and information systems of which the LAC Bureau will access relevant data and information. The activities to be undertaken will include identification of data sources for specific indicators required by the Agency, the LAC Bureau, and the LAC Missions, and development of monitoring/tracking systems for specific indicators or health-related concerns. Key to these buy-ins will be quick access to specific elements of these systems. Therefore, it is necessary for LAC to maintain updated reports and data systems which describe particular health and nutrition situations throughout the Region (for example, water and sanitation, malaria, nutrition status, immunization coverage, etc.)..

Activities carried out under this Project component will be coordinated with the new Socioeconomic Data Improvement Project under development by LAC/DP.

H. Technical Advisory Group (TAG)

The Project will include a Technical Advisory Group whose responsibility is to serve as an external expert group which will review technical component-specific aspects of the Project (including operations research, special studies, strategies, etc.) and advise A.I.D. and the Project Manager. The TAG will be composed of 3-5 technical experts (e.g. from Universities, international organizations) identified by LAC/DR/HN, the LAC/DR/HN Project Manager, LAC/DR/HN technical backstopping officers, and for example, the Chief of Parties of key S&T projects as well as the CTOs from S&T.

The TAG will meet in Washington, DC for approximately 3 days each year of the Project period. Travel and per diem costs will be covered by LAC/CA Regional funds.

Exhibit 9

SPECIAL CONCERNS COMPONENT
Person Months

Activities / Project Year	Special Studies 1	2	3	4	Monitoring Tracking 1	2	3	4	Evaluations 1	2	3	4	Conferences & Workshops 1	2	3	4	Multi-Country TA 1	2	3	4	Total pms
Drug Abuse/ Narcotics Awareness	3	3	3	3	1	1	1	1	2	2	2	2	0	0	0	0	0	0	0	0	24
AIDS	0	0	0	0	0	0	0	0	0	0	1	1	2	2	2	2	4	4	6	9	33
Child Survival	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	12	12	12	42
Vitamin A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	12	0	0	24
Information Systems	0	0	0	0	7	7	7	7	0	0	0	0	0	0	0	0	1	1	1	1	32
TOTALS	3	3	3	3	8	8	8	8	2	2	3	3	2	2	2	2	23	29	19	22	155

5675T

Exhibit 9, cont'd

Special Concerns Component

Total Person Months
(Summary)

	H.	C.S.	AIDS	ARDN	Total
Year 1	14	6	6	12	38
Year 2	14	12	6	12	44
Year 3	14	12	9	0	35
Year 4	14	12	12	0	38
	56	42	33	24	155

Page 1:5680T

Exhibit 10

SPECIAL CONCERNS COMPONENT
OUTPUT INDICATORS

Activities / Project Year	Strategic Analysis				Special Studies				Monitoring Tracking				Evaluations				Conferences & Workshops				Multi-Country TA			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Drug Abuse/ Narcotics Awareness	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0
AIDS	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1
Child Survival	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Vitamin A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
Data and Info. Systems	0	0	0	0	0	0	0	0	3	3	3	3	0	0	0	0	0	0	0	0	1	1	0	0
TOTALS	1	1	1	1	1	2	1	2	4	4	4	4	1	1	2	2	1	1	1	1	4	4	2	2

5668T

IV. IMPLEMENTATION PLAN/ADMINISTRATIVE ARRANGEMENTS

A. Contractual and Funding Arrangements

The services to be obtained with LAC/CA Regional project funds (including Mission buy-ins) will be procured through several contractual and funding arrangements. (Exhibit 11, page 63)

Core Contract (Exhibit 12, page 64):

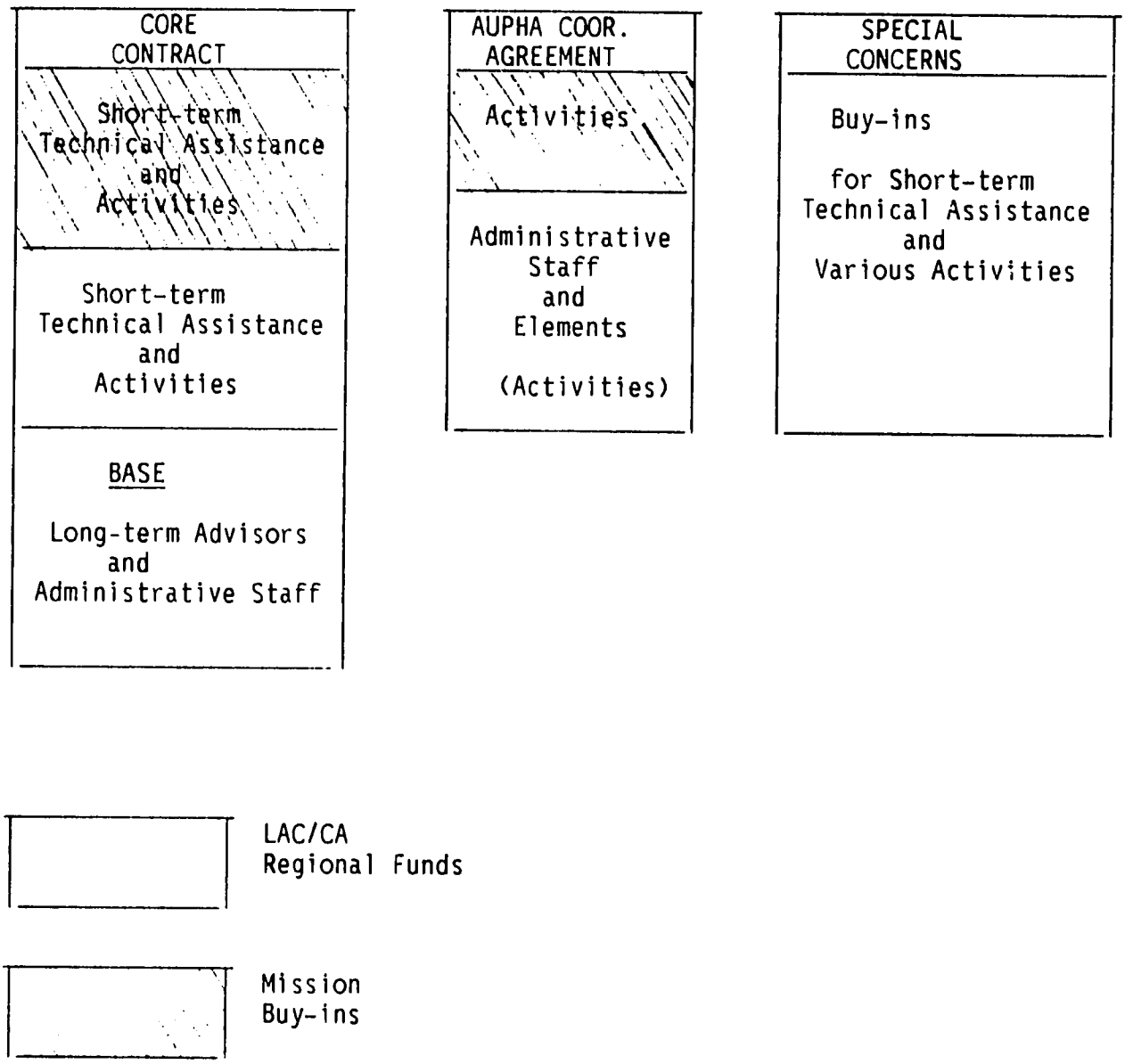
1. A contract ("core contract") will be awarded, on a competitive basis, for services in the priority areas of health management, health financing, and nutrition. Under this contract three experienced, highly qualified, Spanish-speaking long-term consultants will be furnished, one in each of the three priority areas. These consultants will provide assistance to the LAC Bureau and to LAC Missions requesting such services and as specified in their Scopes of Work (Annex A). The "Core Contractor" facilities will be physically located in the Washington, DC area.

These long-term consultants will assist AID/W with such tasks as the preparation of regional strategies and special studies and carrying out cross-cutting evaluations. They will be available to provide assistance to Missions in developing country strategies, doing special studies or sector assessments, helping to develop projects in the areas of their technical expertise, assisting with monitoring and evaluation, etc. By virtue of their continued involvement with health and nutrition programs throughout the Region and on a continuing basis, they will provide a level of assistance and continuity not heretofore available.

The contractor will provide a fourth full-time professional who will serve as Project Director, coordinating all activities, carrying out administrative and financial responsibilities, and serving as the focal point for contact with the A.I.D. Project Manager. In addition, this individual will also coordinate and manage all monitoring, tracking, and evaluation activities. In so doing, he will be responsible for scheduling evaluations and arranging for the participation of appropriate personnel, relying upon the recommendations of the three long-term advisers. As part of this responsibility s/he will backstop the efforts of the long-term technical consultants to help Missions, during project design, to improve the accuracy and relevance of project indicators.

This consultant will examine all of A.I.D.'s existing data bases with respect to the priority areas of this Project, including the Health Information System being maintained by ISTI for S&T/Health with respect to all A.I.D.-funded health and child survival activities (part of the CSAP-Support project), and the Management Information System developed for the LAC Bureau, and will systematically survey all LAC Missions to determine their priority data requirements. On the basis of this information, s/he will recommend such modifications to existing systems (some, perhaps, to be funded by buy-ins under this project), or such new systems as seem necessary.

Exhibit 11
INPUTS FUNDED BY PROJECT

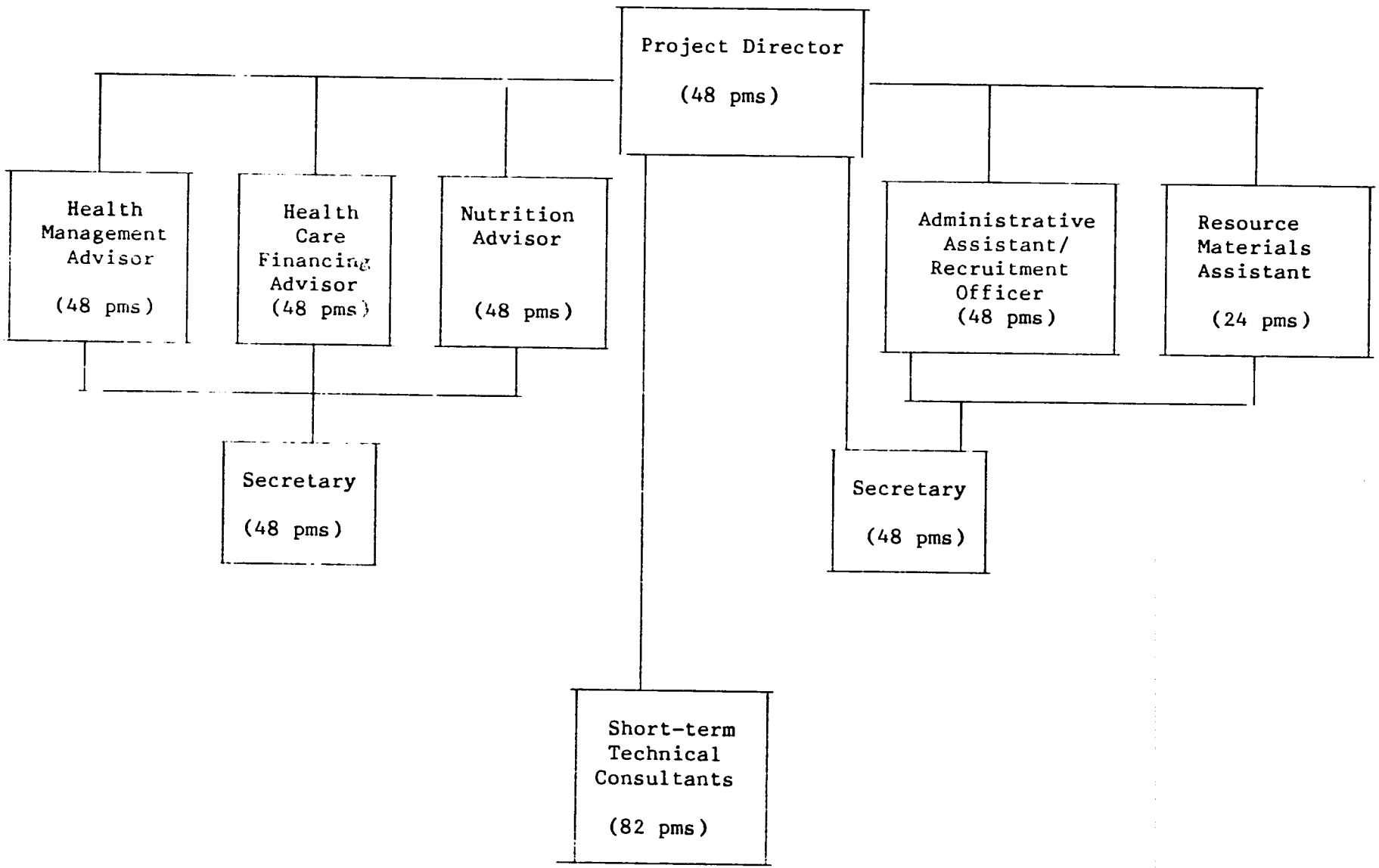


5671T

Exhibit 12

CORE CONTRACT STAFFING PATTERN

LAC/CA Regional Funds



This Project Director will also develop a system for periodic exchange of information, concerning activities in the three priority areas, with all of the Missions in LAC (this will be done with assistance of the resource materials assistant). S/he will prepare semi-annual information packages, utilizing technical inputs from the other long-term consultants, and will be responsible for the distribution of these packages to the LAC Missions.

It is proposed that the long-term consultants and Project Director will be supported by an administrative assistant/recruitment officer, a part-time resource materials assistant, and other support staff as required (see Exhibit 13). The contract will specify the total person-months of services to be provided by these long and short-term consultants and other support staff.

The core contractor will also be required to have available a roster of short-term technical consultants with appropriate technical skills, language facility (both French and Spanish fluency) and cultural familiarity, to provide services in the three priority areas of health management, health financing, and nutrition. The contract will contain an estimated level of person-months of short-term consultant services, developed on the basis of estimates made by LAC/DR/HN and LAC Missions. The contractor will be obligated to perform services up to this level of activity, to the extent requested by A.I.D. These short-term services may be procured with Mission funds through the buy-in mechanism for services of benefit to a particular Mission and/or with LAC/CA Regional funds for services of benefit to more than one country or to the Region in general. LAC Missions will be allowed to fund travel and per diem expenses for long-term technical assistance. (See Annex A).

AUPHA :

2. A new cooperative agreement with AUPHA for management education and training services is proposed. The ongoing cooperative agreement expires in October, 1990, and is fully funded under the existing Health Technology and Transfer Project (598-0632/597-0006). The new cooperative agreement for providing services under this Project will be signed soon after Project Authorization. It will fund a continuation of selected activities currently provided under the existing agreement as well as maintain a Mission buy-in capacity. The existing agreement funds a part-time AUPHA project director, a full-time AUPHA project manager, a field office director, three secretaries, and a part-time resource center coordinator. These core support staff will continue under the new agreement.

While Chapter 2 of Handbook 13 states that there should be competition for awarding cooperative agreements, to the maximum extent practicable, (e.g. consideration of applications from two or more applicants), there are several exceptions. A cooperative agreement may be made, without competition, inter alia:

a) if the recipient is considered to have exclusive or predominant capability, based on experience, specialized facilities, or technical competence, or based on an existing relationship with a cooperating country or beneficiaries; or

b) in the case of a follow-on, intended to continue or further develop an existing assistance relationship.

AUPHA has a predominant capability with respect to the health management training activity contemplated by this project; it was awarded the existing cooperative agreement on the basis of that justification. It maintains a network of over 450 universities and institutions, including 22 in LAC countries. The network includes almost 300 U.S. hospitals, HMO's, health centers and other delivery organizations. AUPHA has a full-time staff of educators and maintains the only comprehensive data base on U.S. health management training programs. Under the present cooperative agreement, it has assembled a comprehensive resource data base including the appropriate short-term and long-term management training programs in LAC countries.

In addition, the new cooperative agreement with AUPHA will be a follow-on, which is intended to continue AUPHA's existing relationship with LAC institutions concerned with health management training, and to provide them some additional services.

Consistent with the requirements of Handbook 13, a justification for the direct selection of AUPHA will be prepared by LAC/DR and submitted to the cognizant A.I.D. contracts officer for review.

Special Concerns:

3. The services required to carry out the Special Concerns component will be procured, in most cases, by using Project funds (LAC/CA regional) to "buy-in" to centrally-funded A.I.D. projects as required for the specific task (for example, some of these are major, multi-year efforts like DRUGSCOM, AIDSTECH, AIDSCOM, Vitamin A Field Support, International Science and Technology Institute).

Services of the long-term fellow for Child Survival activities will be obtained through a "buy-in" to the S&T/H CSAP-Support Project , or to another project providing similar services. CSAP-Support is scheduled to terminate in 1990, but continuation in some form is expected. At the present time the services of a Child Survival Fellow have been funded through the end of June of 1989. Thereafter, Project funds will be obligated on a one or two year basis, as permitted by the S&T contractual arrangement, to continue these long-term services throughout the Project period (refer to the Special Concerns Component 4.B.(3), page 57).

Vitamin A Earmark - During each of the past several years, the LAC Bureau has been allocated ARDN funds earmarked by Congress for Vitamin A activities. It is anticipated that this earmark and allocation will continue during FY 89 and FY 90 of the project period. The use of the "buy-in" mechanism to an S&T/N centrally-funded Vitamin A Field Support Project is proposed in order to access skilled and highly specialized technical advisors on a Region-wide basis. In such event, the funds will be utilized to finance regional or country-specific vitamin-A related activities under the Special Concerns component of this Project (refer to Special Concerns Component, 4.B.(4), page 58).

B. Funding Details

Project activities will be funded incrementally. Those amounts for firmly established services (e.g., Core Contract long-term consultants and support staff) will be obligated as early as possible in each fiscal year depending upon the availability of funds.

1. LAC/CA Regional Funds for Project Component Short-Term Technical Services and Activities

The LAC Bureau will budget a predetermined amount, each fiscal year of the Project (as indicated in Exhibits 15 and 16), for the short-term consulting services and other activities anticipated to be procured with LAC/CA regional funds from the Core Contract, AUPHA, and/or as buy-ins to central A.I.D. projects.

2. Mission Buy-Ins

At the start of each fiscal year, each Mission will communicate interest to the LAC/DR/HN Project Manager concerning anticipated buy-ins to the Core Contract and to the AUPHA cooperative agreement during the ensuing fiscal year. After consultation with the Core Contract Project Director and with AUPHA, the LAC/DR/HN Project Manager will advise the Missions as to the appropriateness and availability of the proposed buy-ins. A schedule for services to be provided through Mission buy-ins will be developed by the Missions, LAC/DR/HN and the appropriate contractor/grantee.

Each Mission will subsequently develop an appropriate scope of work for the services (with the assistance of the relevant long-term consultant, if desired), incorporate the scope of work in a PIO/T (depending upon the funding source), and transmit the PIO/T to the LAC/DR/HN Project Manager. The LAC/DR/HN Project Manager will review the scope of work, and certify it as being consistent with the project guidelines and eligible for implementation under the contract. The Project Manager will then transmit the PIO/T to the A.I.D. contracting officer (SER/OP/OS/LAC) for appropriate action.

Missions may request buy-ins during the course of the fiscal year for needs not previously anticipated. Any such request will be handled in the same manner and scheduled as required.

Annex B presents LAC Mission estimates of technical support needs based on State cable 213261 dated July 1988. The assumptions used to derive the buy-in level are listed in the Annex.

Annex H presents LAC Mission estimates of buy-in capacity for short-term technical support needs based on State cable 113855 dated April 12, 1989. Assumptions used to derive the buy-in level are listed in the Annex.

C. A.I.D./W Responsibilities

To implement this Project, the participation of several A.I.D./W officers will be critical.

1. An LAC/DR/HN health development officer will manage this Project. In so doing, s/he will have a number of major responsibilities, including those specified below:

-- review annually the workplans and budgets submitted by the Core Contractor, and AUPHA.

-- at the start of each fiscal year, prepare estimates of short-term services and operations research to be procured with LAC/CA regional funds through the Core Contract and as buy-ins to central A.I.D. projects; review these estimates during last quarter of each fiscal year, making necessary adjustments to the budget on the basis of firm obligation requirements.

-- work with the LAC Missions at the start of each fiscal year to obtain their buy-in estimates as well as their requests for services of the long and short-term Core Contractor consultants.

-- review PIO/T scopes of work submitted by Missions to assure that the services will be consistent with project guidelines and eligible under the relevant contract or agreement, and facilitate the routine processing of obligating documents.

-- prepare PIO/Ts early in each fiscal year so that funds can be obligated for project services which have been firmly established.

-- together with representatives of the Core Contractor and AUPHA, the Child Survival Adviser, and LAC Missions, schedule services of consultants .

-- coordinate and monitor the utilization by LAC/DR/HN of funds under the Special Concerns Component (all scopes of work must be approved by the Project Manager.)

-- negotiate annually with PPC to get an appropriate share of the Agency's Vitamin A, AIDS, and drug abuse/ narcotics awareness earmarks allocated to LAC/DR/HN for funding activities under this project.

2. An LAC/DR finance officer will provide necessary backstopping assistance to the LAC/DR/HN Project Manager.

3. A.I.D. contracting officer(s), both SER/OP/OS/LAC (for the Core Contract and AUPHA) and SER/OP/W/HP (for S&T buy-ins), will be responsible for taking such actions as are necessary to obligate project funds each fiscal year on the basis of PIO/Ts received from LAC/DR/HN and LAC Missions.

4. Project managers of A.I.D. central projects receiving buy-in requests from LAC/DR/HN will verify the availability of buy-in capacity, as well as eligibility of requested services under the relevant central contract.

D. Mission Responsibilities

Missions will be required, at the start of each fiscal year, to provide their annual buy-in estimates, to prepare PIO/Ts with scopes of work for such services, and to indicate their requirements for services of the long and short-term consultants. When consultants are providing services in the field, the Mission will be responsible for supervising the consultants, and informing LAC/DR/HN as to the quality of the services provided.

V. PROJECT ANALYSES

A. Technical Analysis

1. Health Management

In contrast to health financing, technical assistance in health management is a relatively mature field, with a long history of institutional experience, health administration, and hosr ıl administration expertise, and many training and professional education programs -- as the AUPHA inventory of 88 training programs in the Americas demonstrates.

The central technical problems in the health management area relate to the need to provide on-the-job training that is tailored to the specific needs and demands of clinically trained medical physicians who are assigned to carry out managerial responsibilities. Middle-level and local level management development presents particularly difficult problems. Experience has shown that educational programs that are based on theoretical issues or on cases developed for advanced management training programs in the U.S. are inappropriate. Furthermore, programs that require lengthy periods away from job responsibilities often leave programs without key personnel when they are needed.

The challenge for management programs is to redesign management systems, provide appropriate and timely information at each decision level, encourage the development of skills, responsibility and authority at national, regional and local administrative levels and at the same time provide associated and integrated in-service training as part of the program.

Another problem for management programs is the problem of developing appropriate indicators for monitoring and evaluation of project objectives. Few of the existing data systems include sensitive or appropriate indicators for management and administrative tracking. This project will provide assistance to address this problem.

2. Health Financing

This project is designed to provide support for developing strategies, designing project activities, monitoring and evaluating project implementation and provide information networking for health financing activities in the Region. The technical capabilities available for these tasks exist and can be tapped by the Project. However, there are several important constraints that must be recognized.

Health financing in the developing world is a relatively new field. The state of the art is still in an initial stage of development in which consensus on definitions and methodologies has not yet achieved maturity. Much of the current work in health financing therefore involves research to establish norms and evaluate proposed strategies and activities. This situation limits the ability of projects to confidently strive for clear and known objectives. Much of the activity in this area, therefore, will have to be experimental and path-breaking.

This situation makes it difficult also for missions, governments and private sector organizations to develop a clear understanding of options for health financing activity. There is no "cook-book approach" to health financing projects.

Nevertheless, there is a pressing need not only to extend the knowledge of health financing options, but also to begin activities to improve efficiency and seek alternative financing sources in the face of serious budgetary constraints on health systems. We cannot wait for research projects to give us clear guidance. Action must be taken without consensus on the most optimal means of addressing health financing problems; therefore, monitoring and evaluation are key elements of these activities.

The second major constraint in the health financing field is the scarcity of trained and experienced expert consultants. This constraint is particularly acute given the ability of health financing experts to command high salaries in the developed world. However, it does seem likely that the pool of available health financing experts can be broadened by tapping experts who are retired and by retraining professionals who are experts in either health or financing but not both.

Furthermore, it may be appropriate to focus more attention in the health financing field on those aspects that are closely associated with management issues such as financial controls and accounting.

3. Nutrition

This Project has been designed to address the problem of insufficient technical resources available to Missions to identify critical nutrition problems and to design appropriate sectoral responses which address issues of nutrition/food security activities in agriculture, rural development, health/child survival, and Title II.

An assessment of the A.I.D.-assisted portfolio of LAC nutrition activities in was conducted in 1985-1987. Over 250 separate nutrition-related activities were identified in the LAC Region. Regional data showed that while the nutrition and food security situation in a number of LAC A.I.D.-assisted countries declined or stagnated, A.I.D. assistance for nutrition and food security activities also declined. During the past decade, the LAC Region experienced economic growth and increases in agricultural production; there also existed a range of proven technologies for addressing nutrition and food security problems. Yet data showed large segments of the LAC populations at risk of malnutrition and food insecurity; coverage with basic nutrition services remained low. A preliminary draft LAC Bureau Nutrition Strategy was prepared in 1988 to identify priority actions. The following constraints in achieving sustained nutritional improvement were listed for the Region and form the basis of this project's design:

- limited benefits for the poor from agricultural growth and rural development activities,

- low coverage and poor quality of nutrition activities in health services,

- impacts of economic recession, structural adjustment and urban migration are not well understood or monitored,
- inappropriate subsidy programs and interventions, and
- limited institutional capacity and obsolescence in traditional Ministry of Health "nutrition" units.

This Project will enable new information and expertise to become available through operations research, technical assistance, training, workshops and information exchange. Strategies and methodologies appropriate for the LAC Region will be identified and tested. A pool of LAC experts in key nutrition areas will be developed and made available to missions and counterparts.

PPC is soon to release an Agency Nutrition Vision Statement for the 1990's which will lay the foundation for an A.I.D. plan of action for mobilizing various institutional sectors critical to the implementation of nutrition in development and identifying approaches for nutrition programming. This Project will support and assist the implementation of elements of the Vision Statement in order to achieve Agency objectives for nutrition.

In order to better achieve nutrition/food security objectives, missions may wish to utilize the resources of this project in supporting a redistribution of responsibilities to more effectively address food security and nutrition concerns. Health offices alone cannot adequately respond to nutrition/food security concerns in LAC. This new project will put into place mechanisms for accessing analyses, technical assistance, training, information exchange and operational research to foster and strengthen critical linkages among health, agriculture/rural development, and Title II offices.

4. Special Concerns

The Special Concerns component consists of support activities, of regional or multi-country significance, which will be utilized by LAC/DR/HN to anticipate and respond to developments and initiatives in the areas of AIDS, drug abuse/narcotics awareness, child survival, Vitamin A deficiency and management data information systems. To plan for appropriate and adequate responses, the services of expert consultants are essential to assist with studies, monitoring/tracking systems, evaluations, workshops, and other related activities. This component is Washington-based, and any particular activity must originate with a scope of work prepared by an LAC/DR/HN officer. It is anticipated, however, that many field activities will be undertaken in close collaboration with requests and support from the field.

These areas have high political profiles and a number of activities will be generated by requests from LAC Bureau management, in response to, or in anticipation of, Congressional or Executive Branch inquiries.

B. Administrative/Institutional Analysis

In order to implement this project successfully, responsible officials in A.I.D./W and in the field must be able to assume the responsibility of project management, and to work in coordination and cooperation among themselves, with participating host country public and private institutions, and with contractors and grantees.

1. LAC/DR/HN Management Responsibilities

A specified LAC/DR/HN Health Development Officer has been identified as the overall Project Manager. The project management responsibility will occupy approximately 40% of this Officer's time. In addition, somewhat less than 5% of the time of each of the other LAC/DR/HN Officers will be spent in technical backstopping relevant Project components.

Although this does represent a significant management responsibility for LAC/DR/HN, it provides an excellent opportunity to greatly enhance backstopping capabilities required for the large and diverse portfolio of programs in the Region. Project management will require shifts in current portfolio management to assure that technical responsibility is spread evenly among LAC/DR/HN staff. The total additional burden will be similar to that required for backstopping/management time use of the current Health Technology and Transfer Project (598-0632/597-0006) and will represent a reduction in the level of effort required during the period of project development over the previous six months.

-- The LAC/DR/HN Administrative Assistant will be responsible for all Project related documentation, tracking actions, logging, and developing a computerized system for Project monitoring.

-- This project will begin at a time when the regional Health Technology and Transfer Project is winding down. Management of this existing project takes approximately 25% of the time of each of two LAC/DR/HN Project Managers.

-- The availability to the Missions of the long-term consultants provided by this project should significantly reduce the number of separate contracting requests by Missions for short-term services which LAC/DR/HN would otherwise be required to backstop.

-- The buy-in process will be standardized and simplified in order to facilitate processing.

-- The easier access to qualified long-term and short-term consultants under the Core Contract should reduce the burden that LAC/DR/HN has previously had to assume when encountering difficulties in finding qualified consultants to support Missions under existing central A.I.D. contracts.

-- On a quarterly basis, Missions will be sent Project status information for both the Core Contract and the AUPHA cooperative agreement.

In brief, then, while the project management burden placed upon LAC/DR/HN by this Project will be significant, particularly during start-up, and during each yearly "plan" preparation for activities, other efficiencies of continuity and contractor responsibilities will improve the efficiency, and the effectiveness of management.

2. LAC/DR Finance Officer Responsibilities

The managers of regional projects in AID/W have at times had difficulty in obtaining adequate backstopping services from LAC/DR finance officers. To correct this problem, a finance staff will be assigned to have explicit responsibility for this regional project. The support and assistance provided to the manager of this project by this staff should assist considerably in the tasks of implementation.

3. A.I.D. Contracting Officer Responsibilities

The Contracts Officer function for A.I.D. will reside in SER/OP/OS/LAC for the Core Contract and for AUPHA; S&T Health and Nutrition contracting will be the responsibility of SER/OP/W/HP. Those offices have been fully informed as to the contract actions contemplated under this Project, and have given assurances that they will be able to assume these responsibilities. LAC/DR/HN will continue to work closely with SER/OP/OS/LAC and maintain the effective collaborative relationship existing between these offices.

Methods of Implemetation and Financing

	Implementation	Financing	Approximate Amount
1.	Core Contract	Direct Payment	6,300,000
2.	AUPHA	Direct Payment	1,050,000
3.	Special Concerns a) Buy-ins	Direct Payment	2,440,000
4.	Evaluations	Direct Payment	125,000
5.	Audits	Direct Payment	75,000
6.	TAG	Direct Payment	10,000
	Total		$10,000,00

4. Coordination Among Responsible Parties

There are many actors in the implementation of this project. In addition to the LAC/DR/HN project manager, the LAC/DR finance officer, and the A.I.D. contracts officer, there are representatives of the participating LAC Missions and host country institutions, representatives of the Core Contractor and AUPHA, the Child Survival Fellow, and managers of S&T/H and S&T/N centrally-funded projects. In order to assure cooperation and coordination among all responsible parties, the LAC/DR/HN project manager will:

- at the earliest time appropriate, after this project is authorized, provide a detailed description of the responsibilities of all participating parties. This description will be prepared after consultation with all interested parties; will be distributed to all interested parties; and will be revised from time to time, as necessary.

- hold quarterly meetings with the representatives of the Core Contractor and AUPHA, and the Child Survival Fellow, to review the status of project implementation, and to identify and resolve any problems. Minutes of these meetings will be prepared and distributed to LAC Missions.

- send quarterly reports, required of both the Core Contractor and AUPHA, to all LAC Missions on a regular basis. These reports will discuss Project implementation progress/problems and financial status.

C. Financial Analysis

The financial analysis is illustrated in Exhibit 13, Project Costs - By Component, Exhibit 14, Project Costs - By Input and Funding Source, Exhibit 15, Project Expenditures - By Input and Year, and Exhibit 16, Project Obligation Schedule - By Fiscal Year, can be located on the following pages.

VI. Evaluation/Audit Plan

A. The Project will be evaluated at two points in time:

- a mid-term evaluation will be carried out within two years after the initiation of the Project which will examine the achievements of the Core Contractor, the AUPHA Cooperative Agreement as well as the administration/management of the overall Project.

- a final evaluation will be carried out prior to Project termination.

B. Mid-term:

The mid-term evaluation will address progress in Project implementation and include the following concerns (not exclusive):

- adequacy of project management oversight will be examined as well as adequacy of communication among various contractors and the LAC Missions.

- output achievement will be measured against planned outputs (Annex C - Log Frame) of this Project Paper.

- user (Mission, host country) satisfaction with services provided by the contractors/grantees.

- quality and quantity of technical assistance will be assessed.

- information exchange and monitoring/tracking/evaluation activities will be reviewed and data will be assessed to guage progress in meeting goal targets as well as to determine the quality/usefulness of the data generated.

Recommendations from the mid-term evaluation will be applied, as appropriate, in adjustments to the implementation of the Project during the final two years.

C. Final:

The final Project evaluation will focus on achievement of outputs, the end - of - project status (EOPS) indicators, and contribution to the Project's goal of improving the health and nutritional status of the population in the LAC Region; in particular contributing to the reduction of infant and child morbidity and mortality.

- an important element of the evaluation will be a repeat/follow-up to the information collected during the mid-term evaluation; adequacy of project management/oversight will be assessed; actual outputs will be measured against planned outputs; and user satisfaction will be assessed (for example).

- the attainment of the Project purpose will be reflected in the quality of strategies and project documents developed in the LAC Bureau during the period of this Project, and by evaluations of Project achievement. The attainment of the subsidiary purposes will be determined by the percentage increase of the portfolio devoted to activities in health management, health financing, and nutrition; and in the quality, timeliness, and responsiveness of new programs developed by the LAC Bureau in dealing with new developments and problems impacting upon the health and nutrition sectors in the LAC Region.

- achievement of the Project goal will be assessed through the monitoring/tracking system established for each of the components. Relevant data related to health and nutritional status as well as infant and child morbidity and mortality information will be reviewed to assess whether specific targets set in the logical framework matrix have been achieved.

D. Audit:

In addition to an mid-term and final evaluation, Project funds will be used to finance a Non-federal Audit of the contractors, if required, near the end of the second year of the Project. Recommendations from both the mid-term evaluation and the audit will be incorporated into readjustments, as appropriate, for the final two years of Project implementation.

VII. Implementation Plan/Contracting Plan

Activity	Date
FY 1989	
Project Authorization	June 2, 1989
Vitamin A PIO/T to Contracts for Buy-in	June 30, 1989
AUPHA Coop. Agreement PIO/T to Contracts	June 30, 1989
Child Survival Fellow PIO/T to Contracts	June 30, 1989
AIDS PIO/T to Contracts for Buy-in	June 30, 1989
Narcotics Awareness PIO/T to Contracts for Buy-in	June 30, 1989
AUPHA Coop. Agreement signed	July 30, 1989
FY 90	
PIO/T submitted to Contracts for "Core Contract" RFP	October 30, 1989
RFP prepared	November 30, 1989
Notification sent to CBD	December 15, 1989
Opening date of "Core Contract" RFP competition	January 30, 1989
Closing date of RFP - Proposals received	February 21, 1990
"Core Contract" proposals reviewed	Feb 21-March 9, 1990
"Core Contractor" selected	April 6, 1990
"Core Contract" signed	May 4, 1990
Cable to Missions announcing Contractor selection	May 11, 1990
Contractor begins work	June 15, 1989
First Year Work Plans due (Oct'90 - Sept'91)	August 30, 1990
FY 91	
Second Year Work Plans due (Oct'91 - Sept'92)	August 30, 1991
FY 92	
Mid-project Audit/Evaluation completed	October 1992
Third Year Work Plans due (Oct'92 - Sept'93)	August 30, 1992
CY 1993	
Fourth Year Work Plans due (Oct'93 - Sept'94)	August 30, 1993
Final Evaluation completed	September 1994
PACD	September 1994

The primary procurement actions planned for this Project are for technical assistance under a long-term competitively bid contract. Refer to Section IV. for details of Contractual and Funding Arrangements. Gray Amendment firms are encouraged to participate in the bidding process.

Exhibit 13

Core Contract Administrative Costs

Technical Team:

- Project Director (48 pms) 4 yrs @ $150,000/yr.	=	$600,000
- Health Mgmt. Advisor (48 pms) 4 yrs @ $150,000/yr.	=	600,000
- Health Care Financing Advisor (48 pms) 4 yrs @ $150,000/yr	=	600,000
- Nutrition Advisor (48 pms) 4 yrs @ $150,000/yr.	=	600,000

Support Staff

- Admin. Asst./Recruitment Officer (48 pms) 4 yrs @ $75,000/yr.	=	300,000
- Part time Resource Materials Asst. (24 pms) 24 pms @ $10,000/mon	=	240,000
- Secretaries (96 pms) 8 yrs @ $50,000/yr	=	400,000
Office Space, Telephone, Equipment, Supplies, Misc. 4 yrs @ $152,500/yr.	=	610,000
	Total	$3,950,000*

* - These costs include salary, travel, per diem, overhead, G & A, and contingency. Yearly estimated costs provided by SER/OP/OS/LAC.

5682T

Exhibit 13

COMPONENT I (a) - CORE CONTRACT

HEALTH MGMT BUDGET

($000s)

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			75			90			90			90	
Evaluation			45			45			75			75	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	40	40	40										
Regional Strategy													
Mission/Country Strategies				30		30			30				
Sector Assessments													
Child Survival/Nutrition Comp. Reviews													
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			100						130			130	
Special Studies/C.C. Evaluations				105	105		65	105					
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	30												
Tracking System	15		30	15	15	30	15		35			20	
Output Indicators			15			15			15			15	
Information Packets (long term)													
(d) WORKSHOPS													
Regional				60						60			
Sub-Regional			60			60			60				
Other (National)													
Subtotal	85	40	365	210	120	270	80	105	435	60	0	330	

LAC = Regional Funds
CA = Regional Funds
M - Mission Buy-Ins

LAC Regional = $435
CA Regional = 265
Both = $700

Mission = $1,400

Exhibit 13

COMPONENT II - CORE CONTRACT

HEALTH CARE FINANCING BUDGET

($000s)

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			225			450			450			225	
Evaluation			45			45			105			105	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	50	25											
Regional Strategy													
Mission/Country Strategies			60			150			75				
Sector Assessments			120			180			60				
Child Survival/Nutrition Comp. Reviews													
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			190			175			175				
Special Studies/C.C. Evaluations					100		130						
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design													
Tracking System			60			60			30			15	
Output Indicators			15			15			15			15	
Information Packets (Long term)													
(d) WORKSHOPS													
Regional				95						95			
Sub-Regional					70		35						
Other (National)			60			60			45			30	
Subtotal	50	25	775	95	170	1,135	200		955	95	0	390	

LAC = Regional Funds
CA = Regional Funds
M = Mission Buy-Ins

LAC Regional = $440 Mission = $3,255
CA Regional = 195
Both = $635 TOTAL = $3,890

LAC/DR/HN:2/28/89:56791:p.1

Exhibit 13

COMPONENT III - CORE CONTRACT

NUTRITION BUDGET

($000s)

YEAR	1			2			3			4			*
FUNDING SOURCE	LAC	CA	M	LAC	CA	M	LAC	CA	M	LAC	CA	M	
TA FOR PROJECT DESIGN, MONITORING, AND EVALUATION													
Project, PID and PP Support			60			90			90			60	
Evaluation			30			60			90			90	
ACTIVITIES													
(a) STRATEGY DEVELOPMENT													
Strategy Analysis/Studies	30			30									
Regional Strategy													
Mission/Country Strategies	30		45	30		60			75			30	
Sector Assessments	30	15	60	30		90	30		120			60	
Child Survival/Nutrition Comp. Reviews	30		60			60			60			90	
(b) OPERATIONS RESEARCH, SPECIAL STUDIES and CROSS CUTTING EVALUATIONS													
Operations Research			190			190			190			90	
Special Studies/C.C. Evaluations	15	15	115	115		230			115				
(c) MONITORING, TRACKING, & INFORMATION EXCHANGE													
Data Base Design	15												
Tracking System	15	15	15	30			15			15			
Output Indicators													
Information Packets (Long term)													
(d) WORKSHOPS													
Regional	90												
Sub-Regional				50				70					
Other (National)			90			120			160			45	
Subtotal	255	45	665	285	0	900	45	70	900	15	0	465	

LAC = Regional Funds
CA = Regional Funds
M - Mission Buy-Ins

LAC Regional = $600
CA Regional = 115
Both = $715

Mission - $2,930

Exhibit 13
Component I (b)

AUPHA
Cooperative Agreement Budget

(Illustrative)

	Year 1 '89-'91	Year 2 '91-'92	Year 3 '92-'93	Year 4 '93-'94	Total
1. LAC/CA Regional Funds (Elements)					
a) Technical Assistance to LAC Missions	25,000	35,000	35,000	37,500	132,500
b) Continuation of Education Program Development	--	267,500	300,000	300,000	867,500
Subtotal	25,000	302,500	335,000	337,500	1,000,000
Contingency	12,500	12,500	12,500	12,500	50,000
Subtotal (1)	37,500	315,000	347,500	350,000	1,050,000
2. LAC Mission Buy-in (est.)					
a) Management Training Needs Assessment (4 countries @ $40,000)	40,000	40,000	40,000	40,000	
b) Middle Management Training (3 countries @ $100,000)	100,000	100,000	100,0000		
c) Institutional Development (3 countries @ $80,000)	80,000	80,000	80,000		
Subtotal (2)	220,000	220,000	220,000	40,000	
Grand Total (1+2)	257,500	535,000	567,500	390,000	

LAC/CA Regional Funds	=	$1,000,000
Contingency	=	$50,000
Mission Buy-ins (est.)	=	$700,000
LOP Total	=	$1,750,000

Element a). TECHNICAL ASSISTANCE TO LAC MISSIONS

	Year 1 '89-'91	Year 2 '91-'92	Year 3 '92-'93	Year 4 '93-'94	Total
1. Technical Assistance (short-term)					
- Assessment Country Visit (1 consultant month per year) Travel (4 pms)	8,000	10,000	10,000	11,000	39,000
- Technical Assistance (1 consultant month per year) Travel (4 pms)	8,000	10,000	10,000	11,000	39,000
Consultant fees	4,000	8,000	8,000	8,000	28,000
Subtotal (a)	20,000	28,000	28,000	30,000	106,000
Indirect Costs (25%)	5,000	7,000	7,000	7,500	26,500
Total (Element a)	25,000	35,000	35,000	37,500	132,500

Element b). CONTINUATION OF EDUCATION PROGRAM DEVELOPMENT

	YEAR 1 '89-'91	Year 2 '91-'92	Year 3 '92-'93	Year 4 '93-'94
1. Central Office				
- Salaries(Prj Dir,Prj Mgr,Sec)	0	120,000	140,000	140,000
Fringe (30%)	0	36,000	42,000	42,000
Subtotal (b.1.)	0	156,000	182,000	182,000
2. Seminars and Workshops	0	15,000	15,000	15,000
- Information Network				
Publications	0	10,000	10,000	10,000
Technical Assistance (1 person mon/yr) (4 pms)	0	10,000	10,000	10,000
Fellowships Study Visits (2/year)	0	15,000	15,000	15,000
- Supplies and Logistics	0	8,000	8,000	8,000
Subtotal (b.2.)	0	58,000	58,000	58,000
Subtotal (b.1+2)	0	214,000	240,000	240,000
Indirect Costs (25%)	0	53,500	60,000	60,000
Total (Element b)	0	267,500	300,000	300,000

5750T

Exhibit 13
Component IV
Special Concerns
Budget by Funding Source
($000s)

	H.		C.S.		AIDS	ARDN	Total	
	LAC	CA	LAC	CA	LAC	LAC	LAC	CA
Year 1	154	36	111	74	100	200	565	110
Year 2	179	60	102	68	100	200	581	128
Year 3	149	34	102	68	150	0	401	102
Year 4	149	34	102	68	200	0	451	102
	631	164	417	278	550	400	1,998	442

Grand Total = $2,440,000

Component IV
Special Concerns
Summary Budget
($000s)

	H.	C.S.	AIDS	ARDN	Total
Year 1	190	185	100	200	675
Year 2	239	170	100	200	709
Year 3	183	170	150	0	503
Year 4	183	170	200	0	553
	795	695	550	400	2,440

Grand Total = $2,440,000

5680T

SUMMARY

Exhibit 14

Project Costs

(By Input and Funding Source)

($000s)

INPUTS	LAC Regional H	LAC Regional CS	LAC Regional AIDS	LAC Regional ARDN	LAC Reg. TOTAL	CA Regional H	CA Regional CS	CA Reg. TOTAL	LAC/CA Regional TOTAL	Mission Buy-ins H/CS
1. Core Contract*	1,580	790	--	--	2,370	1,053	527	1,580	3,950	7,585
a. Management	392	43			435	239	26	265	700	1,400
b. Finance	396	44			440	175	20	195	635	3,255
c. Nutrition	--	600			600	--	115	115	715	2,930
Contingency 5%	300				300				300	
2. AUPHA Cooperative Agreement (Including Mission Buy-ins)	600				600	400		400	1,000	700
Contingency 5%	50				50				50	
3. TAG	10				10				10	
4. Special Concerns	631	417	550	400	1,998	164	278	442	2,440	
5. Evaluations and	125	--	--	--	125	--	--	--	125	
Audit of Project	75				75				75	
TOTALS	4,159	1,894	550	400	7,003	2,031	966	2,997	10,000	8,285

Grand Total = $18,285,000

* For the Core Contract (long term professionals and admin. support): 60% of resources are assigned to LAC Regional & 40% to CA Regional Funds. The split between H & CS is 2/3 to 1/3 for the core contract, the management & finance elements are split 90% and 10%, and nutrition is 100% Child Survival Funds.

5681T

YEAR 1

SUMMARY

Exhibit 14

Project Costs
(By Input and Funding Source)
($000s)

INPUTS	LAC Regional H	LAC Regional CS	LAC Regional AIDS	LAC Regional ARDN	LAC Total	CA Regional H	CA Regional CS	CA Total
1. Core Contract*	395	198	--	--	593	263	132	395
a. Management	77	8			85	36	4	40
b. Finance	45	5			50	22	3	25
c. Nutrition	--	255			255	--	45	45
Contingency	75				75			
2. AUPHA Cooperative Agreement	15				15	10		10
Contingency	12.5				12.5			
3. TAG	2.5				2.5			
4. Special Concerns	154	111	100	200	565	36	74	110
5. Evaluations and Audit of Project		--	--	--	0	--	--	0
TOTALS	776	577	100	200	1,653	367	258	625

Grand Total = $2,278,000

* For the Core Contract (long term professionals and admin. support): 60% of resources are assigned to LAC Regional & 40% to CA Regional Funds. The split between H & CS is 2/3 to 1/3 for the core contract, the management & finance elements are split 90% and 10%, and nutrition is 100% Child Survival Funds.

YEAR 2

SUMMARY
Exhibit 14

Project Costs
(By Input and Funding Source)
($000s)

INPUTS	LAC Regional H	LAC Regional CS	LAC Regional AIDS	LAC Regional ARDN	LAC Total	CA Regional H	CA Regional CS	CA Total
1. Core Contract*	395	198	--	--	593	263	132	395
a. Management	189	21			210	108	12	120
b. Finance	86	9			95	153	17	170
c. Nutrition	--	285			285	--	0	0
Contingency	75				75			
2. AUPHA Cooperative Agreement	181.5	--			181.5	121	--	121
Contingency	12.5				12.5			
3. TAG	2.5				2.5			
4. Special Concerns	179	102	100	200	581	60	68	128
5. Evaluations and	75				75			
Audit of Project	75				75			
TOTALS	1,270.5	615	100	200	2,185.5	705	229	934

Grand Total = $3,119,500

* For the Core Contract (long term professionals and admin. support): 60% of resources are assigned to LAC Regional & 40% to CA Regional Funds. The split between H & CS is 2/3 to 1/3 for the core contract, the management & finance elements are split 90% and 10%, and nutrition is 100% Child Survival Funds.

5685T

YEAR 3

SUMMARY

Exhibit 14

Project Costs
(By Input and Funding Source)
($000s)

INPUTS	LAC Regional H	LAC Regional CS	LAC Regional AIDS	LAC Regional ARDN	LAC Total	CA Regional H	CA Regional CS	CA Total
1. Core Contract*	395	197	--	--	592	263	132	395
a. Management	72	8			80	95	10	105
b. Finance	180	20			200	0	0	0
c. Nutrition	--	45			45	--	70	70
Contingency	75				75			
2. AUPHA Cooperative Agreement	201	--			201	134	--	134
Contingency	12.5				12.5			
3. TAG	2.5				2.5			
4. Special Concerns	149	102	150	0	401	34	68	102
5. Evaluations and Audit of Project								
TOTALS	1,087	372	150	0	1,609	526	280	806

Grand Total = $2,415,000

* For the Core Contract (long term professionals and admin. support): 60% of resources are assigned to LAC Regional & 40% to CA Regional Funds. The split between H & CS is 2/3 to 1/3 for the core contract, the management & finance elements are split 90% and 10%, and nutrition is 100% Child Survival Funds.

YEAR 4

SUMMARY

Exhibit 14

Project Costs

(By Input and Funding Source)

($000s)

INPUTS	LAC Regional H	LAC Regional CS	LAC Regional AIDS	LAC Regional ARDN	LAC Total	CA Regional H	CA Regional CS	CA Total
1. Core Contract*	395	197	--	--	592	263	132	395
a. Management	54	6			60	0	0	0
b. Finance	86	9			95	0	0	0
c. Nutrition	--	15			15	--	0	0
Contingency	75				75			
2. AUPHA Cooperative Agreement	202.5	--			202.5	135	--	135
Contingency	12.5				12.5			
3. TAG	2.5				2.5			
4. Special Concerns	149	102	200	0	451	34	68	102
5. Evaluations and Audit of Project	50	--	--	--	50	--	--	
TOTALS	1,026.5	329	200	0	1,555.5	432	200	632

Grand Total = $2,187,500

* For the Core Contract (long term professionals and admin. support): 60% of resources are assigned to LAC Regional & 40% to CA Regional Funds. The split between H & CS is 2/3 to 1/3 for the core contract, the management & finance elements are split 90% and 10%, and nutrition is 100% Child Survival Funds.

5688T

Exhibit 15
PROJECT EXPENDITURES
BY INPUT AND YEAR

INPUT	YEAR 1 LAC	CA	Total	Year 2 LAC	CA	Total	Year 3 LAC	CA	Total	Year 4 LAC	CA	Total	LAC/CA Total	Mission Buy-in Total
1. Core Contract													6,300	
° Long-term professionals and admin support	593	395	988	593	395	988	592	395	987	592	395	987	3,950	
° Short-term consultants and activities														
a) Management	85	40	125	210	120	330	80	105	185	60	0	60	700	1,400
b) Finance	50	25	75	95	170	265	200	0	200	95	0	95	635	3,255
c) Nutrition	255	45	300	285	0	285	45	70	115	15	0	15	715	2,930
Contingency 5%	75		75	75		75	75		75	75		75	300	
2. AUPHA Cooperative Agreement	15	10	25	181.5	121	302.5	201	134	335	202.5	135	337.5	1,000	700
Contingency 5%	12.5		12.5	12.5		12.5	12.5		12.5	12.5		12.5	50	
3. Special Concerns	565	110	675	581	128	709	401	102	503	451	102	553	2,440	
4. Evaluation and and Audit of Project				75 75		75 75				50		50	125 75	
5. TAG	2.5	0	2.5	2.5	0	2.5	2.5	0	2.5	2.5	0	2.5	10	
TOTAL	1,653	625	2,278	2,185.5	934	3,119.5	1,609	806	2,415	1,555.5	632	2,187.5	10,000	8,285

5693T

EXHIBIT 16
PROJECT OBLIGATION SCHEDULE
By Fiscal Year

		FY Year 1 Proposed OYB FY89	Year 2 Proposed FY90	Year 3 Proposed FY91	Year 4 Proposed FY92	Total
LAC -	HE	893	1,050	1,686	530	$4,159
	CS	57	943	894	0	1,894
CA -	HE	500	1,000	531	0	2,031
	CS	38	812	116	0	966
AIDS		100	100	150	200	550
ARDN		200	200	--	--	400
		$1,788	$4,105	$3,377	$730	$10,000

5990T

Annex A

SCOPES OF WORK
CORE CONTRACTOR & CHILD SURVIVAL FELLOW

SCOPES OF WORK: CORE CONTRACT

Administrative Support

1. Project Director (Information Systems Specialist/Operations Research Advisor).

The Project Director will coordinate all "Core Contract" activities, carry out all administrative and financial responsibilities, and serve as the focal point of contact with the A.I.D. Project Manager.

° Duties

- Coordinate and supervise the overall provision of technical services (the activities of the three long-term technical advisors) assuring implementation plans are prepared, revised, and carried out; backstop the technical advisors, as required.

- Serve as principal point of contact between the technical team and A.I.D.

- Review the team members' scopes of work and periodic work plans with them and the A.I.D. Project Manager to assure the appropriateness, and feasibility of the work plans especially with regards to LAC Mission needs and requests as well as Project objectives.

- Prepare regular reports (as specified in the RFP) for A.I.D. on implementation progress and problems.

- Identify short term consultant needs and formulate scopes of work for them.

- Coordinate and manage all monitoring, tracking, and evaluation activities; backstop the efforts of the three long-term technical advisors to develop Missions' monitoring/tracking systems and review of priority data requirements.

- Serve as operations research technical specialist for the technical team and assist with development of OR and special studies protocols for the Missions.

- Review and assist with development of the three Regional Development Strategies (Health Care Financing, Management and Nutrition).

- Develop a system for periodic exchange of information concerning activities in the three priority areas with the LAC Missions (this will be done with assistance of the resource materials assistant), prepare semi-annual information packets for each utilizing input from the three long-term advisors, and be responsible for distribution of these packets to LAC Missions.

- Assist with development and implementation of regional, sub-regional, and national workshops.

° Duration - 48 person months

° Qualifications

a) PHD in social science/Dr Ph in public health and/or senior level project management experience in health.

b) Proven skills in management, team work, leadership and supervision.

c) Overseas experience in health development project implementation; at least five years experience with A.I.D. health projects, preferably in the LAC Region.

d) Strong working knowledge and technical skills in research (particularly operations research), data bases, information systems, and evaluation.

e) Fluent written and spoken English and Spanish (S-3/R-3 in Spanish).

2. Administrative Assistant/Recruitment Officer

The Administrative Assistant/Recruitment Officer will assist the Project Director and the three long-term technical advisors with all administrative and financial responsibilities, and coordinate identification, and recruitment of all short-term consultants.

° Duties

- Assist the Project Director and three long-term technical advisors with administrative and financial responsibilities.

- Coordinate identification and recruitment of all short-term consultants; maintain up-to-date roster of technical consultants.

- Support the Project Director, as required.

° Duration - 48 person months

° Qualifications

a) Undergraduate degree in social science or health-related field.

b) Proven administrative and financial management skills; good organizational experience.

c) At least 3 years experience as administrative assistant, familiarity with A.I.D. procedures highly desirable.

d) Spanish language skills desirable.

Technical Advisors

Overall Responsibilities:

PROVIDE technical guidance to the LAC Bureau and LAC field missions on the subjects of health care financing, health management, and nutrition; proactively assist LAC Bureau and Missions in defining needs and targeting of opportunities for activities and policy dialog.

DEVELOP an on-going dialog with field and Bureau officers regarding these three priority areas (including Mission and Bureau HPN, ECON, and Program staff).

REASSESS needs continuously to assure that each component is providing appropriate resources for the target audiences (LAC Missions and host governments).

MANAGE contract resources for timely, cost-effective, and appropriate provision of outputs.

IDENTIFY and evaluate on an on-going basis consultants appropriate for technical tasks; assist Missions in identifying appropriate tasks and resources to fulfill Mission identified needs; resources include those external (S&T projects, IQC's, Universities, multilateral organizations), as well as internal, to this contract.

ASSIST Missions in identifying and developing operations research opportunities in the field; manage, design, and implement OR activities on a buy-in basis.

IDENTIFY and develop special studies in consultation with Technical Advisory Group. Sub-contract and manage sub-contracts for these studies.

INTERACT with colleagues and review literature in the three priority areas of interest in order to serve as a vehicle for LAC Bureau and Missions to have access to and be informed about relevant topics including policy implications and development of new methodologies.

INFORM LAC Bureau and Mission of appropriate policies and activities of other major donors/lenders (ie. World Bank, IDB, PAHO, UNICEF).

1. Health Management and Administrative Advisor

The health management and administrative advisor will be responsible for technical management of all Core Contract health management component resources and activities.

° Duties

- Develop Year-One Work Plan of proposed Health Management component activities and LAC Region travel schedule for A.I.D. review.

- Begin development of the LAC Regional Management and Administration Strategy; design and manage the implementation of background analyses/studies and reviews for the regional strategy development.

- Undertake a regional assessment of health management and administrative problems and status, on a country-by-country basis, and identify and assist selected Missions in developing a country-level plan for policy dialogue, relevant activities and/or research/studies.

- Assist Missions with identification and development of operations research opportunities (in collaboration with the Project Director) in the field; manage the design and implementation of this research.

- Identify and develop special studies and cross cutting evaluations in consultation with the technical advisory group; sub-contract and manage these studies and evaluations.

- Assist the Project Director with the design and maintenance of health management indicators in the monitoring/tracking system available to the LAC Region.

- Assist the Project Director with development of a format and a mailing list, identification of appropriate topics and collection of relevant materials for preparation of the Health Management and Administration bi-annual information packets to be distributed to the LAC Missions.

- Organize and implement the regional Health Management and Administration workshops; organize and implement the sub-regional and national workshops in consultation with the LAC Missions.

- Interact with colleagues and review the literature in Health Management and Administration areas of interest in order to serve as a vehicle for LAC Bureau and Missions to have access to and be informed about Health Management and Administration topics including policy implications and development of new methodologies.

- Collaborate with the Association of Universities in Public Health (AUPHA) in order to avoid duplication in the areas of Health Administration Education and Training.

° Duration - 48 person months

° Qualifications

a) Ph.D. in Health Planning or Administration, or other appropriate degree (such as Dr.Ph. or MBA).

b) At least five years experience in health care management programs; preference will be given for experience in the LAC Region.

c) Familiarity with A.I.D. procedures and programs highly desired.

d) Fluency in English and Spanish required (S-3/R-3 in Spanish).

2. Health Care Financing Advisor

The health care financing advisor will be responsible for technical management of all Core Contract health care financing component resources and activities.

° Duties

- Develop Year-One Work Plan of proposed Health Care Financing component activities and LAC Region travel schedule for A.I.D. review.

- Begin development of the LAC Regional Health Care Financing Strategy; design and manage the implementation of background analyses/studies and reviews for the regional strategy development.

- Undertake a regional assessment of health care financing problems and status, on a country-by-country basis, and identify and assist selected Missions in developing a country-level plan for policy dialogue, relevant activities and/or research/studies.

- Assist Missions with identification and development of operations research opportunities (in collaboration with the Project Director) in the field; manage the design and implementation of this research.

- Identify and develop special studies and cross cutting evaluations in consultation with the technical advisory group; sub-contract and manage these studies and evaluations.

- Assist the Project Director with the design and maintenance of health care financing indicators in the monitoring/tracking system available to the LAC Region.

- Assist the Project Director with development of a format and a mailing list, identification of appropriate topics and collection of relevant materials for preparation of the Health Care Financing bi-annual information packets to be distributed to the LAC Missions.

- Organize and implement the regional Health Care Financing workshops; organize and implement the sub-regional and national workshops in consultation with the LAC Missions.

- Interact with colleagues and review the literature in Health Care Financing areas of interest in order to serve as a vehicle for LAC Bureau and Missions to have access to and be informed about Health Care Financing topics, including policy implications and development of new methodologies.

° Duration - 48 person months

° Qualifications

a) Ph.D. in Health Care Financing, Health Economics, or other appropriate degree (such as Dr.Ph. or MBA)

b) At least five years experience in health care financing programs; preference will be given for experience in the LAC Region.

c) Familiarity with A.I.D. procedures and programs highly desired.

d) Fluency in English and Spanish required (S-3/R-3 in Spanish).

3. Nutrition Planning Advisor

The nutrition planning advisor will be responsible for technical management of all Core Contract nutrition component resources and activities.

° Duties

- Develop Year-One Work Plan of proposed Nutrition component activities and LAC Region travel schedule for A.I.D. review.

- Revise and complete the LAC Regional Nutrition Strategy; design and manage the implementation of background analyses/studies and reviews for the regional strategy development.

- Undertake a regional assessment of nutrition problems and status, on a country-by-country basis, and identify and assist selected Missions in developing a country-level plan for policy dialogue, relevant activities and/or research/studies.

- Assist Missions with identification and development of operations research opportunities (in collaboration with the Project Director) in the field; manage the design and implementation of this research.

- Identify and develop special studies and cross cutting evaluations in consultation with the technical advisory group; sub-contract and manage these studies and evaluations.

- Assist the Project Director with the update and maintenance of nutrition indicators in the monitoring/tracking system available to the LAC Region.

- Assist the Project Director with development of a format and a mailing list, identification of appropriate topics and collection of relevant materials for preparation of the Nutrition bi-annual information packet to be distributed to the LAC Missions.

- Organize and implement the regional Nutrition workshops; organize and implement the sub-regional and national workshops in consultation with the LAC Missions.

- Interact with colleagues and review the literature in nutrition/consumption areas of interest in order to serve as a vehicle for LAC Bureau and Missions to have access to and be informed about nutrition/consumption topics, including policy implications and development of new methodologies.

° Duration - 48 person months

° Qualifications

a) Ph.D. in International Nutrition, Nutrition Planning, or other appropriate degree (such as Dr.Ph.)

b) At least five years experience in international nutrition/food programs; preference will be given for experience in the LAC Region.

c) Familiarity with A.I.D. procedures and programs highly desired.

d) Fluency in English and Spanish required (S-3/R-3 in Spanish).

5828T

1989 CHILD SURVIVAL FELLOW
SCOPE OF WORK

OBJECTIVES: The Child Survival Fellow (CSF) assigned to the LAC Bureau will serve in a general advisory capacity and will be responsible for providing technical support for Child Survival initiatives funded by LAC Missions and AID Representatives, as well as, the LAC and CA Regional Accounts. The purpose of locating the CSF in LAC/DR/HN is to provide a consistent framework for ensuring CS program quality and to provide cross-fertilization of ideas across the region. In particular, the CSF under this SOW is to provide special skills in the areas of integration of birth spacing into CS programs and CS program monitoring and evaluation.

This assignment will provide the opportunity for a mid-career professional with extensive experience in a limited number of countries or CS interventions to develop skills and gain experience which cover a regional, multiple intervention approach to improvement of child survival indicators. The two year position will offer the self-motivated Fellow the opportunity to hone and develop analytical and technical skills to the senior expert level.

SCOPE OF WORK: The CSF will report directly to a LAC/DR/HN Supervisor. The CSF SOW will emphasize those LAC countries designated by A.I.D. as Child Survival Emphasis Countries (Bolivia, Peru, Ecuador, Haiti, Honduras, and Guatemala), as well as El Salvador, and the Dominican Republic. The SOW will require a maximum of fifty per cent of the work year to be spent in travel assisting Missions in the field. At least fifty per cent of the Fellow's time will be in LAC/DR/HN working on regional and central projects. All tasks will be within the General Duties described below. However, as the CSF is also to serve as a short-term resource that can be quickly deployed as needs are identified, specific tasks will be negotiated by the CSF and the LAC/DR/HN supervisor for each three month period of the two year assignment.

The CSF will at no time during the assignment provide other than technical assistance; no requirements will be made for managerial or administrative support of the LAC health/child survival portfolio or for performance of general backstopping duties as assigned to Health Development Officers in A.I.D. The CSF may be required to represent the LAC Bureau on technical issues in internal and external fora, but will not be involved in Agency or Bureau policy development or portfolio management.

General Duties:

1. Serve as an advisor and technical authority and provide technical guidance on the planning, monitoring, implementation, and evaluation of Child Survival Programs and the implementation of Child Survival Strategies in LAC countries. This includes regular review of Mission and regional progress in meeting Child Survival targets; consultation with Mission and LAC/DR/HN staff on progress and impediments; and provision of technical assistance for program technical improvement and/or identification of other technical resources as needed.

2. Provide technical guidance to LAC/DR/HN and LAC Missions regarding Child Survival in the development and review of CDSSs, Action Plans, and CS related plans and strategies (i.e., food assistance).

3. Assist LAC/DR/HN in developing required CS related technical documentation such as Child Survival reporting documents, CS related scopes of work for regional consultants, and regional strategies.

4. Assist LAC Missions with PID development, and technical review for CS Projects. In particular, serve a) as a resource in appropriate development of project evaluation and monitoring plans, and b) to promote birth spacing as an integral CS intervention.

5. Provide technical guidance to LAC/DR/HN, LAC Missions, and host countries in the evaluation of the implementation of CS projects in LAC. Advise Missions on and facilitate Tier II evaluations. Provide assistance to Missions in the development of a conceptual framework for the monitoring and evaluation of LAC's CS programs.

6. Assist in the cross-fertilization/information exchange to LAC Missions in relation to CS efforts in the Region, including PVO and other Agency efforts. In reporting as required below, the CSF should include examples of lessons or experiences that have been adapted from one area in the region to other areas as a result of this cross-fertilization role of the CSF.

7. Develop and maintain liaison with A.I.D. staff and contractor resources involved in CS. As availability in Washington permits, attend all CS technical meetings with A.I.D. and contractor staff related to countries emphasized under this SOW. In particular, the CSF will maintain liaison, in collaboration with LAC/DR/HN responsible officer, with the following projects: LAC: Health Technical Services Support Project and Accelerated Immunization Project; ST/Health: PRITECH, REACH, PRICOR, Maternal and Neonatal Health and Nutrition Project, ISTI Health Information Systems Project, Demographic and Health Surveys Project; ST/Nutrition: Vitamin A Support Project; Surveys and Surveillance Project; S&T/Pop: _____; and others as designated by the CSF Supervisor.

8. Maintain liaison with FVA food assistance and PVO programs in relation to emphasis country programs.

Initial Specific Duties:

1. Review Agency mandates, goals, annual budgets, and progress worldwide in CS.

2. Gain familiarity with Agency resources in CS. In addition, develop for regional field and LAC/DR/HN use, an annotated list of Agency-wide resources useful in the areas of a) CS program and project monitoring and evaluation, and b) integration of birth spacing into CS programs.

3. Work with designated LAC/DR/HN Officer to develop regional strategy for assuring integration of birth spacing into CS activities, drawing upon S&T/Health and S&T/Pop resources as needed, developing a coalition of resources to fill gaps for the region where possible, and negotiating with Missions for inclusion of birth spacing activities in CS programs as appropriate.

4. Develop with Missions travel schedule for initial visits to Missions. Purpose of visit is orientation to Mission programs and to review progress made in CS within the national and regional contexts. An overview of assistance to be provided for each country should be developed with each Mission as a guideline for activities throughout the year.

5. Assess and acquire appropriate A.I.D. hardware specific ADP skills, including WANG wordprocessing and microcomputer skills as needed.

6. Additional duties will be developed in consultation with the CSF supervisor. Progress will be reviewed and additional tasks negotiated on a quarterly basis.

Reporting:

The CSF will submit to the LAC/DR/HN Supervisor, in writing, a report every three months of the assignment. These reports will provide details on completed, ongoing and proposed future CSF activities and will include CS information pertaining to the duties of the CSF of regional interest. The CSF will circulate this report to LAC/DR/HN, LAC Missions, and the CS Task Force. These reports will be due no later than ten days after the beginning of the subsequent quarter.

Qualifications: In addition to those qualifications identified by the Fellows Program, the LAC/DR/HN CSF must:

1. Be FSI tested at the 3/3 level in Spanish;

2. Have completed a Ph.D., Dr. P.H. or possess commensurate experience;

3. In addition to 2, above, have at least three years professional experience in the field, preferably in Latin America;

3. Be self-motivated and adequately skilled as to require only limited supervision (due to requirement to spend up to 50% of year in the field);

4. Have a strong background in birth spacing/maternal health;

5. Possess a Security Clearance which will enable the CSF to have access to the Department of State and classified materials; and

6. Obtain a full medical clearance, including the ability for temporary duty, without medical restriction, in La Paz, Bolivia (high altitude).

Other Requirements: All A.I.D. funded travel to LAC Missions must be formally cleared by the Supervisor, LAC/DR/HN or her designate, and by the relevant Mission before such travel commences.

Annex B

LAC MISSION ESTIMATES OF TECHNICAL SUPPORT NEEDS

Annex B: LAC Missions Estimates of Technical Support Needs

TOTAL PERSON MONTHS ESTIMATED BY 10 RESPONDING MISSIONS

	Regional	Mission	Combined	Total
Management	23	18	22	63
Finance	30	12	41	53
Nutrition	24	14	12	50
Evaluations	17	11	12	40
Tracking	14	8	9	31
TOTALS	108	63	96	237

Interpreting Data for Project Estimates

For the purpose of estimating likely demand, these mission estimates are reinterpreted based on the following assumptions:

1) The two missions which did not respond would respond as average: therefore totals should be increased by 17%.

2) Current project design does not anticipate all short-term consultants for bilateral mission demands to be supported by regional funds. However some of the mission demand can be met by long-term core contract technical assistance. We therefore estimate that half of the total available person months estimated for regional funding would be provided by the long-term consultants under the core contract and the rest would be funded by mission "buy-ins". and LAC/CA Regional funds.

3) Based on the experience of REACH and PRITECH, initial estimates are extremely low compared to actual demand. We therefore doubled the estimates in figuring ceiling requirements for technical support.

Interpreted Estimates (Based on above assumptions)

TOTAL PERSON MONTHS

	Regional	Mission	Combined	Total
Management	27	69	30	126
Finance	35	63	26	124
Nutrition	28	61	28	117
Evaluations	20	46	27	93
Tracking	16	35	21	72
TOTALS	126	274	132	532

This estimate probably over estimates the time available by the long-term technical support (16 person/years available would mean that each consultant would spend almost 9 months a year responding to mission requests which is unrealistic since probably half their time would be needed for Bureau demands).

If we estimate that 58 person months of long-term technical assistance can be allocated to the missions from regional funds then total short-term demand that would have to be met by mission "buy-ins" would be 548 person months. At an estimated $16,000 per person month (consultant salary, per diem, travel and overhead (100%)) the total short-term buy in requirements can be estimated to be: $8,768,000.

PAGE 01 OF 02 STATE 213261 2584 00449Ø AID6051
ORIGIN AID-00

ORIGIN OFFICE LACR-03
INFO PPDC-01 LAOP-04 LACE-01 LASA-02 LACA-03 AALA-01 SAST-01
PPPB-02 STHE-03 HHS-09 RELO-01 /031 A; KL05

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 R

DRAFTED BY: AID/LAC/DR/HN:J KLEMENT:CBD:4602T
APPROVED BY: AID/LAC/DR:T BROWN
AID/LAC/DR/HN:P FEENEY AID/LAC/DR:G BOWERS
AID/LAC/CAR:D COHEN (INFO.) AID/LAC/SAM:C BUCK (INFO.)
AID/LAC/CEN:C COSTELLO (INFO.)
----------352744 020643Z /38

O 020633Z JUL 88 ZEX
FM SECSTATE WASHDC
TO USAID MISSIONS IN LATIN AMERICA IMMEDIATE

UNCLAS STATE 213261

AIDAC GUATEMALA FOR USAID AND ROCAP

E.O. 12356: N/A
TAGS:
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT
-- HEALTH SERVICES SUPPORT PROJECT (596-0657; 597-0027)

REF: (A) STATE 386504, DEC. 87 (B) PID FOR SUBJECT
PROJECT (W/MEMO TO ALL MISSIONS FROM J. KLEMENT MAY 1988)

1. REF (A) INFORMED MISSIONS OF PLANNED LAC/CA REGIONAL PROJECT FOR FY 1989, DESIGNED TO ASSIST MISSIONS AND AID/W PLAN PROGRAMS, AND DESIGN, MONITOR AND EVALUATE PROJECTS IN PRIORITY HEALTH SUB-SECTORS. THIS PROJECT WILL SUCCEED AND REPLACE THE LAC/CA REGIONAL HEALTH TECHNOLOGY AND TRANSFER PROJECT (596-0136; 596-0032) AUTHORIZED IN FY 1985, WHICH WILL TERMINATE IN CY 1990. OF THE FIVE ACTIVITIES WHICH CONTINUE THROUGH FY 1989 UNDER THE CURRENT PROJECT (MALARIA CONTROL, PROVISION OF ESSENTIAL DRUGS FOR CENTRAL AMERICA BOTH WITH PAHO), HEALTH SERVICES FINANCING (SUNY), MANAGEMENT TRAINING (AUPHA), AND CLINICAL TRAINING (ICPS)), WE ANTICIPATE CONTINUING MANAGEMENT TRAINING ACTIVITIES (PRIMARILY WITH AUPHA), AND THE HEALTH SERVICES FINANCING COMPONENT.

2. REF (A) REQUESTED MISSION COMMENTS CONCERNING HEALTH

PROJECT AREAS OF PRIMARY CONCERN TO MISSIONS; TYPES OF SERVICES OF PRIMARY INTEREST TO MISSION; LIKELY MISSION UTILIZATION OF SERVICES TO BE PROVIDED BY PROJECT; AND LIKELY MISSION BUY-IN LEVEL FOR PROJECT. CABLED RESPONSES FROM MISSIONS WERE GENERALLY SUPPORTIVE OF PROPOSED PROJECT.

3. PID WAS REVIEWED BY DAEC ON APRIL 14. THEREAFTER, COPY OF PID WAS SENT TO ALL MISSIONS (REF. B).

4. IN APPROVING PID ON JUNE 13, 1988, ACTING ASSISTANT ADMINISTRATOR DECIDED (INTER ALIA:

(A) PP SHOULD FOCUS ON LIMITED SET OF PRIORITY HEALTH/CHILD SURVIVAL INITIATIVES;

(B) PLANNING FOR TECHNICAL ASSISTANCE MUST BE CLOSELY COORDINATED WITH S AND T BUREAU TO ENSURE COMPLEMENTARITY AND AVOID REDUNDANCY; AND

(C) PROJECT CAN BE USED FOR VERY LIMITED IN-COUNTRY LOCAL COST ACTIVITIES (E.G., OPERATIONS RESEARCH) WHEN STRONGLY JUSTIFIED FOR PROJECT PURPOSES, I.E., WHEN SUCH

STATE 213261 2584 00449Ø AID6051
USE IS DIRECTLY RELATED TO ANY OF THE PRIORITY HEALTH/CHILD SURVIVAL INITIATIVES.

5. WORK ON PP HAS BEGUN. IN THIS EFFORT LAC/DR/HN IS BEING ASSISTED BY A TEAM OF CONSULTANTS CONSISTING OF IRWIN LEVY, FORMER SENIOR AID OFFICER, TOM BOSSERT, WHO TEACHES AT THE HARVARD SCHOOL OF PUBLIC HEALTH, AND HAS CONDUCTED A NUMBER OF SUSTAINABILITY STUDIES IN LATIN AMERICA, AND TINA SANGHVI, NUTRITIONIST AND FORMER A.I.D. PROJECT MANAGER OF PRITECH. LAC/DR/HN PROPOSES THAT PRIORITY HEALTH/CHILD SURVIVAL INITIATIVES SHOULD BE THE FOLLOWING:

(A) HEALTH CARE MANAGEMENT (INCLUDING TRAINING, H/MIS, LOGISTICS, ACCOUNTING, PERSONNEL);

(B) HEALTH CARE FINANCING (INCLUDING POLICY DIALOGUE, COST RECOVERY, EFFICIENCY, PREPAID AND PER CAPITA INSURANCE) THROUGH BOTH PUBLIC AND PRIVATE SOLUTIONS;

(C) NUTRITION (INCLUDING NUTRITION PLANNING, WEANING PRACTICES, VITAMIN A, BREASTFEEDING, AND NUTRITION SURVEILLANCE AND GROWTH MONITORING).

IN THESE THREE SUB-SECTORS, CONCERNS OF

INSTITUTIONALIZATION AND SUSTAINABILITY WILL ALSO BE ADDRESSED. WITHIN THESE SUB-SECTORS, TECHNICAL SERVICES MAY BE MADE AVAILABLE FOR ANALYSES AND STRATEGY FORMULATION; PROJECT DESIGN, MONITORING AND EVALUATION, AND OPERATIONS RESEARCH.

6. IN ADDITION, THE NEW PROJECT WOULD CONTAIN FUNDING FOR THE FOLLOWING:

(A) CROSS CUTTING EVALUATIONS OF PRIORITY ACTIVITIES WITHIN THE HEALTH SECTOR;

(B) TRACKING SYSTEMS, AND INFORMATION EXCHANGE (INCLUDING SEMINARS AND CONFERENCES) FOR ACTIVITIES WITHIN THE HEALTH SECTOR; AND

(C) NEW INITIATIVES IN THE HEALTH SECTOR, SUCH AS AIDS, COMMUNICATIONS/HEALTH EDUCATION, REFUGEES AND DISPLACED PERSONS, AND MATERNAL HEALTH (FOR EXAMPLE), WHICH MIGHT REQUIRE SPECIAL STUDIES ANALYSES OR STRATEGY FORMULATION.

7. FINALLY, THE PROJECT WOULD CONTINUE FUNDING SERVICES OF AN LAC BUREAU CHILD SURVIVAL FELLOW.

8. OUR THINKING IS TO HAVE A CORE CONTRACTOR PROVIDING LONG-TERM CONSULTANTS IN EACH OF THE THREE PRIORITY SUB-SECTORS (MINIMUM) -- 1. HEALTH CARE MANAGEMENT, 2. HEALTH CARE FINANCING, AND 3. NUTRITION, AND (POSSIBLY) FOR CARRYING OUT (4) CROSS-CUTTING EVALUATIONS AND (5) INFORMATION EXCHANGE/TRACKING SYSTEMS. MISSIONS COULD CALL ON THESE LONG-TERM CONSULTANTS FOR ASSISTANCE WITH ACTIVITIES IN ANY OF THESE FIVE AREAS. THESE CONSULTANTS WOULD BE FLUENT IN SPANISH AND WOULD PROVIDE A CONTINUITY OF SERVICES AND KNOWLEDGE OF ACTIVITIES THROUGHOUT THE REGION HERETOFORE NOT GENERALLY AVAILABLE IN CONSULTANTS TO MISSIONS.

9. BECAUSE THIS PROJECT WILL GIVE SPECIAL EMPHASES TO HEALTH CARE MANAGEMENT AND HEALTH CARE FINANCING, THE CORE CONTRACTOR WOULD ALSO BE REQUIRED TO MAINTAIN A CADRE OF SHORT-TERM CONSULTANTS WHO WILL BE AVAILABLE TO PROVIDE TECHNICAL SERVICES IN THESE AREAS. IN ADDITION, THE CORE CONTRACTOR WOULD PROVIDE SHORT TERM CONSULTANTS, AS REQUIRED, FOR ACTIVITIES IN ANY OF THE

OTHER AREAS LISTED IN PARAGRAPHS 5 AND 6, ABOVE.

10. LAC/CA REGIONAL FUNDS WILL FINANCE THE LONG TERM CONSULTANTS AND A PRE-DETERMINED LEVEL OF SHORT-TERM

CONSULTANT SERVICES. SHORT-TERM CONSULTANCIES ABOVE THE LAC/CA REGIONALLY FUNDED LEVEL WOULD BE AVAILABLE TO MISSIONS ONLY THROUGH THE BUY-IN MECHANISM. SOME LAC/CA REGIONAL FUNDS MIGHT BE RESERVED TO QUOTE BUY-IN UNQUOTE TO ANY S AND T PROJECT OFFERING SERVICES IN AREAS INCLUDED IN THIS NEW PROJECT, AND TO FUND ADDITIONAL SHORT-TERM CONSULTANTANCIES UNDER OUR CORE CONTRACT. END FYI.

11. TO DEVELOP THESE PROJECT ELEMENTS FURTHER AND TO PROVIDE AN UNDERPINNING FOR PROJECT COST LEVELS, WE REQUEST YOUR ASSISTANCE. PLEASE PROVIDE PROJECTIONS FOR THE 4 YEAR PERIOD FY 1989 THROUGH FY 1992, FOR THE FOLLOWING:

(A) ESTIMATED MISSION UTILIZATION OF TECHNICAL SERVICES UTILIZING LAC/CA REGIONAL FUNDS FROM THE PROJECT. PLEASE MAKE THESE ESTIMATES IN PERSON-MONTHS FOR EACH FISCAL YEAR, AND FOR EACH OF THE SIX AREAS LISTED IN PARAGRAPHS 5 AND 6, ABOVE 1. HEALTH CARE MANAGEMENT; 2. HEALTH CARE FINANCING; 3. NUTRITION; 4. CROSS CUTTING EVALUATIONS; 5. TRACKING SYSTEMS/INFORMATION EXCHANGE; 6. NEW INITIATIVES).

(B) IN ADDITION TO PARA (A) ABOVE, PLEASE ESTIMATE MISSION TECHNICAL ASSISTANCE REQUIREMENTS IN PERSON - MONTHS FOR EACH FISCAL YEAR AND FOR EACH OF THE SIX PRIORITY AREAS FOR WHICH THE MISSION WOULD BE WILLING TO BUY-IN. PLEASE NOTE: MISSION QUOTE BUY-INS UNQUOTE TO ANY S AND T PROJECT WILL NOTBBE INCLUDED ASPPART OF HHIS PROJECT; THEREFORE, THEY SHOULD NOT BE INCLUDED IN THE ESTIMATED FIGURE WHEN RESPOND NG TO THIS PARAGRAPH B.

12. IT IS IMPORTANT THAT RESPONSE CABLES BE SENT NO LATER THAN JULY 15. WE REGRET THE SHORT DEADLINE AT THIS BUSY TIME OF THE YEAR, BUT IT IS ESSENTIAL IF WE ARE TO GIVE FULL CONSIDERATION TO THE MISSION VIEWS IN DEVELOPING THIS PROJECT. PLEASE SLUG ALL CABLES FOR ATTENTION OF JULIE KLEMENT, LAC/DR/HN. ARMACOST

PAGE 01 BELIZE [illegible] 82[illegible]14 [illegible]

ACTION AID-00

ACTION OFFICE [illegible]-03
INFO [illegible]-02 SMST-[illegible] PS-01 STHE-03 STN-03 STPA-01
[illegible]-01 MAD-01 TRSE-[illegible] [illegible]22 AD

INFO [illegible] 00 [illegible] 203223 1821512 [illegible]

O 1[illegible] [illegible] 86
FM AMEMBASSY BELIZE
TO [illegible] STATE [illegible] IMMEDIATE 5839

UNCLAS BELIZE 3257

[illegible] ID

[illegible] HEALTH [illegible] PROPOSED BY [illegible] LAC CA REGIONAL PROJECT
HEALTH SERVICES SUPPORT PROJECT 596-0[illegible] 597-0[illegible]

REF: STATE 213261

1. PER PARA 11 REFTEL USAID BELIZE ESTIMATES THE FOLLOWING: (A) TECHNICAL SERVICES UTILIZING LAC CA FUNDS (1) HEALTH CARE MANAGEMENT: 1 PERSON MONTH BMI IN FY 8[illegible] (2) HEALTH CARE FINANCING: 4 PM IN FY89, 3) IN FY 9[illegible] (3) NO ASSISTANCE NEED PROJECTED (4) CROSS CUTTING EVALUATIONS: 1 PM IN FY 9[illegible] (5) AND (6) NO ASSISTANCE NEED PROJECTED B) FUNDED POSSIBLY BY [illegible]: (1) HEALTH CARE MANAGEMENT: 1 PERSON MONTH IN [illegible] (2) HEALTH CARE FINANCING: 2 PERSON MONTHS EACH IN FY88, FY90 AND FY91 3, 5 AND 6): NO ASSISTANCE NEED PROJECTED (4) CROSS CUTTING EVALUATIONS: 1 PM IN FY91 COONEY

RECEIVED
BY LAC/DR/HN

JUL 20 1988

Best Available Document

7:8[illegible]

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

[illegible]

REF: (A) STATE [illegible], (B) PID FOR SUBJECT PROJECT, (C) UNCLAS SECTION 01 OF 0[illegible] STATE [illegible]

1. MISSION APPRECIATES BEING KEPT INFORMED OF DEVELOPMENT OF THE SUBJECT PROJECT AND BELIEVES THAT PROJECT DESIGN IS GAINING IN FOCUS AND DIRECTION. PRIORITY FOCI SEEM MUCH CLEARER.

2. HEALTH CARE MANAGEMENT AND FINANCING AREAS WILL HAVE MOST [illegible] RELEVANCE TO RDO [illegible] SITUATION. [illegible] LIKELY USE OF THIS NEW PROJECT WOULD BE DRAWING UPON THE SERVICES OF [illegible] CONSULTANTS IN THESE PRIORITY AREAS.

3. WE ARE NOT YET ABLE TO PROVIDE ESTIMATES OF POTENTIAL DRAW ON LAC/[illegible] FUNDS FOR THESE PRIORITY AREAS OR BUY-IN POTENTIAL AS LEVEL OF MISSION ACTIVITIES IN THIS AREA IS STILL UNCERTAIN. WE WILL BE DISCUSSING THIS ISSUE IN IN GREATER DETAIL TOWARDS THE END OF THIS MONTH WHEN WE ARE VISITED BY GERRY ROSENTHAL OF THE REACH PROJECT. LAC/DR/HN WILL BE INFORMED OF THE OUTCOME OF THESE DISCUSSION AS QUICKLY AS POSSIBLE. CLARK

RECEIVED BY [illegible]

JUL 19 1988

AM PM 7,8,9,10,11,12,1,2,3,4,5,6

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 KINGST 07296 1221502 3376 012033 A 05269
ACTION AID-00

ACTION OFFICE L-00-01
INFO L-00-01 L-04-01 LAGT-01 PPR-01 GC-01 GCLA-03 ES-01
PRE-06 STHE-03 STN-03 STFA-01 RELO-01 AMAD-01 TELE-01
/033 A3

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
---------- 210556 1307122 /38

O 122034Z JUL 88
FM AMEMBASSY KINGSTON
TO SECSTATE WASHDC IMMEDIATE 4722

UNCLAS KINGSTON 07296

AIDAC

FOR LAC/DR/HN JULIE KLEMENT

E.O. 12356: N/A
SUBJECT: HEALTH PROVIDED BY LAC/CH REGIONAL
PROJECT - HEALTH SERVICES SUPPORT PROJECT

REF: STATE 213261

1. USAID KINGSTON ANTICIPATES THE NEED FOR SHORT-TERM TECHNICAL ASSISTANCE IN THE AREAS OF HEALTH CARE MANAGEMENT AND HEALTH CARE FINANCING UNDER THE HEALTH SECTOR INITIATIVES PROJECT. THIS PROJECT, PLANNED TO BEGIN IN FY89, WILL IMPROVE THE QUALITY AND EFFICIENCY OF CURRENT AND FUTURE HEALTH SERVICES DELIVERY BY INCREASING THE EFFICIENCY OF THE GOVERNMENT IN THE PROVISION OF HEALTH SERVICES, AND INCREASING THE PROPORTION OF HEALTH CARE SERVICES PROVIDED BY THE PRIVATE SECTOR. TECHNICAL ASSISTANCE WILL BE REQUIRED IN THE FOLLOWING AREAS:

A. INCREASED COST RECOVERY THROUGH USER FEES IN PUBLIC FACILITIES;

B. INCREASED HEALTH INSURANCE COVERAGE;

C. FINANCING MECHANISMS FOR THE INDIGENT;

D. IMPROVED MANAGEMENT AND RATIONALIZATION OF STAFF AND FACILITIES IN SECONDARY AND PRIMARY CARE FACILITIES;

E. PRIVATIZED SUPPORT SERVICES AND OTHER ARRANGEMENTS;

F. ASSESSMENT OF PRIVATE HEALTH CARE SECTOR; AND

G. SPECIFIC INTERVENTIONS TO UPGRADE THE CAPACITY OF THE PRIVATE SECTOR

2. PER THE ABOVE, MISSION ANTICIPATES TECHNICAL ASSISTANCE NEEDS AS FOLLOWS:

A. HEALTH CARE MANAGEMENT: 3 MONTHS TA IN FY89, 2 MONTHS TA IN EACH OF THE FOLLOWING YEARS (FY90-92).

B. HEALTH CARE FINANCING: 3 MONTHS TA IN FY89, 2 MONTHS TA IN EACH OF THE FOLLOWING YEARS (FY90-92).

3. IN THE AREA OF HEALTH CARE FINANCING, MISSION BELIEVES THE SUBSECTOR PROJECT COULD BEST BE COORDINATED WITH TECHNICAL ASSISTANCE AVAILABLE THROUGH STRENGTHENING PROJECT. [illegible] ENCOURAGED TO DIFFERENTIATE ASSISTANCE IN THE

KINGST 07296 1221502 3376 012033 A 05269
AREAS OF HEALTH CARE FINANCING NOT COVERED BY THE TWO PROJECTS SO AS TO AVOID DUPLICATION AND COMPETITION.

4. MISSION MAY REQUIRE SOME TARGETTED BUREAU FUNDED TA IN THE NUTRITION AREA. FOR EXAMPLE, THE MOH RECENTLY REQUESTED SHORT TERM TA FROM CDC FOR THEIR NUTRITION SURVEILLANCE SYSTEM.
(DRAFTED:DHNP:RCOHN APPROVED:JCOURY)
GIBSON

RECEIVED
BY LAC/DR/HN
JUL 14 1988

UNCLASSIFIED

20
112

ACTION COPY FYI

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 GUATEM 09319 202233Z 8047 098746 AID6908
ACTION AID-00

ACTION OFFICE LADR-03
INFO LACE-01 LACA-03 /007 A2 CM12

INFO LOG-00 CIAE-00 EB-00 DODE-00 / 0 /000 W
----36425 /022362 /38

P 2022322 JUL 88
FM AMEMBASSY GUATEMALA
TO SECSTATE WASHDC PRIORITY 4106

UNCLAS GUATEMALA 09219

AIDAC

ROCAP

FOR: JULIE KLEMENT, LAC DR/HN

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL
PROJECT HEALTH SERVICES SUPPORT PROJECT

1. ROCAP ESTIMATES FOR TECHNICAL ASSISTANCE NEEDS UNDER
SUBJECT PROJECT ARE AS FOLLOWS:

- A) HEALTH CARE MANAGEMENT 1989-2PM, 1990-2-3PM,
- 1991-1PM, 1992-1PM MISSION BUY-IN LIELY.

- B) HEALTH CARE FINANCING 1990-1PM.
- C) NUTRITION. 1989-2PM, 1990-2PM, 1991-2PM,
- 1992-2PM MISSION BUY-IN POSSIBLE
- D) CROSS CUTTING EVALUATIONS. NONE
- E) TRACING SYSTEMS 2PM 1989-1992
- F) NEW INITIATIVES: 2PM 1989-1992. SCHOUX ACTING.
MICHEL

RECEIVED
BY LAC/DR/HN

JUL 21 1988

All
7,8,9,10,11,12,13,14,15

113

ACTION COPY

UNCLASSIFIED

TELEGRAM

Department of State

PAGE 01 LIMA 09162 132049Z 8109 096412 AID9964
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LASA-02 SAST-01 PPCE-01 PDPR-01 PPPB-02 ES-01
STHE-03 POP-04 HHS-09 RELO-01 /032 A1 WF 1

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
266653 132250Z /60

R 132049Z JUL 88
FM AMEMBASSY LIMA
TO SECSTATE WASHDC 0050

UNCLAS LIMA 09162

AIDAC

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT--HEALTH SERVICES SUPPORT PROJECT (598-0657; 597-0027)

REF: STATE 213261

1. USAID/LIMA PROVIDES FOLLOWING ESTIMATES IN RESPONSE TO PARA 11 REFTEL. FIGURES REPRESENT PERSON MONTHS (PM) OF SHORT-TERM TECHNICAL ASSISTANCE REQUIRED.

2. UTILIZATION OF TECHNICAL SERVICES UTILIZING LAC/CA REGIONAL FUNDS:

AREA	FY 89	FY90	FY91	FY92
--HEALTH CARE MANAGEMENT	2 PM	3 PM	1 PM	1 PM
--HEALTH CARE FINANCING		1 PM		
-	1 OR 2 OPERATIONS RESEARCH STUDIES			
-				
--NUTRITION	2 PM		1 PM	
--CROSS-CUTTING EVALUATIONS				1 PM
--TRACKING SYSTEMS/INFORMATION - EXCHANGE	2 PM			
--NEW INITIATIVES			2 PM	

TOTAL LAC FUNDED ASSISTANCE EQUALS SIXTEEN PERSON MONTHS PLUS OPERATIONS RESEARCH.

3. POTENTIAL USAID/PERU BUY-INS TO LAC/CA REGIONAL PROJECTS:

AREA	FY89	FY90	FY91	FY92
--HEALTH MANAGEMENT	1 PM	2 PM		2 PM
--HEALTH CARE FINANCING	4 PM		1 PM	
--NUTRITION	1 PM	2 PM		2 PM
--CROSSCUTTING EVALUATIONS				1 PM
--TRACKING SYSTEMS/INFORMATION - EXCHANGE				
--NEW INITIATIVES	2 PM		1 PM	

POTENTIAL USAID/PERU FUNDED ASSISTANCE EQUALS NINETEEN PERSON-MONTHS.

4. IN ADDITION, USAID/PERU PROJECTS NEED FOR ASSISTANCE FROM PROJECT FUNDED CHILD SURVIVAL FELLOW TO COMPLEMENT TECHNICAL SKILLS OF USAID STAFF ON A SHORT-TERM BASIS OVER THE FOUR YEAR PERIOD. WATSON

RECEIVED BY AAC/DS/ER
JUL 19 1988
AM PM
7,8,9,10,11,12,1,2,3,4,5,6

UNCLASSIFIED

22

ACTION COPY

UNCLASSIFIED

Department of State

INCOMING TELEGRAM

PAGE 01 LA PAZ 08422 072141Z 1538 009668 AID2702 LA PAZ 08422 072141Z 1538 009668 AID
ACTION AID-00 GREENLEE

ACTION OFFICE LADR-03
INFO LADP-04 LASA-02 SAST-01 STHE-03 RELO-01 /014 A4 PH11

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /080 W
317156 080612Z /38

R 072138Z JUL 88
FM AMEMBASSY LA PAZ
TO SECSTATE WASHDC 8197

UNCLAS LA PAZ 08422

AIDAC

FOR LAC/DR/HN, JULIE KLEMENT

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT
- HEALTH SERVICES SUPPORT PROJECT (598-0657
- 597-0027)

REF: STATE 213261

1. PER PARA ELEVEN, REFTEL USAID/BOLIVIA ESTIMATES THE FOLLOWING UTILIZATION OF TA IN PERSON MONTHS UNDER SUBJECT PROJECT FOR THE FOUR YEAR PERIOD FY 1989 THROUGH FY 1992.

2. UTILIZING LAC/CA REGIONAL FUNDS USAID/BOLIVIA ESTIMATES THE FOLLOWING PERSON MONTHS FOR EACH OF THE SIX AREAS LISTED IN PARAS FIVE AND SIX, REFTEL:

- A. HEALTH CARE MANAGEMENT: FY 89 (3); FY 90 (4); FY 91 (4); FY 92 (4).
- B. HEALTH CARE FINANCING: FY 89 (2); FY 90 (4); FY 91 (4); FY 92 (4).
- C. NUTRITION: FY 89 (3); FY 90 (3); FY 91 (3); FY 92 (3).
- D. CROSS CUTTING EVALUATIONS: FY 89 (2); FY 90 (2); FY 91 (2); FY 92 (3).
- E. TRACKING SYSTEMS/INFORMATION EXCHANGE: FY 89 (3); FY 90 (3); FY 91 (3); FY 92 (3).
- F. NEW INITIATIVES: FY 89 (1); FY 90 (2); FY 91 (2); FY 92 (2).

3. USAID/BOLIVIA ESTIMATES THE FOLLOWING PERSON MONTHS FOR EACH OF THE SIX AREAS LISTED IN PARAS FIVE AND SIX, REFTEL:

- A. HEALTH CARE MANAGEMENT: FY 89 (1); FY 90 (2); FY 91 (2); FY 92 (2).
- B. HEALTH CARE FINANCING: FY 89 (1); FY 90 (1); FY 91 (1); FY 92 (1).
- C. NUTRITION: FY 89 (1); FY 90 (1); FY 91 (1); FY 92 (1).
- D. CROSS CUTTING EVALUATIONS: FY 89 (1); FY 90 (1); FY 91 (1); FY 92 (1).
- E. TRACKING SYSTEMS/INFORMATION EXCHANGE: FY 89 (1); FY 90 (1); FY 91 (1); FY 92 (1).
- F. NEW INITIATIVES: FY 89 (0); FY 90 (0); FY 91 (0); FY 92 (0).

4. SINCE USAID LIKELY TO SIGN THE NEW COMMUNITY AND CHILD HEALTH CHILD SURVIVAL PROJECT (511-0594) BEFORE JULY 30, 1988, IT IS IMPORTANT THAT LAC/DR/HN CONFIRM ESTIMATED AMOUNT LAC/CA REGIONAL FUNDS AVAILABLE FOR BOLIVIA IN TERMS OF PERSON MONTHS REQUIRED IN PARA TWO ABOVE AND EARLIEST POSSIBLE ACCESS TO TA UNDER

RECEIVED
BY LAC/DR/HN

JUL 12 1988

AM PM
7 8 9 10 11 12 1 2 3 4 5 6

UNCLASSIFIED

Department of State

TELEGRAM

PAGE 01 PORT A 04929 181708Z 2494 096999 AID4301
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LACA-03 SAST-01 PPCE-01 PVC-02 ES-01 STHE-03
STN-03 STFA-01 RELO-01 AMAD-01 TELE-01 /025 A0

INFO LOG-00 EB-00 ARA-00 AMAD-01 /001 W
172372 181720Z /44 38

O 181708Z JUL 88
FM AMEMBASSY PORT AU PRINCE
TO SECSTATE WASHDC IMMEDIATE 6073

UNCLAS PORT AU PRINCE 04929

FOR LAC/DR/HN, J KLEMENTJKELMENT

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED LAC REGIONAL HEALTH SERVICES SUPPORT PROJECT

REF: STATE 213261

1. USAID HAITI CONGRATULATES LAC/DR/HN FOR ASSEMBLING SUCH A FINE DESIGN TEAM FOR SUBJECT PROJECT. LEVY, BOSSERT AND SANGHVI ARE RESPECTED BY ALL OF US IN THE FIELD FOR THEIR VAST EXPERIENCE IN THE FIELDS OF MANAGEMENT, HEALTH CARE FINANCING AND NUTRITION.

2. OUR COMMENTS ON THE PP DEVELOPMENT THUS FAR ARE AS FOLLOWS:

A) PRIORITY AREAS OF SUPPORT (MANAGEMENT, HEALTH CARE FINANCING, AND NUTRITION) ARE COMPLETELY RESPONSIVE TO PRIORITY CONCERNS WE HAVE NOTED IN OUR ACTION PLAN AND OUR DRAFT CHILD SURVIVAL STRATEGY

B) WE ARE CONCERNED THAT ALL LONG TERM CONSULTANTS WILL ONLY SPEAK SPANISH. WE PLEAD FOR AT LEAST SOME MENTION IN THE RFP FOR FRENCH SPEAKING CAPABILITY IN THE CORE CONTRACTOR STAFF, ESPECIALLY IN THE AREAS OF HEALTH CARE FINANCING AND NUTRITION. IF THE CORE STAFF ONLY SPEAK SPANISH AND ENGLISH, HAITI WILL NOT BENEFIT FROM A MAJOR COMPONENT OF THIS PROJECT.

C) WE WOULD PREFER THAT THE CORE CONTRACTOR STAFF BE LIMITED TO 3 PERSONS IN THE FOCUS AREAS OF MANAGEMENT, FINANCING, AND NUTRITION, AND THAT MORE RESOURCES BE MADE AVAILABLE TO SHORT TERM CONSULTANTS AND THE DEVELOPMENT OF NEW INITIATIVES, AREAS WE FEEL ARE MOST RESPONSIVE TO OUR NEEDS.

D). MISSION REQUESTS TOTAL OF THREE PERSON MONTHS OF TECHNICAL ASSISTANCE PER YEAR OVER LIFE OF PROJECT TO BE FINANCED FROM REGIONAL FUNDS IN THE AREAS OF HEALTH CARE FINANCING (TWO MONTHS PER YEAR) AND NUTRITION (ONE MONTH PER YEAR).

E). MISSION COULD BE EXPECTED TO BUY IN TO SUBJECT PROJECT FOR THREE PERSON MONTHS PER YEAR OVER THE LIFE OF THE PROJECT IN THE AREAS OF NEW INITIATIVES (ONE MONTH), TRACKING SYSTEMS/INFORMATION EXCHANGE (ONE MONTH), AND CROSSCUTTING EVALUATIONS (ONE MONTH).
MCKINLEY

RECEIVED
BY LAC/DR/HN
JUL 19 1988

UNCLASSIFIED

24

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 SAN JO 08902 08:54 7Z 7583 010900 AID4745

ACTION AID-00

ACTION OFFICE LADP-03
INFO LADP-04 LACE-01 SAST-01 STHE-02 POP-04 RELO-01
/017 A5

INFO LOG-00 OIAE-00 EB-00 DODE-00 ARA-00 000 W
003413 0905152 38

R 081547Z JUL 88
FM AMEMBASSY SAN JOSE
TO SECSTATE WASHDC 3792

UNCLAS SAN JOSE 08902

AIDAC

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED LAC/RA REGIONAL PROJECT

REF: STATE 213061

1. MISSION DOES NOT EXPECT TO HEAVILY USE SUBJECT PROJECT.

2. A RECENT REQUEST FOR TECHNICAL ASSISTANCE WAS FOR HELP IN SETTING COSTA RICAN OBJECTIVES FOR PUBLIC HEALTH BASED ON WHAT THE U.S. HAS IN TERMS OF ACTION CATEGORIES, I.E. (1) PERSONAL PREVENTIVE SERVICES, (2) HEALTH PROTECTION AND (3) HEALTH PROMOTION.

3. THIS ESTIMATED LENGTH OF THE TA WOULD BE ONE MONTH, FOR FY 89, AND TWO WEEKS FY 90 FOR A FOLLOW UP VISIT.

4. AS YOU KNOW, USAID CR HAS NO HEALTH FUNDS.
HINTON

RECEIVED
BY LAC/DR/HN
JUL 13 1988
AM PM
7,8,9,10,11,12,1,2,3,4,5,6

UNCLASSIFIED

117

TELEGRAM

Department of State

PAGE 01 SAN SA 09605 181636Z 2292 096972 AID4246
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LACE-01 SAST-01 PPCE-01 PPPB-02 ES-01 STHE-03
POP-04 AAPF-01 FPA-02 FM-02 NHS-09 RELO-01 TELE-01
/036 A3 NL19

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
----------171845 181637Z /38

O 181639Z JUL 88
FM AMEMBASSY SAN SALVADOR
TO SECSTATE WASHDC IMMEDIATE 1725

UNCLAS SAN SALVADOR 09605

AIDAC

FOR J.KLEMENT AND I.LEVY, LAC/DR/HN

E.O. 12356. N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT
HEALTH SERVICES SUPPORT PROJECT (598-0057; 597-0027).

REF: (A) 87 STATE 386504 (B) PID FOR SUBJECT PROJECT
W/MEMO TO ALL MISSIONS FROM J. KLEMENT MAY 1988
(C) 87 SAN SALVADOR 01333 (D) SAN SALVADOR 08439 (E)
STATE 212261.

1. PER REF (E), USAID HAS THE FOLLOWING OBSERVATIONS
TO SUBJECT PROJECT:

-A. THE PROJECT PAPER NEEDS TO INCLUDE AN EXPLANATION
ON HOW ACTIVITIES PLANNED IN PARA 5 WILL COORDINATE WITH
ACTIVITIES PLANNED BY RCCAP (I.E. HEALTH CARE MANAGEMENT
AND CHILD SURVIVAL), AND EXISTING S AND T HEALTH
PROJECTS.

-B. THE USAID QUESTIONS APPROPRIATENESS OF INFORMATION
EXCHANGE CONFERENCES AS PER REF (E) PARA 6B. HOWEVER IN
ACCORDANCE WITH REF D PARA 1A, FUNDING FOR HOST COUNTRY
[illegible] TO DISCUSS PROBLEM SOLVING STRATEGIES SHOULD
BE SCHEDULED UNDER THE PROJECT.

-C. THE USAID SUGGESTS THE INCORPORATION OF A CHILD
SURVIVAL FELLOW AS PART OF CORE CONTRACTOR PERSONNEL IN
LIEU OF IN THE LAC OFFICE.
2. AS PER REF (E) PARA 11 A AND B, THE FOLLOWING
TABLES SHOW THE USAID ESTIMATED SCHEDULE FOR PROJECT
AND MISSION FUNDED PERSON MONTHS (PM) OF CONSULTING TIME
REQUIRED OVER THE FIVE YEAR LIFE-OF-PROJECT.
ABBREVIATIONS ARE : 1. HEALTH CARE MANAGEMENT (HCM), 2.
HEALTH CARE FINANCE (HCF), 3. NUTRITION (NUT), 4.
EVALUATION (EVAL), 5. TRACKING SYSTEMS (TS), 6. NEW
INITIATIVES (NI), 7. TOTAL PERSON MONTHS (TOTAL). COST
ESTIMATES BASED ON 20,000 DOLS PER PERSON MONTH AND
EXPRESSED IN THE TABLES IN THOUSANDS OF DOLLARS.

A. PROJECT FUNDED

FY/PM	89	90	91	92	93
1. HCM	0	0	0	0	0
2. HCF	2	1	0	0	0
3. NUT	0	0	0	0	0
4. EVAL	1	1	1	1	1
5. TS	0	0	0	0	0
6. NI	1	0	0	0	0
7. TOTAL	4	2	1	1	1
8. COST	80	40	20	20	20

B. MISSION FUNDED

FY/PM	89	90	91	92	93
1. HCM	2	1	1	1	1
2. HCF	1	0	0	0	0
3. NUT	1	0	0	0	0
4. EVAL	1	0	0	0	0
5. TS	0	0	0	0	0
6. NI	1	2	1	1	0
TOTAL	6	3	2	1	1
COST	120	60	40	20	20

3. PLEASE NOTE THAT THE ABOVE TABLE REPRESENTS VERY
GROSS ESTIMATES. ACTUAL USE WILL DEPEND ON A NUMBER OF
VARIABLES HERE IN EL SALVADOR INCLUDING THE FUTURE
DIRECTION OF THE HPN PORTFOLIO. PLEASE KEEP THE USAID
INFORMED AS TO THE DEVELOPMENT OF THIS PP. CORR

RECEIVED
BY LAC/DR/HN

JUL 19 1988

AM PM
7,8,9,10,11,12,1,2,3,4,5,6

26

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 MONTEV 04670 251923Z 9583 101503 AID072
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LACO-01 SAST-01 PVC-02 AAID-01 STHE-03 STN-03
STFA-01 AAPE-01 FPA-02 /022 A1 WF25

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
252702 251923Z /38

O 251913Z JUL 88
FM AMEMBASSY MONTEVIDEO
TO SECSTATE WASHDC IMMEDIATE 6232

UNCLAS MONTEVIDEO 04670

AIDAC

E.O. 12356 N/A
SUBJECT PROPOSED LAC HEALTH SERVICE SUPPORT PROJECT

REF. STATE 235236

1. ESTIMATE OF AID/CHILE UTILIZATION OF CONSULTING SERVICES BY PERSON-MONTHS IN SIX CATEGORIES SET FORTH REFTEL FOLLOW BELOW

CATEGORY	FY89	FY90	FY91	FY92
- 1	2	2	1	1
- 2	2	2	1	1
- 3	1	1	1	1
- 4	0	3	3	3
- 5	1	1	1	1
- 6	2	3	3	3

RECEIVED
BY LAC/DR/HN
JUL 27 1988
AM PM
7,8,9,10,11,12,1,2,3,4,5,6

WILKEY

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

3237 007632 AID0006

PAGE 01 MONTEV 04276 061911Z

ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LASA-02 LAEM-02 SAST-01 ES-01 STHE-03 RELO-01
AMAD-01 /018 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
215067 070006Z /38

R 061857Z JUL 88
FM AMEMBASSY MONTEVIDEO
TO SECSTATE WASHDC 6006

UNCLAS MONTEVIDEO 04276

AIDAC

FOR LAC/DR/HN. JULIE KLEMENT

E.O. 12356 N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT
-- HEALTH SERVICES SUPPORT PROJECT (598-0657; 597-0027)

REF: STATE 213261/01

1. AID/URUGUAY'S REQUIREMENTS FOR TECHNICAL SERVICES UTILIZING LAC/CA REGIONAL FUNDS FROM SUBJECT PROJECT ARE DESCRIBED IN MOH LETTER HAND DELIVERED TO PAULA FEENEY BY A.I.D. REP. FRITZ DURING JUNE TDY.

2. POST WOULD APPRECIATE LAC/DR/HEALTH COMMENTS ON POSSIBILITY FOR FAVORABLE RESPONSE TO GOU REQUEST AND. IF POSSIBLE. LIKELY TIMING OF INITIAL TDY TO DEVELOP DETAIL SOW'S.
WILKEY

RECEIVED
BY LAC/DR/HN
JUL 1 1988

UNCLASSIFIED

UNCLASSIFIED

OUTGOING TELEGRAM

Department of State

5249 099901 AID8211

PAGE 01 STATE 235485
ORIGIN AID-00

ORIGIN OFFICE LADP-03
INFO LADP-04 LACE-01 LACA-02 LACA-03 SADT-01 STHE-03 RELO-01
AMAD-01 /019 A0

INFO LOG-00 /000 R

DRAFTED BY: AID/LAC/DR/HN: P FEENEY: TF: 4727T
APPROVED BY AID LAC DR HN: P FEENEY
AID/LAC SAM M SCHWARTZ (PHONE) AID/LAC/SAM: M MAMLOUK (PHONE)
AID/LAC CEN E LEONARD (PHONE) AID/LAC/CEN: T CORNELL (PHONE)
AID/LAC/CAR P ROLAR (PHONE)
056753 220028Z /38

O 220024Z JUL 88
FM SECSTATE WASHDC
TO AMEMBASSY SANTO DOMINGO IMMEDIATE
AMEMBASSY TEGUCIGALPA IMMEDIATE
AMEMBASSY GUATEMALA IMMEDIATE
AMEMBASSY ASUNCION IMMEDIATE
AMEMBASSY QUITO IMMEDIATE
AMEMBASSY BOGOTA IMMEDIATE
AMEMBASSY MEXICO IMMEDIATE
AMEMBASSY BRASILIA IMMEDIATE

RECEIVED BY LAC/DR/HN
JUL 22 1988
AM PM
7,8,9,10,11,12,1,2,3,4,5,6

UNCLAS STATE 235485

ADM AID GUATEMALA FOR RCCAP

E.O. 12356: N/A
TAGS:
SUBJECT HEALTH: PROPOSED FY 89 LAC CA REGIONAL
PROJECT HEALTH SERVICES SUPPORT PROJECT

REF: STATE 213261

1. RESPONSES TO REFTEL WERE REQUESTED BY JULY 15. TO DATE, YOURS HAS NOT YET BEEN RECEIVED

2. WE BELIEVE THE PROPOSED PROJECT HAS POTENTIAL SIGNIFICANCE FOR YOUR MISSION AND WE WOULD HOPE TO ACCOMMODATE YOUR COMMENTS IN PP DESIGN. BUT WE WILL BE FORCED TO PROCEED WITHOUT THEM IF COMMENTS ARE NOT SENT IMMEDIATELY. THANKS. WHITEHEAD

121

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 SANTO 07484 181939Z 4026 098919 AID4559

ACTION AID-00

ACTION OFFICE LADR-03

INFO LACA-03 SAST-01 STHE-03 /010 A2 CM21

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W

----------206153 182227Z /38

R 181939Z JUL 88

FM AMEMBASSY SANTO DOMINGO

TO SECSTATE WASHDC 3251

UNCLAS SANTO DOMINGO 07484

AIDAC

FOR: LAC/DR/HN: J. KLEMENT.

E.O. 12356: N/A.

SUBJECT: HEALTH. PROPOSED FY 89 LAC/CA REGIONAL
- PROJECT - HEALTH SERVICES SUPPORT PROJECT.

REF: STATE 213161.

1. AS STATED IN PREVIOUS CORRESPONDENCES ON SUBJECT PROJECT, USAID/DR BELIEVES PROJECT WILL PROVIDE USEFUL TA COMPLEMENTARY TO RESOURCES AVAILABLE FROM S AND T CENTRALLY FUNDED PROJECTS AND IQCS.

2. BECAUSE USAID/DR HAS ONGOING PROJECTS IN HEALTH CARE MANAGEMENT AND CHILD SURVIVAL/NUTRITION, WITH RESPECTIVE TA TEAMS, OUR GREATEST INTEREST IS IN HEALTH CARE FINANCING. WE CURRENTLY HAVE ACCESS TO TA IN HEALTH CARE FINANCING THROUGH CUNY UNDER THE LAC/HCF PROJECT, AND WOULD LIKE TO CONTINUE WORKING WITH THEM SINCE THEY ARE FAMILIAR WITH HEALTH ECONOMICS IN THE D.R.

3. AS WE HAVE NO NEW MAJOR PROJECTS PLANNED FOR THE NEXT TWO YEARS, EXCEPT THE PRIVATE SECTOR HEALTH PROJECT, WE DO NOT NEED PROJECT DEVELOPMENT ASSISTANCE [illegible] THE TYPES OF HEALTH PROJECTS WE WILL DEVELOP IN FY-91 AND 92, WILL DEPEND ON THE MISSION STRATEGY AND THE SUCCESS OF OUR PRESENT PORTFOLIO. IT IS TOO EARLY TO FORECAST THE NEED FOR TA THIS FAR IN ADVANCE.

4. IN THE SHORT RUN, WE WOULD LIKELY NEED ASSISTANCE IN EVALUATIONS AND SHORT TERM PROBLEM SOLVING TO MAKE PROJECTS MORE EFFECTIVE. OUR BEST GUESS PROJECTED REQUEST FOR TA FROM SUBJECT PROJECT IS AS FOLLOWS:

- AREA	FY-89	90	91	92
- HEALTH CARE FINANCING (1)	1 PM	1 PM	1 PM	1 PM
- EVALUATIONS (2)	-	1 PM	1 PM	1 PM
- TRACKING AND INFO EXCHANGE (3)	1 PM	1 PM	1 PM	-

NOTES: (1) PROPOSED WORK WOULD DEAL WITH ANALYZING HOW COST RECOVERY POLICY AND ASSISTING IN THE IMPLEMENTATION OF FEASIBLE CHANGES IN THAT POLICY. INITIAL WORK HAS BEGUN WITH ASSISTANCE FROM LAC/HCF (CUNY), REACH AND THE MISSION'S HEALTH SYSTEMS MANAGEMENT PROJECT.

- (2) WE PROPOSE THAT SUBJECT PROJECT PROVIDE SHORT TERM EVALUATORS FOR HEALTH SYSTEMS MANAGEMENT (517-0153) AND CHILD SURVIVAL (517-0239) PROJECTS.

SANTO 07484 181939Z 4026 098919 AID4559

- (3) SUBJECT PROJECT COULD PROVIDE SHORT TERM COURSES ON HEALTH MANAGEMENT AND CHILD SURVIVAL TOPICS AND ISSUES, DRAWING FROM EXPERIENCES IN THE REGION.

5. MISSION WOULD CONSIDER USING PROJECT FUNDS FOR BUY-INS FOR THE NUMBER OF PERSON MONTHS PRESENTED IN PARA 4. HOWEVER, THIS IS NOT A FIRM COMMITMENT SINCE MANY FACTORS MUST BE CONSIDERED INCLUDING THE QUALITY OF STAFF CONTRACTED BY THE SUBJECT PROJECT AND AVAILABILITY OF TA FROM OTHER SOURCES.

7. GENERAL COMMENTS:

- (A) MISSION IS PLEASED TO SEE EFFORT TO CONTRACT A PERMANENT CORE STAFF IN KEY AREAS.

- (B) SUGGEST HEALTH CARE MANAGEMENT AREA BROADEN ITS FOCUS TO INCLUDE NOT ONLY THE USUAL MANAGEMENT TOOLS, BUT FOCUS ON STUDYING PROJECT MANAGEMENT ARRANGEMENTS THAT SEEM TO WORK AND WHY. FOR EXAMPLE, TO REACH HIGHER COVERAGE IN CHILD SURVIVAL PROGRAMS, MISSIONS ARE TURNING TO MIXED PUBLIC AND PRIVATE SECTOR PROGRAM SPONSORSHIP. ARE THERE EXAMPLES OF SUCCESSFUL PROGRAMS USING THIS APPROACH? HAVE UMBRELLA PVO MANAGED PROGRAMS BEEN SUCCESSFUL AND, IF SO, WHY?

- (C) PROJECT SHOULD INNOVATE BY HAVING A.I.D./USDH FIELD AND A.I.D./W STAFF PARTICIPATE IN EVALUATIONS AND CONSULTATIONS TO FOSTER GREATER EXCHANGE OF INFORMATION AMONG A.I.D. & DIRECT HIRE STAFF.

8. THIS INFORMATION COMPLEMENTS COMMENTS LEE HOUGEN PROVIDED TO LEVY AND BOSSERT IN TELCON OF 9/11. KILDAY

RECEIVED
BY LAC/DR/HN

JUL 22 1988

AM PM
7,8,9,10,11,12,1,2,3,4,5,6

UNCLASSIFIED

30

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 TEGUCI 13109 042044Z 6974 005188 AID0239
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LACE-01 SAST-01 ES-01 STHE-03 RELO-01 AMAD-01
/015 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
201655 050111Z /38

R 042043Z AUG 88
FM AMEMBASSY TEGUCIGALPA
TO SECSTATE WASHDC 3556

UNCLAS TEGUCIGALPA 13109

AIDAC

FOR LAC/DR/HN, JKLEMENT

E.O. 12356: N/A
SUBJECT: HEALTH: LAC/CA REGIONAL HEALTH SERVICES
SUPPORT PROJECT

REF: STATE 235485

USAID/TEGUCIGALPA HAS NO COMMENT ON SPECIFICS OF PROPOSED PROJECT OTHER THAN TO STATE THAT IT SHOULD PROVIDE COMPLEMENTARY SUPPORT TO LARGE BILATERAL HEALTH EFFORT IN HONDURAS. PENFOLD

RECEIVED
BY LAC/DR/HN

AUG 5 1988

PM
7 8 9 10 11 12 1 2 3 4 5 6

UNCLASSIFIED

123

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 GUATEM 08786 082011Z 8494 009882 AID4923
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LACE-01 SAST-01 ES-01 STHE-03 SEOP-01 SEOS-02
SERP-01 RELO-01 AMAD-01 /019 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
011464 090812Z /38

R 082012Z JUL 88
FM AMEMBASSY GUATEMALA
TO SECSTATE WASHDC 3790

UNCLAS GUATEMALA 08786

AIDAC

FOR LAC/DR/HN-JELEMENT

E.O. 12356: N/A
SUBJECT HEALTH PROPOSED FY 89 LAC/CA REGIONAL PROJECT
- HEALTH SERVICES SUPPORT PROJECT (598-0657; 597-0027)

REF. STATE 213231

[illegible] IN GENERAL SENSE OUR TA
[illegible] PERIOD ENDING DECEMBER 1989. ARE
REQUIRED [illegible] COVERED BY THE RECENTLY SIGNED TA CONTRACT WITH MSH IN
THE AREAS OF: MANAGEMENT/ADMINISTRATION, MANAGEMENT
INFORMATION SYSTEMS, TRAINING SUPERVISION, HEALTH
LOGISTICS. CLEARLY OUTSIDE OF THE TA CURRENTLY
SCHEDULED TO BE PROVIDED BY MSH IS THE AREA OF NEW
INITIATIVES (NI) AND TO A LESSER EXTENT, CROSS CUTTING
EVALUATIONS (CCE). SOME FUNDING PROVIDED (SIX
PERSON/MONTHS) FOR TA IN NEW INITIATIVES UNDER THE
FAMILY PLANNING PROJECT AMENDMENT (520-0288).

2. PARA 11A: FY89: FOR NI, 1 MONTH; CCE, NONE. FY90:
NI, 1 MONTH; CCE, 1 MONTH. FY91: NI, 1 MONTH; CCE, 1
MONTH. FY92: NI, 1 MONTH; CCE, NONE.

3. PARA 11B: FOR NI ONLY: 0.5 PERSON/MONTHS PER YEAR,
ALL FISCAL YEARS. MICHEL

RECEIVED
BY LAC/DR/HN

JUL 12 1988

AM PM
7 8 9 10 11 12 1 2 3 4 5 6

UNCLASSIFIED

32

24

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 BRASIL 09683 261902Z 6290 103008 AID1749

ACTION AID-00

ACTION OFFICE LADR-03

INFO LADP-04 LASA-02 SAST-01 GC-01 GCLA-03 ES-01 STHE-03 STN-03 STFA-01 RELO-01 AMAD-01 /024 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W

340174 262056Z /38

R 261852Z JUL 89
FM AMEMBASSY BRASILIA
TO SECSTATE WASHDC 7144

UNCLAS BRASILIA 09683

AIDAC

ATTN LAC/DR/HN. JULIE KLEMENT

E.O. 12356. N/A
TAGS N/A
SUBJECT. HEALTH. PROPOSED FY 89 LAC/CA REGIONAL PROJECT -- HEALTH SERVICES SUPPORT TO ALL MISSIONS FROM J. KLEMENT MAY 1988)

REF: (A) STATE 213261; (B) STATE 235485

1. AIDREP HAS DELAYED RESPONDING TO SUBJECT CABLE BECAUSE WITHOUT KNOWING WHO CONTRACTORS ARE. IT IS NOT CLEAR TO WHAT EXTENT LEGAL RESTRICTIONS MIGHT IMPEDE USE OF CONTRACT.

2. PROJECT HOPE CHILD SURVIVAL/WELL MOTHERHOOD PROGRAM IN N.E. BRAZIL HAS AGENDA WHICH GIVES PRIORITY TO WORK ON MANAGEMENT AND MANAGEMENT TRAINING. HEALTH SERVICES AND NUTRITION. FERRER

RECEIVED BY LAC/DR/HN

JUL 29 1988

AM PM
7.8.9.10.11.12.1.2.3.4.5.6

Annex C

LOGICAL FRAMEWORK

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

Project Title & Number: Health Technical Services Support Project (598-0657; 597-0027)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Program or Sector Goal:	Measures of goal achievement:		Assumptions for achieving goal targets:
Improve the health and nutritional status of the population in the LAC Region; in particular, contribute to the reduction of infant and child morbidity and mortality.	Reduction in infant and child morbidity and mortality rates in participating LAC countries.	Data from LAC countries Data collected through A.I.D.'s tracking systems	Political, economic and social conditions do not detrimentally affect target groups.
Project Purpose:	End of Project Status:		Assumptions for achieving purpose:
1. Improve the effectiveness of strategies, programs, and projects in the areas of child survival, health finance, health management, and nutrition in the LAC region by facilitating the exchange and application of technology and information among LAC Missions and LAC country institutions with respect to activities in these areas.	1. Exchange and application of technology and information are reflected in regional and country strategies, programs, and project designs.	1. Review of strategies, programs, project documents, and evaluations. Interviews with Mission personnel.	1. Non-technical factors do not prevent the application of technology and information into the development of new strategies, programs, and projects.
2. (Subsidiary) (a) Promote new, and an increased level of activities in the priority areas of health financing, health management, and nutrition.	2. (a) Increased percentage of LAC Missions project portfolio devoted to activities in areas of health financing, health managment, and nutrition.	2. (a) Review of data, concerning LAC Health/Child Survival and Nutrition project portfolio in various A.I.D. databases.	2. (a) Host country institutions have adequate counterpart funding and absorptive capacity to fund and manage new projects.
(b) Facilitate the LAC Bureau's ability to respond with timely programs and activities to new developments and problems affecting the health and nutrition sectors in the LAC Region.	(b) Improved quality, timeliness and responsiveness of new developments and problems impacting upon health and nutrition sectors in Latin America.	(b) Review of strategies, programs, project documents and evaluations.	(b) Adequate funding is made available for programs and projects which will utilize the information developed by the activities.

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

Project Title & Number: Health Technical Services Support Project (598-0657; 597-0027)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Component Outputs:	Magnitude of Outputs:		
1.(a) Health Management ° Project, PID and PP Support ° Evaluation	1. Health Management ° 13 analyses for Proj, PID, or PP ° 8 evaluations completed	° Review of Core Contractor Work Plans	° LAC Missions and most governments are interested in and request project service.
Activities -- a) Strategy Development Strategy Analysis/Studies Regional Strategy (long term) Country/Mission Strategy Sector Assessments	Activities -- a) 3 strategy analyses/studies prepared 1 regional strategy completed 2 country strategies prepared 1 sector assessment prepared	° Review of LAC Mission Action Plans ° Review of Project Records	° Missions have adequate funds for buy-ins. ° Required technical services are available.
b) OR/Special Studies & C.C. Evaluations O.R. Special Studies/ C.C Evaluations	b) 6 OR completed 4 special studies/evaluations completed	° Examination of monitoring/ tracking systems	
c) Monitoring/Tracking & Information Exchange Database Design Tracking System Output Indicators (long term) Information packets (long term)	c) 1 Regional database developed/ Output Indicators 1 Regional tracking system developed/ 7 country systems Information packets distributed - 8	° Review of Information Packets & mailing lists	
d) Workshops Regional Sub-Regional Other (National)	d) 2 Regional workshops completed 3 Sub-Regional Workshops completed	° Review of Workshop Proceedings	
1.(b) Management Education and Training (AUPHA)			
(1) Assistance to LAC Missions ° Projects, PIDs, PPs	° Projects, PIDs and PPs will have health management tracking components/ ° LAC tracking institutions will have improved programs and curriculum ° No. of A.I.D.-funded health mgmt. trainees will increase.	° Project Records & Reports ° Project Evaluation	° Missions and host governments are interested in and request project services. ° Missions have adequate funds for buy-ins. ° Technical services are available.
(2) Education Development Program Continuation	° Publication/guides published and distributed. ° Continue consultant index-updated ° 8 workshops completed ° Newsletter published/AUPHA periodicals distributed ° Middle management training materials published ° 5 Fellows visit U.S. Institutions		

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

Project Title & Number: Health Technical Services Support Project (598-0657; 597-0027)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Component Outputs:	Magnitude of Outputs:		
2. Health Care Financing ° Project, PID and PP Support ° Evaluation	2. Health Care Financing ° 30 Projects, PID, and PP completed ° 6 evaluations completed	° Review of Core Contractor Work Plans	° LAC Missions and most governments are interested in and request project service.
Activities -- a) Strategy Development Strategy Analysis/Studies Regional Strategy (long term) Country/Mission Strategy Sector Assessments	Activities -- a) 2 strategy analyses completed 1 regional HCF strategy completed 4 country strategies completed 6 sector assessment completed	° Review of LAC Mission Action Plans ° Review of Project Records	° Missions have adequate funds for buy-ins. ° Required technical services are available.
b) OR/Special Studies & C.C. Evaluations O.R. Special Studies/ C.C Evaluations	b) 6 OR completed 6 Special studies/evaluations completed	° Examination of monitoring/ tracking systems	
c) Monitoring/Tracking & Information Exchange Database Design Tracking System Output Indicators (long term) Information packets (long term)	c) 1 Regional database developed/ Output Indicators Developed 1 Regional tracking system developed/ 4 country tracking systems Information packets distributed - 8	° Review of Information packets & mailing lists	
d) Workshops Regional Sub-Regional Other (National)	d) 2 Regional Workshops completed 2 Sub-Regional Workshops completed 6 National Workshops completed	° Review of Workshop Proceedings	

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

Project Title & Number: Health Technical Services Support Project (598-0657; 597-0027)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Component Outputs:	Magnitude of Outputs:		
3. Nutrition ° Project, PID and PP Support ° Evaluation	3. Nutrition ° 10 Projects, PID, and PP completed ° 9 evaluations completed	° Review of Core Contractor Work Plans	° LAC Missions and most governments are interested in and request project service.
Activities -- a) Strategy Development Strategy Analysis/Studies Regional Strategy (long term) Country/Mission Strategy Sector Assessments	Activities -- a) 2 strategy analyses completed 1 regional strategy completed 10 country strategies completed 15 sector assessments completed 8 C.S./Nutr. Comp. Reviews completed	° Review of LAC Mission Action Plans ° Review of Project Records	° Missions have adequate funds for buy-ins. ° Required technical services are available.
b) OR/Special Studies & C.C. Evaluations O.R. Special Studies/ C.C Evaluations	b) 7 OR completed 7 Special studies/evaluations completed	° Examination of monitoring/ tracking systems	
c) Monitoring/Tracking & Information Exchange Database Design Tracking System Output Indicators (long term) Information packets (long term)	c) 1 Regional database developed/ Output Indicators Developed 1 Regional tracking system developed/ 5 country tracking systems Information packets distributed - 8	° Review of Information packets & mailing lists	
d) Workshops Regional Sub-Regional Other (National)	d) 1 Regional Workshop completed 2 Sub-Regional Workshops completed 10 National Workshops completed	° Review of Workshop Proceedings	

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

Project Title & Number: Health Technical Services Support Project (598-0657; 597-0027)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
4. Special Concerns			
° AIDS	° 4 C.S. Strategic analyses completed	° Project Records & Reports	° A.I.D. continues selected earmarks
° Vitamin A	° 4 drug abuse & 2 AIDS special studies studies completed		° A.I.D. centrally-funded projects continue to accept LAC buy-ins
° Narcotics Awareness/ Drug Abuse	° 4 drug abuse monitor/tracking activities carried out	° Project Records & Reports	
° Child Survival	° 4 drug abuse evaluations completed; 2 AIDS evaluations completed	° Project Records & Reports	
	° 4 AIDS conferences held		° Technical services are available
	° 4 AIDS & Child Survival; 2 Vitamin A multi-country TA assignments completed		
° Management Data Information Systems	° Monitoring/data tracking systems for Water and Sanitation, VBC, nutrition and health indicators	° Project Records & Reports	

Inputs

° Core Contract — See Exhibit 15 (pg. 91) for budget details.

- Long term Advisors
- Short term TA
- Administrative and Support

° Management Education and Training Cooperative Agreement - AUPHA

° Child Survival Fellow

° Buy-ins to Core Contract, Cooperative Agreement, and A.I.D. central projects. (AIDS, Vitamin A, Drug Abuse/Narcotics Awareness)

5832T

Annex D

INITIAL ENVIRONMENTAL EXAMINATION

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON DC 20523

LAC-IEE-89-34

ENVIRONMENTAL THRESHOLD DECISION

Project Location	:	LAC/CA Regional
Project Title	:	Health and Nutrition Technical Services Support Project
Project Number	:	597-0027 598-0657
Funding	:	$20,000,000
Life of Project	:	Four years
IEE Prepared by	:	Julie Klement LAC/DR/HN
Recommended Threshold Decision	:	Categorical Exclusion
Bureau Threshold Decision	:	Concur with Recommendation
Comments	:	None
Copy to	:	Terrence J. Brown, Director LAC/DR
Copy to	:	Lawrence Odle, LAC/DR/CEN
Copy to	:	Julie Klement, LAC/DR/HN
Copy to	:	IEE File

James S. Hester Date MAR 21 1989

James S. Hester
Chief Environmental Officer
Bureau for Latin America
and the Caribbean

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D C 20523

March 20, 1989

MEMORANDUM

TO: LAC/DR/E, James S. Hester

THRU: LAC/DR, Terrence J. Brown

FROM: LAC/DR/HN, Paula Feeney

SUBJECT: Health and Nutrition Technical Services Support Project (Nos. 597-0027/598-0657) -Threshold Decision of Categorical Exclusion for IEE.

Project Description: The purpose of the Health and Nutrition Technical Services Support Project is to improve the effectiveness of strategies, programs, and projects in the areas of health management, health financing, nutrition and child survival in the LAC Region by facilitating the exchange and application of technology and information among LAC Missions and host country institutions with respect to activities in these areas.

Statement of Categorical Exclusion: It is the opinion of the Project Manager that this project does not require further environmental analysis because its activities fall within the class of actions subject to a categorical exclusion, as described in Section 216.2, paragraph c.2.i and c.2.iii of 22 CFR 216. This section states that "Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment", and "Analyses, studies, academic or research workshops and meetings" are types of activities generally excluded from further environmental review.

Recommendation: That you approve the threshold decision of a categorical exclusion for the Project given that the activities to be funded are evaluations, training activities and technical assistance which will not directly affect the environment and which are included in the classes of actions not subject to the full A.I.D. environmental assessment procedures.

Annex E

STATUTORY CHECKLIST

Annex E

Statutory Checklist

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

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

A. GENERAL CRITERIA FOR PROJECT

1. FY 1989 Appropriations Act Sec. 523; FAA Sec. 634A. If money is sought to obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified? — A Congressional notification will be submitted.

2. FAA Sec. 611(a)(1). Prior to an obligation in excess of $500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U.S. of the assistance? — Yes

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

4. FAA Sec. 611(b); FY 1989 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)	N/A
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively?	N/A
6. FAA Sec. 209. Is project susceptible to 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.	The Project will support bilateral programs through regional provision of technical assistance.
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, 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.	The Project contains elements which will foster private initiative and improve technical efficiency of industry, agriculture, and commerce
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).	A U.S. technical assistance contractor and a private U.S. association will play key roles in implementing the Project.

137

9. FAA Secs. 612(b), 636(h). 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.	Project activities will be financed entirely with A.I.D. funds. However, activities will support bilateral projects which include local contributio
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?	N/A
11. FY 1989 Appropriations Act Sec. 521. 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?	N/A
12. FY 1989 Appropriations Act Sec. 549. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?	N/A
13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other	N/A

wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?

14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? N/A

15. FY 1988 Appropriations Act. If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? N/A

16. FY 1989 Appropriations Act Sec. 538. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.? N/A

17. FY 1989 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has prior approval of the Appropriations Committees of Congress been obtained? N/A

18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision). Confirmation of the date of signing of the project agreement will be sent to State L/T and A.I.D. LEG as required.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1989 Appropriations Act Sec. 548 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers?	N/A
b. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment 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 appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental	The Project, by improving the effectiveness of strategies, programs and projects in the area's of health financing, health management, nutrition and child survival in the LAC Region, supports the extension of social services and benefits of development to the poor. It also encourages information exchange and cross fertilization of technology between host country institutions in developing countries.

institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.

c.	FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1989 Appropriations Act (Development Fund for Africa). Does the project fit the criteria for the source of funds (functional account) being used?	Yes
d.	FAA Sec. 107. Is emphasis 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)?	Yes
e.	FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?	The Project is a regional activity which is not subject to the 25% counterpart requirement established in FAA section 110.
f.	FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?	The poor majority will be the beneficiary of improved health care delivery and nutrition programs.

g.	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.	The Project will encourage the development of local capacity through better designed strategies and programs.
h.	FY 1989 Appropriations Act Sec. 536. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?	No
	Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?	No
	Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?	No
i.	FY 1989 Appropriations Act. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization?	No
	If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services?	N/A

j. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?	Yes
k. FY 1989 Appropriations Act. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?	The technical assistance will be procured competitively with due consideration for contracting and subcontracting by minority and disadvantaged firms.
l. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded by helping to increase	Yes.

production on lands already cleared or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k)/utilize the resources and abilities of all relevant U.S. government agencies?

m. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b)/take full account of the environmental impacts of the proposed activities on biological diversity? N/A

n. FAA Sec. 118(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? No

o. FAA Sec. 118(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development? No

p. FY 1989 Appropriations Act. If assistance will come from the Sub-Saharan Africa DA account, is it (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) being provided in accordance with the policies contained in section 102 of the FAA; N/A

(c) being provided, when conistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (d) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups; (e) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

146

g. FY 1989 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same general region as originally obligated, and have the Appropriations Committees of both Houses of Congress been properly notified? N/A

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. N/A

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 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? N/A

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA?	N/A
b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes?	No
c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?	N/A

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(a). Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? — Yes

2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or determined under delegation from him? — Yes

3. FAA Sec. 604(d). If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company? — N/A

4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If non-U.S. procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) — N/A

5. FAA Sec. 604(g). Will construction or engineering services be procured from firms of advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those countries which receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries.) — N/A

6. FAA Sec. 603. Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent of the gross tonnage of commodities (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 such vessels are available at fair and reasonable rates? — N/A

7. FAA Sec. 621(a). If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? Will the facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? — Yes

8. International Air Transportation Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available? — Yes

9. FY 1989 Appropriations Act Sec. 504. 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

10. FY 1989 Appropriations Act Sec. 524. If assistance is for consulting service through procurement contract pursuant to 5 U.S.C. 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)? — Yes

B. CONSTRUCTION

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services be used? — N/A

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? — N/A

3. 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 (except for productive enterprises in Egypt that were described in the CP), or does assistance have the express approval of Congress? — N/A

C. OTHER RESTRICTIONS

1. FAA Sec. 122(b). If development loan repayable in dollars, is interest rate at least 2 percent per annum during a grace period which is not to exceed ten years, and at least 3 percent per annum thereafter? — N/A

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? — N/A

3. 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. Will arrangements preclude use of financing:

   a. FAA Sec. 104(f); FY 1989 Appropriations Act Secs. 525, 536. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; or (4) to lobby for abortion? — Yes

   b. FAA Sec. 483. To make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated? — N/A

   c. FAA Sec. 620(g). To compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President?

   d. FAA Sec. 660. To provide training, advice, or any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? — N/A

   e. FAA Sec. 662. For CIA activities? — N/A

f. 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? N/A

g. FY 1989 Appropriations Act Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for prior or current military personnel? N/A

h. FY 1989 Appropriations Act Sec. 505. To pay U.N. assessments, arrearages or dues? N/A

i. FY 1989 Appropriations Act Sec. 506. To carry out provisions of FAA section 209(d) (transfer of FAA funds to multilateral organizations for lending)? N/A

j. FY 1989 Appropriations Act Sec. 510. To finance the export of nuclear equipment, fuel, or technology? N/A

k. FY 1989 Appropriations Act Sec. 511. 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? N/A

l. FY 1989 Appropriations Act Sec. 516; State Authorization Sec. 109. To be used for publicity or propaganda purposes designed to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, or for any publicity or propaganda purposes not authorized by Congress? N/A

5. FY 1989 Appropriations Act Sec. 584. Will any A.I.D. contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U.S. marine insurance companies have a fair opportunity to bid for marine insurance when such insurance is necessary or appropriate? Yes

Annex F

PID ISSUES

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

INFORMATION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR (LAC)

FROM LAC/DR, Terrence J. Brown T.B.

SUBJECT: LAC/CA Regional--Health Technical Services Support Project PID (598-0657 and 597-0027)

A DAEC review of the subject project has been scheduled for Thursday, April 14, 1988 at 9:30 a.m. in the LAC Conference Room (2248 NS).

Background: LAC/DR/Health and Nutrition has submitted this PID for a $20 million LOP regional health project of which $2.3 million would be obligated in FY 89 and $4.8 million in FY 90. The project concept was approved at the February LAC review of the FY 89-90 LAC/CA Regional Action Plan.

Description of Activities: The goal of this 4-year project is to improve health status and health services, particularly with regard to reducing infant and child morbidity and mortality. The purpose of the project is to improve the planning, management, monitoring and evaluation of cost-effective and sustainable health services through the public and private sectors in the Latin American Region.

The project will focus on improving the effectiveness of A.I.D. bilateral health and nutrition programs by meeting Mission needs for technical services, training, operations research and information exchange. Technical services will enable missions and host-governments to formulate effective health strategies and to design, manage and evaluate more effective programs and projects.

Consistent with LAC Bureau health and child survival policies and strategies, the project will emphasize key interventions in immunization, ORT, child nutrition, maternal health, essential drugs, health management and financing, and other priority health areas.

The project will have two basic components: (1) a technical services contractor to provide LAC Bureau with expert technical capability in priority health and nutrition subjects; and (2) a health services support fund to stimulate and support Mission programs in the region through operations research, training and technical services.

A. ISSUES: The DAEC will discuss the following issues.

1. Issue: Project Funding: Is the requested funding level justified by the anticipated needs of the LAC health portfolio in the next four years?

Discussion: In an atmosphere of decreasing budgets, A.I.D. programs are being cut back. Also, at the recent LAC/CA Regional Action Plan review, the DAA/LAC stated that the funding levels of LAC/CA regional programs should be trending downward.

The high budget for this project might impact on bilateral health programs and other functional accounts. With a proposed $20 million LOP funding level (including $8 million in Mission buy-ins), this project will be one of the largest regional activities. Project obligations would represent 10 percent of total LAC Bureau regional programs in FY 90 (5 percent in FY 89). The project budget may also be compared to the total FY 89 budget (projected) of $53 million for health and child survival projects in Latin America.

Recommendation: The project level may need to be reduced. The PP will have to carefully justify the level of A.I.D. funding. Funding levels will depend importantly on the level needed to achieve project objectives in targeted health subsectors, and the specific problems and potentials in those subsectors. See item 1 below under "B. Decisions from the PID Issues Meeting."

2. Issue: Technical Services Contractor: Should the project fund a consultant team at the level proposed to augment LAC/DR/HN capability?

Discussion: Closely related to the overall funding issue above is a question about the appropriate number of long-term consultants. Component 1 involves hiring a technical services consultant firm to "provide LAC Bureau expert technical capability in several high priority health and nutrition intervention areas ...." The consultant team might provide up to seven and one-half person/years of services annually for the following primary tasks:

1 person	--	Child Survival (monitoring and evaluation)
1 person	--	Nutrition Tracking and Strategy
1 person	--	PVO Technical Support
1/2 or 1 person	--	Operations Research
1 person	--	Training
1/2 person	--	Information Exchange
1 person	--	Financial Analysis
1 person	--	Coordinator of Technical Services for Missions

Costs of these long term services are not broken out in the PID, but would probably run over $1 million annually.

.136 / 11

The Issues meeting explored whether long-term TA was essentially a way to augment LAC/DR/HN staff to carry out A.I.D./W backstopping functions. It was concluded that project funds would not be used for OE purposes. DR/HN representatives noted at the meeting that the level of long-term technical services was likely to be less than the 7 1/2 person years per annum in the illustrative PID breakout.

Recommendation: Like the recommendation above, the level of long-term assistance and related costs should be justified in the PP on the basis of requirements for achieving project objectives.

B. Decisions from PID Issues Meeting.

The following decisions/guidance resulted from the PID Issues meeting of 4/11/88. Items 1 thru 4 below reflect the issues paper prepared for the meeting and related discussion. Items 5 thru 13 reflect issues raised in the PID on page 17.

1. Issue: Project Priorities: Does the project focus on the highest priority health service problems and solutions?

Discussion: Is the PID concept too broad to allocate resources efficiently? Should the PP identify the specific priority health issues and the potential high impact solutions to be promoted by the project? Is analysis needed in the PP on each of the priority health areas (listed in the Executive Summary, p. 2--child survival, maternal health, nutrition etc.) to identify: A.I.D.'s objectives; principal constraints and issues; potential solutions; priority project interventions; and expected impacts? Should the PP prioritize project interventions?

Is it sufficient, for example, to say that child survival is a priority and that the project will therefore develop strategies, plan and monitor projects, conduct operational research and evaluation, and improve financial management? Or should the PP explain what child survival themes and approaches the technical services contractor will be expected to pursue? What are the main child survival problems in the region--availability of the ORT salts, public knowledge of the salts? What are the promising solutions--mass advertizing, commercial marketing, in-country production, training of public or private sector health care workers etc?

Decision: 1) The PP should focus on a limited set of priority health/child survival subsectors and specific related problems and solutions (perhaps 4 areas rather than the illustrative list of 15 listed on p. 2 of the PID). Priority subsectors and proposed solutions should be selected on the basis of potential for high impact. The PP analysis should present the specific constraints to project health objectives and the proposed project approaches and expected impacts.

2) The focus on specific priority health problems -- and the establishment of a specific scope of work/level of effort to respond to these problems -- is what differentiates this project from a PD&S fund or IQC mechanism. Without this focus, the project would be competitive with Mission health PD&S funds and redundant with existing IQC and S&T Bureau contract mechanisms.

3) In selecting areas of project concentration, DR/HN will consider organizing a peer review to engender a broad spectrum of expert opinion on priority health problems and approaches/solutions.

2. Issue: Private Sector: What private sector interventions are planned?

Discussion: The PID leaves the door open to private sector activities but does not describe any proposed interventions. Do A.I.D.'s health solutions involve increased private sector approaches? What about the importance of host country policy changes in this respect (See 3 below)?

Should the PP include a discussion on private sector themes and planned interventions? This discussion could be tied to the analysis of priority health issues and potential solutions.

Decision: The PP will describe proposed private sector approaches where appropriate in the analysis of specific subsector problems and in the project description.

3. Issue: Policy Improvements: Should the project identify policy objectives and issues and how the project will promote those policy objectives?

Discussion: We assume the importance of a policy agenda associated with the the priority health concerns in the PID, i.e., child survival, nutrition, health service management and financing etc. The potential impact of this project on policy change is limited on one hand by its technical assistance and regional configuration. On the other hand, the project will focus on the formulation of health strategies which would presumably necessitate important policy changes. Should the PP include a discussion of significant policy themes to be promoted?

Decision: The PP will include a discussion of significant policy themes to be promoted, and how the project will advance those policies.

4. Avoiding proliferation of project activities: One aspect of the project, to provide technical services and other support in response to mission needs, might be prone to an excessive proliferation of studies and activities.

Decision: The PP should include criteria for the selection of activities to be supported through the Fund and explain how this aspect of the project will be managed. The project should reduce proliferation by closely tying Fund activities to the project's priority health interventions.

5. Sources of technical services:

Decision: Project mechanisms for accessing technical services should not be competitive with S&T Bureau or IQC mechanisms. The PP should contain draft scopes of work for the long-term contractor. These draft scopes will permit better decisions about whether the proposed services represent priority needs, and whether they are redundant with services available from other A.I.D. sources.

6. Role of the contractor in managing the Health Support Fund:

Decision: The core contractor will not be permitted to "manage" the Fund. The contractor may recommend technical assistance needs, scopes of work, and potential suppliers of such assistance; but LAC/DR/HN in conjunction with A.I.D. contract officers must be responsible for all contracts and related decisions about the need for services, costs, scopes of work, and contractor selection.

7. Using LAC regional Funds for in-country needs:

Decision: The use of the project Fund to support in-country local cost activities (in-country PVOs, consultants, operations research, training) will not be encouraged where the activities are more suitable for bilateral support. The Fund can be used for such in-country activities when strongly justified for project purposes.

8. Relationship between direct assistance programs (e.g., ICPS) and Mission priorities: Potential differences of opinion could arise between DR/HN and missions on the need for project services.

Decision: Services procured must be in support of project priorities. Those priorities should reflect general concurrence by missions.

9. PVO Technical Needs:

Decision: PVO development is not a project purpose, per se, unless it is part of the project approach for achieving specific project health objectives. Hence, the PP will not appraise PVO needs broadly.

10. Use of the Fund to Procure S&T Contractor or other services for a Mission: The question was whether this use of the Fund constitutes poor management (supplementing Mission OYB).

Decision: The Fund should not be used to supplement Mission OYB, but to achieve project objectives.

11. Cadre of "LAC experts":

Decision: Developing such a cadre is not a project objective. However, LAC would expect to gain experience over the project life about the availability and capability of health experts.

12. Transferring contractor expertise to LAC/DR/HN:

Decision: This is not an intent of the project.

13. What should happen to the ongoing PAHO, AUPHA, ICPS AND SUNY activities?

Decision: No special arrangements are called for.

C. Clarifications:

-- Goal and purpose level objectively verifiable indicators (OVI) are overlapping. Purpose OVIs should provide the basis for assessing whether and how much improvement has occurred in planning, managing and evaluating cost-effective health services.

Annex G

PID APPROVAL MEMORANDUM

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D C 20523

MAY 6

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR (LAC)

FROM: LAC/DR, Terrence J. Brown

SUBJECT: LAC/CA Regional Health Technical Services Support Project PID (598-0657 and 597-0027)

I. Action Requested: Approve the Project Identification Document (PID) for this proposed FY 89 project, subject to guidance in this memorandum on Project Paper (PP) development.

II. Background: LAC/DR/HN submitted the PID for this regional health project (Tab B). The purpose is to improve the planning, management, monitoring and evaluation of cost-effective and sustainable health services through the public and private sectors in the Latin American Region. The project will focus on meeting Mission needs for technical services, training, operations research and information exchange. Technical services will enable missions and host-governments to formulate effective health strategies and to design, manage and evaluate more effective programs and projects. Emphasis will be on key interventions in immunization, ORT, child nutrition, health management and financing, and other priority health areas.

The PID calls for $12 million in LAC/CA regional funds over a 4 year period. In addition, LAC missions are expected to contribute up to $8 million in bilateral funds for buy-ins.

The PID was reviewed at an Issues Meeting on April 11 and a DAEC Review on April 14. Terrence Brown chaired the DAEC.

III. Discussion: Salient decisions from the PID Review meetings are summarized below. Other decisions about the proposed project are included in the attached issues paper (Tab A).

A. DAEC Review

1. Issue: Project Funding: Is the requested funding level justified by the anticipated needs of the LAC health portfolio in the next four years?

At the recent LAC/CA Regional Action Plan review, the DAA/LAC stated that the funding levels for LAC/CA regional programs should be trending downward.

The high proposed budget for this project might impact on bilateral health programs and other functional accounts. At a

proposed $20 million LOP funding level (including $8 million in Mission buy-ins), this project would be one of the largest regional activities. The project budget may be compared to LAC's total FY 89 budget (projected) of $53 million for health and child survival projects in Latin America.

Decision:

- The PID is recommended for approval with a presumption that project funding be modified per the following guidance.

  Funding levels will depend on the level of effort needed to achieve project objectives in targeted health subsectors, and the specific problems and potentials in those subsectors (Reference item B.1 below). The upper limit for LOP is $20 million, but with the expectation that the funding level will be considerably less.

  The PP should analyze the impact of a 50 percent cut in LAC/CA regional funds for the project, i.e., to about $6 million LOP compared to the $12 million in the PID. The level of bilateral buy-ins should be maintained around $8 million, if possible. Mission demand for project services (including buy-ins) will also be a determinant of project size and funding.

  Project funding relates also to the ongoing LAC Regional Health Technology Development and Transfer projects (598-0632, 597-0006). Any funding increase for the ongoing project would affect funds for the new project.

2. Issue: Technical Services Contractor: Should the project fund a consultant team at the level proposed to augment LAC/DR/HN capability?

This question is closely related to the overall project funding issue. A technical services consultant firm is to be hired to "provide LAC Bureau expert technical capability in several high priority health and nutrition intervention areas." The PID suggests up to 7 1/2 person-years of services annually. DR/HN representatives noted that the level of long-term technical services was likely to be less than the 7 1/2 person-years, however.

The Issues Meeting explored whether long-term TA was essentially a way to augment LAC/DR/HN staff to carry out A.I.D./W backstopping functions. It was reconfirmed that project funds would not be used for OE purposes.

Decisions:

- A significantly reduced level of long-term technical assistance will be considered during PP development. A smaller core of long-term consultants (3-4) combined with sufficient access to short-term experts is recommended.

- The key long-term consultants should be identified and their positions justified in terms of specific priority health problems, project interventions and expected results (Reference item B.1 below). Expected areas of project emphasis and long-term technical assistance include: child survival and nutrition, health management, and health care financing; but the specifics need to be assessed. Health management and health care financing, for example, are being addressed through the ongoing Health Technology Development and Transfer projects. The PP would have to explain what elements or approaches need to be extended/expanded for the new project.

- Planning for technical consultants must be closely coordinated with the S&T Bureau to ensure complementarity of project purposes and consultant mechanisms, and to avoid inefficient redundancy and intra-bureau competition for scarce technical consulting services.

B. Issues Meeting*

1. Issue: Project Priorities: Does the project focus on the highest priority health service problems and solutions?

The PID mentioned general priority areas, such as child survival, health care financing etc., but lacked analysis or conclusions about principal related problems, solutions and project interventions.

Decision:

- The PP should focus on a limited set of priority health/child survival problems. Each priority area should be analyzed in terms of A.I.D.'s objectives, principal constraints and issues, potential solutions, project interventions, and expected impacts.

- DR/HN will organize a peer review to engender a broad spectrum of expert opinion on priority health problems and approaches/solutions.

*The following issues are presented in more detail in the issues paper for the PID Review dated 4/14/88 (Tab A).

2. Issue: Private Sector: What private sector interventions are planned?

Decision: The PP will incorporate private sector approaches where appropriate; the PVO component will be eliminated from the PP.

3. Issue: Policy Improvements: Should the project identify policy objectives and issues and how the project will promote those policy objectives?

Decision: The PP will include such a discussion.

IV. Recommendation: Approve the attached PID for the LAC Regional Health Technical Services Support projects (598-0657 and 597-0027) subject to guidance in this memorandum and in Tab A. Sign this memorandum and the PID Facesheet (Tab B).

Approved: MB

Disapproved: _____

Date: JUN 13 1988

Attachments:
1. Issues Paper Tab A
2. PID Tab B

Annex H

LAC MISSION ESTIMATES OF TECHNICAL SUPPORT NEEDS

(Mission Buy-ins)

April - May 1989

LAC Mission Buy-in Estimates
(pms or $)

	Original July '88 Responses				Current April '89 Responses				LAC/DR/HN Estimates
	HCF	MGT	NUTR	Other	HCF	MGT	NUTR	Other	(Comments)
RDO/C									Based on current RDSS, est. 3 pms. TA over LOP (HCF, MGT) (Bridgetown 03372)
Belize	6 pms	1 pms		1 pm	$600,000				Cable identified $600,000 for HCF TA over LOP (B. 01889, 01167)
Bolivia	4 pms	7 pms	4 pms	8 pms				23 pms	Cable response (LaPaz 05763)
Brazil								NR	No response to current cable
Chile								NR	No response to current cable, use of LAC/CA funds likely per previous cable.
Colombia				NR					Do not anticipate buy-ins, however, has been previous use of TA (Bogota 06271)
Costa Rica				2 pms					Currently, not anticipate use (S.J. 0487) however, previous user of TA; est. 3 pms TA over LOP
D.R.	4 pms			6 pms	3 pms			5 pms	Cable identified "other" as TA for child survival development & evaluations (S.D. 04788)
Ecuador				NR					Cable (Quito 05354) did not answer questions; based on current CDSS and portfolio, est. 8 pms TA over LOP.
El Salvador	1 pm	6 pms	1 pm	6 pms				$500,000	Cable identified $500,000 for unspecified TA over LOP (SS 05369)

(cont'd)

(cont'd)

	Original July '88 Responses				Current April '89 Responses				LAC/DR/HN Estimates
	HCF	HMGT	NUTR	Other	HCF	HMGT	NUTR	Other	(Comments)
Guatemala				2 pms		2 pms	12 pms	18 pms	(Guatemala 05151)
ROCAP	1 pm	7 pms	8 pms	4 pms					Telcon with ROCAP authorized use of original cable for est. (Guate. 09319 '88) 20 pms TA over LOP
Haiti				12 pms	10 pms	8 pms	14 pms		(PaP 02626)
Honduras									Telcon with Mission est. use for NUTR at 4 pms over LOP (Teg. 06861)
Jamaica	9 pms	9 pms			3 pms				(Kingston 04469) "Other special concerns" =2 pms are releva to TA buy-ins
Mexico				NR				NR	No response to current cable
Paraguay				NR					(Asuncion 01934), No buy-in anticipated
Peru	5 pms	5 pms	5 pms	4 pms					(Lima 05544) - Cable did not respond; previous cable (Lima 09162) est. 19 pms TA over LOP.
Uruguay				NR					(Asuncion 01934), No buy-in anticipated
Total					$600,000			$500,000	LAC/DR/HN estimates an additional 58 pms of TA over LOP based on CDSS, RDSS, and other Mission-specific program information
					16 pms	10 pms	26 pms	46 pms	
					Total = 98 pms and $1,100,000				

(*) - See Annex B for Original July '88 Cable Responses interpreted estimates. Due to reconfiguration of Project Components, Original July '88 Mission buy-in estimate results presented here are not necessarily comparable to April '89 Buy-in Response estimates.

INTERPRETING LAC MISSION RESPONSES FOR BUY-IN ESTIMATES

For the purpose of calculating Mission buy-in demand, the LAC Mission responses are interpreted based on the following:

(1). LAC Mission short-term technical assistance estimates (refer to previous table) X $16,000 per person (consultant salary, per deim, travel and overhead, as provided by SER/OP/OS/LAC):

156 pms X $16,000/month = $2,496,000

(2). El Salvador and Belize responded with LOP dollar figures totalling = 1,100,000

Sub-Total $3,596,000

(3). Based on S&T experiences with two major technical assistance field support projects (REACH, PRITECH I), initial estimates of Mission buy-ins were extremely low compared to actual use. Therefore, S&T recommended doubling the Mission buy-in estimates in calculating the ceiling requirements for short-term technical support:

$3,596,000 X 2 = $7,192,000

(4). Based on previous experience, A.I.D. Reps are low users of LAC Regional Projects; however, LAC/DR/HN estimates 10 pms over the LOP for the 5 A.I.D. Reps not responding to new project cable inquiry:

$16,000/month X 10 pms = $160,000

Sub-Total $7,352,000

(5). Contingency factor of 10% :

$7,352,000 X 10% = $735,200

Core Contract: LAC Mission Buy-in estimates $8,087,200

AUPHA : LAC Mission Buy-in estimates $700,000

Estimated Buy-ins TOTAL = $8,787,000

5949T(p.2)

Department of State

TELEGRAM

ORIGIN AID-00

ORIGIN OFFICE LADR-03
INFO PPDC-01 LADP-02 LACE-01 LASA-02 LACA-03 SAST-01 PDPR-01
PPPB-02 GC-01 GCLA-01 STHE-03 STN-03 FPA-02 HNS-05
RELO-01 /036 A4 KL13

INFO LOG-00 CIAE-00 EB-00 OODE-00 ARA-09 /000 R

DRAFTED BY: AID/LAC/DR:LODLE:AG/48570
APPROVED BY: AID/LAC/DR:TBROWN
AID/LAC/DR/HN:PFEENEY AID/LAC/DR:GBOWERS
----------378435 122001Z /38

P 121958Z APR 89 ZEX
FM SECSTATE WASHDC
TO USAID MISSIONS IN LATIN AMERICA PRIORITY

UNCLAS STATE 113855

AIGAC, GUATEMALA FOR USAID AND ROCAP

E.O. 12356: N/A
TAGS:
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT PAPER (598-0557/597-0027)

1. THE LAC BUREAU IS IN THE PROCESS OF REVIEWING SUBJECT DRAFT PP WHICH WILL PROVIDE AMONG OTHER THINGS, ASSISTANCE TO LAC FIELD MISSIONS AND PARTICIPATING HOST COUNTRIES. PREVIOUSLY LAC MISSIONS REVIEWED THE PID AND PROVIDED CABLE RESPONSES AND SUGGESTIONS WHICH HAVE BEEN INCORPORATED INTO THE DRAFT PP. SINCE THE PP PROVIDES THE POTENTIAL FOR SIGNIFICANT MISSION-FUNDED BUY-INS FOR AT LEAST 411 PERSON-MONTHS OF SHORT TERM TECHNICAL ASSISTANCE SERVICES, THE LAC BUREAU WOULD APPRECIATE MISSIONS' CABLED COMMENTS/CONCURRENCE FOR THE PROPOSED SERVICES AND POTENTIAL LEVEL OF MISSION BUY-IN REQUIREMENTS PRIOR TO FINAL APPROVAL OF PP. A SUMMARY OF THE PROPOSED PROJECT IS GIVEN BELOW.

2. HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT.

INTRODUCTION: LAC/DR/HN IS PROPOSING A FOUR-YEAR LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES SUPPORT PROJECT. THIS PROJECT, FUNDED WITH LAC AND CA REGIONAL

FUNDS, WITH PROVISION FOR BUY-INS BY LAC MISSIONS, IS DESIGNED TO PROVIDE NECESSARY SUPPORT SERVICES TO ASSIST IN DEVELOPING BILATERAL PROGRAMS AND ACTIVITIES IN KEY HEALTH AND NUTRITION SECTORS. AS CURRENTLY PROPOSED $9.2 MILLION IN LAC/CA FUNDING FOR THE PROJECT WILL BE COMPLEMENTED BY $8.3 MILLION IN MISSION BUY-INS.

THE GOAL OF THE PROJECT IS TO IMPROVE THE HEALTH AND NUTRITIONAL STATUS OF THE POPULATION IN THE LAC REGION; IN PARTICULAR, TO CONTRIBUTE TO THE REDUCTION OF INFANT AND CHILD MORBIDITY AND MORTALITY. THE PURPOSE IS TO IMPROVE THE EFFECTIVENESS OF STRATEGIES, PROGRAMS, AND PROJECTS IN THE AREAS OF HEALTH MANAGEMENT, HEALTH FINANCING, NUTRITION, AND OTHER SPECIAL INITIATIVES IN THE LAC REGION BY FACILITATING THE EXCHANGE AND APPLICATION OF TECHNOLOGY AND INFORMATION AMONG LAC MISSIONS AND COUNTRY INSTITUTIONS WITH RESPECT TO ACTIVITIES IN THESE AREAS.

THERE ARE TWO SUBSIDIARY PURPOSES, AS FOLLOWS:

A. TO PROMOTE INCREASED LEVELS OF ACTIVITIES IN THE AREAS OF HEALTH MANAGEMENT, HEALTH FINANCING, AND NUTRITION, AND

B. TO FACILITATE THE LAC BUREAU'S ABILITY TO RESPOND WITH TIMELY PROGRAMS AND ACTIVITIES TO SPECIAL CONCERNS, NEW DEVELOPMENTS, AND SPECIFIC PROBLEMS AFFECTING THE HEALTH AND NUTRITION SECTORS IN LAC.

PROJECT COMPONENTS: THERE ARE FOUR PROJECT COMPONENTS: A. HEALTH MANAGEMENT, B. HEALTH FINANCING, C. NUTRITION, AND, D. SPECIAL CONCERNS. THE PP DESCRIBES THESE FOUR COMPONENTS AS FOLLOWS:

A. HEALTH MANAGEMENT (LAC/CA: DOLS 1.75 MILLION, MISSION BUY-INS: DOLS 2.1 MILLION)

- A CONTRACT WITH A PRIVATE FIRM/UNIVERSITY, (THE CORE CONTRACT), AWARDED COMPETITIVELY. ELEMENTS WILL INCLUDE:

(1) ONE LONG-TERM MANAGEMENT ADVISER,
(2) AN ESTIMATED 95 PERSON-MONTHS OF SHORT-TERM TECHNICAL ASSISTANCE (22 PMS LAC/CA; 74 PMS MISSION BUY-INS), AND
(3) VARIOUS PROGRAM, PROJECT, AND SUPPORT ACTIVITIES.

- A COOPERATIVE AGREEMENT WITH THE ASSOCIATION OF UNIVERSITY PROGRAMS IN PUBLIC HEALTH (AUPHA) WHICH WILL FUND :

(1) AUPHA CORE STAFF,
(2) TECHNICAL ASSISTANCE TO MISSIONS (6 PERSON MONTHS FUNDED WITH LAC/CA REGIONAL FUNDS),
(3) EDUCATION PROGRAM DEVELOPMENT (INCLUDING LIMITED SEMINARS AND WORKSHOPS, INFORMATION NETWORKING, REFERENCE MATERIALS/GUIDES PUBLICATION). MISSION-FUNDED BUY-IN LEVEL HAS BEEN PROPOSED AT DOLS 700,000.

B. HEALTH FINANCING (LAC/CA: DOLS 635,000, MISSION BUY-INS: DOLS 3.255 MILLION)

- TO BE INCLUDED UNDER THE CORE CONTRACT NOTED ABOVE. ELEMENTS WILL INCLUDE:

(1) ONE LONG-TERM HEALTH CARE FINANCIAL ADVISER,
(2) AN ESTIMATED 220 PERSON-MONTHS OF SHORT-TERM TECHNICAL ASSISTANCE (21 PMS LAC/CA; 199 PMS MISSION BUY-INS), AND
(3) VARIOUS PROGRAM, PROJECT, AND SUPPORT ACTIVITIES.

C. NUTRITION (LAC/CA: DOLS 715,000, MISSION BUY-INS: DOLS 2.93 MILLION)

- TO BE INCLUDED UNDER THE CORE CONTRACT. ELEMENTS WILL INCLUDE:

(1) ONE LONG-TERM NUTRITION PLANNER,
(2) AN ESTIMATED 177 PERSON-MONTHS OF SHORT-TERM TECHNICAL ASSISTANCE (39 PMS LAC/CA; 138 PMS MISSION BUY-INS), AND
(3) VARIOUS PROGRAM, PROJECT, AND SUPPORT ACTIVITIES.

NOTE: THE DOLS 6.0 MILLION CORE CONTRACT PROVIDES DOLS 3.050 FOR ADMINISTRATIVE COSTS FOR A PROJECT DIRECTOR, ASSISTANT ADMINISTRATOR/RECRUITMENT OFFICER, OTHER SUPPORT STAFF, AND OFFICE SPACE, EQUIPMENT AND SUPPLIES. THE PROJECT DIRECTOR IS RESPONSIBLE FOR DEVELOPING A DATA TRACKING SYSTEM AND CARRYING OUT EVALUATIONS. SUBSTANTIAL MISSION BUY-INS ARE ANTICIPATED FOR THE HEALTH MANAGEMENT, HEALTH FINANCING, AND NUTRITION COMPONENTS.

78

D. SPECIAL CONCERNS - (DOLS 1.95 MILLION FOR LAC/CA REGIONAL FUNDING ONLY)

BUY-INS TO CENTRALLY-FUNDED S&T PROJECTS, IQCS, PURCHASE ORDERS, AND OTHER CONTRACTING MECHANISMS, WHICH WILL FUND 123 PMS OF SHORT-TERM TECHNICAL ASSISTANCE (NO MISSION BUY-INS ANTICIPATED) FOR VARIOUS TYPES OF REGIONALLY APPROPRIATE PROGRAM/PROJECT SUPPORT FOR THE FOLLOWING ACTIVITIES:

(1) CHILD SURVIVAL,
(2) AIDS,
(3) VITAMIN A, AND,
(4) DRUG ABUSE/NARCOTICS AWARENESS

3 PROJECT ACTIVITIES REFLECT PRIORITIES IDENTIFIED BY THE LAC MISSIONS AND LAC/DR/HN ON THE BASIS OF ANTICIPATED NEEDS FOR TECHNICAL SUPPORT SERVICES DURING THE PROJECT PERIOD. THE IMPORTANCE OF THESE SECTORS TO THE STATUS OF HEALTH AND NUTRITION IN THE LAC REGION, AND THE NEED TO PROMOTE MORE IN-DEPTH AND SUBSTANTIVE ACTIVITIES IN THESE AREAS. THE THREE PRIORITY FOCUS AREAS (I.E. HEALTH MANAGEMENT, HEALTH FINANCING, NUTRITION) WERE IDENTIFIED BY THE LAC MISSIONS WHEN SURVEYED BY CABLE IN JULY 1988 AND DURING THE RECENT HPN OFFICERS CONFERENCE IN ANNAPOLIS. THE ACTIVITIES INCLUDED IN THE SPECIAL CONCERNS COMPONENT ARE THE RESULT OF ESTIMATES MADE BY THE OFFICERS IN LAC/DR/HN, BASED UPON THEIR KNOWLEDGE OF THE VARIOUS HEALTH AND NUTRITION SUB-SECTORS, HIGH POLITICAL PROFILE OF CERTAIN HEALTH AREAS, AND DEVELOPMENT TRENDS IN THE LAC REGION AS WELL AS CONFIRMATION FROM THE LAC MISSIONS. IN ADDITION, THE PROJECT WILL IMPROVE DATA TRACKING SYSTEMS AT LAC/W AND AT FIELD MISSIONS FOR HEALTH AND NUTRITION INDICATORS RELATED TO THE PRIORITY AREAS AS WELL AS AN IMPROVED SYSTEM FOR INFORMATION EXCHANGE AMONG THE MISSIONS AND BETWEEN A.I.D./W AND THE FIELD.

4. FINANCIAL TABLE/LEVEL OF EFFORT (DOLS 000)

	LAC/CA FUNDED			MISSION
COMPONENT	CORE CONTRACT	AUPHA	SPECIAL CONCERNS	FUNDED BUY-INS
I (MGMT)	700 (22 PM)	1650 (6 PM)		2100 (CORE-73PM AUPHA-TBD)
II (FINAN)	635 (21 PM)	---		3255 (199 PM)
III (NUTR)	715 (39 PM)	---		2930 (138 PM)
IV (SPCON)	--	--	1950 (123 PM)	-
CORE PERSONNEL	3950	--		--
AUDIT/EVL	--	--	200	--
TAG		-	10	-
SUB TOTAL	6000	1050	2160	8285

TOTAL LAC/CA-DOLS 9,210 MISSION BUY-IN DOLS 8,285

NOTE: PERSON MONTHS OF SHORT TERM TECHNICAL ASSISTANCE TO BE FINANCED GIVEN IN BRACKETS. THIS DOES NOT INCLUDE COSTS FOR CONFERENCES, WORKSHOPS, SEMINARS, AND/OR TRAINING.

5. MISSION COMMENTS AND CONCURRENCE IN THE PROPOSED PROJECT ARE REQUIRED PRIOR TO AID/W DAEC REVIEW. BASED ON THE ABOVE DESCRIPTION PLEASE CABLE BY APRIL 17, 1989 COMMENTS ON AND/OR CONCURRENCE WITH THE TECHNICAL AREAS TO BE ADDRESSED, THE PROJECT DESIGN, AND THE METHODS FOR OBTAINING LONG AND SHORT TERM TECHNICAL ASSISTANCE. ALSO, PLEASE RECONFIRM INDIVIDUAL MISSION SHORT TERM TECHNICAL ASSISTANCE NEEDS IN PERSON-MONTHS FOR BOTH THE FIRST YEAR OF ACTUAL PROJECT IMPLEMENTATION (FY 1990) AND FOR THE LIFE-OF-PROJECT BY SOURCE OF FUNDING (I.E. MISSION BUY-INS OR LAC/CA REGIONAL PROJECT FUNDS).

6. WE APPRECIATE YOUR RAPID RESPONSE. PLEASE SLUG RESPONSE TO LAC/DR/HN. BAKER

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 BRIDGE 03372 031513Z 3030 052945 AID7894
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 LACA-03 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /020 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
----------262204 040122Z /38

R 031448Z MAY 89
FM AMEMBASSY BRIDGETOWN
TO SECSTATE WASHDC 5781

UNCLAS BRIDGETOWN 03372

AIDAC

PASS TO LAC/DR/HN

MAY 04 1989

E.O. 12356: N/A
TAGS: NONE
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION
TECHNICAL SERVICES PROJECT PAPER (598-0657/597-0027)

REF: STATE 113855

1. MISSION APPRECIATES OPPORTUNITY TO COMMENT ON PROPOSED SUBJECT PROJECT AND REGRETS DELAY IN PROVIDING ITS RESPONSE. WE ARE IN THE MIDST OF PREPARING OUR AAP FOR 1990/91, A PROCESS DIRECTLY RELATED TO THE PROBABILITY OF OUR PARTICIPATION IN THE SUBJECT PROJECT.

2. MISSION BELIEVES THAT THERE IS A SIGNIFICANT NEED FOR TECHNICAL ASSISTANCE IN HEALTH MANAGEMENT AND FINANCING. WE FURTHER BELIEVE, HOWEVER, THAT ADDING NUTRITION AND SPECIAL CONCERNS COMPONENTS BROADENS THE FOCUS TREMENDOUSLY AND PROBABLY DUPLICATES TECHNICAL ASSISTANCE PROGRAMMING AVAILABLE VIA OTHER MEANS. ADDITIONALLY, THE EMPHASIS ON SHORT-TERM TECHNICAL ASSISTANCE LIMITS THE FLEXIBILITY AND POTENTIAL USEFULLNESS OF THE PROGRAM FOR THE MISSION. WE WOULD, FOR EXAMPLE, FIND IT VERY USEFUL NOT ONLY TO USE THE PROJECT TO IMPLEMENT COST ACCOUNTING/USER FEE/DEMAND STUDIES, BUT TO HAVE THE ABILITY TO PROCURE THE TECHNICAL ASSISTANCE TO IMPLEMENT THE RECOMMENDATIONS OF THESE RESEARCH EFFORTS.

3. AT THIS POINT, HOWEVER, MISSION IS UNLIKELY TO BUY-IN TO THE PROJECT GIVEN THE STRATEGY OUTLINED IN OUR RECENTLY REVISED RDSS. BECKHAM

UNCLASSIFIED

80

INCOMING TELEGRAM

Department of State

PAGE 01 BELIZE 01889 241004Z 1050 047018 AID9000
ACTION AID-00

INFO RED-01 /001 A8

ACTION OFFICE LADR-03
INFO LADP-03 LACA-03 LAEM-02 SAST-01 FVA-01 ES-01 AAID-01
STHE-03 STN-03 STFA-01 RELO-01 AMAD-01 /024 A0

INFO LOG-00 ADS-00 ARA-00 AMAD-01 OES-09 /010 W
----------363040 2412307 /47 24

R 212252Z APR 89
FM AMEMBASSY BELIZE
TO SECSTATE WASHDC 8218

UNCLAS BELIZE 01889

AIDAC

C O R R E C T E D C O P Y (SIGNATURE)

SECSTATE FOR LAC/DR/HN - JULIE KLEMENT

E.O 12356: NA
TAGS: NA
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION
- TECHNICAL SERVICES PROJECT PAPER
- (598-0657/597-0027)

REF: A) STATE 113955 B) BELIZE 1167

1. USAID BELIZE SUPPORTS SUBJECT PROJECT DESIGN AS DESCRIBED IN REFTEL (A). HEALTH CARE FINANCING (HCF) AND MANAGEMENT ARE AREAS OF PRIMARY CONCERN TO US.

2. PER REF (B) USAID/BELIZE HOPES TO BUY-IN TO BOTH SUBJECT PROJECT AND REACH II HCF FOLLOW ON ACTIVITIES. REF B) HAS DESCRIBED THE ACTIVITIES WHICH WE WOULD LIKE TO PURSUE, AND THE ANTICIPATED BUY-IN LEVEL.

3. WE ALSO SUPPORT THE DESIGNATION OF A LONG-TERM ADVISOR IN EACH MAJOR AREA. POLICY DIALOGUE WITH THE GOVERNMENT OF BELIZE (GOB) IS EXPECTED TO BE SIGNIFICANT, AND WE ANTICIPATE THESE ADVISORS BEING USEFUL SUPPLEMENTARY RESOURCES TO OUR OWN PROJECT MANAGER, ESPECIALLY IN THE HCF AREA.

4. WHILE WE PERCEIVE THAT HCF IS PERHAPS THE MOST CRITICAL FACTOR TO DEVELOPMENT IN THE BELIZE HEALTH SECTOR, IT IS ALSO READILY APPARENT THAT IMPROVED MANAGEMENT, AFTER SOME SECTORAL RESTRUCTURING, IS AS CRITICAL. OUR BUY-IN WOULD LIKELY THEREFORE BE UTILIZED IN BOTH THE HCF AND HEALTH MANAGEMENT AREAS. WE TRUST THAT INCLUDED IN THE PHRASE "VARIOUS PROGRAM, PROJECT AND SUPPORT ACTIVITIES" IS THE LATITUDE TO HAVE THE CONTRACTOR ARRANGE FOR TRAINING PROGRAMS AND ORIENTATION VISITS BY COOPERATING COUNTRY PROFESSIONALS.

5. WE DO NOT ANTICIPATE SIGNIFICANT BUY-IN LEVELS IN THE CHILD SURVIVAL, AIDS OR NUTRITION AREAS, SINCE THESE AREAS ARE NOT OF HIGH EMPHASIS IN OUR 1990-96 STRATEGY. WE NEVERTHELESS SUPPORT THEIR INCLUSION IN THE PROJECT AND HOPE TO BE ABLE TO ACCESS ASSISTANCE ON THESE AREAS IF REQUIRED. COONY

INCOMING TELEGRAM

Department of State

PAGE 01 BELIZE 01167 00 OF 02 141424Z 5261 024205 AID3957
ACTION AID-00

ACTION OFFICE STHE-03
INFO AFPE-07 LADP-02 LADR-02 LACA-03 LAEM-02 SAST-01 PPR-01
GC-01 GCLA-01 ES-01 PRE-06 RELO-01 AMAD-01 TELE-01
/034 A0

INFO LOG-00 CIAE-09 EB-00 DODE-00 ARA-00 AMAD-01 /001 W
----------260614 141425Z /45 44 38

O 141324Z MAR 89
FM AMEMBASSY BELIZE
TO SECSTATE WASHDC IMMEDIATE 7827

UNCLAS BELIZE 01167

AIDAC

SECSTATE FOR AID/ST/H/HSD, ALLEN RANDLOV AND
AID/LAC/DR/HN, PATRICIA MOSER

E.O. 12356: NA
TAGS: NA
SUBJECT: ST/H FOLLOW ON PROJECT TO REACH'S HEALTH
CARE FINANCING (HCF) ACTIVITIES

REFERENCE: STATE 046393
1. APOLOGIES FOR LATE RESPONSE. OFFICER RESPONSIBLE FOR HEALTH CARE FINANCING ISSUES WAS ATTENDING LAC HPN CONFERENCE DURING PERIOD CABLE RECEIVED AND RESPONSE REQUESTED. HOPE FOLLOWING INFORMATION IS STILL OF USE TO ST/H. CABLE DIRECTED TO LAC/DR/HN ALSO FOR USE IN DESIGNING LAC REGIONAL PROJECT ADDRESSING HCF ACTIVITIES.

2. USAID/BELIZE PROPOSES TO BUY-IN TO CENTRAL OR REGIONAL PROJECT FOR UP TO DOLS 600 THOUSAND FOR HCF ACTIVITIES IN BELIZE FY 89 TO FY 94 AVERAGE ANNUAL BUY-IN MAY BE DOLS 150 THOUSAND WITH LARGER AMOUNTS IN LATER FISCAL YEARS. WE EXPCT TO ASSIST BELIZE HEALTH SECTOR WITH STUDIES, TECHNICAL ASSISTANCE, LOCAL AND EXTERNAL TRAINING PROGRAMS AND FOCUS GROUP SEMINARS, AND ORIENTATION VISITS TO APPROPRIATE FOREIGN LOCATIONS. PURPOSE OF ACTIVITIES IN THIS AREA IS TO SET STAGE FOR RESTRUCTURING OF BELIZE HEALTH SECTOR FROM A POORLY FINANCED AND RUN GOVERNMENT DOMINATED SECTOR, TO ONE THAT SHARES TECHNICAL COVERAGE AND COSTS WITH SOCIAL SECURITY AND PRIVATE INSURANCE. EVENTUAL GOAL IS TO IMPROVE THE EFFICIENCY OF THE SECTOR TO DELIVER HEALTH CARE AS AND WHERE REQUIRED IN A TECHNICALLY PROFICIENT AND COST EFFECTIVE MANNER.
- - -
3. SPECIFIC ACTIVITIES NOW ENVISAGED ARE AS FOLLOWS:

A. DEMAND STUDY TO DETERMINE WHERE VARIOUS LEVELS OF HEALTH CARE ARE CURRENTLY OBTAINED, WILLINGNESS TO PAY, AND HOW MUCH, AND PERCEPTIONS OF QUALITY OF CARE OBTAINED FROM VARIOUS PROVIDERS.

B. FEASIBILITY STUDIES TO ASSIST SOCIAL SECURITY AND PRIVATE INSURANCE COMPANIES DETERMINE MARKETS AND APPROPRIATE COVERAGE SCHEMES IN ORDER TO DECREASE FINANCING BURDEN FROM GOVERNMENT AND INDIVIDUAL.

C. POLICY DIALOGUE AND GROUP SEMINARS IN BELIZE WITH SOCIAL SECURITY, PRIVATE INSURANCE GROUPS, PRIVATE MEDICAL PRACTITIONERS, MINISTRY OF HEALTH, MINISTRY OF FINANCE, AND MAJOR INDUSTRY GROUPS (BANANA, CITRUS, SUGAR).

BELIZE 01167 00 OF 02 141424Z 5261 024205 AID3957

D. ORIENTATION VISITS TO U.S. AND REGIONAL LOCATIONS TO OBSERVE AND DISCUSS PROGRAMS/ACTIVITIES FOR ADAPTATION TO BELIZE'S CIRCUMSTANCES.

E. TRAINING PROGRAMS IN U.S. AND REGION FOR SPECIFIC AREAS (HEALTH ECONOMICS, HEALTH PLANNING, ETC).

F. TECHNICAL ASSISTANCE IN AREAS SUCH AS TARIFF RESTRUCTURING AND PLANNING, REVISION OF REGULATORY SYSTEMS FOR PHYSICIANS MARKET, OPERATING COSTS ANALYSES FOR NEW BELIZE CITY HOSPITAL AND PRIVATE INITIATIVES, DEVELOPMENT OF MANAGEMENT INFORMATION SYSTEMS, AND DEVELOPMENT OF PRE-PAID PRIVATE SECTOR HEALTH INSURANCE SCHEMES.

4. IT IS EXPECTED THAT WITH MORE EXPERIENCE OTHER NEEDS WILL BE IDENTIFIED.

. WE DO NOT ANTICIPATE NEED FOR LONG TERM ADVISORS. WE TRUST THAT EITHER CENTRAL OR REGIONAL PROJECT WILL HAVE QUALIFIED AND EXPERIENCED HOME OFFICE STAFF WHO CAN BE CALLED ON FOR ASSISTANCE IN DEVELOPING AND CONTINUING POLICY DIALOGUE WITH GOVERNMENT AND PRVATE SECTOR IN BELIZE.

6. WE COMMEND THE INVOLVEMENT OF WHO IN THE CENTRAL REACH PROJECT. THIS INVOLVEMENT REINFORCES OUR POSITION IN BELIZE THAT HEALTH CARE FINANCING IS OF GLOBAL CONCERN AND IS NOT ONLY A U.S PROMOTED ISSUE. WE SUPPORT GREATER COORDINATION OF WHO/USAID EFFORTS TO ASSURE THAT ASSISTANCE TO DEVELOPING COUNTRIES BY THESE DONORS ARE PART OF THE SAME COUNTRY PLAN AND ARE NOT CONTRADICTORY.

7. PLEASE KEEP US ADVISED OF DEVELOPMENTS WITH DESIGN OF BOTH CENTRAL AND REGIONAL PROJECTS. AS INDICATED IN PARAGRAPH 1, WE WOULD LIKE TO OBLIGATE INITIAL BUY-IN DURING FY 89. RICH

82

FILE COPY

UNCLASSIFIED

Department of State

INCOMING TELEGRAM

PAGE 01 LA PAZ 05763 041857Z 0815 053783 AID9748
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 LASA-02 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /019 A0

INFO LOG-00 CIAE-00 IG-00 DODE-00 ARA-00 /000 W
--- 357264 050537Z /38

R 041848Z MAY 89
FM AMEMBASSY LA PAZ
TO SECSTATE WASHDC 4701

UNCLAS LA PAZ 05763

AIDAC

FOR LAC DEPUTY TRICIA MOSER

E.O. 12356: N/A
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION
- TECHNICAL SERVICES PROJECT PAPER -
- (598-0657/597/0027)

REF: A) LA PAZ 5047
- B) QUITO 5354
- C) STATE 113855
- D) 88-LA PAZ 8422

1. AS NOTED IN REFTEL D, USAID/BOLIVIA ESTIMATED THAT MISSION COULD UTILIZE APPROXIMATELY 69 PERSON-MONTHS (PM) OF LAC/CA-FUNDED REGIONAL AND 23 PM OF USAID/BOLIVIA-FUNDED TA UNDER SUBJECT PROJECT FROM FY 89-FY92.

2. PLEASE DISREGARD ESTIMATED PM NOTED IN PARA TWO, REFTEL A.

3. HOWEVER IF THE FIGURES NOTED IN REFTEL B ARE CORRECT AND REGIONAL FUNDS WILL ONLY PROVIDE 82 PM (OR 16 PER CENT) OF LIFE OF PROJECT SHORT TERM TA (493 PM) UNDER SUBJECT PROJECT, IT IS UNLIKELY THAT USAID/BOLIVIA WILL RECEIVE 69 PM OF REGIONALLY FUNDED SHORT TERM TA DURING FY 89-92 PERIOD. PLEASE NOTE THAT LAC DR HQ HAS NOT RESPONDED TO PARA FOUR REFTEL D IN WHICH WE REQUESTED CONFIRMATION OF ESTIMATED PM OF LAC/CA REGIONAL FUNDS TA FOR USAID/BOLIVIA. PLEASE ADVISE. GELBARD

UNCLASSIFIED

83

ACTION COPY

UNCLASSIFIED

Department of State

INCOMING TELEGRAM

PAGE 01 BOGOTA 06271 281604Z 3944 050860 AID4665
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 LASA-02 SAST-01 PPPB-02 GC-01 PPEA-01 GCLA-01
ES-01 STHE-03 STN-03 STFA-01 RELO-01 AMAD-01 /024 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
---------- 023343 291855Z /38

P 281506Z APR 89
FM AMEMBASSY BOGOTA
TO SECSTATE WASHDC 5078

UNCLAS BOGOTA 06271

AIDAC FOR LAC/DR/HN

E.O. 12356: N/A
SUBJECT: LAC/CR REGIONAL HEALTH AND TECHNICAL
SERVICES PROJECT PAPER (598-0657/597-0080)

REF: (A) STATE 131367; (B) STATE 113855

RECEIVED BY LAC/DR/HN MAY 02 1989

AID/BOGOTA REGRETS LATE SUBMISSION OF RESPONSE TO REFTEL B. BUT ASSUMED THE PROJECT DESIGN WAS MORE APPROPRIATE TO LDCS THAN ADCS. WE DO NOT, AT THIS TIME, ANTICIPATE BUYING IN TO THE PROJECT. REF B., PARA 2, MENTIONS THAT THE PURPOSE OF THE PROJECT IS TO PROVIDE NECESSARY SUPPORT SERVICES TO ASSIST IN DEVELOPING BILATERAL PROGRAMS AND ACTIVITIES IN KEY HEALTH AND NUTRITION SECTORS AND WE DO NOT, OF COURSE, HAVE BILATERALS WITH THE GOC. ALSO, ALL THE AREAS OF FOCUS REF B., PARA 2, ARE MORE THAN ADEQUATELY COVERED BY OUR CURRENT PROGRAMMING PLANS. FOR INSTANCE, WE ALREADY HAVE AN AUPHA BUY-IN FOR THE UNIVERSIDAD DEL NORTE AND HOPE TO DEVELOP ANOTHER FOR JAVERIANA UNIVERSITY UPON TERMINATION OF THE UNIVERSIDAD DEL NORTE PROGRAM.
MCNAMARA

UNCLASSIFIED

84

176

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 SAN JO 04874 182253Z 5034 044306 AID4764
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-02 LACE-01 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /017 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
----------032266 191016Z /38

R 182240Z APR 89
FM AMEMBASSY SAN JOSE
TO SECSTATE WASHDC 0127

UNCLAS SAN JOSE 04874

AIDAC

FOR LAC/DR/HN

E.O. 12356: N/A
SUBJECT: HEALTH: REGIONAL HEALTH AND NUTRITION
- TECHNICAL SERVICES PP

REF: STATE 113355

1. MISSION DOES NOT ANTICIPATE UTILIZING SUBJECT PROJECT AT THE PRESENT TIME, ESPECIALLY IN THE ABSENCE OF HEALTH FUNDS.
HINTON

UNCLASSIFIED

177

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 SANTO 04788 061726Z 0155 055320 AID0971
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 LACA-03 SAST-01 FVA-01 ES-01 AAID-01 STHE-03
STN-03 STFA-01 RELO-01 AMAD-01 /022 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
071403 061727Z /38

R 061729Z MAY 89
FM AMEMBASSY SANTO DOMINGO
TO SECSTATE WASHDC 9437

UNCLAS SANTO DOMINGO 04788

AIDAC

FOR: LAC/DR/HN

E.O. 12356: N/A

SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL
- SERVICES PROJECT PAPER (598-0557/597-0027).

REF: (A) STATE 113855; (B) SANTO DOMINGO (88) 7484

1. USAID/DR HAS ONGOING PROJECTS IN AIDS, HEALTH SYSTEMS MANAGEMENT AND CHILD SURVIVAL, WITH RESPECTIVE TA TEAMS. THE MISSION DOES NOT PLAN TO DEVELOP ANY MAJOR NEW PROJECTS IN THE HEALTH AND NUTRITION SECTORS FOR THE NEXT TWO YEARS AND AS YET HAS NOT FORMALIZED PLANS FOR NEW PROJECTS TO BE DEVELOPED AFTER FY-91. THEREFORE, THE USAID'S GREATEST NEED FOR OUTSIDE TA DURING 1989-91 WILL MOST LIKELY BE IN THE AREAS OF HEALTH CARE FINANCING, NUTRITION, EVALUATIONS AND PROJECT DEVELOPMENT FOR EXPANSION OF THE CHILD SURVIVAL PROJECT. ALSO, UNDER OUR HEALTH SYSTEMS MANAGEMENT PROJECT, WE PLAN TO EXECUTE A BUY-IN TO AUPHA TO DEVELOP AND IMPLEMENT A LONG DISTANCE (CORRESPONDENCE AND SEMINARS) MANAGEMENT TRAINING PROGRAM FOR MID-LEVEL MOH DIRECTORS AND ADMINISTRATORS.

2. OUR ESTIMATED NEED FOR SHORT TERM TA FROM SUBJECT PROJECT, UPDATED FROM REFTEL (B), ARE AS FOLLOWS:

- AREA		FY-89	90	91	92
- HEALTH CARE FINANCING	-	2 PM	1 PM	-	
- AUPHA	2 PM	6 PM	6 PM	2 PM	
- EVALUATIONS	-	1 PM	1 PM	1 PM	
- CHILD SURVIVAL PROJECT DEVEL.	-	2 PM	-	-	

3. USAID/DR COULD PROBABLY FUND MOST OF THE ABOVE TA THROUGH BUY-INS, EXCEPT AUPHA TA FOR WHICH ONLY $70,000 IN MISSION FUNDING IS AVAILABLE FOR FYS 89 AND 90 (UNDER THE HEALTH SYSTEMS MANAGEMENT PROJECT). THE REST WOULD HAVE TO BE CENTRALLY-FUNDED.

4. MISSION REGRETS THAT RESPONSE COULD NOT BE PROVIDED BY APRIL 17 AS REQUESTED. REFTEL (A) WAS NOT RECEIVED UNTIL APRIL 13. TAYLOR

UNCLASSIFIED

86

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 QUITO 05354 00 OF 02 2205Z07Z 7043 016759 AID8427
ACTION AID-00

ACTION OFFICE LAMS-03
INFO LAC-01 LAC/DR-02 LAC/CD-01 SAST-01 ES-01 STHE-01 STH-01
STFA-01 SCUP-01 SEEP-01 SECE-01 RELO-01 AMAD-01
/021 A0

INFO LOG-00 STAT-00 EB-00 CODE-00 ARA-00 /006 W
---------- 326037 2205UTZ /10 23

R 211551Z APR 89
FM AMEMBASSY QUITO
TO SECSTATE WASHDC 2435
INFO AMEMBASSY BOGOTA
AMEMBASSY BRASILIA
AMEMBASSY GEORGETOWN
AMEMBASSY SAN SALVADOR
AMEMBASSY GUATEMALA
AMEMBASSY KINGSTON
AMEMBASSY LA PAZ
AMEMBASSY LIMA
AMEMBASSY PANAMA
AMEMBASSY PORT AU PRINCE
AMEMBASSY SAN JOSE
AMEMBASSY SAN SALVADOR
AMEMBASSY SANTO DOMINGO
AMEMBASSY TEGUCIGALPA

UNCLAS QUITO 05354

AIDAC

FOR LAC/DR/PD; ST/H

E.O. 12356: N/A
SUBJECT: LAC/CD REGIONAL HEALTH AND NUTRITION TECHNICAL SUPPORT PROJECT

REF: STATE 113855

1. MISSION SUPPORTS FOCUS ON HEALTH MANAGEMENT AND FINANCING AND NUTRITION WHICH ARE PRIORITY AREAS WHERE MORE COULD BE DONE. HOWEVER, MISSION HAS CONCERN ABOUT MECHANISM PROPOSED FOR REFIEL FOR IMPLEMENTING THESE THREE COMPONENTS OF SUBJECT PROPOSAL. ACCORDING TO REFTEL, THIS PORTION OF PROJECT WILL BE FUNDED WITH US DOLS. 7.25 MILLION OF REGIONAL MONEY AND US DOLS. 8.3 MILLION O. MISSION BUY-INS THROUGH ONE LARGE CONTRACT. THIS CONTRACT WILL PROVIDE 493 PERSON MONTHS HELP OF SHORT TERM TECHNICAL ASSISTANCE; HOWEVER, REGIONAL FUNDS WILL PAY FOR ONLY 62 PM OR 15 PERCENT OF TOTAL, SINCE MOST REGIONAL FUNDS GO FOR LONG TERM ADVISORS AND ADMINISTRATIVE SUPPORT. IN OTHER WORDS, MISSIONS WILL HAVE TO PAY 84 PERCENT OF ALL SHORT TERM TECHNICAL ASSISTANCE, EXCLUDING THAT PROVIDED BY LONG TERM ADVISORS. THUS, FROM MISSION'S POINT OF VIEW, THERE IS VIRTUALLY NO FINANCIAL ADVANTAGE TO NEW REGIONAL PROJECT. IN FACT, IF LAC/DR/PD WERE TO ASSUME DIFFERENT DESIGN AND TO USE THE US DOLS. 7.25 MILLION OF REGIONAL FUNDS TO BUY-IN TO EXISTING HEW ST/H AND ST/N PROJECTS ON HEALTH FINANCING AND MANAGEMENT AND NUTRITION, THE BUREAU COULD "PURCHASE" 600 PERSON MONTHS OF SHORT TERM TECHNICAL ASSISTANCE THAT COULD BE IMMEDIATELY AVAILABLE TO MISSIONS WITHOUT MISSION FUNDS, WITHOUT MISSION DOING TIME CONSUMING PROCUREMENT DOCUMENTS, AND WITHOUT MISSION HAVING TO DO ANY FOLLOW-ON FINANCIAL MANAGEMENT. SUCH AN ARRANGEMENT PROVIDES A REAL ADVANTAGE TO MISSION IN TERMS OF MANAGEMENT AND DEMANDS ON USE OF STAFF AND HUMAN RESOURCES.

2. LAC BUREAU BUY IN TO ST PROJECTS WOULD HAVE ONE OTHER

QUITO 05354 00 OF 02 2205Z07Z 7043 016759 AID8427

MAJOR ADVANTAGE: TECHNICAL ASSISTANCE COULD BE IMMEDIATELY AVAILABLE. UNDER MOST RECENT CONTRACT PROCEDURES, MISSION PROJECT FUNDED BUY IN TO ST PROJECTS TAKE EXCESSIVE TIME TO ARRANGE TECHNICAL ASSISTANCE. THAT IS, AFTER PIO/T IS RECEIVED IN AID/W CONTRACTS, IT NOW TAKES FROM SIX TO EIGHT WEEKS TO ISSUE RFP. TECHNICAL ASSISTANCE CAN NOT BE PROVIDED UNTIL FUNDS ARE OBLIGATED. FURTHERMORE, BUY-INS ARE NOT NORMALLY ACCEPTED DURING LAST QUARTER OF FISCAL YEAR. MISSION ASSUMES THESE SAME CONSTRAINTS WOULD APPLY TO MISSION BUY INS TO PROPOSED SUBJECT PROJECT.

3. AS STATED PREVIOUSLY IN REF. 1, MISSION DOES NOT BELIEVE THAT NEW PROJECT WILL ADD SIGNIFICANTLY TO POOL OF AVAILABLE HIGH QUALITY TECHNICAL ASSISTANCE. IT WILL, HOWEVER, CREATE GREATER COMPETITION FOR THE MOST CONSULTANTS FROM THE EXISTING POPULATION. FURTHERMORE, WE BELIEVE THAT PRIORITY FOCUS OF LAC/DR SHOULD BE ON FIELD BACKSTOPPING. CREATION OF TOO MANY REGIONALLY MANAGED PROJECTS COULD CONFLICT WITH FUNCTION OF SUPPORTING FIELD. WE FEEL MANAGEMENT OF TECHNICAL FIELD PROJECTS SHOULD BE MORE FIRMLY FIXED BY ST. LAC/DR WORK FOCUS ON FIELD SUPPORT, BACKSTOPPING, AND COORDINATION WITH ST FOR MISSION AND BUREAU.

4. IN SUMMARY, MISSION BELIEVES FURTHER PROPER CONSIDERATION ALTERNATIVE PROJECT DESIGN OF BUY-INS TO ST PROJECTS THAT NEEDED TECHNICAL ASSISTANCE FOR HEALTH MANAGEMENT AND FINANCING AND NUTRITION. ST BUREAU MANY ASPECTS OF NUTRITION PROJECT AND HEALTH FINANCING ACTIVITY PERHAPS BUREAU COULD WORK WITH ST IN MISSION TO DEVELOP A MANAGEMENT PROJECT. SUCH A MECHANISM WOULD BE MORE COST EFFECTIVE AND MORE RESPONSIVE TO MISSIONS. IT FURTHER PREFERS THAT MISSIONS PARTICIPATE MORE DIRECTLY IN DECISIONS ABOUT ALLOCATION OF FUNDS FOR TECHNICAL

ASSISTANCE, BUREAU COULD, AS ANOTHER ALTERNATIVE, ALLOT ADDITIONAL FUNDS DIRECTLY TO MISSIONS, WHICH COULD MAKE THEIR OWN DECISIONS. HOLWILL

REC'D
BY
APR 21

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 SAN SA 05369 2721137Z 0300 050451 AID4043
ACTION AID 00

ACTION OFFICE LADR-03
INFO LADP-03 LACE-01 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /015 A0

INFO LOG-00 CIAE 00 ER-00 DODE-00 ARA-00 /000 W
----------370244 290402Z /38

R 272122Z APR 89
FM AMEMBASSY SAN SALVADOR
TO SECSTATE WASHDC 8819

RECEIVED BY
MAY 01 1989

UNCLAS SAN SALVADOR 05369

AIDAC

FOR LAC/DR/HR J. KLEMENT

E.O. 12356: N/A
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES.

REF: (A) STATE 113855 (B) 87 SAN SALVADOR 01333

1. THE USAID CONCURS WITH THIS PROJECT AND HAS PROVIDED SUBSTANTIAL INPUT PER REF (B).

2. THE USAID BUY INS TO SUBJECT PROJECT ARE ESTIMATED IN 500,000 US DOLLARS OVER THE LIFE OF PROJECT AND MISSION LOOKS FORWARD TO LAC/W ASSISTANCE IN MANAGEMENT, HEALTH FINANCING, NUTRITION AND OTHER SPECIALIZED TECHNICAL AREAS. WALKER

UNCLASSIFIED

88

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 GUATEM 05151 022131Z 7146 052286 AIDGPG
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 LZCO-01 LACE-01 SAST-01 GC 01 GCLA-01 PVA-01
PS-01 AAID-01 STHE 01 SIN-01 SIFA-01 SEOP-01 SETH-01
FFP-09 SERP-01 SECS-02 RELO 01 AMAD-01 037 A0

INFO LOG-00 CIAE-00 EB-09 DODT-00 ARA-00 /000 W
---------- ---- -201142 0303172 /38

R 022129Z MAY 89
FM AMEMBASSY GUATEMALA
TO SECSTATE WASHDC 1147

UNCLAS GUATEMALA 05151

AIDAC

MAY - 4 1989

FOR JULIE FLEMENT, LAC/DR/HN

E.O. 12356: N/A
SUBJECT: HEALTH LAC/CA REGIONAL HEALTH AND NUTRITION
TECHNICAL SERVICES PROJECT PAPER (594-0637/597-0027).

REF: A. STATE 113855
B. STATE 131367

1. USAID GUATEMALA CONCURS WITH THE TECHNICAL AREAS TO BE ADDRESSED THROUGH THE SUBJECT PROJECT. HOWEVER THE MISSION QUESTIONS THE EFFICIENCY OF PROPOSED MECHANISMS FOR OBTAINING LONG AND SHORT TERM TECHNICAL ASSISTANCE, COMPARED TO SIMILAR RESOURCES CURRENTLY AVAILABLE THROUGH S&T/H AND S&T/N IQCS.

2. USAID GUATEMALA REQUESTS THE FOLLOWING ASSISTANCE FROM THE ABOVE PROJECT.

3. HEALTH MANAGEMENT
ONE PERSON MONTH TO STUDY THE ORGANIZATIONAL AND MANAGEMENT CONCERNS AND RECOMMENDATIONS RELATED TO THE INTEGRATION OF FAMILY PLANNING WITH MATERNAL - CHILD HEALTH CARE.
ONE PERSON MONTH TO DO A CRITICAL REVIEW OF THE HEALTH PLANNING PROCESS CURRENTLY EMPLOYED BY THE MINISTRY OF HEALTH.

4. HEALTH FINANCING - NONE

5. NUTRITION
THREE PERSON MONTHS YEAR FOR THE LOP TO PROVIDE TECHNICAL ASSISTANCE IN GROWTH MONITORING, NUTRITION EDUCATION AND TARGETING OF PL-480 COMMODITIES TO AT RISK MATERNAL CHILD POPULATIONS.

6. AIDS
ONE PERSON MONTH YEAR FOR FOUR YEARS TO ASSIST WITH THE DEVELOPMENT OF QUALITY CONTROL AND FOLLOW-UP FOR BLOOD TESTING.

ONE PERSON MONTH YEAR FOR FOUR YEARS TO TRAIN TRAINERS IN IEC DEVELOPMENT AND APPROPRIATE COUNSELING METHODS.

TWO PERSON MONTHS YEAR EACH FOR THE FIRST YEAR AND ONE PERSON MONTH YEAR EACH FOR THE FOLLOWING THREE YEARS FOR AN EPIDEMIOLOGIST TO ASSIST IN SURVEILLANCE DESIGN AND FOLLOW-UP AND A CLINICIAN TO WORK WITH PHYSICIANS AND NURSES TO TRAIN THEM IN THE DIAGNOSIS OF AIDS RELATED OPPORTUNISTIC INFECTIONS. MICHEL

ACTION COPY

Rev - FYI

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 GUATEM 09319 202233Z 8047 098746 AID6908
ACTION AID-00

ACTION OFFICE LADR-03
INFO LACE-01 LACA-03 /007 A2 CM12

INFO LOG-00 CIAE-00 EB-00 DODE-00 / 0 /000 W
36425 202236Z /38

P 2022322 JUL 88
FM AMEMBASSY GUATEMALA
TO SECSTATE WASHDC PRIORITY 4106

UNCLAS GUATEMALA 09319

AIDAC

ROCAP

FOR: JULIE FLEMENT, LAC DR/HN

E O 12356: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT HEALTH SERVICES SUPPORT PROJECT

1. ROCAP ESTIMATES FOR TECHNICAL ASSISTANCE NEEDS UNDER SUBJECT PROJECT ARE AS FOLLOWS:

- A) HEALTH CARE MANAGEMENT 1989-2PM, 1990-2-3PM,
- 1991-1PM, 1992-1PM MISSION BUY-IN LIELY.

- B) HEALTH CARE FINANCING 1990-1PM
- C) NUTRITION 1989-2PM, 1990-2PM, 1991-2PM,
- 1992-2PM MISSION BUY-IN POSSIBLE.
- D) CROSS CUTTING EVALUATIONS NONE
- E) TRACING SYSTEMS 2PM 1989-1992
- F) NEW INITIATIVES: 2PM 1989-1992. SCHOUX ACTING.
MICHEL

RECEIVED
BY LAC/DR/HN

JUL 21 1988

AM PM
7,8,9,10,11,12,1,2,3,4,5

136 90

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 PORT A 02626 2011322Z 1601 045075 AID5890
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-02 LACA-03 SAST-01 ES-01 AAID-01 STHE-03 STN-03
STFA-01 RELO-01 AMAD-01 020 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 000 W
---------- 124700 2011347 /38

P 2011317Z APR 89
FM AMEMBASSY PORT AU PRINCE
TO SECSTATE WASHDC PRIORITY 0105

UNCLAS PORT AU PRINCE 02626

AIDAC

FOR LAC/DR HN, BSPAID

E.O. 12356: N/A
SUBJECT: LAC/CA HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT

REF: STATE 113855

1. PER PREVIOUS MISSION RESPONSE, USAID HAITI STRONGLY ENDORSES SUBJECT PROJECT. GIVEN AVAILABILITY OF FUNDS, MISSION WILL BUY IN TO REGIONAL PROJECT FOR MANAGEMENT, HEALTH CARE FINANCING AND NUTRITION ASSISTANCE. MISSION REQUESTS REGIONAL FUNDS TO SUPPORT ACTIVITIES IN VITAMIN A, DRUG ABUSE AND AIDS.

2. LEVEL OF EFFORT REQUIRED WOULD BE THE FOLLOWING FOR MISSION BUY IN

A. NUTRITION, FY 90 2 PM LOP 14 PM
B. HEALTH CARE FINANCING, FY 90 2PM LOP 10 PM
C. MANAGEMENT FY 90 2 PM, LOP 9 PM

3. LEVEL OF EFFORT WOULD BE THE FOLLOWING FOR LAC/CA REGIONAL FUNDS

A. DRUG ABUSE FY 90 2 PM; LOP 12 PM
B. AIDS, FY 90 1 PM, LOP 10 PM
C. VITAMIN A, FY 90 1 PM; LOP 10 PM

4. MISSION WOULD AGAIN LIKE TO STRESS OUR CONCERN THAT CRITERIA FOR SELECTING POTENTIAL CONTRACTOR ADDRESS CONTRACTOR'S ABILITY TO FIELD FRENCH SPEAKING CONSULTANTS. WE ALSO REQUEST THAT REGIONAL HEALTH CARE FINANCING ACTIVITIES INCLUDE HAITI, GIVEN THE VARIETY OF INNOVATIVE PROGRAMS MISSION PRESENTLY SUPPORTS.
MCKINLEY

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 TEGUCI 06861 202243Z 4568 045622 AID6364
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-03 SAST-01 ES-01 STHE-03 STN-03 STFA-01 STAG-02
RELO-01 AMAD-01 /019 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 L-03 /003 W
160507 202245Z /38

P 201641Z APR 89
FM AMEMBASSY TEGUCIGALPA
TO SECSTATE WASHDC PRIORITY 0970

UNCLAS TEGUCIGALPA 06861

AIDAC

FOR LAC/DR/HN, PFEENEY

E.O. 12356: N/A
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION
TECHNICAL SERVICES PROJECT PAPER

REF: STATE 113855

1. MISSION IS DOUBTFUL THAT IT WILL PARTICIPATE IN BUY-INS PLANNED FOR SUBJECT REGIONAL PROJECT. WE ANTICIPATE THAT MOST OF OUR TECHNICAL ASSISTANCE NEEDS WILL BE COVERED BY MSH, THE HEALTH SECTOR II RESIDENT ADVISOR TEAM, IN THE FIRST TWO AREAS OF HEALTH MANAGEMENT AND HEALTH FINANCING.

2. MOREOVER, WE ARE CURRENTLY NEGOTIATING A SECOND HEALTH BUY-IN WITH AED (THE FIRST BEING HEALTHCOM) FOR TECHNICAL ASSISTANCE IN THE NUTRITION AREA UNDER ITS NEW NUTRITION COMMUNICATION PROJECT. HOWEVER, MISSION DOES SEE THE POSSIBILITY OF CALLING UPON REGIONAL PROJECT FOR S-T TDY ASSISTANCE IN NUTRITION ASPECTS BEYOND MESSAGE DEVELOPMENT AND COMMUNICATION AND FOR POLICY ASSISTANCE IN BROADER MISSION CONCERNS SUCH AS AGRICULTURAL PRODUCTION AND FOOD DISTRIBUTION/CONSUMPTION.

3. IN GENERAL SUBJECT PROJECT COULD PROVE TO BE PARTICULARLY USEFUL TO OTHER MISSIONS WITH LESS BILATERAL RESOURCES AND T.A. CONTRACTOR PRESENCE THAN USAID/HONDURAS. BRIGGS

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 KINGST 04469 251716Z 1499 048667 AID0818
ACTION AID-00

ACTION OFFICE LACA-03
INFO LADR-03 SAST-01 STHE-03 STN-03 RELO-01 /014 A6 LS26

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
---------- 123313 260527Z /38

R 251714Z APR 89
FM AMEMBASSY KINGSTON
TO SECSTATE WASHDC 0805

UNCLAS KINGSTON 04469

AIDAC

E.O. 12356: N/A
SUBJECT: LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT PAPER (598-0657/597-0027)

REF: STATE 113855

1. USAID/JAMAICA CONCURS WITH THE TECHNICAL AREAS TO BE ADDRESSED BY THE SUBJECT PROJECT. OUR ESTIMATED SHORT-TERM TECHNICAL ASSISTANCE NEEDS FOLLOW:

	LAC FUNDED	MISSION FUNDED
MANAGEMENT	1	0
FINANCE	0	3
NUTRITION	2	0
SPECIAL CONCERNS	4	0

(DRAFTED: OHNP: RCOHN/APPROVED: RCOHN)
SOTIRHOS

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 LIMA 05844 201439Z 2446 045314 AID6025
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-02 LASA-02 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /018 A0

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
----------134560 201449Z /38

P 201437Z APR 89
FM AMEMBASSY LIMA
TO SECSTATE WASHDC PRIORITY 7754

RECEIVED BY LAC/DR/HN
APR 20 1989
AM PM

UNCLAS LIMA 05844

AIDAC

FOR LAC/DR/HN

E.O 12356 N/A
SUBJECT LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT PAPER (598-0657/597-0027)

REF STATE 113855

1. USAID/PERU CONCURS WITH PROPOSED PROJECT, INCLUDING THE TECHNICAL AREAS TO BE ADDRESSED, PROJECT DESIGN, AND METHODS FOR OBTAINING T.A. ALTHOUGH WE DO NOT HAVE ANY SPECIFIC SHORT-TERM TA IN MIND RIGHT NOW, IT IS HIGHLY PROBABLE OVER THE NEXT FEW YEARS THAT WE WILL WANT TO DRAW ON RESOURCES AVAILABLE UNDER THIS PROJECT. HOWEVER, AS OUR BILATERAL CS FUNDS ARE TIGHT, ANY SERVICES UNDER THIS PROJECT WOULD HAVE TO BE FUNDED BY THE PROJECT. WATSON

UNCLASSIFIED

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 LIMA 09162 132049Z 8109 096412 AID9904
ACTION AID-00

ACTION OFFICE LADR-03
INFO LADP-04 LASA-02 SAST-01 PPCE-01 PDPR-01 PPPB-02 ES-01
STHE-03 POP-04 HHS-09 RELO-01 /032 A1 WF 1

INFO LOG-00 CIAE-00 EB-00 DODE-00 ARA-00 /000 W
266653 1322507 /60

R 132049Z JUL 88
FM AMEMBASSY LIMA
TO SECSTATE WASHDC 0050

UNCLAS LIMA 09162

AIDAC

E.O. 12356: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT--HEALTH SERVICES SUPPORT PROJECT (598-0657; 597-0027)

REF: STATE 213261

1. USAID/LIMA PROVIDES FOLLOWING ESTIMATES IN RESPONSE TO PARA 11 REFTEL. FIGURES REPRESENT PERSON MONTHS (PM) OF SHORT-TERM TECHNICAL ASSISTANCE REQUIRED.

2. UTILIZATION OF TECHNICAL SERVICES UTILIZING LAC/CA REGIONAL FUNDS:

AREA	FY 89	FY90	FY91	FY92
--HEALTH CARE MANAGEMENT	2 PM	3 PM	1 PM	1 PM
--HEALTH CARE FINANCING		1 PM		
-	1 OR 2 OPERATIONS RESEARCH STUDIES			
-				
--NUTRITION	2 PM		1 PM	
--CROSS-CUTTING EVALUATIONS				1 PM
--TRACKING SYSTEMS INFORMATION				
- EXCHANGE	2 PM			
--NEW INITIATIVES			2 PM	

TOTAL LAC FUNDED ASSISTANCE EQUALS SIXTEEN PERSON MONTHS PLUS OPERATIONS RESEARCH.

3. POTENTIAL USAID/PERU BUY-INS TO LAC/CA REGIONAL PROJECTS:

AREA	FY89	FY90	FY91	FY92
--HEALTH MANAGEMENT	1 PM	2 PM		2 PM
--HEALTH CARE FINANCING	4 PM		1 PM	
--NUTRITION	1 PM	2 PM		2 PM
--CROSSCUTTING EVALUATIONS				1 PM
--TRACKING SYSTEMS/INFORMATION				
- EXCHANGE				
--NEW INITIATIVES	2 PM		1 PM	

POTENTIAL USAID/PERU FUNDED ASSISTANCE EQUALS NINETEEN PERSON-MONTHS.

4. IN ADDITION, USAID/PERU PROJECTS NEED FOR ASSISTANCE FROM PROJECT FUNDED CHILD SURVIVAL FELLOW TO COMPLEMENT TECHNICAL SKILLS OF USAID STAFF ON A SHORT-TERM BASIS OVER THE FOUR YEAR PERIOD. WATSON

RECEIVED BY AAC/DG/HR

JUL 19 1988

AM PM
7,8,9,10,11,12,1,2,3,4,5,6

UNCLASSIFIED

ACTION COPY

UNCLASSIFIED

INCOMING TELEGRAM

Department of State

PAGE 01 ASUNCI 01934 291239Z 2558 050671 AID4450
ACTION AID-00

ACTION OFFICE LADP-03
INFO LADP-03 LASA-02 SAST-01 ES-01 STHE-03 STN-03 STFA-01
RELO-01 AMAD-01 /019 A0

INFO LOG-00 CIAL-00 EB-00 DODE-00 ARA-00 /000 W
----------011233 291241Z /38

P 291229Z APR 89
FM AMEMBASSY ASUNCION
TO SECSTATE WASHDC PRIORITY 3658
INFO AMEMBASSY MONTEVIDEO

RECEIVED
BY
1989

UNCLAS ASUNCION 01934

AIDAC

AID/W FOR LAC/DR, MONTEVIDEO FOR AID REPRESENTATIVE

E.O. 12356: N/A
TAGS: NONE
SUBJECT: HEALTH: LAC/CA REGIONAL HEALTH AND NUTRITION
TECHNICAL SERVICES PROJECT PAPER (598-0657/597-0027)

REF: STATE 131367

1. USAIDS URUGUAY AND PARAGUAY DO NOT PLAN BUY-INS TO SUBJECT PROJECT.

TOWELL

UNCLASSIFIED

OUTGOING TELEGRAM

Department of State

PAGE 01 STATE 131367 7230 049026 AID1687
ORIGIN AID-00

ORIGIN OFFICE LADR-03
INFO LADP-03 LACO-01 LACE-01 LASA-02 LACA-03 SAST-01 STHE-03
STN-03 STFA-01 AAPE-01 FPA-02 RELO-01 AMAD-01
/026 A0

INFO LOG-00 /000 R

DRAFTED BY: AID/LAC/DR/HN:JHLEMENT:JLW/5870T
APPROVED BY: AID LAC/DR SWINGERT
AID/LAC/DR/HN:PFEENEY (DRAFT) AID/LAC/AR:LODGE (DRAFT)
AID/LAC/CAR:DCOHEN (PHONE) AID/LAC/CENT CAS:EDIC (PHONE)
AID/LAC/SAM:CBUCI (PHONE)

RECEIVED
LAC/DR/HN
APR 27 1989

---206073 270122Z/38

O 270122Z APR 89
FM SECSTATE WASHDC
TO AMEMBASSY MONTEVIDEO IMMEDIATE
AMEMBASSY SANTO DOMINGO IMMEDIATE
AMEMBASSY ASUNCION IMMEDIATE
AMEMBASSY BRASILIA IMMEDIATE
AMEMBASSY GUATEMALA IMMEDIATE
AMEMBASSY SAN SALVADOR
AMEMBASSY BRIDGETOWN IMMEDIATE
AMEMBASSY KINGSTON IMMEDIATE
AMEMBASSY SANTIAGO IMMEDIATE
AMEMBASSY BOGOTA IMMEDIATE

AM
7,8,9,10,11,12,1,2,3,4,5,6
PM

UNCLAS STATE 131367

AIDAC ADM AID GUATEMALA FOR ROCAP

E.O. 12356: N/A
TAGS:
SUBJECT: HEALTH: LAC/CA REGIONAL HEALTH AND NUTRITION TECHNICAL SERVICES PROJECT PAPER (598-0557.597-0027)

REF: (A) STATE 113855 (B) STATE 213261, JULY 88 (C) STATE 386504, DECEMBER 87

1. RESPONSES TO REFTEL (A) WERE REQUESTED BY APRIL 17TH. TO DATE, YOURS HAS NOT BEEN RECEIVED

2. THE PROPOSED PROJECT HAS POTENTIAL SIGNIFICANCE FOR YOUR MISSION LAC/DR/HN WOULD EXPECT TO ACCOMMODATE YOUR COMMENTS IN THE FINAL DOCUMENT IT IS ALSO ESSENTIAL THAT YOU VERIFY YOUR PREVIOUSLY STATED SUPPORT AND USE OF PROJECT TECHNICAL ASSISTANCE. THERE WERE TWO PREVIOUS CABLES, REFS (B) AND (C) WHICH REQUESTED MISSION INPUT.

3. IT IS PARTICULARLY IMPORTANT THAT YOU CONFIRM THE APPROXIMATE AMOUNT OF MISSION BUY-INS SO THAT THE PROJECT CAN BE DESIGNED WITH SUFFICIENT FLEXIBILITY TO ACCOMMODATE THEM. THIS DOES NOT REPRESENT A COMMITMENT OF FUNDS RATHER YOUR BEST ESTIMATE OF FUTURE

REQUIREMENTS.

4. LAC/DR REQUESTS YOUR IMMEDIATE RESPONSE TO THIS IMPORTANT PROJECT EFFORT REGARDS. BAKER

UNCLASSIFIED