

PD-AAZ-408
ISN 61565

**LAC/CA REGIONAL PROJECT
HEALTH TECHNICAL SERVICES SUPPORT
PROJECT**

(598-0657 and 597-0027)

Background Analysis

FINAL REPORT

Prepared by:

**University Research Corporation
under Contract PDC-1406-I-7113-00**

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August 24, 1988

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I. EXECUTIVE SUMMARY

A. Introduction

LAC/DR/HN is proposing for approval a four-year \$ _____ million dollar regional Health 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 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 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 central A.I.D. projects. While, frequently, high quality services have been obtained by this route, at times the services have been delayed or inadequate because, for example, an expert lacked Spanish language capability, or a central 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 LAC have increased since the early 1980's, these additional funds have been reflected in additional activities in only certain areas. The level of activities concerned with the areas of sustainability (health management and health financing), and nutrition has not increased significantly, and, in fact, appears to have declined. Yet all three areas are critical in 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, 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.
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 new developments and problems affecting the health and nutrition sectors in LAC.

D. Activities

To achieve these purposes, the project will fund the following services, utilizing regional (LAC/CA) funds and also, for some of the services, mission funds through the buy-in mechanism.

1. A contract, which will be awarded competitively, will provide one long-term adviser in each of 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 three advisers will be fluent in Spanish, familiar with LAC cultures, and available throughout the four year project period. A fourth full time adviser will serve as project manager for the contractor and concentrate as well on tasks of evaluation, tracking, and information exchange.

The contractor 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 missions utilizing the buy-in mechanism.

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 training. This agreement will continue many of the services now being performed by AUPHA under an existing cooperative agreement, and will add additional services. This agreement will permit LAC missions to buy-in for services of particular relevance to them.
3. A long-term child survival adviser will be obtained by buying in to an S&T/Bureau project with LAC/CA regional funds. Since 1987 such services have been obtained from a Child Survival fellow under the CSAP-Support project.
4. LAC/DR/HN will buy-in to central A.I.D. projects for specific services to enable the LAC Bureau to address special concerns in the health and nutrition sectors arising from trends and developments in the LAC region.

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. Despite the heavy management burden which the project will impose, the respective offices have the capability to bear it.

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), for example, which, in 1965-70, stood at 85 deaths per thousand live births, had 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 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.

Social and political trends in the region are creating special problems. The continuation of regional strife in Central America has killed and maimed thousands. Thousands have been uprooted; some to other areas of their country, others to border areas of adjacent countries. All suffer the aggravation of an already marginal 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. (In addition, AIDS funds have been budgeted at \$2 million for FY 1988, and \$3 million for FY 1989.) 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. Most Health/Child Survival funding is 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. And in the recent ABS reviews, mission submissions for Health/Child Survival in FY 1989 and FY 1990 were increased at the initiative of AID/W, because of anticipated H/CS monies in excess of the original ABS levels. It would appear that Missions are having difficulty in developing Health/CS programs to the full level of funding availability.

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 coverage 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, down from \$3.8 million in 1985. Only about 10% of the Health/CS account 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 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 let, 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 issuing work orders against contracts already in place. While IQCs retain a certain popularity, their use has declined in recent years as the third contracting alternative has developed. (For example, in FY 1985, there were, agency-wide, 43 work orders issued against Health IQCs, totalling \$1.8 million; in FY 1986, 38 work orders for \$2.1 million; while in FY 1987, there were only 17 work orders for \$0.7 million).
- By utilizing one of the contracts under a "Ribbon Project," managed by S&T/Health, such as PRICOR, HEALTHCOM, REACH, or PRITECH. These multi-year, competitively-bid contracts utilize firms which become specialized in certain 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 funds from their OYB, to pay for technical services, over a period of time, available from one of the S&T/H contractors. Missions have found this device more attractive than IQCs in part because it is more convenient 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 social and political trends (urbanization; refugees) 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 bureau 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.
- Though certain activities in the health sector have increased as a result of higher funding levels, up to now activities in the nutrition area have been comparatively neglected, with consequent negative impact on nutritional status of infants and children in the Latin American and Caribbean 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 new health initiatives presently being undertaken.
- When faced with new health problems in the region, such as AIDS, drug abuse, or the resurgence of malaria, or when trying to anticipate the impact on the health sector of social and political trends in the region there is no ready source of 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 its 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 and subregional strategies, country strategies, sector assessments, and special studies. They have helped to prepare PIDs and PPs and assisted in monitoring and evaluating performance. They have helped track performance indicators and facilitate the exchange of information on project results. These services have been available from individual consultants or contractors on an ad hoc basis, from several IQC contractors

in the health and nutrition field, or from the agency's centrally-funded health projects offering "buy in" opportunities to the regional bureaus and/or missions.

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 long before anticipated, was unable to respond to mission requests. (Rules of contract competition have limited the ability to increase buy-in ceilings). 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 yet in place.

Most importantly, existing mechanisms, even when available and functioning as anticipated, by their very nature lack some very important elements. Because the consultants respond to ad hoc requests, and because these requests come from other Regional Bureaus and from missions around the world, the services provided to the LAC missions and LAC Bureau lack continuity. A consultant responds to an LAC mission request, does his job, and moves on to his next task, perhaps in Africa or Asia. The next time that LAC mission requires services in the same health sub-sector, a different consultant may be provided, who may or may not be familiar with the details of the previous consultant's work; may not have experience in that same sub-sector elsewhere in LAC; and may not be aware of important aspects of Latin American and Caribbean culture which influence such issues as centralization/decentralization, or of the levels of development in administration and finance throughout the region.

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, so that missions and host country institutions know what is taking place in other LAC countries; 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

Four priority areas have been selected for emphasis in this project: nutrition, child survival, health management, and health financing. In three of these four areas the level of mission funding in recent years has not been high. For example, nutrition is one of the Child Survival initiatives. A "focused nutrition package" is one of the four priority interventions established in A.I.D.'s Health Assistance Policy Paper (revised) of December 1986. Yet nutrition has not received sufficient project attention in the 1980s and is currently receiving less project funding than in 1985. Both LAC missions and the LAC Bureau have expressed a desire to reverse this trend and address this mounting regional problem. When the PID for this project was being prepared, LAC missions were surveyed as to their anticipated technical support needs. Nutrition support was the second priority after other child survival initiatives.

There appears to be a general 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 project 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.)

These LAC missions' plans for health financing activities may be somewhat ambivalent. They did not place a high priority on technical support for health financing activities, when surveyed during PID preparation. However, 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. In any event, the issue of health financing is such a high agency priority and so critical to sustainability in the LAC region especially that the LAC Bureau has decided to promote the development of project activities in this area. Informal surveys of mission personnel reveal that some health officers are uncomfortable with the still unfamiliar issues around health financing and would welcome assistance to develop feasible and effective health financing activities.

What is required, and what this project will provide, is funding to attempt to achieve a secondary purpose of promoting an increased level of 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 in this sector. 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 resurgence of malaria as a major health problem, given the resistance of the Anopheles mosquito to past eradication measures; the health threat to the refugees and displaced persons in Central America; the impact of drug abuse as a growing problem among the countries of Latin America; and the necessity to develop health infrastructure adequate to respond to the increasing trend toward urbanization in the LAC region. There is recognition of the continuing need for water and sanitation activities and for programs of education and communication as critical elements of disease prevention.

The LAC Bureau should be able to prepare strategies or undertake special studies to enable it to determine how to deal with developments such as these. Conferences for exchanging information may be necessary. The only available financing for such activities at the moment is project development and support funds, ("P.D. & S.") which, being severely limited, would be inadequate for the purpose. 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 to respond with timely programs and activities to new developments and problems affecting the health sector in the LAC region.

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

This project identifies priority areas in the Health and Nutrition sectors in which its activities will be concentrated: sustainability (health management and health finance), and nutrition and child survival. The project will make programs in these areas more effective, and, in certain areas will encourage an increased level of activity. In so doing, the project supports current agency policy 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 presently has under consideration a regional nutrition strategy. The concerns expressed therein re 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" (596-0136; 598-0632) includes five activities: malaria control, essential drugs, clinical training, health services financing, and management training. The project began in 1985 and two of its 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. As of April of this year, there had 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 results of the recently concluded evaluation of the SUNY component which recommended that regional support for health care financing continue beyond 1989, since "the basic problems of sector financing are continuing constraints to progress in health." The new health financing activity, however, while building on the previous SUNY studies, will be a much more comprehensive and sustained effort, with the heaviest emphasis on the technical assistance which is lacking under the current contract.

The management training component of the Health Technology and Transfer project is carried out under a cooperative agreement with the Association of University Programs in Health Administration ("AUPHA"). This component aims at strengthening the network of training programs in the LAC region and the ties between the LAC country trainers and training institutions in North America. Under its 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 is being extended with additional funding until the end of October, 1990.

The health management activity of this new project includes continuation of health management training services from AUPHA. Many of the present services will be extended, and new services will be added, building upon those carried out under the existing agreement. The continuation of certain on-going services past 1990, and the addition of new activities will be accomplished by concluding a new cooperative agreement with AUPHA for this purpose.

2. Science and Technology Bureau Activities

The Science and Technology Bureau ("S&T") has a number of projects providing services in the child survival area. Funds from the proposed project will be used to buy-in to one of these -- Child Survival Action Program-Support ("CSAP-Support") -- to carry out the Child Survival component.

Some of the S&T Projects also provide limited technical support services with respect to health financing (REACH) and health management (PRITECH). It seems clear, however, that the existence of these projects does not obviate the need for the project now being proposed. The evaluators of the Health Technology and Transfer project, for example, when discussing the health care financing component of that project, in light of REACH, said: "There are advantages in having more than one organization involved in thinking through the theoretical and practical issues of health care financing. 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." Furthermore, the REACH project has

essentially exhausted its buy-in authority, and while S&T/Health is anticipating a follow-on project to REACH, to be approved some time in FY 1989, there is as yet no agreement as to what elements will be included in the project, and in what amounts.

While PRITECH provides the possibility for assistance in health management, such assistance is a subsidiary element of that project. (PRITECH includes, for its activities worldwide, 1400 man-months of services for disease control activities but only 360 man-months for systems support). It is not clear to what extent PRITECH services for health management technical support would continue to be available during the period encompassed by this proposed project.

The Office of Nutrition in the Science and Technology/Bureau also has several projects offering field support, such as Nutrition: Vitamin A for Health; Nutrition: Combatting Iron Deficiency Anemia; and Consumption Analysis of Food and Agriculture Policies. These projects have not been much utilized by LAC missions and, apparently, field support has not been their major thrust. Two new projects which S&T/N expects will have more field support emphasis, are contemplated: a Vitamin A project in FY 1988, and one for Nutritional Surveillance in FY 1989.

This new project contemplates the possibility of buying into some of the S&T projects for services required of LAC/W. (While missions will continue to buy-in to these projects, such buy-ins will not be included as part of this project). 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.

III. DETAILED PROJECT DESCRIPTION

A. Introduction

LAC/DR/HN is proposing for approval a four-year \$ ___ million dollar Health 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. 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, and child survival 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. There are two subsidiary purposes as well. The first is to promote new, and an increased level of, activities in the priority areas of health financing, health management and nutrition; the second is 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 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 time 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 sector in the LAC region.

C. General Strategy

The timing and design of this project are influenced by several factors:

- Many of the activities of the LAC regional project, Health Technology and Transfer, authorized in 1985, will be

terminating in 1989. This new project, therefore, will not tax the administrative or budgetary limits of LAC/DR/HN, as it builds on the foundation laid by some of the components of the earlier project.

- Recently established Bureau policy precludes the use of P.D.&S. funds for the long-term services forming the heart of this project.
- Several recent attempts by LAC missions to obtain technical support services from S&T/Health projects have resulted in delays and/or dissatisfaction.

However, the overriding factor is 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 would 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. Earlier this year, the 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 in these sectors. LAC/DR/HN also believes that it is important to develop more mission activities in the area of health care financing (which the missions had ranked in eleventh place when queried at the time of PID preparation), and so added that category as well. When the current project design, including the selected priority areas, was recently shared by cable with all of the missions, they supported it without exception and estimated the need for health financing services at approximately the same level as that for nutrition services.

Most of the missions will utilize the services of the long-term consultants at various times during the project. They will also be permitted to buy into the project, with their own 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 (existing S&T/Health projects providing an adequate source of short-term consultants in the Child Survival area). LAC/W will utilize the services of the long-term consultants, as well as short-term consultants, to assist with activities in the three priority areas.

Finally, given tight P.D.&S. funding, it was necessary to find a mechanism whereby LAC/DR/HN could anticipate and respond to developments and problems in the health sector on a timely basis. By authorizing limited funds for LAC/W buy-ins to central A.I.D. projects in the entire health and nutrition sectors, for specific technical support activities, this project will provide that mechanism.

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 contributions to 1) regional and subregional strategies; 2) country strategies; 3) sector assessments; 4) special studies; 5) operations research; 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 outputs, purposes and goal, 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) one long-term consultant who will provide assistance with respect to evaluations, monitoring, tracking, and information exchange focused within the three priority areas; (c) an estimated man-month level of short-term technical assistance within the three priority areas of health management, health finance, and nutrition, developed on the basis of (1) anticipated requirements of LAC/DR/HN for regional or sub-regional activities, as well as for a limited number of small scale (*i.e.*, not more than \$50,000 each) activities, funded as a catalytic or promotional device, to encourage broader Mission-funded efforts; and (2) anticipated buy-ins by missions in the LAC region; and (d) a limited level of operations research in the priority areas, funded regionally, to be carried out in LAC countries.
- A cooperative agreement with AUPHA, for services in the area of management training, such cooperative agreement to permit a specified limit of mission buy-ins. This agreement will continue many of the services being performed under the existing cooperative agreement upon its present expiration date at the end of October 1990, through the project period, and will provide for certain new activities to be initiated under this project.
- Buy-ins from LAC/DR/HN to central A.I.D. contracts for short-term assistance (a) in the three priority areas, where such assistance is not available under the core contract; and (b) in carrying out studies, strategies and other activities related to the need to anticipate

developments and problems in the entire LAC health and nutrition sectors (i.e., for the Special Concerns component).

- A buy-in to the Child Survival Action Program-Support project (No. 936-5951), or some other project providing similar services, managed by S&T/Health, to provide for the continuing services during the project period of a skilled adviser in the area of child survival.

F. Project Beneficiaries

The immediate beneficiaries of this project will be LAC/W and the LAC missions and host country institutions utilizing the services which will be made available. The project will provide a ready resource of trained, knowledgeable consultants, familiar with health and nutrition activities in the LAC region who will be of great assistance in developing, monitoring, and evaluating new and effective health and nutrition programs.

In a broader sense of course, the ultimate beneficiaries will be the large number of infants and children under five years of age in the LAC region, who will enjoy longer and more healthy lives because of the improved interventions in health and nutrition supported by this project.

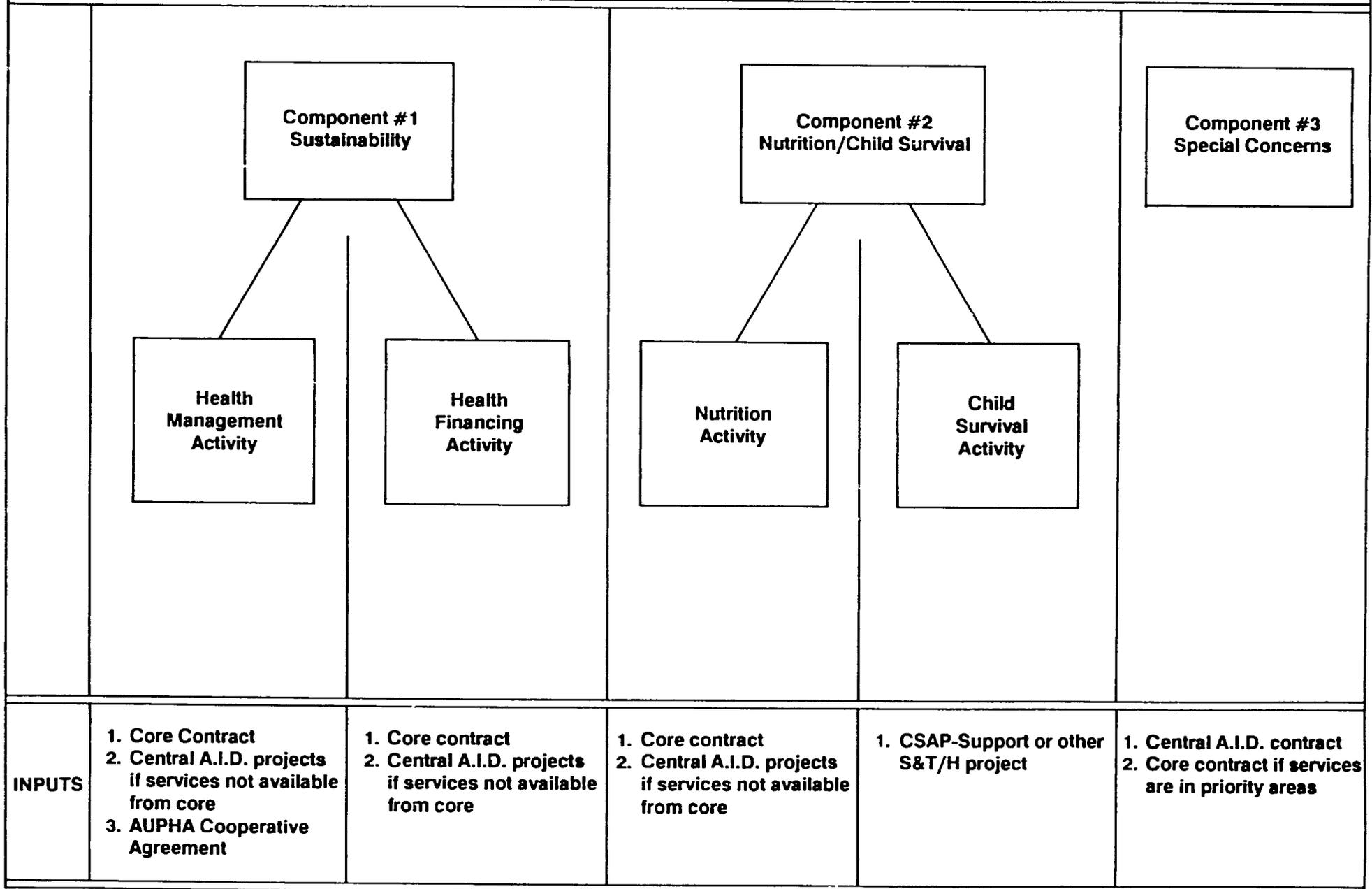
G. Project Components

There are three project components: (1) Sustainability, which includes a range of activities in the areas of health management and health financing; (2) Nutrition/Child Survival, which includes nutrition and child survival activities; and (3) Special Concerns, which includes specific activities throughout the health and nutrition sectors for the purpose of anticipating and responding to problems and developments. (See Exhibit 1.)

The activities included within the sustainability and nutrition/child survival 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 activities in these areas. The selection of these areas was ratified by a peer review group composed of _____, _____, and _____, which met the week of _____. This group concluded that: _____.

_____ . 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.

**Exhibit 1
PROJECT COMPONENTS**



14a

1. Sustainability Component: Health Management and Health Financing

Sustainability of project benefits and activities after project funding has ended is a major priority of A.I.D. This project is designed to support the development of sustainable projects by placing emphasis on two central areas which have been identified as crucial for sustainability: 1) strong national institutions which are efficiently managed and 2) health financing mechanisms which provide various and enduring means of funding health services. Each of these activities is discussed separately below.

a) Health Management Activity

(1) Introduction

Increasingly it is apparent that weak management and inadequate administration in implementing health institutions pose major constraints on the effectiveness and sustainability of donor funded health projects. In LAC, this constraint has led the Pan American Health Organization to place administrative strengthening and decentralization at the top of its priority for technical cooperation of the organization. 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. Projects themselves have often exaggerated these problems by establishing vertically organized implementing 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 project benefits and activities rests on the effective development of institutional capabilities to carry on activities to achieve project objectives. Two recent studies of U.S. government-funded health projects in Guatemala and Honduras implemented in 1986 and 1987 by PPC/CDIE for its evaluation series 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. (See Thomas Bossert, et al., "Sustainability of U.S. Government-funded Health Projects in Guatemala," A.I.D. PPC/CDIE, 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 all can contribute to increasing efficiency in the use of scarce economic resources 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 AID's earlier "institution building" efforts of the 1970's which were not linked to specific targeted 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 sustainability 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 hospitals to the private sector in Jamaica, and health insurance development in Santo Domingo should be incorporated into the regional management strategy.

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 other regions, physicians with little public health or management expertise, take crucial decision-making roles in ministries. Health ministries 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 comes from part-time private practice.

Management problems also affect the efficiency and sustainability of private sector organizations, especially in the development of HMO's, physicians' group practice, private hospitals, insurance schemes, and employer-provided services.

The LAC Bureau and a survey of mission interest have identified several management and administrative issues as high priority for technical assistance in the areas of strategy formulation, project design, information exchange, monitoring, tracking and evaluation.

The LAC Regional Health Technology and Transfer Project which is to terminate this year, included a major component in health management training, implemented by American University Programs in Health

Administration (AUPHA). A cooperative agreement with AUPHA was designed to assist in the development of stable, indigenous capabilities to provide a base for management support of the health delivery systems in Latin America. This project assisted missions to identify local and Latin American regional training resources, developed curriculum and provided workshops and information exchange in the area of health management training. These services were particularly well received by missions which "bought-in" to the project at significant levels. A recent mid term evaluation of AUPHA's efforts was very favorable. This project will continue funding AUPHA with some modifications in its emphasis which will identify and promote "centers of excellence" in health management training, focus training efforts more directly toward in service training needs of specific project activities, and assist in the development of professional associations of health administrators.

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 management decision-making, provide controls for financial accounting, etc. Each of these activities requires some project specific training in order to implement new systems and to continue upgrading personnel management skills.

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

The project will also support the development of a regional strategy for health management and administrative strengthening, technical assistance for the design, monitoring, information networking and evaluation for health management and administration projects or project components. It will also support some operations research projects in this area.

(2) 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 region, a general regional strategy will be developed with the technical assistance provided by this project. The regional strategy should develop priority areas for health management activities. These areas should include both 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 should 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 and analyses and issue papers should be prepared by short-term assistance coordinated by a long-term management and administration regional expert. During the first year of the project an overall assessment of management and administrative problems in the region should be prepared as well as an inventory and cross cutting evaluation of potential project activities that have addressed management and administrative issues.

This review should encompass but not be limited to:

- 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.).

Development of a regional strategy will involve mechanisms of consensus building within the agency (both Washington and missions) and consideration of interests and activities of PAHO and country ministries, as well as major PVOs and other private sector institutions.

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. Country activities in this area should recognize ongoing efforts by PAHO to strengthen public health institutions and encourage decentralization through development of local capacities.

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".

(3) Health Management Education and Training Support (AUPHA)

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

The primary objective of AUPHA's activities is to provide in-country capacity to train the health services administrators necessary to initiate and sustain successful health development projects. AUPHA's project component consists of integrated strategies to:

- Develop and improve host country health services administration training capacity.
- Collaborate with USAID missions to use that capacity to benefit the country and to cost effectively use supplemental United States based training resources.
- Enhance the ability of trained administrators to apply their skills effectively in mission developed projects and in health services in general.

The original cooperative agreement is to be extended through October 1990 under the existing project to continue and expand the current activities and to provide additional assistance for a special Central American initiative in health management training. This project will provide continued funding for these activities as well as the three additional objectives discussed below.

a) Continuation of Current Activities

Under the current, extended cooperative agreement, AUPHA has sought to develop and improve host country health services administrative training capacity to provide appropriately trained administrative personnel for administrative reform of health services. This project will continue support for AUPHA's efforts to improve the regions health services administrative training capacity.

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

- Assess host country health services administrative needs and resources.
- Assist USAID missions to develop and strengthen host country training centers and programs.
- Design and implement a regional strategy to strengthen administrative training resources which complements national efforts.

AUPHA implemented the project by conducting and publishing the results of an inventory of health services administrative training resources in the region; developing and disseminating training materials; training faculty and providing technical assistance. The inventory was published as a directory of resources and was distributed widely to mission personnel, training centers and service delivery organizations throughout the region. The inventory provides the baseline against which to assess project impact on training capacity and it is regularly updated.

The need for training materials has been addressed by convening expert groups which produced course materials, disseminating materials from other sources (Kellogg Foundation, PAHO, WHO, World Bank, etc.) and exchanging materials among centers. The shortage of modern management literature was also addressed by adding a Spanish language supplement to the Journal of Health Administration Education and networking information through Boletín Latinoamericano published twice yearly. A resource center was developed to collect and disseminate curriculum materials.

Faculty training approaches included participation in several workshops on either curriculum or program design topics. Several faculty members served on technical assistance teams and others were encouraged to produce materials for regional distribution. Several faculty training opportunities were arranged using private AUPHA resources.

Technical assistance focused on mission efforts to maximize the value of U.S. training placements, to develop management training components of major projects and on the development of course materials in specialized management fields. Other technical assistance focused on training program design.

The activities outlined above will be continued in this project at the level of support which was provided by the first expanded cooperative agreement. There will be changes in emphasis to reflect the progress of the first project. For example, the basic inventory of training resources can be given less emphasis, although, there will be a continuing need to distribute current information on the network of training programs.

This project will support the long-term core staff - part-time Project Director, full-time Project Manager, and staff; costs of publication of the Boletín Latinoamericano and Spanish supplement of Journal of Health Administration Education; travel for core staff to provide technical assistance for regional priorities; two person months per year for technical assistance to Missions; support for Resource Center; and four workshops.

b) Identification of LAC "Centers of Excellence" in Health Management and Administrative Training

This project will identify and enhance roles of leading administrative training centers. The need to identify and promote "centers of excellence" emerged from the process of assessing training needs and resources. Great variations were noted in program types, resources, quality and

stability. Many programs were found to be too academic to effectively respond to the skill needs of health systems. Others were based on US models which are inappropriate to national needs. In general there was a lack of knowledge of program characteristics which have been shown to be responsive to the needs of the region. The mid-term evaluation of the existing Health Technology and Transfer project also identified the need for more specific strategy guidance for health management training in the region.

This project activity will provide AUPHA with the resources to systematically identify key characteristics of those training centers which have demonstrated successful responses to national needs and which have the potential for further success. A committee of five experts will meet twice during the first year of the project to categorize existing programs according to such characteristics as setting (public health, MOH, etc.), level (undergraduate, graduate), delivery mode (full time, in-service, etc.), and resources.

One or two programs in each category, for a total of eight programs, will be selected for analysis and for intensified development assistance. A two-person team will visit each of the eight centers during years one and two of the project (two in year one and six in year two). Using a standard format developed by the expert committee, the teams will produce a case study of each model program. The case studies will be published in the Spanish language supplement to the Journal of Health Administration Education and will be widely disseminated to promote appropriate program design, curriculum and training methodologies which can serve as models for other training institutions. The case studies will also be useful for LAC missions in the countries to provide backup for project design and to other LAC missions. Case writers will meet once in the second year.

In each case, the assessment teams will make recommendations for the advancement of the training centers to better realize their potential. Emphasis will be placed on models which are responsive to the needs of the private sector, serve small service units, and public sector logistics and personnel systems. Enhancement efforts will concentrate on centers which have the potential to meet the need for in-service and short-term training of middle managers.

Special attention in these activities will be given to the development of management capacity of middle level managers through innovative, intensive, non-residence programs. AUPHA is currently involved in the development of such programs in the Dominican Republic and Costa Rica. Support will be available for the continuation of these country programs and for expansion into other countries as well.

c) Sustaining Training Components of LAC Health Projects

This activity will allow AUPHA to collaborate with LAC missions to use host country health services administration training capacity to sustain management reform projects. Projects which strengthen health systems through administrative reform often include a short-term management training component. Typically, the training is provided by the long-term contractor to give incumbent administrators the skills and knowledge necessary to reach the immediate project objective. In many cases the prospects for post-project sustainability are limited because of a lack of reinforcement/refresher training and the absence of a pool of appropriately trained replacement administrators.

As a result of the first cooperative agreement with AUPHA, together with the agreement to be funded under this project, there is now an opportunity to address the problem of sustained management training support for projects. In several countries health development projects can be designed to foster managerial sustainability through the participation of host country training institutions. This approach also strengthens the training center and promotes cooperation between health systems and training centers which has often been weak.

Support will be provided to AUPHA to keep LAC missions informed about national and regional health services administration training resources. AUPHA staff will keep themselves informed about project development through direct contact with the missions. Technical assistance will be provided to missions as they develop management and administrative components for health projects to encourage utilization of host country training institutions. Technical assistance will also be available to training institutions to design programs and curriculum which support the long-term personnel needs for administrative reform projects. Seminars will be conducted each year to strengthen trainers, project design and teaching skills as required by mission project plans.

d) Promoting Development of Professional Associations of Health Administrators

AUPHA will support efforts to develop a professional ethic and status for health service managers through the establishment or revitalization of the private voluntary professional associations in at least ten countries where practical.

There have been efforts to start such organizations in most countries. Virtually all have failed. The reasons include lack of appropriate models, lack of content, leadership and resources. AUPHA will provide stimuli, train leaders, disseminate indigenous models, provide backup materials and consultants and provide legitimacy through international recognition.

Using the methodology successfully implemented to assess training resources in the first project, AUPHA will establish baseline data on each country. Assessment teams will visit each country, and develop a profile of the present situation and potential. Working with LAC missions AUPHA will determine priorities for investment. The baseline will provide the basis for ongoing and project end evaluation by addressing such questions as:

- Are there existing private individual membership associations of health service executives? If not, is there a history of associations. If yes, who are the members; how many members are there; what is the history of membership; how does the membership compare with the "market"; who are the leaders?
- Does the organization have assets? Does the organization have meetings? What is their frequency, location, participation, content? Does the organization have publications; other activities?
- What can be learned about professional stature?

AUPHA will establish a small advisory committee of experts (5) to provide guidance on developing the survey, assessing the results, identifying technical assistance resources, setting programmatic objectives and assessing progress. The committee will include experts from the American College of Health Care Executives, the Canadian Hospital Association (because of their successful educational programs in remote regions), AUPHA and the LAC region. The committee will meet twice in the first and fourth years and once in the second and third years.

AUPHA will publish an association newsletter twice a year to highlight developments, give useful programmatic information and give progressive activities and leaders visibility. The newsletter will be widely distributed to MOHs, LAC missions, Social Security's Training Centers, etc.

AUPHA will conduct one leadership seminar each year, with twelve participants in year one, fifteen in year two, twenty in year three and twenty-five in year four. The seminars will gradually shift from an emphasis on planning to descriptions of experience. Proceeding will be published as part of the newsletter. There will also be one small working group meeting each to produce materials on such topics as professional ethics which can be issued by the associations.

In year two and three AUPHA will make small seed grants, of up to \$3000 each, to associations to implement continuing education programs, membership drives, publications, etc. The emphasis will be on fostering sustainable organizations and activities. Grants will be competitive, with four in year one, six in year two, ten each in years three and four. Selection will be made by the advisory committee in consultation with LAC missions and the AUPHA project staff.

AUPHA will provide up to one man month per year of consultation to assist with association development and project implementation.

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.

In the fourth year, AUPHA will conduct a country by country assessment of progress which will provide the basic working document for the final leadership seminar. The assessment will be conducted by two person teams from the countries, in order to have maximum training value. Case studies will be published as an association development manual.

(4) Technical Assistance

Missions have identified management issues as high priority for technical assistance in the development of strategy and analysis of background information for inclusion in the design of projects/components of PIDs and PPs. This project will provide a mechanism for both long-term and short-term consultants to provide assistance to missions. The long-term technical adviser for management and administration will be available to assist missions primarily for strategy development. The project will also provide a roster of short-term consultants in management and administration who have appropriate language skills and experience in the region.

Since the region will be giving priority to management issues and since management needs of LAC are somewhat different from those of other regions, it is felt necessary to develop a regional capacity to respond to mission demand in this area. 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.

Management specialists will be available for short-term assistance to missions for the development of project activities in the following management areas:

- supervision techniques at center, region and periphery of health service institutions;
- development and utilization of high quality and responsive H/MIS;
- financial control systems, including procurement;
- special management problem for private insurance, employer provided services, privatization and health-related micro-enterprises;

- logistics and maintenance systems; and
- upgrading of personnel systems (census, incentives, career paths, timely remuneration schemes).

Technical support will also be provided for major administrative strengthening in the following areas:

- integrative reforms to overcome programmatic fragmentation, duplication, skill imbalances;
- decentralization and devolution of responsibilities, accountability, skills and budgets;
- interaction of public and private sectors;
- legal and regulatory reforms;
- administrative implications of health financing reforms; and
- management needs of private sector initiatives.

Through the buy-in mechanism, the project will also support missions in their evaluation of management components of health sector projects through the provision of consultants for evaluation teams. It is estimated that the project will support ten mission evaluations during the life of the project (20 person months).

(5) Operations Research, Special Studies, and Evaluations

a) 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. Current operations research projects, such as the PRICOR health information system for Child Survival in Ecuador, a decentralization project in Thailand and a variety of studies of different supervision and management information systems, can be effectively utilized to assist decision-makers assess and choose the most appropriate project activities for management objectives.

This project will provide technical support for operations research targeted toward solving problems in the following topic areas:

- supervision schemes,
- financial controls,
- management of drugs,

- logistics systems, and
- alternative forms for H/MIS.

The operations research projects should focus on problem analysis and solution development of clearly defined management problems which have the commitment of the local Ministry or of a private institution to implementation of the recommendations. Projects should be of modest size and build on instruments and methodologies that have been tested.

LAC Bureau estimates that eight operations research projects (two per year) of moderate scale (six months each) will be implemented during the life of the project. These projects will require 24 person months of technical assistance (6 person/months per year plus 8 round trip travel) and in-country support services (18 local person/months, local transport, computer and secretarial time, and printing of interview forms).

(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 other A.I.D. and other donor projects,
- comparative cases of management improvement techniques, and
- management improvements for private sector activities.

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

(6) Monitoring/Tracking and Information Exchange

a) Monitoring/Tracking

(i) General Monitoring/Tracking Responsibilities

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 Manager 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 missions and LAC Bureau. In particular, country specific data and analysis is not yet available from the ISTI project, and there is no current means of tracking components of projects that are priorities in this project -- management, finance, 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, finance and nutrition -- will be responsible for assisting the Project Manager 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.

(ii) Management Component

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 be designed to develop appropriate indicators and assist in their incorporation into the ISTI Health and Child Survival Tracking System and LAC Management Information System.

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. Since PAHO has placed this issue on the top of its agenda for technical assistance, this project should also provide continuing monitoring of PAHO efforts that would be of use for coordination and cooperation between LAC and PAHO missions in each country.

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 15 person months. Short-term technical assistance in this area will assist missions select appropriate and available indicators for project monitoring and evaluation, help in design of appropriate forms,

strengthening of capabilities of missions to analyze monitoring and tracking information, and making mission tracking systems as compatible as possible with LAC regional and S&T systems.

The long-term adviser for management will assist the Project Manager in the design and maintenance of the management indicators in the monitoring/tracking systems available to LAC. In addition 12 person months of LAC funds will be available for short-term technical assistance in this area.

b) Information Exchange

This project will support the dissemination of information on health management by providing material for the bi-monthly distribution of information packets to missions (see Section IV-A-1). Responsibility for providing management information will primarily be that of the long-term expert consultant in management who will also provide information and networking on request by missions and LAC Bureau.

(7) Conferences and Workshops

In addition to the conferences and workshops in the AUPHA component, this project will support two regional conferences (one mid-term and one in the final year) on general administrative reform issues and one yearly sub-regional workshop on management issues. These conferences and 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 counterparts, technical assistance contractors, interested management experts and mission officials will be invited to these conferences and workshops.

Conference 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, etc.

Workshops on management issues will include the following topics: H/MIS forms, supervision systems, design of logistics and procurement systems, etc.

These workshops and conferences are designed to promote knowledge sharing and the development of appropriate regional models of management and administrative projects.

(8) Level of Effort

(a) AUPHA

This project will provide support for additional activities by AUPHA beginning in FY1989 and for continuation of the current activities after the completion of the existing cooperative agreement in FY 1991.

(i) Continuation of Current Activities

The activities that will need to be continued after the end of the existing agreement include:

- (A) core staff and travel (including CA initiative),
 - Project Director (part-time)
 - Project Manager
 - Central America Field Office Director
 - 2 full time secretaries, one part time secretary, and one part time Resource Center Coordinator
- (B) publishing costs of the Boletin, Journal, and Directory
- (C) 2 person months per year for technical assistance to the missions

(ii) Additional Activities

In order to support additional activities beginning in FY 1989 AUPHA will need one additional professional staff member to support all three activities.

(A) Centers of Excellence:

Two person months for the following:

Year One

- Expert Committee - five people, plus two staff.
 - One two-day meeting.
 - One three-day meeting.
- Two center assessments.
 - Two people, five days each.

Year Two

- Six center assessments.
 - Two people, five days each.

- One two-day meeting.

Eight case writers.

One Consultant.

Three staff.

(B) Sustaining Training Components of LAC Health Projects

One person month for technical assistance

One four-day workshop (ten participants) (one person month of TA)

(C) Promote Professional Associations

Total support equivalent to 12 person months for the following:

Baseline Assessment

YEAR ONE

- Ten country assessments - two persons, six days each.

Advisory Committee

YEAR ONE

- One three-day meeting - Five members, plus three staff.
- One two-day meeting - Five members, plus three staff.

YEAR TWO

- One two-day meeting - Five members, plus three staff.

YEAR THREE

- One two-day meeting - Five members, plus three staff.

YEAR FOUR

- One two-day meeting - Five members, plus three staff.
- One three-day meeting - Five members, plus three staff.

ASSOCIATION MANAGEMENT:

YEAR ONE

- Two issues.

YEAR TWO

- Two issues.

YEAR THREE

- Two issues.

YEAR FOUR

- Two issues.

LEADERSHIP SEMINARS:

YEAR ONE

- One three-day seminar. Twelve participants.
Three project staff.
Two consultants.

YEAR TWO

- One four-day seminar. Fifteen participants.
Three project staff.
Two consultants.

YEAR THREE

- One four-day seminar. Twenty participants.
Three project staff.
Two consultants.

YEAR FOUR

- One four-day seminar. Twenty-five participants.
Three project staff.
Two consultants.

WORKING GROUPS

- One meeting each year. Four participants.
One staff.
One consultant.

ASSOCIATION DEVELOPMENT SEED GRANTS

YEAR ONE: 4 \$3,000 grants

YEAR TWO: 6 \$3,000 grants

YEAR THREE: 10 \$3,000 grants

YEAR FOUR: 10 \$3,000 grants

CONSULTATION:

- One man month each year.

PUBLICATION DEVELOPMENT:

- Eight articles per year in years two, three and four. Case studies manual.

EVALUATION

FOURTH YEAR

- Ten country assessments (Two persons - six days each).
- Staff required: One administrative assistant for this subproject; part-time of all professional staff.

b) Core Contract

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.

Contractor will also provide a roster of short-term technical consultants with experience in the region, language and cultural skills.

Based on mission estimates, it is expected that there will be approximately 135 person months of short-term technical assistance required by the missions for health care management activities.

LAC Bureau estimates that additional short-term support will be needed for regionally sponsored activities in research, tracking/coordination/information exchange, and for conferences and workshops.

It is expected that two operations research projects per year will be implemented by the LAC Bureau for the evaluation of different management problems and options -- such as supervisory systems, management information systems, middle level management training methodologies, drug procurement, distribution and logistics systems, personnel incentive systems, and financial control systems.

Other special studies (two per year) will be implemented with LAC Bureau support to provide cross cutting evaluations of management projects, evaluation of lessons learned from large health systems strengthening projects in Honduras, the Dominican Republic and El Salvador.

In addition, three strategy analysis studies to prepare the background analysis for the regional management strategy statement will be implemented in the first two years of the project.

The core contractor will support two major regional conferences on health administration issues -- one at mid-term and one at the end of the project - - to review health administrative reforms accomplished by the project. Four subregional workshops (one each year) on selected health management issues will also be held.

c) Short-term Technical Assistance: Global Estimates

Global estimates for level of effort for short-term technical assistance in health care management are as follows:

(i) LAC Bureau

(A) Studies to support development of Regional Strategy:

-- 3 studies at 3 person/months per study: 9 person/months

(B) AUPHA

-- 16 person months for TA to missions, identification of centers of excellence, sustainability of LAC training, and development of professional associations.

(C) Operations Research

-- 8 operations research projects (2 per year) at 3 person/months each: 24 person months.

-- 32 round-trips (4 for each research project)

-- In country support (per each project: 18 local person/months, computer and secretarial time, interview forms)

(D) Special Studies

- two special studies (cross cutting eval.,etc.) per year at 2 person months per study: 16 person months

(E) Information Exchange

- material for information packets (bi monthly) (long-term)

(F) Workshops and Conferences

- two regional health administration conferences (mid-term and final) (12 person months)
- 4 subregional workshops (one yearly) on management themes (12 person months)

(ii) Mission "Buy-ins" to Core Contract

(A) PID, PP Background Support: 100 person months

(B) Evaluations: 20 person months

(C) Monitoring/Tracking: 15 person months

(These estimates are based on Annex B "Interpreted Estimates" of mission demand. Evaluations and Tracking are one fourth of the total non-regional estimate (i.e. Total minus Regional.)

(iii) Mission "Buy in" to AUPHA (Years 3 and 4 only)

(A) TA for training project design: 4 person months

Exhibit 2

**PERSON MONTHS SHORT TERM TA LEVEL OF EFFORT
HEALTH MANAGEMENT ACTIVITY**

	YEAR FUNDING	1		2		3		4	
		LAC	CM	LAC	CM	LAC	CM	LAC	CM*
I. Strategy Development									
Strategy Analysis		6		3					
Regional Strategy (Long Term)									
Country Strategies (Long Term)									
II. Management Training (AUPHA)									
Publications (Long Term)									
TA to Missions						2			2
Workshops and Seminars (Long Term)									
Cases of Excellence	1		2						
TA to Local Centers	1		1		1			1	
TA to Prof. Assoc.	1		1		1			6	
III. TA for Project Design, Monitoring, Evaluation									
PID and PP support		15		35		35		15	
Evaluations		3		3		7		7	
IV. Studies and Operations Research									
Operations Research	6		6		6		6		
Special Studies	4		4		4		4		
V. Monitoring/Tracking/Information Exchange									
Data Base Design	2		4						
Tracking System	2	4	2	4	1	2	1	1	1
Output Indicators		1		1		1			1
Information Packets (Long Term)									
VI. Conferences and Workshops									
Conferences	6							6	
Sub-Regional Workshops	3		3		3		3		
TOTALS		32	33	26	43	16	47	27	26

LAC = Regional Funds
CM = Mission Buy-Ins

Exhibit 3

**OUTPUT INDICATORS
HEALTH MANAGEMENT ACTIVITY**

	YEAR FUNDING	1		2		3		4	
		LAC	CM	LAC	CM	LAC	CM	LAC	CM
I. Strategy Development									
Strategy Analysis	2		1						
Regional Strategy			1						
Country Strategies	1		1			1		1	
II. Management Training (AUPHA)									
Publications						3		3	
TA to Missions						3		3	
Workshops and Seminars						2		2	
Centers of Excellence	1		6						
TA to Local Centers	1		1			1		1	
TA to Prof. Assoc.	1		1			1		1	
III. TA for Project Design and Evaluation									
PID and PP support		3		3		3			3
Evaluations		1		1		4			4
IV. Studies and Operations Research									
Operations Research	2		2			2		2	
Special Studies	2		2			2		2	
V. Monitoring/Tracking/Information Exchange									
Data Base Design	1								
Tracking System	1	1	1	1	1	1	1	1	1
Output Indicators	1	1	1	1	1	1	1	1	1
Information Packets	6		6			6		6	
VI. Conferences and Workshops									
Conferences	1							1	
Sub-Regional Workshops	1		1			1		1	

LAC = Regional Funds
CM = Mission Buy-Ins

b) Health Financing Activity

(1) 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. There is little expectation that economic conditions in the region will improve significantly in the near future.

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 so that financial sustainability can be achieved while at the same time equity concerns can be met.

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, 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 financing alone, it is clear that efficiency and cost recovery are important elements in the development of a sustainability strategy for the region. A recent PPC/CDIE study of sustainability of U.S. government funded health projects in Guatemala (Bossert, et.al.) 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--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 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 its Health Technology and Transfer project. Health financing was the theme of the LAC HPN Conference in Gettysburg in 1984 and the 1986 Annapolis Conference had significant health financing emphasis.

Despite these efforts, there is still a lack of sufficient knowledge and consensus among health 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, 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.

Nevertheless, the need for developing a consciousness about costs and financing options is urgent and there are a variety of policy and project options that can be explored and evaluated throughout the region.

Although health financing has been a major topic of A.I.D. policy, there has not been a major emphasis on development of health financing 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 financial 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 and 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 financing suggests that modest efforts of technical support can make all the difference in developing greater awareness and understanding of health financing by both A.I.D. and host country officials.

A survey of missions' anticipated demand for technical support showed that financing issues would now be the second highest priority for future mission health activities.

While a major effort in this component will be proactive--designed to promote greater activity in health 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 as deemed appropriate by mission requests.

The LAC Bureau has identified the need for both long-term and short-term technical assistance to assist the Bureau and the missions in the development, monitoring and evaluation of health financing activities in the countries of the region. This technical assistance will support the development of a regional health financing strategy, provide the basis for continuity in information and networking for various national, mission, LAC Regional, and central (S&T) health financing activities, as well as the efforts of other donors in the region. The project will also support the provision of short-term technical assistance for project design, evaluation and monitoring for projects and project components in health financing. It is intended that these technical services will not duplicate S&T/Health programs/projects, but rather intensify and provide long-term support which is region specific. Every effort will be made to coordinate with other technical specialists in the area of health financing, and to learn from programs/projects and strategies in other regions.

(2) Regional Health Financing Strategy

This project will provide one long-term technical adviser to assist in the development of the regional strategy, to identify specific areas for technical support, and to provide a technical basis for coordination, information sharing and networking in health financing.

To approach this priority problem in the region, the LAC Bureau will develop a regional strategy for A.I.D. programs. This strategy will develop guidelines for:

- policy dialogue for macro-economic policies which impact on health sector resources,
- cost containment, efficiency and priorities for cost-effective technologies,
- alternatives for mobilizing additional resources for the health sector through cost-recovery and social insurance, and
- development of private sector initiatives through privatization, micro-enterprises and employer provided services.

The regional 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 a regional strategy will build on existing studies and assessments completed by S&T/Health (REACH) and the current LAC health financing project (SUNY). Particularly relevant will be the updated review of the literature on health financing (SUNY) and the recently implemented cross cutting evaluations (LAC buy-in to REACH) which examined user fees and other health financing alternatives. In

addition, it is anticipated that 3 strategy analyses and issues papers will be prepared to assist in the development of special areas of health financing (e.g. private sector strategies, social security and cost savings in hospitals).

One of the activities of this project will be to promote the regional strategy and assist missions to identify priority areas for health financing project activities. Technical support to missions will be available through this project to provide background analyses and studies for the development of country strategies, PIDs and PPs. It is particularly crucial that an analysis and application of health financing issues be addressed in the development of health systems support and strengthening projects -- such as those in Central America; however, financing components of other health projects, as well as projects which focus directly on health financing activities -- similar to the Health Financing project in Indonesia -- will also be supported.

(3) Special Studies and Operations Research

a) Special Studies

The state of the art of health care financing remains quite 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 and four workshops which have contributed to understanding of demand, costs and alternative financing mechanisms in the region. SUNY and its sub-contractors, Group Health Association of America (GHAA) and International Resources Group, Ltd. (IRG) prepared a review of the literature on health financing; implemented three cost studies -- which evaluated hospital and health facility costs in Belize, Ecuador, and St. Lucia; two demand studies in the Dominican Republic; and three studies of alternative financing mechanisms in Bolivia, Guatemala, and Peru. The project also held three annual meetings which reviewed the project studies made 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. One problem identified by the LAC Bureau has been insufficient follow-up and application of recommendations of research activities. A second concern is that the project has not been an effective vehicle for provision of technical support to missions for project design, monitoring and evaluation.

A second source of support for health financing studies is from the REACH project of S&T/Health. REACH has a dual mandate to support both immunization and health financing activities. The LAC region has received approximately 18% of the REACH health financing budget. These projects 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. REACH is also implementing a cross cutting evaluation of health financing projects in the region. REACH has also been a source for some technical support for missions in project design and evaluation in health financing.

REACH has been well received by missions and the LAC Bureau; however, there have been some limitations on its availability and responsiveness to LAC needs. In some cases REACH was unable to provide consultants with appropriate language and cultural skills in the expected time frame requested by missions. The LAC Bureau also found that differences over REACH and Bureau priorities and objectives inhibited the responsiveness of REACH to LAC requirements. Perhaps most important, REACH is now nearing its "buy-in" ceiling which will limit its ability to respond to LAC requirements under its current contract.

Both the current health financing projects (SUNY and REACH) have strong research agendas and have given less priority to technical assistance for the development of Mission PP's and other design, monitoring and evaluation efforts.

This project will continue support for four research studies similar to those implemented under the SUNY project, although there will be a shift in emphasis. It is generally felt that the cost-effectiveness of demand surveys is limited and that there is currently no consensus on how to implement less costly means of ascertaining levels of ability and willingness to pay for services. While some support for demand surveys will be available through this project, the research efforts will be focused more directly on cost studies which can assist in the development of cost containment and efficiency strategies, and on the evaluation of alternative financing mechanisms (insurance and private sector).

This project will also emphasize the application of research findings and recommendations. Each research study will be designed to address specific project-related questions which have been identified by Missions, national institutions, and/or the LAC Bureau. All research efforts will allow for mission buy-in for technical assistance to follow-up on research recommendations so that the findings can be made available in usable form for decision-makers, policy and project design, and program implementation.

(b) Operations Research

In addition to providing support for these broader research studies, the project will focus on operations research. Operations research evaluates the effectiveness and impact of two or more alternatives to health financing. Examples of effective health 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 the area.

Operations research can also be utilized in a proactive fashion in order to demonstrate the alternatives in health financing that could be available for project activities. This project will provide funding at the bureau level that will be available for operations research add-ons to bilateral health projects. Missions could also buy-in for proactive operations research to demonstrate to Ministries of Health and private sector institutions the potential options for health financing activities.

Possible areas for research include:

- alternative insurance mechanisms,
- community financing schemes,
- fee schedules,
- cost accounting programs,
- private sector initiatives in physician group practices and employer provided services, and
- privatization of some public services.

The LAC Bureau estimates that eight operations research projects (two per year) of moderate scale (six months each) will be implemented during the life of the project.

(4) Technical Assistance in Health Financing

This project will continue the efforts under the Health Technology and Transfer project (SUNY) to identify and develop regional experts in health financing in order to address LAC specific needs, establish consensus on methodologies and approaches and provide continuity in the development of knowledge and provision of technical support to missions. This effort can easily complement, build on and cooperate with the expertise in health financing now available in the S&T/Health REACH project.

The project will encourage the development of a regionally oriented and experienced group of consultants who understand the special problems of the region (e.g. Social Security) and have appropriate cultural and language skills.

It is expected that the current roster of health financing experts, which focuses on broadly trained economists, will need to be expanded to include professionals with expertise in financial management, accounting, insurance, and hospital administration. While there is a recognition of the current limited supply of health 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.

This roster of LAC health financing experts will assist Missions through the buy-in mechanism to develop project designs and sectoral analyses in the following areas of expertise: 1) cost analysis of health facilities; 2) development of cost containment strategies for health facilities ; 3) development of appropriate cost accounting systems; 4) health financing operations research; 5) private and public health insurance schemes; 6) community financing; 7) financing HMOs and physician group practices; 8) revolving drug funds; 9) privatization processes; 10) macro economic analysis for policy dialogue; 11) analysis of foreign exchange burden.

This project will provide up to 90 person months of short-term TA for mission buy-ins.

In addition, 20 person months of TA for approximately 10 evaluations will be available for mission buy-ins.

(5) Monitoring/Tracking/Information Exchange

a) Monitoring/Tracking

This project will provide support for the development of a regional data base to track and monitor health financing efforts in the region. This effort will complement the current information systems provided by ISTI for Child Survival tracking and by the LAC Bureau Management Information System (LAC/MIS). Currently, neither system provides systematic data on health financing indicators -- except for some project funding data.

This project will develop appropriate indicators for monitoring and tracking health financing components of health projects and for tracking broader economic indicators which impact on health financing issues. The long-term financing consultant will be responsible for assisting the core contract Project Manager in this activity (see "Monitoring/Tracking and Information Exchange" of Health Management Activity).

The monitoring effort will build on the development of a regional strategy (to be completed in Year Two) -- which will set regional objectives in health financing and will establish indicators for measuring progress toward objectives. Separate mission health projects will also need assistance from this project for the development of appropriate objectives and output indicators. To the extent possible these indicators will be incorporated in the regional data bases of the LAC/MIS.

The developing of financing data base should be complementary to the existing information and tracking systems, in order to avoid duplication. The current LAC/MIS Data Base anticipates the inclusion of some data relevant to health financing; this project's efforts should support and amplify that data base. Cooperation with the Child Survival Tracking system might also produce information systems which can be simultaneously accessed for comparative analysis of different data sets.

Estimates of mission buy-ins project 15 person months of technical assistance for monitoring and tracking for Missions.

b) Networking and Information Exchange

In addition to establishing a basic data system, the project will provide a center for information collection and sharing in health financing. Currently there is no central source of information on the various projects and activities in health financing in the region. Many efforts by other donors, as well as by A.I.D., produce useful information on health financing issues and experiences which are not disseminated in a systematic way.

This project will establish a center for maintaining documents and a modest library on health financing issues and prepare health financing materials for information packets to be distributed to missions periodically. The long-term health financing expert, supported by a resource materials assistant, will be responsible for maintaining this document center and for supporting the preparation and dissemination of the bi-monthly information packets.

(6) Conferences and Workshops

The project will support a yearly regional conference to provide a means of sharing research and project experience in health financing efforts implemented by the project. These workshops would invite relevant public and private health officials in each country, mission health officers, and health financing experts from the region to discuss the topics and issues that have been the subject of project activity during the year. This use of conferences was found by the SUNY project to be highly effective in information sharing, the development of consensus on methodologies and the promotion of health financing efforts.

In addition, the project will fund eight one week sub-regional training workshops for sensitizing health officials, and Latin American development people, concerning health economics and financing issues.

The REACH project has performed these workshops in Kenya, the Central African Republic and for the Combatting Communicable Childhood Diseases (CCCD) projects in Africa. This method of promoting health financing and of developing a broader understanding of the issues and policy/project options was found to be particularly effective. Such workshops review the basic health financing issues, introduce interested officials and development experts to the general methodologies of health financing, and expose them to the variety of policy and project options that can be explored in each country. At the least, workshops should address the basic issues of cost, efficiency, and alternative cost recovery and financing mechanisms available to decision-makers.

The project will also develop a list of health financing training resources available in the region. Currently, there are limited training resources; however, it is expected that as health financing becomes more important in the region, this expertise will be forthcoming. In some programs in health administration and management, such as institutions associated with AUPHA, health financing training is available. Other sources should also be identified and made available for project activities.

(7) Level of Effort

a) Core Contract

The contractor will provide one long-term consultant for four years to support the LAC Bureau in the development of a regional strategy, networking and information coordination, promotion and technical assistance as requested by missions; and coordination with other donor agencies (IDB, IBRD, PAHO) on regional activities.

Contractor will also provide a roster of short-term technical consultants with experience in the region, language and cultural skills.

To support the long-term expert in the design of the regional health financing strategy, three strategy analysis studies will be prepared with short-term technical assistance.

Based on mission estimates, it is expected that there will be approximately 125 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 activities. These experts will provide support in the following areas:

- 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.

Continuing efforts to develop basic knowledge in health financing through research projects similar to those carried out by SUNY will be supported in this project. Four research projects will be supported -- one a year -- with additional short-term technical assistance for follow-up and application of recommendations.

It is estimated that two operations research projects per year will be implemented by the LAC Bureau for the evaluation and promotion of health financing efforts. Possible topics for this research include: alternative insurance mechanisms, community financing schemes, fee schedules, cost accounting programs, private sector initiatives, and public/private mix.

The project will fund a yearly regional health financing conference for the dissemination and review of the project research activities during that year.

Eight (two per year) one week sub-regional training workshops for sensitizing MOH and private health officials in health financing issues and experience will be supported through the core contract.

Support for the dissemination of information packets on health financing and for the maintenance of a research and document library will be provided.

Global estimates for level of effort for short-term technical assistance in health financing are as follows:

(i) LAC Bureau

(A) Strategic analysis studies to support development of regional strategy:

- 3 studies at 3 person/months per study: 9 person/months

(B) Special Studies

- 4 special studies (1 per year) at 6 person/months per study: 24 person/months
- In-country support (per project: 18 local person/months, computer and secretarial time)

(C) Operations Research

- 8 operations research projects (2 per year) at 3 person/months each: 24 person months
- 32 round trips (4 per research project)
- In-country support (per project: 18 local person/months, computer and secretarial time, interview forms)

(D) Information Exchange

- material for information packets (bi-monthly)
- documentation and research center (acquisitions allowance, part time resource materials assistant)

(E) Conferences and Workshops

- 4 regional conferences -- one each year -- to review and promote findings of research activities
- 8 one week sub-regional training workshops (2 each year)

(ii) Mission Buy-Ins

(A) PID, PP Background Support: 90 person/months

(B) Evaluations: 20 person/months

(C) Tracking: 15 person/months

(These estimates based on Annex B "Interpreted Estimates" of mission demand: evaluations and tracking are one fourth of the total non-regional estimates.)

Exhibit 4

PERSON MONTHS SHORT TERM TA LEVEL OF EFFORT
HEALTH FINANCING ACTIVITY

	YEAR FUNDING	1		2		3		4	
		LAC	CM	LAC	CM	LAC	CM	LAC	CM*
I. Strategy Development									
Strategy Analysis		6		3					
Regional Strategy (Long Term)									
Country Strategies (Long Term)									
II. Studies and Operations Research									
Special Studies		6		6		6		6	
Operations Research		6		6		6		6	
III. TA for Project Design and Evaluation									
PID and PP support		15		30		30		15	
Evaluations		3		3		7		7	
IV. Monitoring/Tracking/Information Exchange									
Data Base Design		2		4					
Tracking System		2	4	2	4	1	2	1	1
Output Indicators			1		1		1		1
Information Packets (Long Term)									
Documentation Center (Long Term)									
V. Conferences and Workshops									
Conferences		6		6		6		6	
Sub-Regional Workshops		3		3		3		3	
TOTALS		31	23	31	38	22	40	22	24

LAC = Regional Funds
CM = Mission Buy-Ins

ASW

Exhibit 5

**OUTPUT INDICATORS
HEALTH FINANCING ACTIVITY**

	YEAR FUNDING	1	2	3	4
		LAC CM	LAC CM	LAC CM	LAC CM*
I. Strategy Development					
Strategy Analysis	2		1		
Regional Strategy			1		
Country Strategies	1		1	1	1
II. Studies and Operations Research					
Special Studies	1		1	1	1
Operations Research	2		2	2	2
III. TA for Project Design and Evaluation					
PID and PP support		3	3	3	3
Evaluations		1	2	3	4
IV. Monitoring/Tracking/Information Exchange					
Data Base Design	1				
Tracking System	1	1	1	1	1
Output Indicators	1	1	1	1	1
Information Packets	6		6	6	6
Documentation Center	1		1	1	1
V. Conferences and Workshops					
Conferences	1		1	1	1
Sub-Regional Workshops	2		2	2	2

LAC = Regional Funds
CM = Mission Buy-Ins

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2. Nutrition/Child Survival Component

(a) Nutrition Activity

(1) 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.¹ They live in households with incomes too low to afford sufficient food at prevailing prices. An estimated 21 million children under five suffer from growth failure due to malnutrition (PAHO, 1986) of which 12 million are severely malnourished and at high risk of death. (Haaga, et al., Cornell University Surveillance Program, 1986). Recent data confirm that the nutrition situation is stagnant or worsening in LAC in a number of areas (see data from national nutrition surveys disaggregated by districts for Honduras, 1987; Peru, 1984; Jamaica, 1985; Guatemala, 1986; for Bolivia see Morales, 1985 and Musgrove, 1987; also see World Bank, UNICEF on the effects of the recession and structural adjustment).²

¹Food security is the ability to obtain enough food through production, purchases or subsidies/food distribution programs. It is most often denied due to inadequate income or access to assets, fluctuations in production, inappropriate pricing and other inappropriate intervention.

²The following are references utilized in this section:

Haaga, J.G., C. Kendrick, K. Test and J. Mason. 1986. An estimate of the Total Prevalence of Child Malnutrition in Developing Countries. World Health Statistics Quarterly, vol. 38-no. 3, pp. 331-347.

Morales Anaya, R. et al. La Crisis Economica en Bolivia y su Impacto en las Condiciones de Vida de los Ninos. La Paz, 1985. Cited in Musgrove, 1987c.

Musgrove, P. 1987c. 'The Economic Crisis and Its Impact on Health and Health Care in Latin America and the Caribbean', International Journal of Health Services, vol. 17, no. 3, pp. 411-441.

PAHO. 1986. Morra, J.O. and C.H. Daza. HPN/ 86.1. Situacion Alimentaria Y Nutricional En Las Americas: 1981-1984.

Parillon, C., M.W. Harrell and R.L. Franklin. 1987. Nutritional Functional Classification Study of Peru: Who and Where Are the Poor? (Raleigh, NC, Sigma One Corporation).

Reutlinger, S. 1987. Poverty and Malnutrition Consequences of Structural Adjustment: World Bank Policy. Food and Nutrition Bulletin, vol. 9, no. 1, pp. 50-54.

UNICEF. 1985. IV: The Impact of Recession on Children. A UNICEF Special Study.

World Bank. 1986. 'Poverty in Latin America: The Impact of Depression', Report no. 6369.

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 deteriorated. Clearly, aggregate economic growth and increased 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 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 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.

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 - will continue to claim lives.

Millions of dollars of A.I.D. assistance in agricultural and medical/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 in Child Survival Emphasis countries based on national nutrition surveys). The missing link is redirecting/strengthening the consumption impacts of agriculture sector

World Bank. Draft 6/23/87. Needs and Opportunities for Mitigating Short-term Negative Food Consumption and Nutrition Effects of the Economic Crisis and Macro-Economic Adjustment in Mexico.

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.

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programs in these 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 in developing food security strategies, make new data and analytical techniques available, will support mission activities in nutrition surveillance/monitoring and help estimate nutrition/consumption effects of agriculture/rural/urban development programs and policies. It will 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 will help support the integration of food aid programs in food security planning.

Through mechanisms established under this project, mission child survival and health projects will be able to tap a pool of LAC-experienced nutrition/growth monitoring/lactation management/vitamin A consultants, to strengthen the nutrition components of child survival 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, lactation management, 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 a 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 new project will identify and make available technical assistance and support for studies, operations research, and analyses to help missions address these issues.

(2) Regional Strategy:

The Regional Nutrition Strategy for LAC was drafted in 1987-1988. This will be reviewed and revised, if necessary, during the course 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 full-time nutrition expert under the core contract will be responsible for assisting with this activity, with further assistance from short-term consultants, as needed.

(3) Mission and Country Strategies:

A number of LAC Missions are planning to develop food security/nutrition strategies. The objective of this activity is to provide a working paper that defines the linkages between mission/A.I.D.-supported agricultural/rural development and Title II activities in the host country, and trends in hunger and malnutrition. Each strategy will identify a plan of action to increase the consumption/nutrition impacts of A.I.D./mission-supported ARDN 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 the full-time 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 any analyses, reviews, studies etc. that may be needed. Missions in all child survival emphasis countries, plus El Salvador are expected to develop these strategies for a minimum of 7 during the life of the project.

Many missions have already drafted child survival strategies that include nutrition components to guide health sector activities. Under this project, assistance will be available to help missions review the appropriateness of these components and recommend how they may be strengthened, given new country data or lessons learned from other countries in the region. It is estimated that a minimum of 7 child survival strategies will be reviewed and strengthened for their nutrition components.

(4) Sector Assessments:

The services of the full-time nutrition expert and other specialists, as requested, will be available to assist with analyses for the nutrition/consumption element of sector assessments in agriculture, rural development, health, and other pertinent areas. An estimated two sector assessments per child survival emphasis country plus El Salvador are expected to receive this assistance for a total of 14 nutrition/consumption components of sector assessments.

(5) Operations Research/Special Studies:

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.

- 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;
- Maternal Nutrition Delivery Systems and Interventions; and
- Alternatives for Improving Weaning Practices.

A total of 15 operations research/special studies are expected to be conducted during the life of the project.

(6) CDSSs, Action Plans, PIDs and PPs:

Under this nutrition activity, 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 14 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.

(7) Monitoring and Evaluation:

This project will provide nutrition/consumption experts when requested by missions, to join teams for evaluation and monitoring of mission projects in agriculture/rural development, Title II and health/child survival. An estimated 10 teams will provide this type of assistance over the life of the project.

(8) Conferences and Workshops:

This nutrition activity will fund the services of experts to participate in conferences and workshops supporting the nutrition/consumption activities of missions. The following is an illustrative list of conferences and workshops that will be assisted:

- Lactation Management Training for Private/Public Sector Health Services/Facilities Staff;

- Nutrition Surveillance and Monitoring;
- Vitamin A Assessment Methodologies and Interventions;
- Household Food Consumption Analysis and Growth Monitoring Techniques for Title II Design/Implementation/Monitoring; and
- Strategies to Improve Weaning Practices.

(9) Tracking Systems:

During 1987, a project level data collection system was designed in conjunction with the ISTI Child Survival project information system. This data needs to be updated and refined to serve the needs of LAC/DR and for missions to track their nutrition activities. Nutrition activities are embedded in a number of larger sectoral projects and programs of missions and the LAC Bureau. The long-term consultant who will coordinate evaluation and tracking efforts will review all LAC health and nutrition data needs and, with the assistance of the nutrition consultant, determine the best mechanism for procuring the needed services (See Sections III-G-1-a)-(6) and IV-A-1.) Funds under this project 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 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.

(10) Level of Effort

(a) Core Contract

The contractor will provide one full time, long-term adviser with experience in nutrition analysis and program planning appropriate for agriculture, child survival and food aid programs. This expert will work primarily with missions, will coordinate short-term, technical assistance, and will review and revise the regional nutrition strategy. Level of effort estimated at 48 person months.

In addition, short-term consultants will be available under the contract to provide support in the following areas:

- food security/nutrition components of mission sector assessments in agriculture/rural development, child survival/health;
- consumption/nutrition components of mission 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 weaning practices; and
- conferences and workshops concerning growth monitoring, lactation management training, nutritional surveillance, Title II activities, vitamin A interventions, and weaning practices.

Total level of effort estimated at 224 person months, funded with mission buy-ins and LAC/CA regional funds.

b) Child Survival Activity

(1) Introduction

The Child Survival effort is the major thrust in A.I.D. and the LAC region at this time. As one example, whereas Child Survival funds constituted just under 4% of the total LAC Health & Child Survival budget in FY 1985, by FY 1987, it had increased to 40% of the budget. In FY 1987, a total of \$48.5 million was utilized by LAC Missions from all accounts (Child Survival Health, ARDN, and ESF) for child survival activities, as compared to \$27.3 million in FY 1985.

Child Survival is the major thrust and emphasis in A.I.D.'s Health Assistance Policy Paper. It is seen as "the Focus of Primary Health Care." To carry out this initiative, A.I.D. took a number of significant steps. It designated 22 countries as emphasis countries, - countries with especially severe child survival problems, - where special emphasis on programs would be placed. Six of these countries are in the LAC region: Bolivia, Ecuador, Guatemala, Haiti, Honduras, and Peru. (Child survival activities could be carried out in other A.I.D.-assisted countries, but with fewer resources). The Agency also embarked on a special effort to promote child survival activities, using for this purpose several long-term projects to be managed by S&T/Health. A Child Survival Task Force was established, to monitor Agency performance and track progress.

An S&T/H project, Child Survival Action Program-Support, provides a number of services in support of the child survival effort, including assistance for impact evaluation design, applied immunization research, and information dissemination. One activity taps the 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 child survival strategies and initiatives. Since 1987, the LAC Bureau has utilized one of these fellows.

As part of the Child Survival effort, missions are required to develop child survival country strategies, first priority being given to the emphasis countries. To date, with the assistance of the Child Survival Fellow,

Exhibit 7

PERSON MONTHS OF SHORT-TERM T.A. - LEVEL OF EFFORT

NUTRITION ACTIVITY

		YEAR		1		2		3		4	
FUNDING		LAC	CM	LAC	CM	LAC	CM	LAC	CM	LAC	CM
I.	Strategy Development (Long-term Adviser)										
	Regional Strategy										
	Strategy Analyses/Studies										
	Country Strategies		5		10		10				5
II.	Sector Assessments										
	Nutrition Analyses		3		4		5				2
III.	Studies/Operations Research										
	Operations Research	9		15		9				6	
	Special Studies	3		3							
IV.	T.A. for Project Design, Monitoring and Evaluation										
	PID and PP Support		6		6		8				8
	Evaluation of Nutrition Components of Projects		4		4		6				6
V.	Conferences and Workshops										
	Conferences		9		6		8				10
	Workshops		8		12		12				12
VI.	Tracking/Monitoring/Information Exchange										
	Data Base Design	2									
	Tracking System (Updated)	2		2		2				2	
	TOTALS	16	35	20	42	11	49	8		43	

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Exhibit 8

OUTPUT INDICATORS

NUTRITION ACTIVITY

		YEAR		1		2		3		4	
FUNDING		LAC	CM	LAC	CM	LAC	CM	LAC	CM	LAC	CM
I.	Strategy Development (Long-term Adviser)										
	Regional Strategy										
	Strategy Analyses/Studies	1		1							
	Regional Strategy Revision			1							
	Country Strategies		1		2		3				1
II.	Sector Assessments										
	Nutrition Analyses		3		4		5				2
III.	Studies/Operations Research										
	Operations Research	3		5		3				2	
	Special Studies	1		1							
IV.	T.A. for Project Design, Monitoring and Evaluation										
	PID and PP Support		3		3		4				4
	Evaluation of Nutrition Components of Projects		2		2		3				3
V.	Conference and Workshops										
	Conferences		3		3		4				5
	Workshops		4		6		6				6
VI.	Tracking/Monitoring/Information Exchange										
	Data Base Design	1									
	Tracking System (Updated)	1		1		1				1	

strategies have been completed in all of the LAC emphasis countries except Peru, although some are still undergoing Mission Review, and others have not yet been submitted to A.I.D./W. Haiti's strategy has been virtually complete since October, 1987, but has not been submitted to A.I.D./W. because of political developments and related bilateral assistance issues which mandate a redesign of the program. Comprehensive child survival projects are being implemented in Ecuador, Guatemala, Peru, and Honduras. In Bolivia, such a project will be authorized in FY 1988.

Child Survival funding for the LAC Bureau will continue at a high level for the foreseeable future. There will continue to be heavy utilization by LAC Missions of the Child Survival projects managed by S&T.

(2) Activities

Under this component, assistance will be provided 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, through participation in conferences and contributions to bi-monthly information packets.

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. Under this project component, funding will be provided for services beginning April 1, 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.

Because of the broad range of S&T/Health projects related to the child survival technical programs, into which missions may buy, it will not be necessary to fund any short-term consultants or any other inputs under this project activity. The child survival consultant will be available to assist missions in determining their short-term assistance needs, and to help them identify the most suitable technical assistance.

Exhibit 9

OUTPUT INDICATORS

CHILD SURVIVAL ACTIVITY

	Year 1	Year 2	Year 3	Year 4
Country Strategies Development	2	3	1	1
Analyses for CDSS	2	2	2	1
Analyses for PIDs and PPs	2	2	3	3
Evaluations	2	2	2	2
Conferences		1		1
Information Packets	3	6	6	6

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3. Special Concerns Component

a) Introduction

Along with the emphasis on child survival has come an increasing awareness of other health problems, some resulting from social and political trends, in the LAC region. Concern has already been expressed for example, about the spread of the AIDS epidemic in many countries of LAC; the resurgence of malaria as a major health problem, given the resistance of the Anopheles mosquito to past eradication measures; the impact of drug abuse which is a growing problem among the countries of LAC; the continuing need for potable water and sanitation improvement; increasing concern for the refugees and displaced persons residing in several Central American countries; and the problems arising from inadequate infrastructure in dealing with the trend towards increasing urbanization throughout the region. It is important that the LAC Bureau be able to anticipate developments such as these 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, special studies and strategies are necessary, and the services of expert consultants are essential to assist with such studies, strategies, and other related activities. The only available source of funding for such activities at the moment is the P.D.&S. monies available to the LAC health office, which are limited.

b) Activities

Activities under this component are contemplated with respect to nine areas in which there are concerns or problems of importance to the health and nutrition sectors in the LAC region.

(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 the Executive Branch and will almost certainly be a significant issue to the next administration's transition team. The LAC Bureau must be in a position to undertake analyses, plan strategies, 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 eight (soon to be eleven) bilateral narcotics awareness projects in the LAC region. S&T is developing a new Drugs Communications project for FY '1989 which will

supplement these LAC projects and have a large buy-in level. With funds available under this Special Concerns component the LAC Bureau intends to be a heavy user of this new S&T project as well as other available central A.I.D. projects.

(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 most 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 - e.g., as buy-ins to the S&T projects.

This LAC Bureau is requesting \$3.5 million of AIDS funds for FY 1989 and \$3.85 million for FY 1990. Under the Special Concerns component of this project, some of these AIDS funds would be used by LAC/DR/HN to buy-in to AIDSTECH and AIDSCOM for multi-country needs. An agency AIDS strategy is anticipated in FY 1989; the LAC Bureau would wish to adapt this strategy to the particular needs of its three sub-regions. Other activities to be funded could be special analyses, cross-cutting evaluations, and studies or other activities required to prepare for donors meetings. Considering the magnitude of the problem, the estimated twenty man-months of services for these activities over the project's four years is quite modest.

(3) Acute Respiratory Infections (ARI)

ARI is of particular concern to the countries of the Andean region. Yet, because it is not as important a problem in other regions of the world there are no S&T projects providing support for interventions in this area. It is possible that such a project might be developed in FY 1990 or FY 1991, and, if so, funds from this Special Concerns component would be used to buy-in to that project. In the meantime, to undertake such activities as, perhaps, a strategy for ARI investment in the Andean region, or cross-cutting evaluations of interventions by other donors, this component will buy-in, to the extent possible, to PRICOR and PRITECH, and will utilize IQCs managed by S&T.

(4) Vector Control (Malaria)

The number of malaria cases in the LAC region continues to rise, as does the concern of health officials. Yet agency funding for malaria activities (other than basic research) is stagnant. At least six LAC countries have malaria projects (Dominican Republic, Haiti, Ecuador, Honduras, El Salvador, and Belize), and they would benefit from, for example, special studies that could be funded under this component. There is a need, too,

for strategic analyses and coordination with other donors, particularly the Japanese, with special emphasis on activities in Central America. For these activities, funds will be used to buy in to S&T/H's Vector Biology and Control project (VBC).

(5) Urbanization

The trend towards increasing urbanization continues throughout the world. In no region, however, is the problem as acute as in LAC, particular, in the advanced developing countries. Agency strategies to respond to this phenomenon are under preparation by PRE/H, some in response to Congressional mandate.

The impact on the health sector is of particular concern as an increasing percentage of the health budget in some LAC countries is being devoted to hospital-related services for tertiary care, in major cities. There is a need for studies of such issues as the impact of dramatic urban growth on child survival efforts. (In Peru, a child survival emphasis country, the population of Lima, which was 5.7 million in 1986, is expected to increase to 9.1 million by 2000.) Also anticipated are studies concerning private sector initiatives in the health sector, e.g., microenterprises and employer-provided services, which are of particular relevance to an urban setting. Possible buy-in candidates include the Enterprise and TIPPS projects managed by S&T/POP, and certain PRE Bureau projects.

(6) Water and Sanitation

Lack of water and sanitation facilities continues to be a problem, particularly in rural areas of the LAC region. Initiatives to address this problem in Central America respond to recommendations of the Kissinger Commission. Under this Special Concerns component might be funded such activities as a water/sanitation strategy for LAC (there is none at the present time), examining, among other things, the linkages between water/sanitation and child survival efforts; tracking/monitoring of water and sanitation activities in Central America; and assorted studies, analyses, and cross-cutting evaluations which include projects of other donors as well as those of A.I.D. In the past the LAC Bureau has been a heavy user of the WASH project, which provided centrally-funded (S&T) services at no cost to the Bureau. WASH is now cutting back on such funding and so buy-ins under this component will be essential.

(7) Refugees/Displaced Persons

The existence of a substantial number refugees and displaced persons is a Central America phenomenon, and activities related to this problem will be funded with CA monies. Given the likelihood that this situation will continue, and in view of the high political interest that this problem evokes, it will be important to carry out a number of studies, analyses and evaluations with funds provided under this component.

(8) Child Survival Education and Communication

There are a number of activities being carried out in LAC whereby education and communication vehicles are being utilized to promote child survival practices. Studies, analyses and cross-cutting evaluations will be funded to examine such issues as the relative effectiveness of different types of education/communication interventions, e.g., mass media as compared to face-to-face approaches. Given the priority attaching to meeting child survival targets, and the large amount of money being spent on education/communication efforts in support of that priority, careful examination of such issues is of particular importance.

(9) New Initiatives

It is not possible to predict what new developments and problems will occur in the health and nutrition sectors of LAC during the four years of this project. Based on recent history, however, it is safe to assume that there will be a number of such problems and developments, posing concerns of high priority to the LAC Bureau. This Special Concerns component will provide funding for, necessary Bureau initiatives in anticipating and responding to these developments.

(c) Services

This component will provide up to \$2.5 million of LAC/CA regional funds which can be used as buy-ins to central A.I.D. projects or IQCs. The services obtained with these funds will all be of a short-term nature and will consist primarily of regional and sub-regional strategies, sector assessments, and special studies. Some funding will also be available for monitoring and evaluating programs already underway, and for several workshops or conferences through which information can be exchanged.

Exhibit 10 presents an estimation of the quantity of services to be funded under this component. As indicated, a total of 165-174 man-months of services is estimated to be required, with activities related to Drug Abuse/Narcotics Awareness and AIDS accounting for more than a third of this total. (Buy-ins to the S&T projects of AIDSCOM and AIDSTECH, and the proposed FY 1989 start, DRUGSCOM, are anticipated.) Approximately one-half of the estimated services will be utilized for regional and sub-regional strategies and for special studies. Exhibit 11 presents an estimation of the outputs expected under this component.

Exhibit 10

SPECIAL CONCERNS COMPONENT
(Person Months)

Activities	Strategic Analyses				Regional and Sub-Regional Strategies				Special Studies				Tracking/Monitoring				Evaluations				Conferences and Workshops				Total							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Project Year	1	2	3	4	1	2	3	4	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	2	2	1	1	2	2	1	1	3	3	2	1	1	2	2	1	1	2	2	1	1	1	1	1	10	12	9	6				
AIDS	1	1	1	0	0	0	0	0	1	2	2	0	1	2	1	1	0	1	1	1	1	1	1	1	4	7	6	3				
Acute Respiratory Infections (ARI)	1	2	2	1	1	1	2	0	1	1	1	1	1	1	2	2	0	1	0	1	0	0	0	0	4	6	7	5				
Vector Control (e.g. Malaria)	1	2	2	1	0	0	0	0	2	1	1	0	0	0	0	0	0	1	0	1	0	0	1	0	3	4	4	2				
Urbanization	0	2	1	0	0	2	2	0	1	2	2	1	0	0	0	0	0	1	0	1	0	0	0	0	1	7	5	2				
Water and Sanitation	2	3	1	0	2	2	0	0	2	2	0	0	1	2	1	1	0	1	0	1	0	0	0	0	7	10	2	2				
Refugees/ Displaced persons	1	1	0	0	0	0	0	0	1	2	0	0	1	1	0	0	0	1	0	1	0	0	0	0	3	5	0	1				
Child Survival/ Education & Communication	0	1	1	0	0	0	0	0	1	2	2	1	0	0	0	0	0	1	1	1	0	0	0	0	1	4	4	2				
New Initiatives	0	1-2	1-2	1-2	0	1-2	1-2	1-2	0	1-2	1-2	1-2	0	0	1	1	0	1	1	1	0	1	1	1	0	5-8	6-9	6-9				
Totals	8	15-16	10-11	4-5	5	8-9	6-7	2-3	12	16-17	11-12	5-6	5	8	7	6	1	10	5	9	2	3	4	3	33	60-63	43-46	29-32				

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Exhibit 11

SPECIAL CONCERNS COMPONENT
(Output Indicators)

Activities	Strategic Analyses				Regional and Sub-Regional Strategies				Special Studies				Tracking/Monitoring				Evaluations				Conferences and Workshops				Total							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Project Year																																
Drug Abuse/ Narcotics Awareness	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	3	1	1	1	1	1	6	8	8	6				
AES	1	1	1	0	0	0	0	0	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	4	5	5	3				
Acute Respiratory Infections (ARI)	1	1	1	1	1	1	1	0	1	1	1	0	0	0	0	0	0	1	0	1	0	0	1	0	3	4	4	2				
Vector Control (e.g. Malaria)	1	1	1	1	0	0	0	0	1	1	1	0	0	0	0	0	0	1	0	1	0	0	1	0	2	3	3	2				
Urbanization	0	1	1	0	0	2	1	0	1	1	1	1	0	0	0	0	0	1	0	1	0	0	0	0	1	5	3	2				
Water and Sanitation	1	2	1	0	1	2	0	0	1	1	0	0	1	2	1	1	0	1	0	1	0	0	0	0	4	8	2	2				
Refugees/ Displaced persons	1	1	0	0	0	0	0	0	1	2	0	0	1	1	0	0	0	1	0	1	0	0	0	0	3	5	0	1				
Child Survival/ Education & Communication	0	1	1	0	0	0	0	0	1	2	2	1	0	0	0	0	0	1	1	1	0	0	0	0	1	4	4	2				
New Initiatives	0	1-2	1-2	1-2	0	1-2	1-2	1-2	0	1-2	1-2	1-2	0	0	1	1	0	1	1	1	0	1	1	1	0	5-8	6-9	6-9				
Totals	6	10-11	8-9	4-5	3	7-8	4-5	2-3	8	11-12	8-9	4-5	4	5	4	4	1	11	6	9	2	3	5	3	24	47-50	35-38	26-29				

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IV. IMPLEMENTATION PLAN/ADMINISTRATIVE ARRANGEMENTS

A. Contractual and Funding Arrangements

The services to be obtained with project funds (including Mission buy-ins) will be procured through several contractual and funding arrangements. (See Exhibit 12.)

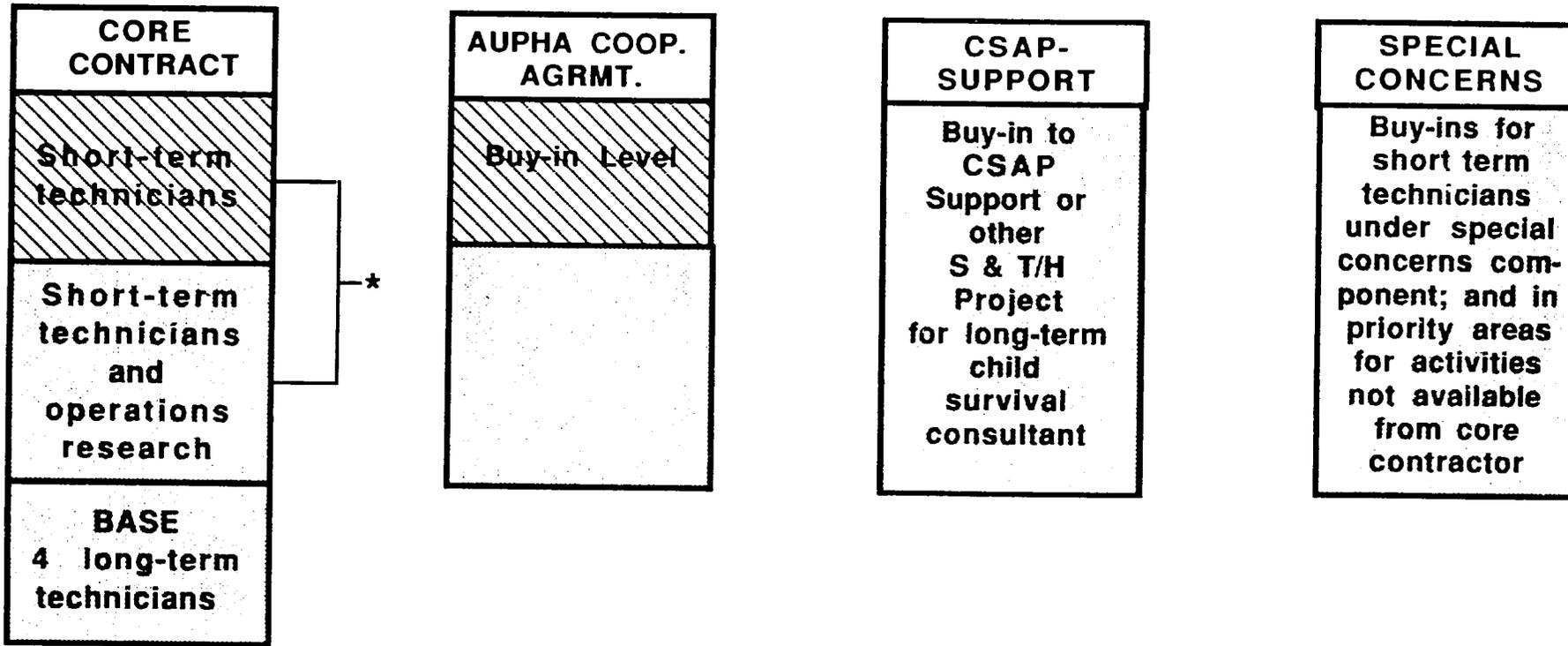
1. A contract ("core contract") will be awarded, on a competitive basis, for services in the priority areas of health management, health financing, and nutrition. Under this contract three experienced, highly qualified, Spanish-speaking long-term consultants will be furnished, one in each of the three priority areas. These consultants will provide assistance to the LAC Bureau and to LAC missions requesting such services.

These long-term consultants will assist LAC/W with such tasks as the preparation of regional strategies and special studies and carrying out of 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 not heretofore available.

The contractor will provide a fourth full-time professional who will spend more than one-half of his time as project manager, coordinating all activities and serving as the focal point for contact with the A.I.D. project manager. This individual will also coordinate and manage all evaluation activity. 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 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

Inputs Funded by Project



* Estimated level of effort

LAC/CA Regional Funds

Mission Buy-ins

guc

this information, 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.

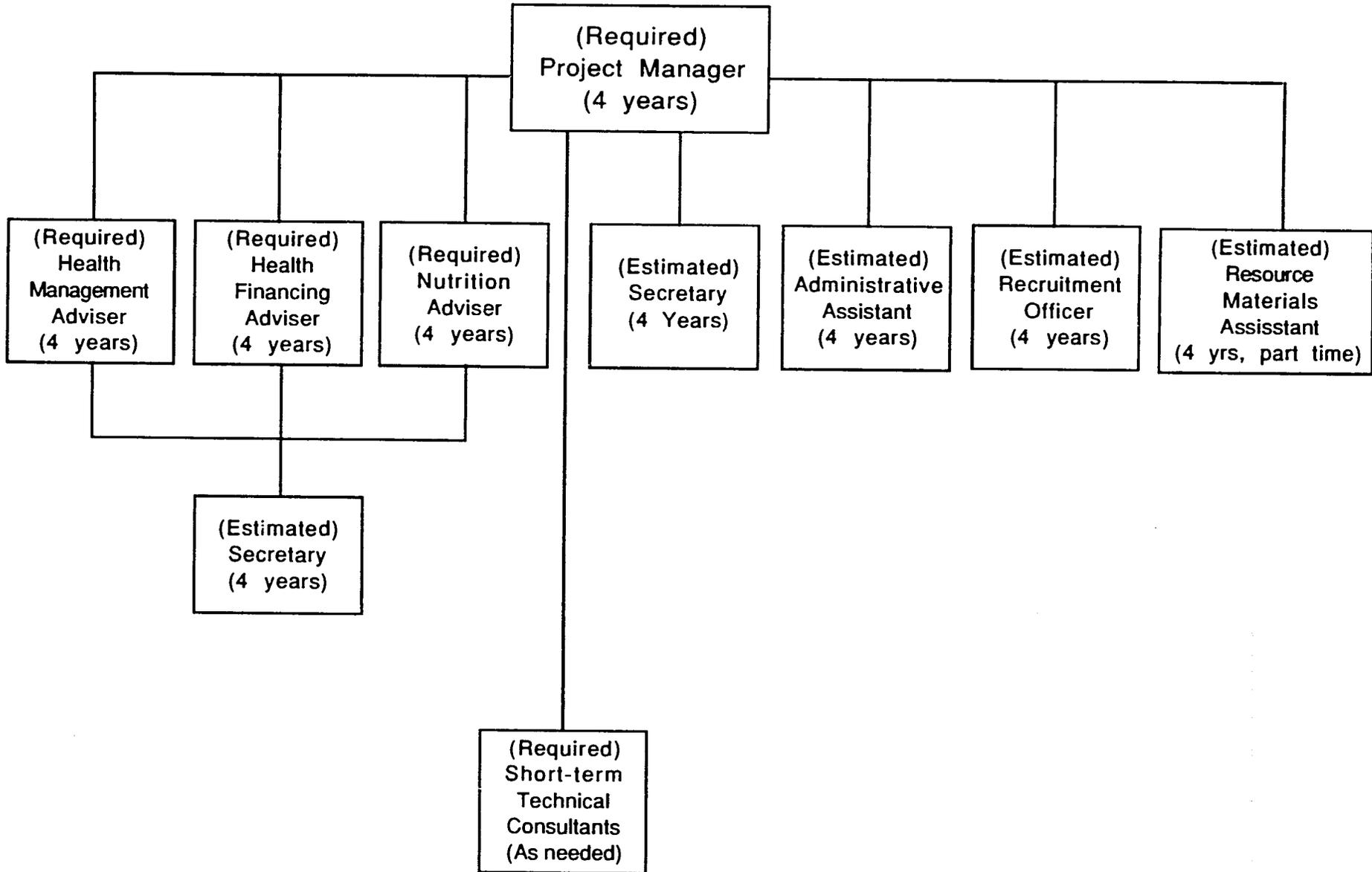
This consultant will also develop a system for periodic exchange of information, concerning activities in the priority areas, with all of the missions in LAC. He will prepare bi-monthly information packages, utilizing technical inputs from the other long-term consultants, and will be responsible for the distribution of these packages to the LAC missions.

It is estimated that the long-term consultants will be supported by an administrative assistant to the project manager, a part-time resource materials assistant, and other support staff as necessary (see Exhibit 13). The contract will specify the total man-months of services to be provided by these long-term consultants and support staff.

The core contractor will also be required to have available a roster of short-term technical consultants with appropriate language facility 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 man-months of short-term consultant services, developed on the basis of estimates made by LAC/DR/HN and LAC missions, and 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 with LAC/CA regional funds for services of benefit to more than one country or to the region in general, and for a limited number of small scale (not more than \$50,000 each) activities funded as a catalytic or promotional device to encourage broader mission-funded efforts. If the services procured with LAC/CA regional funds should not reach the estimated levels, the shortfall will be added to the levels available for mission buy-ins.

2. A new cooperative agreement with AUPHA for management training services is contemplated. The current agreement expires in November, 1990, and will be fully funded under the existing Health Technology and Transfer project. The cooperative agreement for providing services under this new project will be signed soon after project authorization. It will fund a continuation of most of the services now being provided under the existing agreement, from November 1990 until the termination of this project, and will add some new services which will start immediately and be provided throughout the project period. The existing agreement funds a part-time project director, a full-time project manager, a field office

Core Contract Staffing Pattern



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director, three secretaries, and a part-time resource center coordinator. To perform the new services, a full-time associate and a full-time administrative assistant will be added.

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, and 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 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. grant officer for review. If the grant officer should reject the justification, the issue would then be referred to the AA/LAC for final determination.

3. Services of the long-term consultant for child survival activities will be obtained through a buy-in to the CSAP-Support project managed by S&T/H, or to some other 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 March 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. (The first year of the fellow's services was funded through a buy-in with P.D. and S. funds to CSAP-Support. For the second year, a buy-in was not possible given the changed rules for P.D. and S., and so LAC transferred funds to S&T's OYB. Under this project, a buy-in arrangement will once again be utilized.)

4. Selected, specific short-term services in the three priority areas, requested by LAC/DR/HN and to be financed with LAC/CA regional funds, which are not available under the core contract, will be procured from central A.I.D. projects using the buy-in mechanism in place in the central projects.
5. The services required to carry out the Special Concerns project component will be procured, in almost all cases, by using project funds (LAC/CA regional) to buy-in to central A.I.D. projects. Some of these are major, multi-year efforts like DRUGSCOM, WASH, AIDSTECH, AIDSCOM, VBC, and HEALTHCOM; others are IQCs. All projects contain buy-in ceilings within which this component will have to operate. In a few instances (e.g., for urbanization or new initiatives), the services may be procured under the core contract, if they relate to the priority areas included in that contract.

B. Funding Details

All of the project activities will be funded incrementally. Those amounts for firmly established services (e.g., long-term consultants and support staff) will be obligated as early as possible in each fiscal year. The funds for Mission buy-ins to the core contract and/or to the AUPHA cooperative agreement, and the regional project funds which LAC/DR/HN will utilize for short-term consultants and operations research under the core contract and for buy-ins to central A.I.D. projects will be handled differently.

1. Mission Buy-Ins

At the start of each fiscal year, each Mission will communicate to A.I.D.'s project manager in LAC/DR/HN concerning its anticipated buy-ins to the core contract and to the AUPHA cooperative agreement during the ensuing fiscal year. After consultation with the project manager of the core contractor and of AUPHA, the LAC/DR/HN project manager will advise the missions as to the appropriateness and availability of the proposed buy-ins, and a schedule for such services will be worked out 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, 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 if she certifies it as being consistent with the project guidelines and eligible under the contract, will then transmit the PIO/T to the A.I.D. contracting officer (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, although scheduling for such services may be more difficult to arrange.

2. LAC/CA Regional Funds for Short-Term Services and Operations Research

The LAC Bureau will budget a predetermined amount, each fiscal year of the project (as indicated in Section V-C, Financial Analysis), for the short-term consulting services and operations research anticipated to be procured with LAC/CA regional funds from the core contract and as buy-ins to central A.I.D. projects. During the last quarter of each fiscal year, the LAC/DR/HN project manager will review the budgeting and the service requirements with the A.I.D. contract officer, and appropriate S&T and contractor representatives, so as to establish firm obligation requirements for that fiscal year. If some of the budgeted amount will not be obligated for these services, then such funds will be utilized for additional incremental obligations for the AUPHA cooperative agreement, or the firmly established funding for the core contract. (If, during the last fiscal year or two of the project, these contracts and agreements have been fully funded, then the budget review will take place at the end of the second quarter so that any excess funds can be reprogrammed for other health or child survival projects in the LAC region.)

3. Vitamin A Earmark

During each of the past several years, the LAC Bureau has been allocated approximately \$500,000 of the ARDN funds earmarked by Congress for Vitamin A activities. It is anticipated that this earmark and allocation will continue during all or part of the project period. In such event, almost all of such funds will be utilized to finance regional or country-specific vitamin-A-related activities under the nutrition component of this project.

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 officer will manage this project. In so doing, she will have a number of major responsibilities, including those specified below:
 - review annually the workplans and budgets proposed by the core contractor, AUPHA, and the child survival adviser.
 - prepare PIO/Ts early in each fiscal year so that funds can be obligated for project services which have been firmly established.
 - communicate with missions at the start of each fiscal year to obtain their buy-in estimates and PIO/T scopes of work, as well as their requests for services of long-term 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, certifying to that effect, and then transmitting PIO/Ts to the contracting officer.
 - at the start of each fiscal year, prepare estimates of short-term services and operations research to be procured with LAC/CA regional funds from 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.
 - together with representatives of core contractor and AUPHA, the child survival adviser, and missions, schedule services of consultants requested by missions.
 - consult with the core contractor project manager to determine whether services required by LAC/DR/HN are available under the core contract, and if not, consult with managers of central A.I.D. projects to determine whether buy-in authority under central projects is available.
 - 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 earmark 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 officer.
- 3. A.I.D. contracting officer(s) 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 authority, 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-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 hospital administration expertise, and many training and professional education programs -- as the AUPHA inventory of 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 different levels of managers. 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. As noted above in the management section of the project analysis, none of the existing data systems include sensitive or appropriate indicators for management and administrative tracking. This project will provide assistance to remedy 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 current systems. We cannot wait for research projects to give us clear guidance. We must take actions even without consensus on the most appropriate means of addressing health financing problems; however, we must also evaluate the activities that are being explored.

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 made wider 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, so that integration and synergisms can be achieved with one other activity of this project.

3. Nutrition

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

An assessment of the A.I.D.-assisted portfolio of nutrition activities in LAC was conducted in 1985-1987. Data showed that while the nutrition and food security situation in a number of regions in A.I.D.-assisted countries declined or stagnated, A.I.D. assistance for nutrition and food security activities declined. During the past decade, the region experienced economic growth and increases in agricultural production, and a range of proven technologies became available 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 LAC Bureau Nutrition Strategy was drafted subsequently 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 not well understood or monitored,
- inappropriate subsidy programs and interventions, and
- limited institutional capacity and obsolescence in traditional "nutrition" units.

This project will enable new information and expertise to become available through operations research, technical assistance, training, conferences/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.

Within A.I.D., a major concern identified in instituting effective nutrition programming capacity is that nutrition is organizationally housed under health in LAC/DR, missions and regional offices. Special mechanisms are needed to secure the attention and commitment of staff who determine program and policy directions in the areas of agriculture, rural and urban development and PL 480 for the LAC region.

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. Child Survival

The child survival activity consists of the services of one long-term consultant during the four-year project period. At the present time, the LAC Bureau is utilizing the services of a Child Survival Fellow, obtained under the CSAP-Support project which is managed by S&T/Health. While the initial year of the fellow's services was obtained by the LAC

Bureau's buying into CSAP-Support with P.D. and S. funds, that mechanism was not available for the second year (because of a change in P.D. and S. policy). Instead, the LAC Bureau transferred funds to S&T's OYB for this purpose. Under this new project, the long-term consultant will once again be funded through the buy-in mechanism, utilizing CSAP-Support or some other S&T/H project offering similar services.

While there will be one consultant at all times during the project period, the same person may not be utilized for the entire four-year period. Until now, a major focus of the fellow's efforts has been directed towards assisting with the development of country strategies in the LAC Child Survival emphasis countries. While these activities will continue, particularly in the non-emphasis LAC countries, it is anticipated that the consultant's services will increasingly be concentrated on project-related activities. These functions may require a different mix of talents. Any buy-in to an S&T/H project, therefore, will be for services limited to one or two years, though the same consultant's services may be renewed if the LAC Bureau and the consultant so agree.

5. 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 help anticipate and respond to developments and problems of special concern to the LAC health and nutrition sectors. The eight activity areas, (plus the "new initiatives" category), were identified by the professionals in LAC/DR/HN, on the basis of their knowledge and experience, and it is they who estimated the types and number of outputs. While the activity areas are fixed, the actual number of outputs will depend upon developments during the four-year project period. This component is Washington-based, and any particular activity must originate with a scope of work prepared by the LAC/DR/HN officer backstopping the particular area. It is anticipated, however, that many activities will be undertaken because of suggestions or requests from several LAC missions.

For those areas with high political profiles, such as drug abuse/narcotics awareness, AIDS, or refugees/displaced persons, 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 additional burdens 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 Responsibilities

An LAC/DR/HN officer will be the manager for this project, the most crucial role, on A.I.D.'s behalf, in achieving successful project implementation. The project management responsibility will occupy approximately 45% of this officer's time. In addition, somewhat less than 5% of the time of each of the four LAC/DR/HN officers will be spent in preparing scopes of work for consultant services, under the Special Concerns component, in those technical fields which they backstop. While this is a significant burden to place upon a small office, it can be handled without sacrificing the quality or effectiveness of other LAC/DR/HN activities.

- 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 15% of the time of each of two LAC/DR/HN officers.
- 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 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.

In brief, then, while the project management burden placed upon LAC/DR/HN by this project will be significant, particularly at the start-up of this project and during each yearly "plan" preparation for activities, because of the other efficiencies which this project provides, the burden should be manageable.

2. LAC/DR Finance Officer Responsibilities

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

3. A.I.D. Contracting Officer Responsibilities

The contracting officer function for A.I.D. will reside in OP/OS/LAC. That office has been fully informed as to the contract actions contemplated under this project, and has given assurance that it will be able to assume these responsibilities. LAC/DR/HN will continue to work closely with OP/OS/LAC and maintain the effective collaborative relationship existing between these offices.

4. Coordination Among Interested 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. contracting officer, there are representatives of the participating missions and host country institutions, representatives of the core contractor and AUPHA, the Child Survival Fellow, and managers of those central A.I.D. projects which are bought into with funds from this project. In order to assure that there is understanding by all parties of each party's responsibilities and in order to assure full cooperation and coordination among all 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 monthly 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.

C. Financial Analysis

The financial analysis is illustrated in Exhibit 14, Project Costs-By Input and Funding Source and Exhibit 15, Project Costs-By Input and Fiscal Year on the following pages.

Exhibit 14

PROJECT COSTS
(By Input and Funding Source)

INPUT	AID/W								MISSIONS			
	LAC Regional				CA Regional				H	CS	ARDN	
	H	CS	AIDS	ARDN (V.R.A)	H	CS	AIDS	ARDN (V.R.A)				
1. Core Contract (Including Mission Buy-Ins)	X	X	0	X	X	X	0	X	X	X	X	0
2. AUPHA Cooperative Agreement (Including Mission Buy-Ins)	X	X	0	0	X	X	0	0	X	X	0	0
3. Child Survival Consultant	X	X	0	0	X	X	0	0	0	0	0	0
4. Buy-Ins to Central AID Contracts	X	X	X	X	X	X	X	X	0	0	0	0
5. Evaluations and Audit of Project	X	X	0	0	X	X	0	0	0	0	0	0

Exhibit 15

PROJECT COSTS
(By Input and Fiscal Year)

INPUT	YEAR 1			YEAR 2			YEAR 3			YEAR 4		
	LAC Reg'l		Miss.									
	LAC	CA		LAC	CA		LAC	CA		LAC	CA	
1. Core Contract	X	X	X	X	X	X	X	X	X	X	X	X
a. Long-term professional and support	(X)	(X)	0									
b. Short-term consultants operations, research and seed capital	(X)	(X)	0									
1. Management	((X))	((X))	0									
2. Finance	((X))	((X))	0									
3. Nutrition	((X))	((X))	0									
c. Mission Buy-Ins	0	0	(X)									
2. AUPHA Cooperative Agreement (including Mission Buy-Ins)	X	X	X	X	X	X	X	X	X	X	X	X
3. Child Survival Consultant	X	X	0	X	X	0	X	X	0	X	X	0
4. Buy-Ins to Central AID Contracts	X	X	0	X	X	0	X	X	0	X	X	0
5. Evaluations and Audit of Project	0	0	0	X	X	0	0	0	0	X	X	0

VI. ISSUES

- A. The principal issues raised during the review of the PID for this project focused upon the size of this project. Specifically it was asked:
1. Is the requested funding level justified by the anticipated needs of the LAC health portfolio in the next four years?
 2. Should the project fund a consultant team at the level proposed (7 1/2 person years)?
 3. Does the project focus on the highest priority health service problems and solutions?

It was decided that:

1. Funding levels would depend on the level of effort needed to achieve project objectives in targeted health sectors, with the expectation that the funding level would be considerably less than the \$20 million LOP requested. (A reduction of the requested \$12 million in LAC/CA regional funds to about \$6 million was suggested.)
2. A reduced level of long-term technical assistance should be considered, i.e., 3-4 long-term consultants.
3. The PP should focus on a limited set of priority problems.

In response to these decisions, this project paper has identified four priority areas, -health management, health financing, nutrition and child survival. All but health financing were identified as the highest priority by LAC missions during PID preparation, and, in cables exchanged more recently as this PP was being prepared, missions anticipated utilization of health financing support services at a level equivalent to that for nutrition. It is the view of LAC/DR/HN that these areas are of the highest priority, and that health financing, health management, and nutrition merit a proactive stance by the Bureau - views endorsed by a peer review group composed of _____.

Under the project as now designed, there will be four long-term consultants, only three under the core contract. The fourth consultant, for child survival activities, is a continuation of an activity which started in 1987.

The \$8 million buy-in level for LAC missions desiring the services of short-term consultants under the core contract and the AUPHA cooperative agreement has never been questioned. As indicated in Annex B, after applying to mission estimates of project utilization an analysis based on experience with S&T/Health contracts, the \$8 million buy-in

level appears reasonable. (The almost universal experience with S&T/Health projects offering buy-ins to missions is that even when buy-in level has been set well above that estimated by missions at the time of project approval, the ceiling has been reached before the project's terminal date. The ceiling cannot be increased significantly thereafter, because of the competitive aspects of the contracting process.) In the unlikely event that the total of mission buy-ins falls short of the \$8 million ceiling, there will be no negative consequences since the estimated level of effort for short-term services in the core contract and cooperative agreement is a ceiling rather than a commitment.

The issue, then, would appear to be concentrated upon the amount of LAC/CA regional funds requested for short-term technical assistance. At the outset, it should be recognized that this amount represents a reduction from the \$12 million level contained in the PID. While this reduction is not to the suggested \$6 million level, the need for the full amount requested in this PP is supported by the analyses set forth elsewhere in this paper. The short-term technical assistance to be procured with these funds is, (a) in the priority areas of health management, health financing, and nutrition, under the core contract; and (b) for the special concerns component, obtained by buying in to central A.I.D. projects. Any further reduction in LAC/CA regional funds for this project would require cutting back on these activities as well as part of the additional services contemplated for the AUPHA cooperative agreement. Such a cut-back would seriously affect the ability of the LAC Bureau to meet its objectives in the priority areas, and would curtail efforts to respond to the needs described in the special concerns component.

While such a reduction would have serious adverse consequences, approving funding at the requested level would not, for the following reasons:

- While the requested amount of LAC/CA regional funds is considerably in excess of \$6 million, it is comparable to the \$13 million LOP funding which was approved for the existing 4-year Health Technology and Transfer project which is now winding down. The LAC/CA regional funds being requested for this project represent, in funding terms, merely a continuation of levels at the same approximate annual rate as has existed for the last several years.
- While concern has been expressed that approving funding at this magnitude might deprive missions of funds for bilateral programs, the fact is that a number of missions are having problems in utilizing the health/child survival funds available to them. Recent mission ABS submissions have been at a level below anticipated funding levels, and have had to be increased at A.I.D./W initiative.
- In the event that health/survival funds should be curtailed significantly in the future, and/or that mission programs should expand, approving LAC/CA regional funding for this project at

the requested level would not foreclose a readjustment during the course of the project. Budgets for short-term technical assistance are prepared annually, and the funds are obligated only in response to PIO/Ts. If it became necessary to reconsider the funding levels for this project in light of later developments, annual budgets could be reduced at that time. Any short-fall in utilization of LAC/CA funds could serve to increase the buy-in authority available to missions. In other words, while this paper justifies the need for a level of LAC/CA regional funds which, at this time, can be utilized without adverse impact on bilateral programs, should circumstances change, the level of regional funding could be adjusted during the course of the project if it were felt that priorities so warranted.

VII. ANNEXES

Annex A: Analysis of Use of S&T/Health Projects

1. PRITECH

LAC used 105 person months for "Systems Support" over 4.5 years of the project. This figure represented 31% of the total person months in "Systems Support" -- other users were each of the other regions and "Inter-regional" (mainly U.S.) LAC/Region (including Bureau and Mission buy-ins) accounted for 38% of this 105 months total, with FVA covering 16% and the rest from S&T's account.

Only 13 person months (12% of the total LAC regional assignments) were in the areas of LAC priorities for this Regional Technical Services Support project: Finance: 18 person days; Management: 115 person days; Nutrition: 120 person days. The rest went for general PP development, ORT-related support, or for miscellaneous topics.

2. REACH

LAC utilized \$476,601 or 18% of the total \$2,635,405 used by REACH for health care financing projects. If converted by \$385 per person day this equals 61 person months in health financing for LAC.

(Dollar figures do not include overhead.)

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
New Initiatives	12	12	13	37
TOTALS	120	75	109	274

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 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".
- 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
New Initiatives	14	42	30	86
TOTALS	140	316	162	618

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 96 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 522 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: \$8,352,000.

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FOR LAC/DR/HN-JKLEMENT

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 REPTEL PARA 11 IN A GENERAL SENSE OUR TA REQUIREMENTS FOR THE PERIOD ENDING DECEMBER 1991 ARE 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

for Dr. Levy

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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 REQUESTED IN PARA TWO ABOVE AND EARLIEST POSSIBLE ACCESS TO TA UNDER THIS HEALTH SERVICES SUPPORT PROJECT. PLEASE ADVISE.

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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.
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AREAS OF HEALTH CARE FINANCING COVERED BY THE TWO PROJECTS SO AS TO AVOID DUPLICATION AND COMPETITION.

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4. MISSION MAY REQUIRE SOME TARGETTED BUREAU FUNDED TA IN THE NUTRITION AREA. FOR EXAMPLE, THE MO-RECENTLY REQUESTED SHORT TERM TA FROM CDC FOR THEIR NUTRITION CURVE LLANCE SYSTEM.
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FOR LAC/DR/HN JULIE KLEMENT

E.O. 12355: N/A
SUBJECT: HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT - HEALTH SERVICES SUPPORT PROJECT

REF: STATE 213261

1. USAID KINGSTON ANTICIPATES THE NEED FOR SHORT-TERM TECHNICAL ASSISTANCE IN THE AREA OF HEALTH CARE MANAGEMENT AND HEALTH CARE FINANCING UNDER THE HEALTH DECTOR INITIATED 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: 2 MONTHS TA IN FY89, 2 MONTHS TA IN EACH OF THE FOLLOWING YEARS (FY90-92).
3. IN THE AREA OF HEALTH CARE FINANCING, MISSION BUY-INS TO THE SUBJECT PROJECT WOULD NEED TO BE COORDINATED WITH TECHNICAL ASSISTANCE AVAILABLE THROUGH ST. HEALTH'S HEALTH PROJECT. WE WOULD ENCOURAGE YOU TO DIFFERENTIATE ASSISTANCE IN THE

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1. HCM	2	1	1	1	1
2. NCF	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

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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

UNCLAS SAN SALVADOR 09605

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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 (538-0657; 597-0027).

REF: (A) 87 STATE 386504 (B) PID FOR SUBJECT PROJECT W/HEMO 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 ROCAP (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 OFFICIALS 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 ESTIMATED 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	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

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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 RCFTL. 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

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E. O. 12356: N/A

TAGS: 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 11 REPEL USAID BELIZE ESTIMATES THE FOLLOWING: (A) TECHNICAL SERVICES UTILIZING LAC/CA FUNDS (1) HEALTH CARE MANAGEMENT: 1 PERSON MONTH (PM) IN FY89 (2) HEALTH CARE FINANCING: 4 PM IN FY89 (3) NUTRITION: NO ASSISTANCE NEED PROJECTED (4) CROSS CUTTING EVALUATIONS: 1 PM IN FY 89 (5) AND (6): I.C ASSISTANCE NEED PROJECTED (B) FUNDED POSSIBLY BY MISSION BUY IN (1) HEALTH CARE MANAGEMENT: 1 PERSON MONTH FY90 (2) HEALTH CARE FINANCING: 2 PERSON MONTHS EACH IN FY89, FY90 AND FY91 (3, 5 AND 6): NO ASSISTANCE NEED PROJECTED (4) CROSS CUTTING EVALUATIONS: 1 PM IN FY91. COONY

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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 213261.

1. AS STATED IN PREVIOUS CORRESPONDENCES ON SUBJECT PROJECT, USAID/CR BELIEVES PROJECT WILL PROVIDE USEFUL TA COMPLEMENTARY TO RESOURCES AVAILABLE FROM 5 AND 1 CENTRALLY FUNDED PROJECTS AND IQCS.

2. BECAUSE USAID/CR 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 SUNY 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. 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	1 PM	1 PM	1 PM	1 PM
FINANCING (1)				
EVALUATIONS (2)	-	1 PM	1 PM	1 PM
TRACKING AND INFO	1 PM	1 PM	1 PM	-
INFO EXCHANGE (3)				

NOTES: (1) PROPOSED WORK WOULD DEAL WITH ANALYZING MON COST RECOVERY POLICY AND ASSISTING IN THE IMPLEMENTATION OF FEASIBLE CHANGES IN THAT POLICY. INITIAL WORK HAS BEGUN WITH ASSISTANCE FROM LAC/HCF (SUNY), REACH AND THE MISSION'S HEALTH SYSTEMS MANAGEMENT PROJECT.

(2) WE PROPOSE THAT SUBJECT PROJECT PROVIDE SHORT TERM EVALUATORS FOR HEALTH SYSTEMS MANAGEMENT (517-015J) AND CHILD SURVIVAL (517-0219) PROJECTS.

(1) 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./USDR 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 HOUZEN PROVIDED TO LEVY AND BOSSERT IN TELCON OF 9/11. KILDAY

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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

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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

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DRAFTED BY: AID/LAC/DR/HH: J. KLEMENT: CBD: 4731T

APPROVED BY: AID/LAC/DR/HH: P. FEENEY

AID/LAC/SAM: M. SCHWARTZ (PHONE) AID/LAC/DR: J. BOYERS (DRAFT)

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ADM AID FOR PAUL FRITZ

E.O. 12356: N/A

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HEALTH: PROPOSED FY 89 LAC/CA REGIONAL PROJECT -- HEALTH SERVICES SUPPORT PROJECT (598-0657; 597-0227)

REF: (A) STATE 306524, DEC. 87 (B) PID FOR SUBJECT PROJECT-- MEMO TO ALL MISSIONS FROM J. KLEMENT MAY 1982)

1. REF (A) INFORMED MISSIONS OF PLANNED LAC/CA REGIONAL PROJECT FOR FY 1989. DESIGNED TO ASSIST MISSIONS AND AIDAN 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 (595-0146; 598-0632) 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 (GUMY), MANAGEMENT TRAINING (AUPHA), AND CLINICAL TRAINING (HOPS)), 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 17, 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 USE IS DIRECTLY RELATED TO ANY OF THE PRIORITY HEALTH/CHILD SURVIVAL INITIATIVES.

5. WORK ON PP HAS BEGUN. IN THIS EFFORT LAC/DR/HH 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/HH PROPOSES THAT PRIORITY HEALTH/CHILD SURVIVAL INITIATIVES SHOULD BE THE FOLLOWING:

(A) HEALTH CARE MANAGEMENT (INCLUDING TRAINING, H/HIS, 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 F 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

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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 CONSULTANCIES 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 BE INCLUDED AS PART OF THIS PROJECT; THEREFORE SHOULD NOT BE INCLUDED IN THE ESTIMATED FIGURES RESPONDING TO THIS PARAGRAPH B.

12. IT IS IMPORTANT THAT YOUR RESPONSE COME ASAP. WE REGRET THE SHORT DEADLINE AT THE END OF THE YEAR, BUT IT IS ESSENTIAL IF WE ARE TO GIVE FULL CONSIDERATION TO THE MISSION VIEWS IN DEVELOPING THIS PROJECT. PLEASE SLUG YOUR CABLE FOR ATTENTION OF JULIE KLEHENT, LAC/OR/HN. WHITEHEAD

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ADM AID. GUATEMALA FOR ROCAP

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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

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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
<p>Program or sector goal:</p> <p>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.</p>	<p>Measures of goal achievement:</p> <p>Reduction in infant and child morbidity and mortality rates in participating LAC countries.</p>	<ul style="list-style-type: none"> ■ Data from LAC countries ■ Data collected through A.I.D.'s tracking systems 	<p>Assumptions for achieving goal targets:</p> <p>Political, economic and social conditions do not detrimentally affect target groups.</p>
<p>Project purpose:</p> <p>1. Improve the effectiveness of strategies, programs, and projects in the areas of <u>child survival, health finance, health management, and nutrition</u> 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.</p>	<p>End of project status:</p> <p>1. Exchange and application of technology and information are reflected in regional and country strategies, programs, and project designs.</p>	<ul style="list-style-type: none"> ■ Review of strategies, programs, project documents, and evaluations. ■ Interviews with Mission personnel. 	<p>Assumptions for achieving purpose:</p> <p>1. Non-technical factors do not prevent the application of technology and information into the development of new strategies, programs, and projects.</p>
<p>2. (Subsidiary)</p> <p>(a) Promote new, and an increased level of activities in the priority areas of <u>health financing, health management, and nutrition</u>.</p> <p>(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.</p>	<p>2. (a) Increased percentage of LAC project portfolio devoted to activities in areas of health financing, health management, and nutrition.</p> <p>(b) Improved quality, timeliness and responsiveness of new programs developed by LAC in dealing with new developments and problems impacting upon health and nutrition sectors in Latin America.</p>	<p>2. (a) Review of data, concerning LAC Health/Child Survival and Nutrition project portfolio in various A.I.D. data bases.</p> <p>(b) Review of strategies, programs, project documents and evaluations.</p>	<p>2. (a) Host country institutions have adequate counterpart funding and absorptive capacity to fund and manage new projects.</p> <p>(b) Adequate funding is made available for programs and projects which will utilize the information developed by these activities.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs: 1. Contributions to: (a) Regional and sub-regional strategies (b) Country strategies (c) Special studies/analyses/operations research	Magnitude of Outputs: 1. Contributions to: (a) 19-22 regional and sub-regional strategies (b) 22 country strategies (c) 73-79 special/studies/analyses/operations research	1. Review of Action Plans	Assumptions for Achieving Outputs: ■ Missions and host governments are interested in and request project services. ■ The desired technical services are available.
2. Analyses for PIDs and PPs.	2. 48 analyses for PIDs and PPs.	2. Review of Project Records.	
3. Evaluations.	3. 65 evaluations completed and results disseminated.	3. Review of Action Plans.	
4. Improved tracking systems.	4. Improved tracking systems for indicators in 3 priority areas.	4. Examination of tracking systems.	
5. Information exchange.	5. ■ 70 conferences and workshops held. ■ Information packets being distributed six times per year.	5. ■ Examination of conference and workshop minutes. ■ Review of mailing records. ■ Examination of information packets.	
INPUTS:	AID/W	MISSIONS	TOTAL
Core Contract			
-Long term services			
-Short term LAC/CA			
-Short term Mission Buy-Ins			
Cooperative Agreement AUPHA			
Child Survival Fellow			
Buy-Ins to Central A.I.D. Contracts			

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Annex D: Scopes of Work for Core Contract

Core contract will have to include: 1) office space and expenses for furniture, telephone, computers, etc.; 2) budget for library for consultants and for networking and information sharing; 3) administrative assistants (at least one, probably one for each major long-term component); 3) secretarial support; 4) personnel and finance manager.

[be sure also to include start-up costs of search for consultant teams, and of course, travel!, etc.]

a) Long-term Technical Assistance (four year contracts)

(1) Project Manager/ Information Exchange Generalist

- Ph.D. in social science/ public health and/or senior level project experience as health care manager and generalist in Latin America area
- at least five years experience with A.I.D. health projects, preferably in the region
- strong working knowledge of research, data bases, analytical issues in health financing, management and nutrition in Latin America
- proven management experience as chief-of-party/ project manager

(2) Health Financing Generalist

- Ph.D. in Economics
- at least five years experience in health financing projects and research in Latin America
- demonstrated knowledge of all key financing areas: demand and cost studies, alternative financing mechanisms, cost recovery, etc.
- knowledge and experience in operations research
- strong working knowledge of A.I.D. project design, implementation and evaluation
- fluent in Spanish

(3) Health Management and Administration Generalist

- Ph.D. in Public Administration or related field (social sciences,) and/or MBA or MPH with emphasis in planning and administration
- at least five years experience in health management and administration projects and research in Latin America
- demonstrated knowledge of key management and administrative issues: institution-building, management training, supervision, H/MIS, logistics and maintenance, etc.
- knowledge and experience in operations research
- strong working knowledge of A.I.D. project design, implementation and evaluation
- fluent in Spanish

(4) Nutrition Generalist

- Ph.D. in nutrition
- at least five years experience in nutrition projects and research in Latin America
- knowledge and experience in operations research
- strong working knowledge of A.I.D. project design, implementation and evaluation
- fluent in Spanish

(5) Manager of Short-term Consultancies/Recruiter

(6) Administrative Assistant/Finance Officer

(b) Scopes of Work for Long-term Consultants

[to be done by A.I.D.]

(c) Short-term Consultants

Consultants will have to be fluent in Spanish with at least five years professional experience in Latin America.

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(1) Health Financing

Specialists in the following areas will be needed:

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

(2) Health Management

- supervision
- H/MIS
- operations research
- decentralization
- integration
- HMO and physician group practice management
- managing privatization process
- logistics and procurement
- maintenance
- personnel
- financial management/ accounting
- legal and regulatory reforms

(3) Nutrition

- Vitamin A
- maternal and child nutrition
- nutrition surveillance
- food subsidies

(4) Monitoring and Evaluation

- evaluation design and methodology
- information systems analysts