

PD-NAZ-447
1-11-67

UNCLASSIFIED

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

ROCAP

PROJECT PAPER

ORT GROWTH MONITORING AND EDUCATION

Amendments 1 & 2

AID/LAC/P-402
CR P-207

Project Number 596-0115

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE: **C** (A = Add, C = Change, D = Delete) Amendment Number: **2** DOCUMENT CODE: **3**

2. COUNTRY/ENTITY: **ROCAP**

3. PROJECT NUMBER: **596-0115**

4. BUREAU/OFFICE: **Latin America and the Caribbean** [05]

5. PROJECT TITLE (maximum 40 characters): **ORT, Growth Monitoring and Education**

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM DD YY [1|2|3|1|9|0]

7. ESTIMATED DATE OF OBLIGATION (Under 'B' below, enter 1, 2, 3, or 4): A. Initial FY [8|4] B. Quarter C. Final FY [8|8]

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

A. FUNDING SOURCE	FIRST FY 84			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	2,500		2,500	9,650		9,650
(Grant)	(2,500)	()	(2,500)	(9,650)	()	(9,650)
(Loan)	()	()	()	()	()	()
Other U.S. 1.						
Other U.S. 2.						
Host Country					2,630	2,630
Other Donor(s)						
TOTALS	2,500		2,500	9,650	2,630	12,280

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)	510	510		9,000		650		9,650	
(2)									
(3)									
(4)									
TOTALS						650		9,650	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 300, 320, 560

11. SECONDARY PURPOSE CODE: 310

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each): A. Code: BR, BU, R/H, NUTR, PART, TNG; B. Amount: _____

13. PROJECT PURPOSE (maximum 480 characters):
 To increase the effective use of Oral Rehydration Therapy, Growth Monitoring and Appropriate Feeding Practices in Central America and Panama.

14. SCHEDULED EVALUATIONS: Interim MM YY [1|2|8|5], Final MM YY [0|6|8|9]

15. SOURCE/ORIGIN OF GOODS AND SERVICES: 000 941 Local Other (Specify) _____

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page P# Amendment):
 Project purpose remains unchanged.

I have reviewed the methods of implementation and financing of this Project and certify that they are in agreement with Payment Verification Policy Implementation Guidance provided in AA/M R.S. Rollis memorandum of December 30, 1983.

J. O. Hill, Controller 7/2/88 Date

17. APPROVED BY: Signature: *W.P. Schioux*
 Title: **WILLIAM P. SCHIOUX**
 ACTING REGIONAL DIRECTOR

Date Signed: MM DD YY [0|7|2|2|8|8]

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

PROJECT AUTHORIZATION

AMENDMENT NO. 1

NAME OF ENTITY: Nutrition Institute for Central America and
Panama (INCAP)

NAME OF PROJECT: Oral Rehydration Therapy, Growth Monitoring
and Nutrition Education

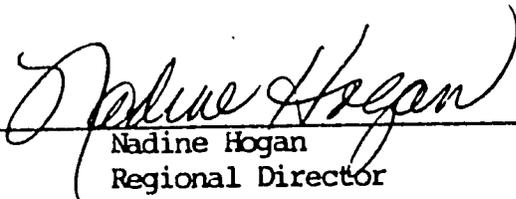
NUMBER OF PROJECT: 596-0115

1. Pursuant to Section 103 of the Foreign Assistance Act of 1961, as amended, the Oral Rehydration Therapy, Growth Monitoring and Nutrition Education Project was authorized on December 10, 1984 (the "Authorization"). The Authorization is hereby amended as follows:

- a. Paragraph 1 of the Authorization is deleted in its entirety and the following substituted in lieu thereof:

"Pursuant to Section 103 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the ORT, Growth Monitoring and Education Project with the Nutrition Institute for Central America and Panama (INCAP), involving planned obligations not to exceed Nine Million United States Dollars (US\$9,000,000) in grant funds ("Grant") over a six-year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project.

- b. Except as AID may otherwise agree to in writing, all other terms and conditions included in the original Authorization remain in full force and effect.



Nadine Hogan
Regional Director



Date

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I. PROJECT AMENDMENT SUMMARY

A. Recommendations

The Project Committee recommends that the Director of ROCAP authorize an amendment to the Project Paper which adds \$650,000 to the total life of Project funding. The amendment will:

- add \$400,000 to the Project to cover the costs of continued United States Technical Assistance through the new Project Assistance Completion Date (PACD) of December 31, 1988; and
- add \$250,000 to support activities related to the control of Hypovitaminosis A (Vitamin A Difficiency)

B. SUMMARY FINANCIAL PLAN

Projected Costs

(US\$ 000)

<u>PROJECT COMPONENT</u>	PREVIOUS		NEW		HOST	
	ROCAPH <u>BUDGET</u>	THIS <u>AMENDMENT</u>	TOTAL <u>ROCAPH</u>	<u>INCAP</u>	COUNTRY <u>COUNTERPART</u>	<u>TOTAL</u>
Management & Evaluation	1,607	55	1,662	650	---	2,312
Training	1,403	44	1,447	---	730	2,177
Technical Assistance (Non-U.S.)	1,000	40	1,040	---	250	1,290
Technical Information and Dissemination	217	28	245	---	---	245
Operations & Evaluation Studies	719	25	744	---	550	1,294
Research	1,266	0	1,266	200	---	1,466
INCAP Indirect Cost*	<u>1,853</u>	<u>58</u>	<u>1,911</u>	<u>250</u>	<u>---</u>	<u>2,161</u>
SUB TOTAL for Vitamin A		250				250
SUB TOTALS	8,065	250	8,315	1,100	1,530	10,945
U.S. Technical Assistance	781	400	1,181	---	---	1,181
Contingencies and Inflation	<u>154</u>	<u>0</u>	<u>154</u>	<u>---</u>	<u>---</u>	<u>154</u>
TOTAL	9,000	650	9,650	1,100	1,530	12,280

* 30% Provisional Rate: Total is adjusted to reflect a true rate of less than 20% already established by audit for 1985.

II. PROJECT DESCRIPTION

A. Background

The "Oral Rehydration Therapy, Growth Monitoring and Education" Project with the Instituto de Nutrición de Centro América y Panamá (INCAP) was signed in December, 1984 and implementation began in February, 1985 as a major regional Child Survival effort.

The Project is designed to improve Child Survival and maternal and child health in the region by promoting the introduction and use of three relatively new technologies - oral rehydration therapy (ORT), growth monitoring and appropriate feeding practices. A broad range of activities are supported to obtain Project goals, including (1) formulation of national policies and plans, (2) strengthening of health services delivery systems, (3) training and education for medical, paramedical and community personnel, (4) dissemination of technical information and (5) quality control of oral rehydration salts.

This wide range of activities, and the Project's emphasis on the introduction of new skills, information and technologies, allows INCAP to respond flexibly to changing needs and priorities in the region's health sector. The main implementation approach, which is direct technical assistance provided to country programs by INCAP staff, also helps to insure the appropriateness of the Project's assistance and is establishing INCAP as a Child Survival technical resource which will continue after the Project's completion.

The Project was amended in November, 1987, to respond to expanded bilateral USAID programs and increased international donor support for Child Survival programs in Central America. This amendment eliminated a number of duplicative activities, and added or strengthened areas identified as Project priorities by a 1986 AID-supported external evaluation. The amendment also extended the Project's PACD to December 31, 1990, and added \$1.0 million in additional funding to support this continuation and to cover rising Project costs.

III. CHANGES IN THE PROJECT DESCRIPTION

A. Rationale for the Proposed Changes

This amendment adds funds to the Project to provide continued technical support to the INCAP core staff and to expand Project activities to include control of Hypovitaminosis A in the region. Specific rationales for these changes are discussed below.

1) Funding for U.S. Technical Assistance

Funding in the amount of \$400,000 will be added to support the continuation of U.S. long- and short-term technical assistance to the Project through the new PACD, December 31, 1990. This funding will insure that the INCAP core staff remains technically current and continues to build permanent capabilities which will be available to the region after the Project is completed. Continuation of this support was planned under the 1987 Project Amendment, but sufficient funds were not available until FY 1988. These funds will be managed by the ROCAP Project Manager.

2) Vitamin A Activities

Hypovitaminosis A affects up to 60% of the region, creating severe health problems, including poor auditory and visual development and even blindness and death, which could be avoided by early, simple intervention. Despite sporadic efforts by Central American governments to initiate and sustain Vitamin A supplement programs in the last 10 years, Hypovitaminosis A remains a serious child health problem. These supplement programs have lapsed or functioned irregularly because of inadequate supervision, inadequate information on program results and the high costs associated with fortification programs, which have been the principal response to this need.

INCAP has participated in various evaluations of Vitamin A nutritional status in the region and has both the resources and experience with this data to assist CA countries to analyze current Vitamin A status at the national and local level. INCAP also developed the technology for sugar fortification, a short-term solution to the serious health risks of Hypovitaminosis A and has assisted countries to implement these programs. In addition, INCAP has developed longer-term, more sustainable interventions based on the cultivation and consumption of high-Vitamin A vegetable products, and has the experience to assist countries to introduce this technology.

Inclusion of Vitamin A activities as a Child Survival measure falls directly within the original Project goal of promoting appropriate feeding practices in the region. Regional interest in effective and sustainable Vitamin A interventions has grown as Child Survival programs matured and as countries adopt more comprehensive maternal/child health strategies.

The technology and experience to respond to this growing interest is available through INCAP, and the activities described below are consistent with the Project's focus and mandate. All of the activities included in this amendment fit within existing Project elements and use capabilities which are already well-developed in the larger Project (e.g. program assessment and evaluation, quality control, dissemination of technical information and technology transfer).

B. Description of Amendment Activities

1) U.S. Technical Assistance

These funds will support long- and short-term assistance to the project as follows:

- one additional year of support for the Project's long-term advisor. This advisor provides technical assistance to the non-research activities of the Project, including education and training, information dissemination, anthropological and applied research and information systems. He/she also works with the Project's Coordinating Committee to help the project meet AID reporting requirements and assists the ROCAP Project Manager with Project-related management;
- two additional years of support for the Johns Hopkins University Child Survival Fellow to assist the Project's activities in basic and applied research;
- funds for short-term consultants to assist specific activities. This support is needed because funds for technical assistance which were available through the centrally-funded PRITECI Project for the first three years are now exhausted.

2) Vitamin A Activities

Activities to be carried out through this amendment will assist Central American countries to design, implement and evaluate programs which improve the nutritional status of Vitamin A, particularly among infants and young children, who are at highest risk of incurring serious, permanent damage from Hypovitaminosis A.

INCAP proposes a three-part strategy to support this objective. Project staff will work to educate policy makers and senior health personnel about the magnitude of the problem in their own country, the health consequences of Hypovitaminosis A, and the level of intervention which will be needed among specific target groups. They will also promote, and assist in the design and implementation of these programs. Finally, INCAP will collaborate with country programs to provide training, direct technical

assistance, research and evaluation support, diffusion of technical information, laboratory and epidemiological technology and the exchange of information and experiences among countries.

A phased design, adapted to country-specific information and situations, will support this strategy. Early activities will emphasize rapid development and/or analysis of baseline data for generating policy, as well as planning and evaluation. This will be followed by two types of short-term interventions: the distribution of high doses of Vitamin A (200,000 units), particularly to pre-school age children, and follow-up implementation of a sugar fortification program, which will continue while more permanent measures are put in place.

As a long-term strategy, INCAP will promote and provide technical assistance to activities supporting cultivation and consumption of vegetable foods rich in Vitamin A. Throughout this process, INCAP will monitor Vitamin A nutritional status, both in specific target groups and the region, will assist countries to carry out process and impact evaluations of program activities, and will disseminate information.

The specific activities to be carried out by INCAP under this Project Amendment are as follows:

a) Training of Human Resources:

The Project will conduct courses and seminars to provide regional personnel with technical skills to manage Vitamin A programs, including epidemiological assessment of Hypovitaminosis A and laboratory analysis of foods and biological samples. The Project will also support tutorial training for technical and professional personnel who are responsible for national-level Vitamin A activities. As part of these efforts, INCAP core staff will also travel in the region to promote Vitamin A activities as part of an integrated Child Survival approach.

b) Technical Assistance:

INCAP staff will provide direct technical assistance to national-level programs and personnel to implement and evaluate Vitamin A activities. This assistance will include supervision of personnel and programs which are developed with local funds, and quality control of Vitamin A supplements which are used.

c) Research:

Applied research will be conducted in a number of areas. These include diagnostic and evaluation studies using INCAP laboratories and research facilities, as well as analyses carried out at the national level. Other activities will include development or refinement of innovative technologies such as the fortification of sugar and other food products and testing of long-term agricultural solutions which will incorporate Vitamin A-rich vegetable foods into the basic Central American diet.

d) Diffusion of Technical Information and Technology Transfer:

INCAP will expand the current activities of the Information Center supported under the Project to disseminate information about Vitamin A programming in the region, to transfer technology and promote policies to control Hypovitaminosis A. This will include both development and diffusion of Vitamin A-specific materials, as well as incorporation of this information into regular publications and technical packages on Child Survival which are produced by the Project.

IV. FINANCIAL PLAN

A. Overall Project Budget and Financial Plan

The proposed budget for the Project is \$12,250 million, of which ROCAP's contribution will total \$9,650 Million (79%), INCAP's \$1.1 million (9%) host country counterpart \$1.53 million (12%). Table 1 contains a summary of the project budget, showing major expense categories and the funding source. Project funding will cover activities planned over the implementation period of six years from January 1986 through December 1990. Table 2 shows the expenditure schedule for the ROCAP contributions by major expense category and by year.

B. Use of New Funds

This grant amendment provides \$650,000 in additional support, bringing the total Life of Project funding to \$9,650 million dollars. This money will be used by INCAP as described below:

- 1) U.S. Technical Assistance. \$400,000 of Amendment funds will be used to pay salary, allowances, per diem, and travel of U.S. technical assistance to the project.
- 2) Vitamin A Activities. \$250,000 of the Amendment funds will be used to pay INCAP costs associated with carrying out the Vitamin A activities described above. These include salaries, travel and per diem, materials and supplies, laboratory and research costs and the costs associated with production and dissemination of technical material.

V. PROJECT ANALYSES

The original technical, institutional, economic and financial analyses are not affected substantially by this Amendment and remain valid.

VI. IMPLEMENTATION ARRANGEMENTS

Implementation described in Amendment 1 of the Project Paper remain effective with this Amendment.

TABLE 1

FINANCIAL PLAN

Projected Costs

(US\$ 000)

<u>PROJECT COMPONENT</u>	<u>PREVIOUS ROCAP BUDGET</u>	<u>THIS AMENDMENT</u>	<u>NEW TOTAL ROCAP</u>	<u>INCAP</u>	<u>HOST COUNTRY COUNTERPART</u>	<u>TOTAL</u>
Management & Evaluation	1,607	55	1,662	650	---	2,312
Training	1,403	44	1,447	---	730	2,177
Technical Assistance (Non-U.S.)	1,000	40	1,040	---	250	1,290
Technical Information and Dissemination	217	28	245	---	---	245
Operations & Evaluation Studies	719	25	744	---	550	1,294
Research	1,266	0	1,266	200	---	1,466
INCAP Indirect Cost*	<u>1,853</u>	<u>58</u>	<u>1,911</u>	<u>250</u>	<u>---</u>	<u>2,161</u>
SUB TOTAL for Vitamin A		250				250
SUB TOTALS	8,065	250	8,315	1,100	1,530	10,945
U.S. Technical Assistance	781	400	1,181	---	---	1,181
Contingencies and Inflation	<u>154</u>	<u>0</u>	<u>154</u>	<u>---</u>	<u>---</u>	<u>154</u>
TOTAL	9,000	650	9,650	1,100	1,530	12,280

* 30% Provisional Rate: Total is adjusted to reflect a true rate of less than 20% already established by audit for 1985.

(5737g)

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TABLE 2

PROJECTED EXPENDITURES OF AID/ROCAP CONTRIBUTION

(\$000)

ELEMENT	1	2	3	4	5	6	TOTAL
Management and Evaluation	133	167	341	361	303	357	1,662
Training	35	136	408	289	307	272	1,447
Technical Assistance	81	184	357	134	143	141	1,040
Technical Information & Dissemination	15	40	43	48	52	47	245
Operations & Evaluations Research	43	116	178	162	128	117	744
Research	<u>31</u>	<u>146</u>	<u>329</u>	<u>420</u>	<u>225</u>	<u>115</u>	<u>1,266</u>
SUB TOTAL	338	789	1,656	1,414	1,158	1,049	6,404
Overhead (30%) Provisional Rate*	91	237	497	424	348	314	1,911
U.S. Technical Assistance	-0-	76	150	285	335	335	1,181
Contingencies & Inflation	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>53</u>	<u>101</u>	<u>154</u>
TOTAL	<u>429</u>	<u>1,102</u>	<u>2,303</u>	<u>2,123</u>	<u>1,894</u>	<u>1,799</u>	<u>9,650**</u>

* Totals are adjusted to reflect a true rate of less than 30% already established by audit for 1985.

** All numbers are rounded.

(5737g)

DETAILED BUDGET
ORAL REHYDRATION THERAPY, GROWTH MONITORING AND
EDUCATION IN PRIMARY HEALTH CARE

596-0115

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
A. <u>Management and Evaluation</u>	<u>1,298,250</u>	<u>- 0 -</u>	<u>308,462</u>	<u>55,000</u>	<u>1,661,712</u>
1. <u>Personnel</u>	<u>1,028,250</u>	<u>- 0 -</u>	<u>308,462</u>	<u>47,500</u>	<u>1,384,212</u>
- General Coordinator Dr. Hernán Delgado (INCAP counterpart)	- 0 -	- 0 -	- 0 -		- 0 -
- Public Health M.D. T.A. Coordinator (4 years: 87-90)	160,500	(37,575)i/	- 0 -		122,925
- Education-Training Coordinator (6 years: 85-90)	160,500	(9,328)j/	- 0 -		151,172

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
- Project Manager Management Generalist (assigned during part of project as liaison officer to Honduras) (6 years: 85-90)	160,500	(28,497) <u>k/</u>	- 0 -		132,003
- Sociologist/Planner (Changed from Financial Analyst)	130,500	(7,205) <u>e/</u>	- 0 -		123,295
- Education-Training Assistant (New Position) (6 years: 85-90) (Assigned to Panama during 85, 86 and 87)	- 0 -	42,745 <u>i, j/</u>	70,353		113,098
- Information Dissemination Specialist (6 years: 85-90)	130,500	(57,826) <u>m/</u>	- 0 -		72,674
- Systems Analyst - Health Information Systems (Served during part of project as Costa Rica liaison officer) (5 years: 85-89)	130,500	(18,105) <u>n/</u>	- 0 -		112,395
- Liaison Officer El Salvador (Replaced half time logistics specialist) (6 years: 85-90)	62,250	115,791 <u>j, k, l, m, n</u>	15,100		193,141

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
- Liaison Officer Honduras (New position) (3 1/2 years: 87-90)	- 0 -	- 0 -	79,854		79,854
- Liaison Officer Guatemala (New position) (3 years: 88-90)	- 0 -	- 0 -	78,449		78,449
- Liaison Officer Panama (New position) (1 year: 88)	- 0 -	- 0 -	46,500		46,500
- Biochemical Nutritionist (New Position) (3 years at 25% 88-90)	- 0 -	- 0 -	- 0 -	18,750	18,750
- Management Expert (New Position) (3 years at 25% 88-90)	- 0 -	- 0 -	- 0 -	18,750	18,750
- Food & Agriculture Tech- nology Expert (New Position) (3 years at 5% 88-90)	- 0 -	- 0 -	- 0 -	5,000	5,000
- Bilingual Secretaries (4) (Changed from 2) (6 years: 85-90)	90,000	- 0 -	18,206		108,206

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
- Secretary (New Position) (3 years at 50%)	- 0 -	- 0 -	- 0 -	5,000	5,000
2. <u>Material and Equipment</u>	<u>70,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>7,500</u>	<u>77,500</u>
- Computer Equipment	20,000	23,271 ^{a/}	- 0 -		43,271
- Office Supplies and Office Equipment, Long Distance Calls, Reproduction of Materials	50,000	(23,271) ^{a/}	- 0 -	7,500	35,229
3. <u>Process and Impact Evaluation</u>	<u>200,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>200,000</u>
In country costs for monitoring and evaluation activities					
- Guatemala					
- El Salvador					
- Honduras					
- Panama					
- Belize					

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
B. <u>Training</u>	<u>1,403,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>44,000</u>	<u>1,447,000</u>
1. <u>First Regional Seminar</u>	<u>85,000</u>	<u>(55,781)^{b/}</u>	<u>- 0 -</u>		<u>29,269</u>
2. <u>Second Regional Seminar</u>	<u>90,000</u>	<u>(50,000)^{c/}</u>	<u>- 0 -</u>		<u>40,000</u>
3. <u>Third Regional Seminar</u>	<u>95,000</u>	<u>(50,000)^{d/}</u>	<u>- 0 -</u>		<u>45,000</u>
4. <u>Country Documents</u>	<u>48,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>48,000</u>
5. <u>Regional Courses, Workshops or Training Activities</u>	<u>465,000</u>	<u>(24,424)^{e/}</u>	<u>- 0 -</u>	<u>25,000</u>	<u>465,576</u>
- 16 Regional Workshops (Ave. \$18,786/workshop)	465,000	(164,424)	- 0 -		300,576
- Three Regional Courses to Support Vitamin A Activities	- 0 -	- 0 -	- 0 -	25,000	25,000
- Activities to Promote integration of professio- nal and in-service training at the national level (Ave. 10,000/year for 3 yrs.)	- 0 -	30,000	- 0 -		30,000

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
- Partial support for regional meetings of professional societies and other private sector groups (11 meetings-ave. of \$10,000/ea.)	- 0 -	110,000	- 0 -		110,000
6. <u>National Courses</u>	<u>210,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>7,000</u>	<u>217,000</u>
- Up to 5 courses or workshops/country (funded by INCAP 100% Ave. 7,000/course)					210,000
- Activities to promote National Vitamin A Programs	- 0 -	- 0 -	- 0 -	7,000	7,000
7. <u>Travel and Perdiem for Teachers</u>	<u>75,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>75,000</u>
For regional courses and national courses					
8. <u>National Courses</u>	<u>60,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>60,000</u>
Funds to support national courses (partially funded by INCAP-10,000 per country over 6 yrs.)					
9. <u>Technical Meetings</u>	<u>175,000</u>	<u>(38,704) ^{f/}</u>	<u>- 0 -</u>		<u>136,296</u>
10. <u>Tutorial Training</u>	<u>100,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>12,000</u>	<u>112,000</u>

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
11. <u>Development of Educational Methods and Materials</u>	<u>- 0 -</u>	<u>218,909^a, b,c,d,e,f</u>	<u>- 0 -</u>		<u>218,909</u>
C. <u>Technical Assistance</u>	<u>1,000,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>40,000</u>	<u>1,040,000</u>
1. <u>Travel and Perdiem</u>	<u>600,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>600,000</u>
2. <u>INCAP Consultants and Expanded Staff Training</u>	<u>200,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>200,000</u>
3. <u>Central American Short- Term Advisors</u>	<u>200,000</u>	<u>(58,125)^{h/}</u>	<u>- 0 -</u>		<u>141,875</u>
4. <u>Personnel</u>	<u>- 0 -</u>	<u>58,125^{h/}</u>	<u>- 0 -</u>		<u>58,125</u>
5. <u>Travel, Per Diem and Laboratory Analysis in Support of Vitamin A Activities</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>40,000</u>	<u>40,000</u>
D. <u>Technical Information Dissemination</u>	<u>216,500</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>28,000</u>	<u>244,500</u>
1. <u>Production of Technical- Scientific Material Based on Specific Research</u>	<u>41,500</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>41,500</u>

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
2. <u>Production of Newsletter, Bulletin and Dissemination of Information</u>	<u>175,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>175,000</u>
3. <u>Production & Dissemination of Materials on Vitamin A</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>28,000</u>	<u>28,000</u>
E. <u>Operational & Evaluation Research</u>	<u>719,433</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>25,000</u>	<u>744,433</u>
1. <u>Anthropological Studies</u>	<u>268,098</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>268,098</u>
2. <u>Impact of Programs on Morbidity and Mortality: Sentinel Areas</u>	<u>271,335</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>271,335</u>
3. <u>Operational Research</u>	<u>180,000</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>180,000</u>
4. <u>Vitamin A Diagnostic Studies</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>25,000</u>	<u>25,000</u>
F. <u>Research</u>	<u>916,232</u>	<u>- 0 -</u>	<u>350,000</u>	<u>- 0 -</u>	<u>1,266,232</u>
1. <u>Risk Factors of Low Birth Weight</u>	<u>294,641</u>	<u>(215,588)g/</u>	<u>350,000</u>		<u>429,053</u>
2. <u>Nutritional Rehabilitation; Hospital and Community Studies</u>	<u>135,992</u>	<u>131,206g/</u>	<u>- 0 -</u>		<u>267,198</u>
F 20	\$5,000				
F 21	90,938				
F 22	127,760				
F 23	43,500				

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS AMENDMENT I	NEW FUNDS AMENDMENT II	NEW BUDGET
3. <u>Epidemiology of Chronic Diarrhea</u>	<u>345,099</u>	<u>26,419g/</u>	<u>- 0 -</u>		<u>371,510</u>
4. <u>Multicenter Studies</u>	<u>140,500</u>	<u>- 0 -</u>	<u>- 0 -</u>		<u>140,500</u>
- Risk Factors of Low Birth Weight	90,500	- 0 -	- 0 -		90,500
- Nutritional Rehabilitation	50,000	- 0 -	- 0 -		50,000
5. <u>Support for Data Processing</u>	<u>- 0 -</u>	<u>57,971g/</u>	<u>- 0 -</u>		<u>57,971</u>
G. <u>INCAP Indirect Costs (30% Provisional Rate*)</u>	<u>1,666,024</u>	<u>(10,000)P/</u>	<u>197,539</u>	<u>58,000</u>	<u>1,911,563</u>
SUB TOTAL for Vitamin A Deficiency Component				<u>250,000</u>	<u>250,000</u>
H. <u>U.S. Technical Assistance</u>	<u>780,561</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>400,000</u>	<u>1,180,561</u>
I. <u>Contingencies & Inflation</u>	<u>- 0 -</u>	<u>10,000P/</u>	<u>143,999</u>		<u>153,999</u>
TOTAL	<u>8,000,000</u>		<u>1,000,000</u>	<u>650,000</u>	<u>9,650,000</u>

* Total is adjusted to reflect a true rate of less than 30% already established by audit for 1985.

(5737g)

LOGICAL FRAMEWORK

AMENDMENT II

ORAL REHYDRATION THERAPY
GROWTH MONITORING AND EDUCATION
596-0115

The following tasks in support of Vitamin A activities are added to the Project's Logical Framework under Project Purpose, Section B. Implementation:

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
B. <u>Implementation</u>			
Promotion of National Vitamin A programs.	5 country visits conducted	Project quarterly and annual reports, evaluations and publications.	Funds will be available from national budgets, AID bilateral programs or other donors to cover major in-country training, materials and equipment costs.
Technical Training in Vitamin A for regional and national personnel	2 courses conducted in laboratory techniques and program supervision/quality control. 1 course conducted on techniques of diagnostic research in epidemiology. 5 tutorials in Vitamin A supported.		
Evaluations or diagnostic research conducted on Vitamin A technology or interventions.	3 studies completed.		

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Technical Assistance laboratory analysis provided to national Vitamin A programs.	12 person/months of technical assistance provided; laboratory analyses conducted as needed.		
Technical information on Vitamin A disseminated by INCAP.	Incorporation of Vitamin A information in 6 quarterly newsletters and continuous dissemination of technical documents and research results; 1 country document prepared and disseminated.	Project quarterly and annual reports, evaluations and publications. Newsletters; special technical publications.	

(5758g)

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AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET	1. TRANSACTION CODE <input checked="" type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number 1	DOCUMENT CODE 3
--	---	------------------------------	---------------------------

2. COUNTRY/ENTITY ROCAP	3. PROJECT NUMBER 596-0115
-----------------------------------	--------------------------------------

4. BUREAU/OFFICE Latin America and the Caribbean	<input type="checkbox"/> 05	5. PROJECT TITLE (maximum 40 characters) ORT, Growth Monitoring and Education
--	-----------------------------	---

6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 1 2 3 1 9 0	7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4) A. Initial FY <u>87</u> B. Quarter <input type="checkbox"/> Supp. C. Final FY <u>90</u>
--	---

8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY <u>87</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
All Appropriated Total	800		800	9,000		9,000
(Grant)	(800)	(--)	(800)	(9,000)	(--)	(9,000)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country	--	450	450	--	2,630	2,630
Other Donor(s)						
TOTALS	800	450	1,250	9,000	2,630	11,630

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECIL CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PH	510	510		8,000		1,000		9,000	
(2)									
(3)									
(4)									
TOTALS						1,000		9,000	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each) 300 320 560	11. SECONDARY PURPOSE CODE 310
---	--

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)							
A. Code	BR	BU	R/H	NUTR	PART	TNG	
B. Amount							

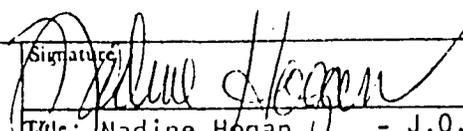
13. PROJECT PURPOSE (maximum 480 characters) <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> To increase the effective use of Oral Rehydration Therapy, Growth Monitoring and Appropriate Feeding Practices in Central America and Panama. </div>	
--	--

14. SCHEDULED EVALUATIONS Interim MM YY MM YY Final MM YY 1 2 8 5 1 2 8 6 0 6 8 9	15. SOURCE/ORIGIN OF GOODS AND SERVICES <input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify) _____
---	--

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

Project purpose remains unchanged.

I have reviewed the methods of implementation and financing of this project and certify that they are in agreement with Payment Verification Policy Implementation Guidance provided in AA/M R.S. Rollis memorandum of December 30, 1983.

17. APPROVED BY	Signature:  Title: Nadine Hogan - J.O. Hill, Jr. Regional Director - Controller	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION Date Signed: MM DD YY 0 8 3 1 8 7
------------------------	---	--

INSTRUCTIONS

The approved Project Data Sheet summarizes basic data on the project and must provide reliable data for entry into the Country Program Data Bank (CPDB). As a general rule blocks 1 thru 16 are to be completed by the originating office or bureau. It is the responsibility of the reviewing bureau to assume that whenever the original Project Data Sheet is revised, the Project Data Sheet conforms to the revision.

Block 1 - Enter the appropriate letter code in the box, if a change, indicate the Amendment Number.

Block 2 - Enter the name of the Country, Regional or other Entity.

Block 3 - Enter the Project Number assigned by the field mission or an AID/W bureau.

Block 4 - Enter the sponsoring Bureau/Office Symbol and Code. *(See Handbook 3, Appendix 5A, Table 1, Page 1 for guidance.)*

Block 5 - Enter the Project Title *(stay within brackets; limit to 40 characters)*.

Block 6 - Enter the Estimated Project Assistance Completion Date. *(See AIDTO Circular A-24 dated 1/26/78, paragraph C, Page 2.)*

Block 7A. - Enter the FY for the first obligation of AID funds for the project.

Block 7B. - Enter the quarter of FY for the first AID funds obligation.

Block 7C. - Enter the FY for the last AID funds obligations.

Block 8 - Enter the amounts from the 'Summary Cost Estimates' and 'Financial Table' of the Project Data Sheet.

NOTE: The L/C column must show the estimated U.S. dollars to be used for the financing of local costs by AID on the lines corresponding to AID.

Block 9 - Enter the amounts and details from the Project Data Sheet section reflecting the estimated rate of use of AID funds.

Block 9A. - Use the Alpha Code. *(See Handbook 3, Appendix 5A, Table 2, Page 2 for guidance.)*

Blocks 9B., C1. & C2. - See Handbook 3, Appendix 5B for guidance. The total of columns 1 and 2 of F must equal the AID appropriated funds total of 8G.

Blocks 10 and 11 - See Handbook 3, Appendix 5B for guidance.

Block 12 - Enter the codes and amounts attributable to each concern for Life of Project. *(See Handbook 3, Appendix 5B, Attachment C for coding.)*

Block 13 - Enter the Project Purpose as it appears in the approved PID Facesheet, or as modified during the project development and reflected in the Project Data Sheet.

Block 14 - Enter the evaluation(s) scheduled in this section.

Block 15 - Enter the information related to the procurement taken from the appropriate section of the Project Data Sheet.

Block 16 - This block is to be used with requests for the amendment of a project.

Block 17 - This block is to be signed and dated by the Authorizing Official of the originating office. The Project Data Sheet will not be reviewed if this Data Sheet is not signed and dated. Do not initial.

Block 18 - This date is to be provided by the office or bureau responsible for the processing of the document covered by this Data Sheet.

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PROJECT PAPER AMENDMENT

ORAL REHYDRATION THERAPY, GROWTH MONITORING

NUTRITION AND EDUCATION

596-0115

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ANNEXES

I	LOGICAL FRAMEWORK AND SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT (TABLES 5 TO 9)
II.	DETAILED BUDGET
III.	REVISED IMPLEMENTATION PLAN

I. PROJECT AMENDMENT SUMMARY

A. Recommendations

The Project Committee recommends that the Director of ROCAP authorize an amendment to the Project Paper which will extend the Project Assistance Completion Date through December 31, 1990 and increase total life of project funding from \$8 million to \$9 million dollars. The justification for the amendment is:

- to extend the Project to December 31, 1990, in order that the Instituto de Nutrición de Centro América y Panamá (INCAP) can continue with the technical assistance to countries in the subregion for the entire period of the Five-Year National Child Survival Plans, which were formulated with project assistance;

- to provide salaries for existing project staff for the period of the extension and to support four additional staff positions recommended by an AID external evaluation to strengthen the Project;

- to fund the third major research effort included in the original project but not begun. Changes in the research protocols which were recommended by external reviewers and unanticipated increases in the cost of data processing raised the budgets for these activities over planned levels. As a result, the start of research on the causes and treatment of Low Birth Weights was delayed, pending availability of additional funds.

Changes in the Project, which are detailed in this PP Amendment are based on changes which have occurred in Central American Child Survival initiatives since the Project was initiated in December, 1984. It also incorporates recommendations of the AID evaluation of INCAP in November, 1986, which showed a need to focus a larger share of Project resources on information systems, program coordination and policy development and to strengthen internal project management systems.

B. Background

The "Oral Rehydration Therapy, Growth Monitoring and Education" project with the Instituto de Nutrición de Centro América y Panamá (INCAP) was signed in December, 1984 and began implementation in February, 1985. It was intended as a broad, coordinated program to reduce infant and child mortality and severe malnutrition in Central America and Panama through the use of health technologies such as Oral Rehydration Therapy (ORT), Growth Monitoring and Community Health Education, which are generally well developed, but used to only a limited degree in the subregion.

Since the Project's design and implementation, external funding for many of the planned health interventions included in the original project has grown dramatically in the Central America/Panama (CA/P) sub-region, principally through international donor support of child survival initiatives. As a result, there is currently less need for some of the activities which were originally planned, while other needs, particularly in planning and

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facilitating coordination among agencies participating in child survival, development of better health information systems and operations research, have been identified as high priorities for the countries of the region.

C. Summary of the Proposed Project Changes

This amendment will modify the Project Paper to improve INCAP's response to subregional child survival concerns. This will be done by eliminating some of the activities originally planned in the Project and adding others based on recommendations of the external evaluation in November, 1986. These changes remove areas of overlap with other child survival initiatives in the subregion, including AID bilateral programs, UNICEF, the Pan American Health Organization (PAHO), the Italian Government, and the European Economic Community (EEC). They will also improve the Project's technical focus, prioritize future activities and strengthen the Project's internal management and abilities to facilitate coordination in the subregion.

The amendment also extends the Project Assistance Completion Date one year to December 31, 1990, in order to continue project technical assistance through the five-year National Child Survival Plans which INCAP, as part of project activities, helped countries in the subregion to formulate.

Finally, the amendment adds new funds to the Project for the addition of new staff recommended by the evaluation to strengthen the home office management and technical capability; salary costs associated with appointing country officers for Guatemala, Honduras and Panama and staff salaries for extending the Project PACD through CY 1990. These funds also allow for implementation of the third research initiative on the causes and treatment of low birth weight. This initiative was planned under the original Project, but not begun because existing project support was inadequate.

D. Summary Financial Plan

<u>Project Component</u>	FINANCIAL PLAN Projected Costs (US\$ 000)			<u>TOTAL</u>
	<u>ROCAP</u>	<u>INCAP</u>	<u>HOST COUNTRY COUNTERPART</u>	
Management & Evaluation	1,607	650	---	2,257
Training	1,403	---	730	2,133
Technical Assistance (Non-U.S.)	1,000	---	250	1,250
Technical Information and Dissemination	217	---	---	217
Operations & Evaluation Studies	719	---	550	1,269
Research	1,266	200	---	1,466
Overhead*	1,853	250	---	2,103
<u>SUB-TOTAL</u>	<u>8,065</u>	<u>1,100</u>	<u>1,530</u>	<u>10,695</u>
U.S. Technical Assistance	781	---	---	781
Contingencies and Inflation	<u>154</u>	<u>---</u>	<u>---</u>	<u>154</u>
<u>TOTAL</u>	<u>9,000</u>	<u>1,100</u>	<u>1,530</u>	<u>11,630</u>

II. BACKGROUND

A. Background

The "Oral Rehydration Therapy, Growth Monitoring and Education" project was originally designed as a broad, coordinated response to severe maternal and child health problems in the Central American subregion. Comprised of five components, it included multiple activities designed to (1) promote effective national strategies and plans; (2) strengthen health service delivery and information systems; (3) improve the knowledge and practices of health professionals and para-professionals; (4) increase the availability of scientific and technical information; and (5) increase the availability and distribution of oral rehydration salts. These components included strategies and assistance for improving the long-term response capability of subregional and national institutions at the planning and policy level, and supported both applied and operations research on control of diarrheal disease/oral rehydration therapy, growth monitoring and appropriate maternal child feeding practices.

Since the Project was implemented, external funding for child survival activities in Central America has dramatically increased, especially in the Project's three priority countries, Guatemala, El Salvador and Honduras. In 1987, for example, AID-funding for child survival activities in these countries exceeded \$100 million, with more planned in the near future. In addition, UNICEF is managing \$30 million from the Government of Italy and the European Economic Community (EEC) for child survival activities in the

subregion. Finally, PAHO has a regional MCH advisor and an MCH advisor in Costa Rica and is active in education and training for MCH/Child Survival interventions through its regional center for human resources development in the health sector, Programa de Adiestramiento en Salud de Centro América y Panamá (PASCAP).

As a result, many of the interventions planned under the Project have become incorporated into other programs supported through AID bilateral agreements and international donors. In addition, the greatly-expanded emphasis on child survival and proliferation of activities directed to this problem have created areas of need not anticipated in the original project design. These include assistance in coordinating donor assistance, better information systems to process program data and more useful formats for child survival technical and training information.

B. Early INCAP and ROCAP Response to Regional Changes

Early INCAP response to increased program activity in child survival was based on a flexible response to national needs. Working closely with ROCAP technical personnel, the Project adopted country-specific strategies aimed at assisting in the development of workable Five-Year Child Survival Plans. These incorporated national health norms, on-going programs in the public and private sector and substantive child survival areas which are the priorities of international donors supporting activities in the region. INCAP also assumed more functions in facilitating coordination among agencies working in

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child survival than were anticipated in the original project design. These included assisting maternal and child health programs to work productively with other MOH units participating in child survival activities (planning, human resources, health education and promotion) and improved collaboration among the projects and agencies working in this area. As a result, the first year of project activity developed and reinforced the advisory and coordination facilitating role of INCAP to national programs and provided opportunities for the project to emphasize types of assistance and needs not covered by other resources. Rapid and efficient reviews of existing health service delivery systems, for example, became a project priority as multiple donor activity increased demands for assistance with needs assessments.

In early 1986, as a result of the first subregional Child Survival Seminar, an ad-hoc subregional committee of national child survival coordinators was formed to help plan and coordinate efforts in this area. At the same time, a technical advisory group made up of representatives of INCAP, PAHO and UNICEF was formed to help facilitate donor coordination activities in response to country needs. Aside from the development of National Child Survival Action Plans on an annual basis, two major subregion-wide initiatives have emerged from INCAP's efforts in facilitating coordination. A plan for monitoring and evaluating national and subregional child survival efforts was developed and adopted by each of the countries in the CA/P subregion. In addition, a similar plan for human resource development for child survival interventions has been formally agreed upon and is beginning implementation. INCAP's assistance to its member countries is now being guided by their

National Child Survival Action plans and these two major subregional initiatives.

A number of early changes were made in the Project to respond to these conditions. Most significant was INCAP's early decision to place resident liaison officers in countries in order to better assist with the coordination of national-level activities. The management structure of the Project's central office was reduced to support this decision, and country officers were appointed for Honduras, El Salvador, and Costa Rica. The resident INCAP coordinator/facilitator for the Panama Breastfeeding Promotion Program played a similar role in Panama until the end of 1986. Another important decision was to respond to requests from MOHs in the subregion for assistance in the planning and production of Technical Reference Guides (integrated modules for child survival) which could be used as a basic source of technical information and as a training resource for public sector agencies participating in these initiatives.

Other program modifications which responded to the changed child survival picture in the subregion included decisions to increase support to professional associations which contributed to the technical understanding of child survival issues, and to focus attention on innovative information system activities such as the health systems assessment, Conditions of Efficiency, and program monitoring and evaluation through the use of sentinel areas, which would provide better, more recent information on which to base child survival program decisions. In addition, increased funding from

multiple donors for subregional programs in the health sector resulted in a surfeit of subregional activities and a plea by the Ministers of Health to reduce the number. INCAP has responded by placing more emphasis on national-level training efforts.

C. Project Evaluation Findings and Recommendations

In November, 1986, the first AID Project Evaluation was carried out by a five-person team which included specialists in management, education and training, primary health care service delivery and child survival programming. The main purpose of this activity was to assess the progress made during the first twenty-one months of project activity and review the appropriateness of changes which had been initiated. The evaluation team was also asked to assess the readiness of the Project to begin the implementation phase and make recommendations as to how this phase could be strengthened.

The evaluation found that INCAP had made good progress in completing the planning activities of Phase I, and that the Project was generally ready to begin the implementation activities in Phase II. It also indicated, however, that steps should be taken to strengthen internal project management systems, improve coordination between project components and give greater emphasis to prioritization and analysis of activities. It was also suggested that some aspects of the Project should be refocused to capitalize on INCAP strengths and respond to the changes which had occurred in subregional needs. Finally,

The team concluded that despite the unanticipated increase in donor support for child survival, there was an important role for the Project, although it differed in some respects from that originally anticipated by ROCAP.

The evaluation team had a series of specific recommendations which addressed these issues. They are briefly summarized below.

1.) INCAP should develop and promote its role as a coordinating agency for child survival in the subregion and take steps to strengthen its position as a resource to MOHs in this area. The evaluation also endorsed the decision to have country liaison officers remain in El Salvador, Honduras and Costa Rica and recommended that the Project fund similar positions in Guatemala and Panama.

2.) The Project should direct attention to institutional strengthening.

Recommendations were focused in two areas. One stressed the need to prioritize and focus future project activities, based on criteria which stressed the technical priorities of the Project and improving the quality of project outputs over the quantity. The second included a number of recommendations oriented to improving internal management and coordination. Explicit recommendations were for the formation of a Project Operations Team, quarterly project review meetings, improved information and reporting standards, and the addition of two professional staff positions to the central project staff: a project operations officer and a training and education coordinator.



3.) INCAP should focus project activities in areas which draw on its strength as a subregional institution. Central American health policy makers, planners and program directors lack good, concise information upon which to base program decisions. Several strong activities in the INCAP project are already oriented toward improving this situation, and it was recommended that they should be given even greater attention. Specifically, the Project should give priority to health information systems, especially innovative initiatives like the current work in sentinel areas and sites, and efficiency criteria for health delivery systems assessments. The evaluation also urged that INCAP sharply expand efforts in the area of operations research (OR), using growth promotion as a central theme. This emphasis would provide valuable information about operational problems and their solutions for child survival programs in the subregion. An annual INCAP plan to expand its capability in this area, an OR working group of INCAP staff and subregional representatives and standard procedures for presenting and disseminating results were also included in the recommendation.

4.) INCAP should develop new foci in areas which are not covered by other programs or funding.

The evaluation suggested several areas of work not emphasized to-date in the project, but that are now appropriate for subregional level guidance and development. These recommendations were oriented to the private sector and INCAP's role in facilitating regional coordination. They included developing and implementing an ORT training program for private sector health

practitioners (pharmacists, physicians, nurses, traditional birth attendants, and private voluntary organization personnel); organization of an annual subregional workshop to exchange information and experiences on social marketing of ORT; and promotion of a quality control program for oral rehydration salts (ORS) being marketed in the private sector.

5.) Reduce or eliminate some areas of project activity.

The evaluation noted that there were several areas where the Project was less effective due to either overlap with other programs or lack of capability at INCAP. It was recommended that some of these areas be modified and that one be dropped completely, to allow greater emphasis on the Project's quality and technical priorities. Specifically, it was recommended that work on general project management systems might best be left for the large AID-funded bilateral projects. The team felt that INCAP should focus on health information systems, particularly for program monitoring and evaluation. They also noted that little has been done under component 5 (ORS availability and distribution) and felt that this component should be formally redirected toward the private sector ORT initiatives discussed in point four.

D. Amendment Responses to Subregional Health Priorities

Early changes made in the structure of the Project and those subsequently proposed by the external evaluation team responded to a series of discrete needs and priorities which were identified through development of INCAP's

activities. While not generated by a coherent or preexisting subregional policy, many have been validated by the policy process as areas of greatest need in subregional child survival programming. At meetings of the Director Generals of Ministries of Health in Central America and Panama which were held in Nicaragua in August, 1987, a series of child survival recommendations were developed which directly reflect many of the changes proposed in this project amendment. Specifically, they include:

- emphasizing the importance of child survival activities within MCH programs;
- devoting greater attention to the health measures which control high-risk pregnancies;
- inclusion of private sector participation in child survival strategies of ministries of health;
- emphasizing the importance of better information systems in monitoring and evaluation;
- stressing the major role which public health education can play in child survival.

As the basis for the RESCAP meetings of Ministries of Health in the subregion, these recommendations will have major policy implications. This amendment will enable the Project to respond quickly and effectively in these priority areas.

III. CHANGES IN THE PROJECT DESCRIPTION

Based on the modifications to the Project initiated by INCAP in response to the expanded national Child Survival initiatives in Central America and Panama, and the recommendations of the project evaluation, the Project Paper should be amended in the areas described below. An amended Logical Framework and revised Output Tables, which detail the exact changes proposed in the Project, are attached.

A. Goal, Purpose and Beneficiaries

The goals, purpose and beneficiaries remain unchanged from the original Project.

B. Overall Project Strategy and Plans

The ORT, Growth Monitoring and Education Project was designed originally as a broad-based, multi-system approach to address infant and child mortality, morbidity and severe malnutrition in the region. The Project activities were organized in a three-phased approach which included: promotion and planning; implementation; and evaluation. This methodology was developed under another regional health project, and has been successful in maximizing national-level participation and the widespread dissemination of results. This methodology and the strategy associated with it is maintained in its entirety under the Project Amendment. The first phase, Planning and Promotion, has largely been

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completed, and according to the November 1986 Project Evaluation, INCAP is ready for Phase II, Implementation. Under this part of the Project, plans and strategies which were formulated at the subregional and country levels will be translated into many concrete activities directed at Project objectives.

Research findings and other materials generated during the planning phase will provide the information base for regional workshops; the production of training materials and changes in professional school curricula, etc.

While the Implementation Phase of the Project does not differ from the original strategy, the Amendment does give sharper focus to some content areas that INCAP and the evaluation team viewed as priorities. It also deemphasizes parts of the original Project which are currently being addressed through AID bilateral assistance or other international donors supporting Child Survival programming in Central America.

The Project Amendment responds to the recommendations that INCAP should move toward more structured, quality program support. At the subregional and national levels, this includes a general reduction in regional-level training, some service-delivery related activities such as technical assistance and training in program management and logistics, and direct interventions such as feasibility studies for the production of oral rehydration salts (ORS). At the same time, both changes throughout the region and experience from the Project over the first two years have highlighted areas where the strengthening of INCAP Project activities will have positive, long-term

effects on child survival efforts. Those specifically addressed by this Amendment include:

- 1) INCAP's assumption of a greater role in facilitating coordination in the international donor community to help maximize resource use and reduce duplication of effort;
- 2) The provision of more assistance in planning and, ultimately, policy guidance, through better information systems and mechanisms to identify and resolve problems; and
- 3) To set up regional quality control activities and monitor production standards for ORS that are produced in or made available to the subregion.

The specific changes in Project which will allow INCAP to better realize these broad objectives are detailed below under each Project Component. All of the changes will be introduced during approximately 42 months of implementation activities. Most of the Project-funded activities will be completed before the beginning of the final 6-month evaluation phase of the Project which will begin in July 1990. It is expected, however, that many of the activities that the Project has generated will be continued after the Project terminates.

C. Project Components

The Project Paper Amendment refocuses some activities within four of the five original project components. These changes will improve overall project effectiveness in reaching its objectives, which are unchanged. They will also make the Project more responsive to current regional needs.

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Specific changes are discussed below by component. Those parts of the original project design which are not mentioned remain as described in the original Project Paper. There are minor changes in the total number of proposed activities as indicated by the revised Logical Framework and activities tables in Annex I. The project implementation plan will be extended one year, and activities will be phased to accommodate this change.

1. Promotion of Effective Strategies and Plans

Under the Project Amendment there are no substantive or time/phase changes in this Component's activities. The Project's extension to December 31, 1990, however, will allow INCAP to provide unbroken technical assistance to the Five-year National Child Survival Plans, which were formulated with Project support, through their completion. (See the Logical Framework, Annex I, Page 3, and Table 5, Annex 1, Page 11, for a complete description of activities in Component 1.)

2. Strengthening Health Services Delivery and Information Systems

Under this Component, there are changes in the focus of two types of activities. Management training activities, which were originally designed to strengthen delivery systems, will be reoriented to emphasize INCAP's capability to provide assistance in the use of innovative management information systems. Some monitoring and evaluation activities will also be redesigned, in order to better support the Project's expanded efforts in the

use of information systems. These changes are described below in greater detail.

a. Management Training.

The capacity of new and existing national child survival efforts to effectively manage their activities and resources was an important aspect of the original project. Lack of health management training resources and experience in the subregion suggested that INCAP could play a role in developing these capabilities.

The implementation activities to be carried out under phase II of the Project placed substantial emphasis on improving management systems, financial planning and the logistics of program operations and commodities. Management training, technical assistance and subregional seminars for senior managers were among the specific activities detailed in the original project paper.

The improvement of management systems continues to be an important issue in the subregion. However, much of the work in this area is now being supported by AID bilateral programs (particularly in the priority child survival countries, Honduras, Guatemala and El Salvador). Resources dedicated to this area in the original project paper, which the evaluation team felt were never adequate for the magnitude of support or the time-frame needed to accomplish the Project's objectives, can now be redirected. The project amendment would refocus INCAP's management efforts on priority areas not

covered by other programs and which are more appropriate to their existing institutional capability. This new strategy would include the following:

1) A reduction in the total amount of direct and indirect management training support detailed in the Project Paper (Table 6) and the Logical Framework. INCAP will support two subregional senior manager's courses and a subregional health information systems (HIS) course. Partial support will also be provided for the following:

- incorporation of management issues into national courses and workshops for child survival program managers;
- incorporation of management issues into child survival courses for PVOs in three countries: Guatemala, Honduras and El Salvador;
- one HIS management course per country.

2) As part of the "partial support" above, INCAP will:

- assist in the development of a manual for management in the series of Technical Reference Guides (Integrated Modules for Child Survival) for national programs. (This would include assistance in the use of this material for training if requested); and

- explore mechanisms, including subcontracts with other institutions, to make high-quality child survival management training available in the subregion.

The amended management requirements of the Project will allow INCAP to devote greater emphasis and resources to the innovative management information systems, including the "Project's Conditions of Efficiency" and the work with sentinel areas. In response to evaluation recommendations, INCAP will also take steps to more broadly institutionalize this capability in its own staff through in-house workshops. In addition, INCAP will continue to explore and expand the entire effort in development and facilitation of innovative management systems which can parallel and supplement more traditional management approaches.

b. Monitoring and Evaluation

Early changes in monitoring and evaluation were initiated by INCAP to increase the efficiency of the project design and incorporate an ongoing subregional initiative designed to assess changes in nutritional status and, indirectly, program impact. The Project will be amended to combine two previously separate activities included under the Management and Evaluation and Operational and Evaluation Research budget line items into a single, sequentially-developed activity. Under the amendment, methodology developed on the "Impact of Programs on Mortality - Sentinel Areas," which allows for rapid assessment of health systems status, will be applied to other countries

in the subregion. Funds designated for "Process and Impact Evaluation Surveys" will be used for this implementation.

During the last three years, project efforts in program and project monitoring and evaluation will focus on supporting the subregional initiative in monitoring and evaluation of child survival programs developed and approved by the Central American countries through the auspices of the subregional ad-hoc committee of National Child Survival Coordinators and the donor coordinating group. Specifically this includes the following activities:

- 1) Development of a baseline of systems assessments and key child survival impact indicators; community and provider knowledge, attitudes and practices surveys (KAPS) and in-depth community studies;
- 2) Development of a system of sentinel areas and sites for monitoring program process and measuring impact in countries with inadequate health information systems;
- 3) Support for the ongoing subregional effort in measuring nutritional status of first grade school children;
- 4) Improvement of national health information systems in support of MCH programs/Child Survival interventions;

- 5) Participation in and partial support for other donor-funded national MCH or nutrition surveys which will provide baseline and followup data for measuring the results and impact of national, bilateral and subregional efforts to promote and implement MCH/Child Survival interventions; and
- 6) Follow-up systems assessments, community and provider KAPS, and in-depth community studies to measure results of the five-year CA/P child survival/MCH initiative.

Since INCAP played an instrumental role in the design and adoption of the subregional initiative for monitoring and evaluation of National Child Survival Programs, these activities are highly consistent with evaluation plans outlined in the original Project Paper.

3. Improving Professional, Paraprofessional and Community Worker Skills and Public Education

The implementation of successful education and training activities remains the key to meeting the Project's overall objective of improving knowledge about the use of effective child survival health interventions.

The Five-Year National Child Survival Plans developed by participating countries in the Planning phases of the Project and the increased donor support for these activities, have made it desirable to make a number of changes in this component. The Project Amendment will retain the basic areas

and emphases of the original project, but will follow a strategy which maximizes INCAP's strengths, and refocuses available resources to promote and support the following aspects:

- INCAP's current role as a technical resource and coordinating/facilitating institution for Ministries of Health in the subregion;
- Flexibility to expand project activities in areas not fully covered by other resources or agencies;
- INCAP's history of successful interaction with the university community and its professional training programs;
- INCAP'S ability to provide technical assistance across a greater range of areas than is normally available to national-level institutions.

The specific activities discussed below will bring greater focus to the Project's education and training efforts, lay the ground work for long-term private sector assistance efforts, and improve the technical quality of activities conducted under this component. Over all, this component's impact is expected to be more visible and lasting.

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a. Public Sector Strategy

INCAP's original public sector strategy has been refocused into two major areas. These will be used as reference points for future in-country development and expansion of national child survival programs.

At the request of MOHs in the subregion, INCAP has assisted each to develop country-specific Technical Reference Guides (separate ones for the central and local levels) and associated instructional materials. These guides, which replace the technical guidelines and educational packages as a project output, are based on an integrated health approach to child survival. Individually designed to conform to national health norms and programs, they are intended to be the primary technical reference for national child survival programs. The associated instructional materials (which will include model lessons, audiovisuals, teaching strategies, etc.) will allow countries to design and conduct training programs using programs and information tailored to specific country needs.

The second major public sector program area will be the establishment of National Reference Training Centers (Centros Docentes de Referencia) and Local Level Training Units (Unidades de Docencia Regionales) in all project countries. Based in hospitals, these centers will provide training for all levels of child survival personnel and will create a permanent national resource in each country. They will also strengthen national health systems by providing child survival associated services to mothers and children,

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including fully functioning oral rehydration units, and will be a dissemination point for professional information and users' health education materials.

This strategy, developed jointly by INCAP and PASCAP and officially adopted by the Central American Ministries of Health, has been judged by INCAP and ROCAP technical personnel to be both more responsive to national needs and more cost effective than the originally-planned program of tutorials, professional education, and third-country training.

b. Private Sector Strategy

INCAP'S private sector strategy responds to evaluation recommendations for greater long-term involvement in this area. It is broadly designed to consider the wide diversity of groups which comprise this sector and emphasizes both information dissemination and training as the most appropriate mechanisms for reaching them.

The preparation, testing, and promotion of information and training materials for private sector groups will be conducted in two phases. Initially, INCAP will develop model information and training packages for up to five different private sector groups in one country (e.g. physicians and nurses, nutritionists, pharmacists and their assistants, community workers, and traditional birth attendants). These materials will be based on successful prototypes from other programs and the appropriate Technical

Reference Guide. In addition, the initial models will focus only on the most basic interventions: the use of oral rehydration salts and appropriate feeding practices. To support this work and to insure its continuity and evolution, INCAP will designate a project staff member to coordinate and facilitate the development of private sector initiatives.

Phase two of this strategy will be the adaptation and promotion of these models for use in other countries and among an increasing number of private sector groups. As the knowledge, use, and demand for this information grows, INCAP also will expand technical content to other, more comprehensive interventions, such as growth monitoring. Consistent with this anticipated expansion of private sector interest, INCAP will also develop a specific strategy for promoting education and use of materials (technology transfer) to the private sector. Finally, they will define guidelines for adapting materials and models, in order that information can be systematically and easily adapted for use in other countries and groups.

As a second part of the private sector strategy, INCAP will use its facilitating role in the subregion to foster greater collaboration among programs working in the area of social marketing of ORS in the subregion. Although it is not anticipated that these activities related to social marketing will be a major area of interest for the Project, current and potential social marketing providers will be identified. INCAP will also sponsor or co-sponsor up to two subregional workshops to exchange information and experiences in the subregion.

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c. Improvement of University Curricula and Expansion of Internal
Technical Assistance

Two areas of activity within the education and training component of the Project will receive greater emphasis through the reorganization and focus of existing resources.

University training programs have been an area of interest of the Project since its initiation. However, under the amendment, INCAP's history of research excellence and its existing ties with universities and professional training programs will be used more directly to strengthen the Project's input in professional health training curricula. Under the amendment, project activities which have already been conducted will be used as a basis to encourage greater child survival content in health sciences curricula. Where possible, the Project will also encourage greater working relations between professional schools and the public sector child survival programs which employ their students. Finally, the Project will give closer review to opportunities for increasing long-term impact through limited support, with sharp child survival focus, to advanced degree candidates.

The second area which will receive greater emphasis under the amendment is the interface between the Education and Training Component of the Project and other INCAP project staff working in technical areas. Specifically, more of the INCAP technical staff will participate in the development of training activities and materials. In addition, lines of greater technical

collaboration will be drawn across components, making technical specialities more generally available. This will improve the integration of technical and training/education materials, and will expand the pool of resources available to the component during the critical implementation phases of the Project.

4. Increasing the Availability of Scientific and Technical Information

Most of the planned activities in this Component are in place and, based on evaluation findings are functioning effectively. These include two major research studies and activities which develop and disseminate technical information on ORT and related areas of feeding, growth monitoring, and health education. The lack of funds to initiate the third research study included in the original project, however, has provided INCAP with the opportunity to now respond decisively to the evaluation finding that more operations research (OR) was a critical regional need.

Operations Research (OR) was included in the original project design as an important mechanism for increasing the availability and application of updated scientific and technical information and for improving the delivery systems and educational training activities for oral rehydration therapy, growth monitoring and nutrition education leading to appropriate feeding practices (Components 2, 3 and 5). In this design, OR was to be used primarily as a means to identify the behavioral, managerial and logistical constraints to extending the use of project-related child survival technology

and for developing solutions to address the identified constraints. This was to be done through small numerous OR activities to be implemented in each participating country.

Since the Project was initiated, it has become increasingly obvious that the use of Operations Research in the subregion can have much wider application than originally anticipated, and that it can be an invaluable tool in effective decision-making in a great number of program areas. This is particularly important given the urgency associated with improvements in infant and child morbidity and mortality in Central America. Nevertheless, few programs have been able to take advantage of OR approaches. General capability in this area exists to only a limited degree, and the technical and financial investments necessary to increase the use of OR techniques are beyond the capabilities of most institutions.

One of the strongest recommendations of the project evaluation was for INCAP to respond to the increasing subregional need and demand for OR, including the identification of systems problems, design of small research studies to address these problems and implementation of remedial activities. In response, the project paper will thus be modified to expand the use of OR. Operations research previously planned in other components of the Project will receive greater emphasis and a major research effort on factors affecting low birth weight will be oriented to this approach. In addition, efforts will be focused on fewer but larger OR studies to be implemented at the national level. These steps will increase INCAP's capability to become a subregional OR resource, provide national-level programs with a wide range of assistance

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for the design and execution of their own studies, and promote a wider dissemination of information about the use of OR in the subregion.

During the remainder of the Project Amendment, OR activities will focus on implementing appropriate feeding practices in the dietary management of cases of infant and young child diarrhea; the incorporation of the concept of risk factors in prenatal, perinatal, and neonatal care; and growth monitoring and promotion as a child survival tool. In addition, OR will be used to evaluate innovative educational and training strategies, methods and materials to complement these efforts, as well as the promotion of oral rehydration therapy and appropriate maternal-child feeding practices. Small OR studies to be carried out at the national level will be focused principally on the implementation of growth monitoring and promotion.

5. Increasing Availability and Improving Distribution
of ORS

Component Five of the Project, "Increasing the Availability and Distribution of Oral Rehydration Salts (ORS)," was originally planned to respond to the anticipated increased demand for oral rehydration salts resulting from other project components. The major emphasis was originally to increase the availability of ORS through private sector distribution channels and, specifically, to assist in the promotion and planning of local production and commercial sales of salts using strategies commonly referred to as "social marketing".

Little has been done under this component since the Project was initiated. This is primarily because of the many technical, political and social issues associated with the local production and commercial distribution of these products, and INCAP's lack of prior experience in these areas. INCAP's reluctance to enter this complex arena, however, was supported in the evaluation. Key problems related to the local production of salts in the subregion are the many barriers and questions of production feasibility. It can be concluded that the entrance of INCAP involvement in an already complex situation would be problematic and not contribute substantially to meeting the overall objectives of the Project. Furthermore, bilateral USAIDs in Honduras and Guatemala have begun supporting work on these issues, raising the problem of potential duplication. The evaluation team felt, however, that there were a number of individual areas in Component Five which should still be priorities for the Project, including quality control of ORS in the subregion and private sector promotion of ORS use.

In ROCAP's opinion, the changes in the availability of ORS in the subregion raised many issues about the feasibility and appropriateness of local production which likely cannot be addressed by a subregional project at this time. Therefore, the Project's design will be changed to redirect this component to reflect evaluation recommendations.

INCAP's direct responsibilities in ORS production and distribution will be replaced with a discrete set of activities which will expand and improve the promotion and use of ORS through private sector providers. It will also strengthen INCAP's role as a subregional technical resource in this area by expanding its institutional capability and credibility to provide analysis and monitoring in ORS quality control. Specifically, INCAP will carry out the following activities:

- INCAP will identify priority health service providers in the private sector who can have substantial impact on improving and expanding the delivery and use of ORS, and will develop appropriate training materials and training opportunities to reach these groups. Specific examples of audiences include physicians, nurses, pharmacists, private voluntary associations (PVOs) and traditional birth attendants.

- In its role in facilitating subregional coordination, INCAP will organize an annual workshop with public and private sector participants which treats relevant topics associated with the social marketing of ORS. INCAP should also use this forum, and others, to facilitate the exchange of experiences in this area among programs in the subregion.

- INCAP will develop an important but currently scarce capability in the quality control of ORS, and will take a lead in monitoring quality and safety as local production and imports of ORS proliferate in the subregion.

Within the context of providing other assistance to private sector child survival efforts, the appropriate role for INCAP would be to help identify and recommend institutions capable of doing the work, with or without project funding.

D. EXTENSION OF THE PROJECT TO 1990

In the first year of the Project, INCAP helped the member countries develop five-year National Child Survival Plans which have since received commitments for bilateral funding from UNICEF/EEC/Italian Government and, in some cases, from AID. These plans, approved in early 1986, run through 1990. Since these plans are partially dependent on INCAP technical assistance, INCAP member countries have asked that the subregional support project be extended through CY 1990.

IV. COST ESTIMATES AND FINANCIAL PLAN

A. Overall Project Budget and Financial Plan

The proposed budget for the project is \$11.6 million of which ROCAP's contribution will total \$9.00 million (77.5%), INCAP's \$1.1 million (9.5%) and

host country counterpart \$1.5 million (13%). Table 1 contains a summary of the project budget, showing major expense categories and the funding source. Project funding will cover activities planned over the implementation period of six years from January 1986 through December 1990. Table 2 shows the expenditure schedule for the ROCAP contributions by major expense category and by year.

The major expense categories (detailed in Annex II) remain composed of the following elements:

- 1) Management and Evaluation - personnel, material and equipment and process and impact evaluations;
- 2) Training - seminars, country document preparation, regional courses, national courses, travel and per diem for teachers, technical meetings, work group and task force meetings and training for specific groups;
- 3) Technical Assistance (non-U.S.) - INCAP consultants and expanded staff training, Central American short-term advisors and travel and per diem;
- 4) Technical Information Dissemination - production of newsletters, bulletins, dissemination of information and production of technical-scientific material based on specific research;

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- 5) Operational and Evaluation Research - anthropological studies, impact of programs on morbidity and mortality and operational research;

- 6) Research - risk factors of LEW and neonatal mortality, nutritional rehabilitation of children with diarrhea, etiology of chronic diarrhea and related multicenter studies.

B. Use of New Funds

This grant amendment provides \$1 million dollars in additional support, bringing the total Life of Project funding to \$ 9 million dollars. This money is required by INCAP to reach objectives described in the original Project Paper, and will be used for the purposes and activities described below.

1. Project Staffing

Project staffing actions funded through this amendment include continuation of the existing professional and administrative/support staff salaries for one more year through the new PACD, December 31, 1990. Positions to be covered for this period include six professional staff, four administrative support positions and the country liasion officer in Salvador.

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The amendment funds also support four new positions starting in 1988 and extending through the life of the Project. These include country liaison officers for Guatemala and Panama, as recommended by the project evaluation, and a replacement for the Honduran country officer, who has been moved to INCAP's project headquarters to fill the Project Manager/Operations Officer position. Funding is also added for a senior education and training coordinator. This position also responds to evaluation recommendations that INCAP strengthen management capability and experience with staff qualified in service delivery and competency-based training in Component 3, Improving Professional, Paraprofessional and Community Worker Skills and Public Education.

2. Research Funding

Under the original project, three applied research studies were planned on aspects of child survival which were unlikely to be affected by presently known technologies. Adjustments to these proposals made at the recommendation of outside reviewers, however, increased the cost of these activities over planned levels. In addition, estimates of the costs of data processing for analysis of the Project's research sharply increased because the original plan to use microcomputers purchased for the Project was not feasible. As a result, there was only sufficient money in the original authorization to complete two of the three planned studies.

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The amendment adds funds for the third research activity planned under the Project but not yet implemented. This research program, "The Prevention and Treatment of Growth Retardation, Infant Morbidity and Mortality through Primary Health Care Interventions," includes a series of studies based on the operations research approach. It directly addresses both the applied and operations research objectives of the Project, and will provide information on health areas central to the Project's larger child survival goals in the region.

3. Contingencies and Inflation Fund

The original project incorporated a 10% yearly compounded inflation and contingencies factor in each line item. A small contingency and inflation line item has been set aside for the new funds to cover 1989 and 1990. Budget estimates for 1988 are based on current costs and are not likely to change significantly in the three months remaining in Calendar Year 1987.

C. Host Country Contributions

The host country counterpart, estimated in the original Project Paper at a minimum of \$1.5 million, is principally in the form of salaries for participants in training activities and salaries of host country counterparts for INCAP technical assistance and country level operations research activities. Estimates were made based on the amount of short term technical assistance number of training activities and country level operations research

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to be funded under the Project. Total funding levels for these activities have not changed with the amendment, the same funds and types of activities have simply been spread across six years instead of five. Thus estimates laid out in the original Project Paper are unlikely to change substantially with the amendment. As noted in the original Project Paper actual host country counterpart contributions are expected to be higher, since most countries usually provide other support such as local transportation and facilities or supplies for carrying out program assessments, activities requiring technical assistance, and operations research. Experience under the Project and results of project evaluations and reviews have shown that provision of host country contributions has not been a constraint to date in carrying out Project activities.

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TABLE 1
FINANCIAL PLAN
Projected Costs
(US\$ 000)

<u>Project Component</u>	<u>ROCAP</u>	<u>INCAP</u>	<u>HOST COUNTRY COUNTERPART</u>	<u>TOTAL</u>
Management & Evaluation	1,607	650	---	2,257
Training	1,403	---	730	2,133
Technical Assistance (Non-U.S.)	1,000	---	250	1,250
Technical Information and Dissemination	217	---	---	217
Operations & Evaluation Studies	719	---	550	1,269
Research	1,266	200	---	1,466
Overhead*	<u>1,853</u>	<u>250</u>	<u>---</u>	<u>2,103</u>
SUB-TOTAL	8,065	1,100	1,530	10,695
U.S. Technical Assistance	781	---	---	781
Contingencies and Inflation	<u>154</u>	<u>---</u>	<u>---</u>	<u>154</u>
TOTAL	9,000	1,100	1,530	11,630

* 30% Provisional Rate

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TABLE 2
 PROJECTED EXPENDITURES OF AID/ROCAP CONTRIBUTION
 (\$000)

ELEMENT	YEARS						TOTAL
	1	2	3	4	5	6	
Management and Evaluation	133	167	341	350	281	335	1,607
Training	35	136	408	277	275	272	1,403
Research	31	146	329	420	225	115	1,266
Operations & Evaluations Research	43	116	178	157	118	107	719
Technical Information & Dissemination	15	40	43	43	43	33	217
Technical Assistance	<u>81</u>	<u>184</u>	<u>357</u>	<u>126</u>	<u>126</u>	<u>126</u>	<u>1,000</u>
Sub-Total	338	789	1,656	1,373	1,068	988	6,212
Overhead (30%) Provisional Rate	91	237	497	412	320	296	1,853
U.S. Technical Assistance	-0-	76	150	185	185	185	781
Contingencies and Inflation	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>53</u>	<u>101</u>	<u>154</u>
TOTAL	<u><u>429</u></u>	<u><u>1,102</u></u>	<u><u>2,303</u></u>	<u><u>1,970</u></u>	<u><u>1,626</u></u>	<u><u>1,570</u></u>	<u><u>9,000</u></u>

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V. SUMMARY PROJECT ANALYSES

A. Technical Analysis

The technical analysis does not change substantially from the original Project Paper.

B. Institutional Analysis

The institutional analysis does not change substantially from the original Project Paper.

C. Economic Analysis

The economic analysis does not change substantially from the original Project Paper.

D. Financial Analysis

1. Budgetary Analysis

This section of the original Project Paper reviewed INCAP's overall budgetary situation. Since the beginning of the Project, the member countries

have continued to pay their quotas on a regular basis and, in some cases, countries have continued to pay off past arrearages.

Since the Project began, INCAP's annual budget has increased considerably, averaging around \$5 million per year. The increase has been due to an increase in grants to the institution from a variety of international donors including the EEC, the Government of France, the U.S. National Institutes of Health, and others. AID continues to be the largest single donor to INCAP with revenues for its projects representing around 45% of INCAP's total revenues.

2. Overhead

As part of the design of the ROCAP/INCAP Project Technical Support for Food Assistance Programs (596-0116), ROCAP helped INCAP establish clearer procedures for fixing its overhead rate. These studies led to an agreement with INCAP that a variable rate not to exceed 30% of direct costs would be applied to both the ORT, Growth Monitoring and Education Project (596-0115) and the Technical Support for Food Assistance Programs Project (596-0116). An operating rate of 25% is being used on reimbursement requests during the calendar year. This is adjusted at the end of the year to the true overhead rate, but not to exceed 30%, based on the findings of the normal external PAHO/WHO end-of-the-year audit. INCAP does not charge overhead on U.S. technical assistance when direct payment procedures are used by ROCAP to cover these project costs.

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3. Method of Implementation and Financing

During the design of the ROCAP/INCAP Technical Support for Food Assistance Programs Project (596-0116) the financial analysis showed that once both AID projects 596-0116 and 596-0115 became fully operational, the normal INCAP working capital advances (up to \$600,000) funded by PAHD would not be sufficient to meet normal operations. ROCAP has, therefore, agreed to provide quarterly advances. This represents a change from the direct reimbursement financing method used previously with INCAP.

The following procedures are used in implementing the quarterly advances:

INCAP prepares an annual budget for the Project and submits work plans which support its requests for advances. Each quarterly advance is cleared via the submission of quarterly expenditure reports, prior to the granting of a subsequent quarterly advance.

As ROCAP will be responsible for contracting U.S. technical assistance, direct payment procedures will continue to be used to finance both long-term and short-term PSCs and for institutional contracts for U.S. technical assistance.

INCAP'S procedures will continue to be used for procurement of goods and contracting of all other services. ROCAP has reviewed these procedures and has found them to be consistent with AID regulations. INCAP is thoroughly familiar with AID regulations through the Institute's experience with previous ROCAP and AID/Washington projects.

The following chart presents the methods of implementation and financing as envisioned by ROCAP.

<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Approximate Amount (U.S. \$000)</u>
PSCs: Institutional Procedures	Advance/Direct Reimburs.	\$ 2,897
COMMODITIES: Inst. Procedures/Purchase Orders, AIDs, etc.	Advance/Direct Reimburs.	5,322
USTA: AID Procedures	Direct Payment	<u>781</u> \$ 9,000

NOTE: INCAP procedures for the purchase of commodities stipulated payment upon receipt of goods.

Based upon periodic assessments of the accounting and internal control system of INCAP by both independent auditors and the ROCAP financial analyst, a Certified Summary Disbursing Report, accompanied by SF-1034 to process reimbursements to the institutions, will be accepted by ROCAP's Controller's Office to document project expenditures. Post payment reviews are performed by ROCAP's Financial Analyst, based on randomly selected samples of vouchers which are large enough to provide reasonable assurance that the voucher approval is correct and well supported by appropriate documentation.

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4. Foreign Exchange/Local Currency

The official currency of record for the Institute is the U.S. Dollar. Therefore, all accounting transactions are recorded in U.S. dollars or dollar equivalents. In the case of disbursements or other entries originating in Guatemalan Quetzales, the exchange rate to be used for converting Quetzales to U.S. dollars for the accounting records will be the official recognized floating parallel market rate. The accounting transaction resulting from such an exchange process shall be documented as the details of conversion either in the accounting record itself or in the supporting vouchers, thus providing a clear audit trail. ROCAP disbursement will be made in U.S. dollars.

5. Audits

INCAP's external audit is prepared by the PAHD/WHO external auditor. Initially, this audit did not provide a clear view of INCAP's overall financial position since it did not include project and other grant funds. ROCAP, therefore, requested that INCAP hire its own external auditor to produce annual financial statements that reflect the financial activities of INCAP in their entirety. This situation has changed during the course of the first two and one half years of Project implementation. The PAHD/WHO external auditors now produce reports which do reflect all of INCAP's financial activities. Furthermore, PAHD/WHO has agreed to perform the

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required annual project overhead audit necessary to determine the true overhead rate. Given these positive changes, ROCAP has agreed that INCAP need not hire additional outside auditors to comply with annual audit requirements.

6. Recurrent Costs

The issue of recurrent costs and project sustainability were dealt with in the original Project Paper as part of the Evaluation Plan (page 64). These considerations are still valid and apply to the additional funds included in the amendment.

E. Social Analysis

The social analysis does not change from the original Project Paper.

VI. IMPLEMENTATION ARRANGEMENTS

A. Administrative Arrangements

1. Project Administration at INCAP

Project coordination has been reassigned within INCAP from the Food and Nutrition Planning Division to the Nutrition in Health Division, following the transfer of the project coordinator from one division to the other. As a result, the composition of the project directing council has been changed to

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include the INCAP Director, INCAP Administrator, Project Coordinator/Chief of the Nutrition in Health Division and the Technical Assistance Coordinator.

2. Administration at ROCAP

Within ROCAP, the General Development Officer rather, than the Food and Nutrition Advisor will have primary responsibility for managing the Project.

All other administrative arrangements will remain as outlined in the original Project Paper.

B. Implementation Plan

The modified schedule of major events as currently planned is included as Annex III. All other aspects of the implementation plan will remain as outlined in the original Project Paper.

C. Evaluation Plan

All aspects of the evaluation plan and considerations regarding sustainability of activities upon termination of AID assistance remain as outlined in the original Project Paper.

D. Procurement Plan

The original Project Paper called for AID procurement of U.S. advisors and technical assistance through a U.S. institutional contract. Instead, to date, long-term and short-term U.S. technical assistance has been procured through ROCAP contracted PSC's and buy-ins to large central (S&T Bureau) technical assistance contracts designed to support child survival activities world wide. Most of the centrally funded S&T Bureau projects came on line after the original project design was completed. ROCAP will continue to use this procurement strategy for the remainder of the Project. All other aspects of the procurement plan remain as outlined in the original Project Paper.

E. Waivers

Waivers remain the same as outlined in the original Project Paper.

F. Conditions, Covenants and Negotiating Status

Conditions and covenants remain the same as outlined in the original Project Paper.

LOGICAL FRAMEWORK
 ORAL REHYDRATION THERAPY, GROWTH MONITORING AND
 EDUCATION IN PRIMARY HEALTH CARE

596-0115

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program Goal:	Measures of Goal Achievement		Assumptions for Achieving Goal Targets
To reduce infant mortality and severe malnutrition in Central America and Panama.	<p>Infant mortality rates decrease.</p> <p>Decrease in percentage of children under age five exhibiting severe growth retardation.</p>	<p>National nutrition demographic and other household surveys.</p> <p>Census data.</p> <p>Information systems of national health services.</p> <p>Surveys of sentinel areas.</p>	<p>Continued national level commitments to improve primary health care.</p> <p>Nutritious foods available at reasonable cost to the entire population.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
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Project Purpose:

To Increase effective use of oral rehydration therapy, growth monitoring and appropriate related feeding practices in Central America and Panama.

Improved national capacity to plan, implement and evaluate programs aimed at control and treatment of diarrheal diseases, growth monitoring and related health/nutrition education.

Health care personnel are better trained in ORT, growth monitoring and proper feeding practices.

Technical information is disseminated in a timely manner and utilized by health care personnel in the region.

Practical knowledge regarding proper post diarrheal feeding practices; LBW risk indicators and appropriate interventions; information and guidelines for management of chronic diarrhea is available.

Testing for quality control of ORS is available to public sector distributors in the region.

INCAP and national institution records.
Results from project evaluations.

Results from country process and impact evaluations.

Quality and usefulness of data available from health information systems for planning, implementation and evaluation.

Assumptions for Achieving Purpose:

National priority for primary health care will result in necessary resources being provided to ensure widespread dissemination of ORT and carrying out of growth monitoring and educational activities.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
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Strengthened national health information systems existing in each country.

Acceptance of appropriate practices for home treatment of diarrheal diseases and associated protein-energy malnutrition by 50% of households in Central America and Panama.

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
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Outputs:	Magnitude of Outputs:		Assumptions for Achieving Outputs:
A. <u>Planning & Promotion</u>			
Protocols developed for formulating national strategies and carrying out national health systems assessments.	1 protocol for strategy development; guidelines for country assessments in following areas: training and education, mass communications, management, logistics, finance, HIS/MIS.	Seminar proceedings and project quarterly and annual reports.	National technicians from public and private sector available to participate in all project activities.
Country program assessments conducted.	6 sets of assessments (1 per country).	Project quarterly and annual reports.	
Baseline community and provider studies conducted.	6 sets of studies (1 per country).	Project quarterly and annual reports.	
Individual country strategies and implementation plans prepared or improved.	6 country strategies.		
Regional planning seminar.	1 seminar.	Seminar proceedings.	
National planning seminars.	6 seminars (1 per country).	Seminar proceedings.	
T.A. provided to C.A. countries for planning and promotion activities.	18 person months of services.	Project quarterly and annual reports.	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of Outputs:		Assumptions for Achieving Outputs:
Research protocols developed.	3 regional and four multi-center research protocols.	Project quarterly and annual reports.	
Media Library and Technical Information Center established at INCAP.	1 Media Library; 1 Technical Information Dissemination Center.	Project quarterly and annual reports, publications and evaluations.	
Regional Human Resources Data Bank established	1 Human Resource Data Bank.	Project quarterly and annual reports, publications and evaluations.	
B. <u>Implementation</u>			
Technical Reference Guides and Instructional Materials Developed.	One basic public sector (MOH) guide and instructional materials for 5 countries; 1 set of adapted materials for 5 countries. Model guides and materials for 5 private sector groups in one country. One set of guidelines for adapting models to other C.A. countries and private sector groups. One set of strategies for promoting education and use of materials (technology transfer) to private sector groups in C.A.	Project quarterly and annual reports, evaluations and publications.	Funds will be available from national budgets, AID bilateral programs or other donors to cover major in-country training, materials and equipment costs.

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs (ctned.):	Magnitude of Outputs:		Assumptions for Achieving Outputs:
Quarterly meetings of the National Child Survival Coordinators.	Quarterly. (1/quarter - partially paid by other donors)	Project quarterly and annual reports, evaluations and publications.	
Annual national meetings to review progress on national strategies and plans.	4 national meetings per country.		
Mid-project regional seminar.	1 regional seminar.		
Regional workshops and expert's meetings on child survival topics.	12 regional workshops or training activities. 15 expert meetings		
Regional support to professional associations and other private sector groups to strengthen child survival involvement.	Partial support to 12 regional meetings.		
Regional management and HIS Courses.	2 regional courses in program management; 1 regional HIS workshop.		
Regional mass communications workshop (Social Marketing).	1 regional workshop.		
Special regional training in child survival.	30 participants.		
Child survival content incorporated into university professional curricula.	Adjusted curricula in 5 countries.		

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
National Reference Training Centers established.	5 centers established (1 in each country), which include oral rehydration units, revised procedures for prenatal and perinatal/neonatal care, improved growth promotion and monitoring and improved out-patient health education.	Existence of fully functioning centers in each country.	Funds will be available from national budgets, AID bilateral programs or other donors to cover major in-country training, materials and equipment costs.
Local-level Training Centers established.	5 centers established (1 in each country).	Existence of fully functioning centers in each country.	
National workshops or courses in Child Survival.	25 workshops or courses.		
National HIS courses conducted.	1 national HIS course per country.		
National PYO workshops in child survival.	1 workshop in each of three countries.		
National Technical MCH Program Norms for control of diarrheal disease growth: monitoring, appropriate feeding practices and prenatal care reviewed and revised.	1 set of norms/country	Existence of revised and updated norms in each country.	
Regional research activities carried out.	3 regional research activities completed.	Project quarterly and annual reports and research publications.	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Country specific research carried out.	10 small operations research activities; 4 multicenter studies carried out, one in all six countries and 3 in four countries. (Multicenter studies: program monitoring and evaluation, anthropology, LBW risk factors, dietary management of diarrheal disease.)	Project quarterly and annual reports, publications and evaluation. INCAP and national institution records.	
Technical information dissemination by INCAP.	16 quarterly newsletters, continuous dissemination of technical documents, audiovisuals and research results. 3 bibliographic listings. 3 users resources guides. 1 guideline for developing national information clearing houses.	Project quarterly and annual reports, evaluations and publications. Newsletters; Special technical publications.	
T.A. provided to C.A. countries for strengthening delivery and information systems, education, training and mass communications, and research activities.	170 man months.	Project quarterly and annual reports and evaluations.	
<u>C. Evaluation</u>			
Final regional seminar to identify accomplishments and continuing needs and to recommend future course of action.	1 regional seminar.	Seminar proceedings; project evaluations; data from health sector information systems; national surveys and sentinel area surveys.	

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
National program process and impact evaluations.	2 program process and one impact evaluation per per country.	Management and logistics systems assessments; anthropological community and provider studies; KAP surveys of health sector professionals.	
Final project reports.	1 final project report. 39 research reports. 10 operations research reports.		
Inputs:	Implementing Target		

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>AID Contribution</u>	(\$000)	ROCAP accounting records.	Inputs provided on a timely basis.
Management Evaluation	1,607		
Promotion and Training	1,403		
Technical Assistance	1,000		
Technical Information			
Dissemination	217		
Operations and Evaluation			
Studies	• 719		
Research	1,266		
INCAP Common Services	1,853		
U.S. Technical Assistance	781		
Contingencies & Inflation	<u>154</u>		
TOTAL	9,000		
<u>INCAP Contribution</u>			
Management and Evaluation	650	INCAP accounting records	
Research	200		
INCAP Common Services	<u>250</u>		
TOTAL	1,100		
<u>Host Country Contributions</u>		INCAP records	
Promotion and Training	730		
Technical Assistance	250		
Operation and Evaluation	<u>550</u>		
TOTAL	1,530		

TABLE 5
SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT
I. Promotion of Effective National Strategies and Plans

OBJECTIVES:	PHASE I: PLANNING	PHASE II: - IMPLEMENTATION	PHASE III: EVALUATION
a. Effective national strategies developed and implemented.	a. Regional promotion plan prepared.	a. Partial support for regional meetings of professional associations and other private sector groups.	a. Final regional seminar to discuss results of project.
b. Increased private sector involvement.	b. Promotional visits made to each country; key institutions and leaders identified.	b. Annual regional reviews of progress in implementing plans.	b. Final Report prepared and distributed.
c. Improved donor coordination.	c. Country planning and assessment guidelines developed.	c. Annual national reviews of progress in implementing plans.	
d. Increased involvement of key health sector opinion leaders.	d. Analytical base for planning developed in each country using: <ol style="list-style-type: none"> 1. "Conditions of Efficiency Model" for the following areas: <ol style="list-style-type: none"> (a) Health Services Management and Logistics; (b) Health Information Systems; (c) Planning; (d) Supervision; (e) Health Education; (f) Resources; (g) Finance; (h) Training Systems; 2. Community Study; 3. Provider Study; 4. Mass Communications Systems Study. 	d. Annual work plans developed on regional and national basis to program technical assistance and training.	
		e. National plans revised as necessary.	
		f. Mid-project regional seminar to discuss national plans and review results	
		g. Technical assistance to support countries in planning and promotion activities.	

OBJECTIVES:

PHASE I: PLANNING

PHASE II: - IMPLEMENTATION

PHASE III: EVALUATION

- e. Draft National Plans completed.
- f. Regional Seminar to discuss national plans and review results.
- g. National Seminars to refine and approve plans.
- h. National Plans approved.
- i. Technical assistance to CA/P countries for planning and promotion activities.

TABLE 6
SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT
2. Strengthening Health Services Delivery and Information Systems

OBJECTIVES:	PHASE I: PLANNING	PHASE II: - IMPLEMENTATION	PHASE III: EVALUATION
<p>a. Strengthen health service delivery systems for ORT, GM and AFP.</p>	<p>a. Assessment of program management, logistics and financial planning and management in each country.</p>	<p>a. Technical norms for MCH programs reviewed and revised particularly for diarrheal disease control and case management, GM, AFP for mothers and infants, and prenatal care.</p>	<p>a. Improved health delivery systems for ORT, GM and education programs in each country.</p>
<p>b. Improve capacity of health information systems to monitor and evaluate child mortality, and programs to control diarrheal disease and infant/child malnutrition.</p>	<p>b. Review of health information systems (HIS) for ORT, GM and health/nutrition education programs in each country.</p>	<p>b. Two regional senior manager's courses.</p>	<p>b. Improved health information systems for ORT, GM, and education in each country.</p>
		<p>c. Implementation of National Reference Training Centers and Local-level Training Centers in five countries including:</p> <p>(1) Organization of training for health personnel and establishing oral rehydration treatment units (UROs) in selected national hospitals;</p> <p>(2) Providing technical information for health personnel;</p>	<p>c. Establishment of fully functioning oral rehydration units in teaching hospitals in each country.</p>
			<p>d. Improved case management of diarrhea and malnutrition in each country.</p>
			<p>e. Improved prenatal care in teaching hospitals in each country.</p>

OBJECTIVES:**PHASE I: PLANNING****PHASE II: - IMPLEMENTATION****PHASE III: EVALUATION**

- (3) Improving outpatient education activities;
 - (4) Training health service deliverers through regional and national workshops (see table 7 for specific training outputs).
 - (5) Improving growth promotion and monitoring.
 - (6) Improving prenatal and perinatal/neonatal care.
- d. Regional HIS management course.
 - e. One national HIS management course per country (partial support).
 - f. Morbidity/mortality sentinel areas in four countries.
 - g. Two process and one program impact evaluation per country.
 - h. OR studies to improve health services delivery (see Table 8).
 - i. Technical assistance for program management and HIS activities.

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TABLE 7
 SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT
 3. Improving Professional, Paraprofessional and Community Worker
 Skills and Public Education

OBJECTIVES:	PHASE I: PLANNING	PHASE II: - IMPLEMENTATION	PHASE III: EVALUATION
a. Improve the knowledge, attitude and skills of physicians, nurses, nutritionists, pharmacists, paraprofessionals and community workers regarding ORT, GM and AFP.	a. Community studies in each country: ethnographic and KAPS. b. Health service provider studies in each country. c. Training systems and curriculum review in each country. d. Mass communications system review in each country.	a. Technical Reference Guides and Instructional materials developed. b. National Reference Training Centers and Local-level Training Centers established in five countries (see Table 6 for outputs in strengthening health service delivery). c. 12 regional workshops and 15 expert's meetings on child survival topics supported. d. 25 national workshops in child survival supported. e. Child survival content of university curricula for health professions strengthened in five countries. f. One national PVO workshop in each of three countries. g. Special individualized regional training for 30 participants in child survival topics.	a. Improved physician and nursing curricula in each country. b. Improved paraprofessional curricula in each country. c. Improved primary and secondary school curricula in each country. d. Improved interpersonal education in each country. e. Improved public education programs in each country.

OBJECTIVES:

PHASE I: PLANNING

PHASE II: - IMPLEMENTATION

PHASE III: EVALUATION

- h. Two follow-up anthropological community and provider studies per country.
- i. OR studies on aspects of education and training conducted (see Table B).
- j. Technical assistance in training and public education.

TABLE 8
 SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT
 4. Increasing the Availability of Scientific and Technical Information

OBJECTIVES:	PHASE I: PLANNING	PHASE II: - IMPLEMENTATION	PHASE III: EVALUATION
<p>a. Supply the information needs of technical specialists, program managers and scientists which are required to improve the effective use of ORT, GM and AFP in the region.</p>	<p>a. Regional technical information dissemination plan.</p> <p>b. Clearinghouse and media library for ORT, GM and AFP.</p> <p>c. Research protocols for three regional and four multicenter studies.</p> <p>d. Regional Operations Research Plan.</p>	<p>a. 16 Quarterly Newsletters.</p> <p>b. Regular distribution of technical reports and documents.</p> <p>c. Audiovisuals on ORT, GM and AFP.</p> <p>d. Technical reports on research results.</p> <p>e. Three bibliographic listings.</p> <p>f. Three clearinghouse user's resource guides.</p> <p>g. Guidelines for development of national information clearinghouses.</p>	<p>a. Final Technical Report.</p> <p>b. Research Results: Three reports from each of three regional investigations and one report from each of eighteen multicenter studies.</p> <p>c. Final reports from 10 small operations research projects.</p>

OBJECTIVES:**PHASE I: PLANNING****PHASE II: - IMPLEMENTATION****PHASE III: EVALUATION**

- h. 10 small operations re-search projects (for all project components).
- i. Investigations on dietary treatment/nutrition rehabilitation of children with diarrhea.
- j. Investigations on high risk factors for LBW and appropriate interventions.
- k. Investigations on etiology of chronic diarrhea/malnutrition links.
- l. Multicenter dietary treatment of diarrhea studies (4).
- m. Multicenter LBW risk factor intervention studies (4).
- n. Multicenter program impacts on morbidity and mortality studies (4).
- o. Multicenter Anthropological community and provider studies (6 sets).

TABLE 9
 SUMMARY OF MAJOR PROJECT ACTIVITIES BY COMPONENT
 5. Increasing Availability and Improving Distribution of ORS

OBJECTIVES:	PHASE I: PLANNING	PHASE II: - IMPLEMENTATION	PHASE III: EVALUATION
a. To make testing for ORS quality control available in Central America and Panama.	a. INCAP's ORS quality testing procedures are technically reviewed by outside experts.	a. Quality control services are provided to agencies and organizations in the region.	a. CA/P Countries use services and take actions on results of ORS., quality control testing.
b. Facilitate exchange of information in region on the social marketing of ORS.	b. Potential and current providers of ORS through social marketing programs are identified.	b. One regional workshop (in collaboration with other groups specializing in social marketing).	b. Knowledge about social marketing approaches and coordination between programs in region is improved.

DETAILED BUDGET
 ORAL REHYDRATION THERAPY, GROWTH MONITORING AND
 EDUCATION IN PRIMARY HEALTH CARE

596-0115

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
A. <u>Management and Evaluation</u>	1,298,250 =====	- 0 - =====	308,462 =====	1,606,712 =====
1. <u>Personnel</u>	<u>1,028,250</u>	<u>- 0 -</u>	<u>308,462</u>	<u>1,336,712</u>
- General Coordinator Dr. Hernán Delgado (INCAP counterpart)	- 0 -	- 0 -	- 0 -	- 0 -
- Public Health M.D. T.A. Coordinator (4 years: 87-90)	160,500	(37,575) <u>i/</u>	- 0 -	122,925
- Education-Training Coordinator (6 years: 85-90)	160,500	(9,328) <u>j/</u>	- 0 -	151,172
- Project Manager Management Generalist (assigned during part of project as liaison officer to Honduras) (6 years: 85-90)	160,500	(28,497) <u>k/</u>	- 0 -	132,003
- Sociologist/Planner (Changed from Financial Analyst)	130,500	(7,205) <u>e/</u>	- 0 -	123,295
- Education-Training Assistant (New Position) (6 years: 85-90) (Assigned to Panama during 85, 86 and 87)	- 0 -	42,745 <u>i, j/</u>	70,353	113,098

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
- Information Dissemination Specialist (6 years: 85-90)	130,500	(57,826) <u>m/</u>	- 0 -	72,674
- Systems Analyst - Health Information Systems (Served during part of project as Costa Rica liaison officer) (5 years: 85-89)	130,500	(18,105) <u>n/</u>	- 0 -	112,395
- Liaison Officer El Salvador (Replaced half time logistics specialist) (6 years: 85-90)	62,250	115,791 <u>j,k,l,m,n</u>	15,100	193,141
- Liaison Officer Honduras (New position) (3 1/2 years: 87-90)	- 0 -	- 0 -	79,854	79,854
- Liaison Officer Guatemala (New position) (3 years: 88-90)	- 0 -	- 0 -	78,449	78,449
- Liaison Officer Panama (New position) (1 year: 88)	- 0 -	- 0 -	46,500	46,500
- Bilingual Secretaries (4) (Changed from 2) (6 years: 85-90)	90,000	- 0 -	18,206	108,206
2. <u>Material and Equipment</u>	<u>70,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>70,000</u>
- Computer Equipment	20,000	23,271 <u>a/</u>	- 0 -	43,271
- Office Supplies and Office Equipment, Long Distance Calls, Reproduction of Materials	50,000	(23,271) <u>a/</u>	- 0 -	26,729

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
3. <u>Process and Impact Evaluation</u>	<u>200,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>200,000</u>
In country costs for monitoring and evaluation activities				
- Guatemala				
- El Salvador				
- Honduras				
- Panama				
- Belize				
B. <u>Training</u>	<u>1,403,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>1,403,000</u>
1. <u>First Regional Seminar</u>	<u>85,000</u>	<u>(55,781)^{b/}</u>	<u>- 0 -</u>	<u>29,269</u>
2. <u>Second Regional Seminar</u>	<u>90,000</u>	<u>(50,000)^{c/}</u>	<u>- 0 -</u>	<u>40,000</u>
3. <u>Third Regional Seminar</u>	<u>95,000</u>	<u>(50,000)^{d/}</u>	<u>- 0 -</u>	<u>45,000</u>
4. <u>Country Documents</u>	<u>48,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>48,000</u>
5. <u>Regional Courses, Workshops or Training Activities</u>	<u>465,000</u>	<u>(24,424)^{e/}</u>	<u>- 0 -</u>	<u>440,576</u>
- 16 Regional Workshops (Ave. \$18,786/workshop)	465,000	(164,424)	- 0 -	300,576
- Activities to Promote integration of professional and in-service training at the national level (Ave. 10,000/year for 3 yrs.)	- 0 -	30,000	- 0 -	30,000
- Partial support for regional meetings of professional societies and other private sector groups (11 meetings-ave. of \$10,000/ea.)	- 0 -	110,000	- 0 -	110,000

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
6. <u>National Courses</u> Up to 5 courses or workshops/ country (funded by INCAP 100% Ave. 7,000/course)	<u>210,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>210,000</u>
7. <u>Travel and Perdiem for Teachers</u> For regional courses and national courses	<u>75,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>75,000</u>
8. <u>National Courses</u> Funds to support national courses (partially funded by INCAP- 10,000 per country over 6 yrs.)	<u>60,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>60,000</u>
9. <u>Technical Meetings</u>	<u>175,000</u>	<u>(38,704) f/</u>	<u>- 0 -</u>	<u>136,296</u>
10. <u>Tutorial Training</u>	<u>100,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>100,000</u>
11. <u>Development of Educational Methods and Materials</u>	<u>- 0 -</u>	<u>218,909 a, b, c, d, e, f</u>	<u>- 0 -</u>	<u>218,909</u>
C. <u>Research</u>	<u>916,232</u> =====	<u>- 0 -</u> =====	<u>350,000</u> =====	<u>1,266,232</u> =====
1. <u>Risk Factors of Low Birth Weight</u>	<u>294,641</u>	<u>(215,588) g/</u>	<u>350,000</u>	<u>429,053</u>
2. <u>Nutritional Rehabilitation; Hospital and Community Studies</u>	<u>135,992</u>	<u>131,206 g/</u>	<u>- 0 -</u>	<u>267,198</u>
F 20	\$5,000			
F 21	90,938			
F 22	127,760			
F 23	43,500			

ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
3. <u>Epidemiology of Chronic Diarrhea</u>	<u>345,099</u>	<u>26,411⁹/</u>	<u>- 0 -</u>	<u>371,510</u>
4. <u>Multicenter Studies</u>	<u>140,500</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>140,500</u>
- Risk Factors of Low Birth Weight	90,500	- 0 -	- 0 -	90,500
- Nutritional Rehabilitation	50,000	- 0 -	- 0 -	50,000
5. <u>Support for Data Processing</u>	<u>- 0 -</u>	<u>57,971⁹/</u>	<u>- 0 -</u>	<u>57,971</u>
D. <u>Operational & Evaluation Research</u>	<u>719,433</u> =====	<u>- 0 -</u> =====	<u>- 0 -</u> =====	<u>719,433</u> =====
1. <u>Anthropological Studies</u>	<u>268,098</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>268,098</u>
2. <u>Impact of Programs on Morbidity and Mortality: Sentinel Areas</u>	<u>271,335</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>271,335</u>
3. <u>Operational Research</u>	<u>180,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>180,000</u>
E. <u>Technical Information Dissemination</u>	<u>216,500</u> =====	<u>- 0 -</u> =====	<u>- 0 -</u> =====	<u>216,500</u> =====
1. <u>Production of Technical-Scientific Material Based on Specific Research</u>	<u>41,500</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>41,500</u>
2. <u>Production of Newsletter, Bulletins and Dissemination of Information</u>	<u>175,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>175,000</u>

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ITEMS	ORIGINAL BUDGET	REPROGRAMMED FUNDS	NEW FUNDS	NEW BUDGET
F. <u>Technical Assistance</u>	<u>1,000,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>1,000,000</u>
1. <u>Travel and Perdiem</u>	<u>600,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>600,000</u>
2. <u>INCAP Consultants and Expanded Staff Training</u>	<u>200,000</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>200,000</u>
3. <u>Central American Short-Term Advisors</u>	<u>200,000</u>	<u>(58,125)/h/</u>	<u>- 0 -</u>	<u>141,875</u>
4. <u>Personnel</u>	<u>- 0 -</u>	<u>58,125h/</u>	<u>- 0 -</u>	<u>58,125</u>
G. <u>INCAP Indirect Costs (30% Provisional Rate)</u>	<u>1,666,024</u>	<u>(10,000)p/</u>	<u>197,539</u>	<u>1,853,563</u>
H. <u>U.S. Technical Assistance</u>	<u>780,561</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>780,561</u>
I. <u>Contingencies & Inflation</u>	<u>- 0 -</u>	<u>10,000p/</u>	<u>143,999</u>	<u>153,999</u>
TOTAL	<u>8,000,000</u>		<u>1,000,000</u>	<u>9,000,000</u>

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