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

BELIZE

PROJECT PAPER

CHILD SURVIVAL SUPPORT

AID/LAC/P-444

Project Number: 505-0037

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

C A = Add
C = Change
D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

Belize

3. PROJECT NUMBER

505-0037

5. PROJECT TITLE (maximum 40 characters)

Child Survival Support

RECEIVED

-4 AGO. 1988

4. BUREAU/OFFICE

Latin America and the Caribbean (LAC)

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
4 3 0 9 1

7. ESTIMATED DATE OF OBLIGATION (Under "B" below, enter 1, 2, 3, or 4)

A. Initial FY 8 8 B. Quarter

CONTROLLER'S USAID/D

C. Final FY 9 1

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

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. I/C	G. Total
AID Appropriated Total						
(Grant)	(515)	(135)	(650)	(1,590)	(670)	(2,260)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country				-	97	97
Other Donor(s)				507	112	619
TOTALS	515	135	650	2,097	879	2,976

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) CS	580	2,000				530		2,000	
(2) POP	580	60				20		60	
(3) AIDS	580	200				100		200	
(4)						650		2,260	
TOTALS		2,260							

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

510 530 550 560 440

11. SECONDARY PURPOSE CODE

440

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

A. Code BWW BR BU
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen and extend child survival programs in Belize through GOB and private sector initiatives with emphasis on ORT, EPI, maternal/child nutrition, and maternal health care.

14. SCHEDULED EVALUATIONS

Interim MM YY Final MM YY
0 1 9 1

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 PP Amendment)

This face sheet is revised solely to change the project purpose as stated in the original PP face sheet.

The USAID Belize Controller has reviewed the Methods of Implementing and Financing described herein and hereby indicates his concurrence.

Mohamed Tanamly
Mohamed Tanamly
Controller, USAID/Belize.

17. APPROVED BY

Signature: *Mosina H. Jordan*
Mosina H. Jordan

Title: A.I.D. Representative

MM DD YY
0 8 0 1 8 8

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

MM DD YY

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Child Survival Support

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
4 3 0 9 1

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 88 B. Quarter C. Final FY 91

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

A. FUNDING SOURCE	FIRST FY 88			LIFE OF PROJECT		
	B. FX	C. I/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(515)	(135)	(650)	(1,590)	(670)	(2,260)
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U.S. 2.						
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TOTALS	515	135	650	2,097	879	2,976

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TOTALS									

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11. SECONDARY PURPOSE CODE

440

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

A. Code BWW BR BU
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

1) To strengthen and extend child survival program in Belize through GOB and private sector initiatives with emphasis on ORT, EPI, maternal/child nutrition, and maternal health care; 2) to combine AID's support for the child support-related activities of four PVO's into one administrative unit to increase the efficiency of their activities, maximize existing and available resources, and reduce the management burden on USAID/Belize.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
0 1 9 1

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 PP Amendment.)

The USAID Belize Controller has reviewed the Methods of Implementing and Financing described herein and hereby indicates his concurrence.

Mohamed Tanamly
Mohamed Tanamly
Controller, USAID Belize

17. APPROVED BY	Signature	Peter B. Lapera	Date Signed MM DD YY 01 11 88	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY
	Title	Acting A.I.D. Representative		

CHILD SURVIVAL SUPPORT PROJECT PAPER

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- F. CARE Organization Chart
- G. PVC Proposals (on file in USAID/Belize)

PROJECT AUTHORIZATION

Name of Country: Belize
Name of Project: Child Survival Support Project
Number of Project: 505-0037

1. Pursuant to Sections 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Child Survival Support Project (the "Project") for Belize, involving planned obligations not to exceed Two Million Two Hundred Sixty Thousand United States Dollars, (\$US2,260,000) in grant funds ("Grant") over a three (3) year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of the Project is three (3) years from May 1, 1988.

2. The Project will provide assistance to support child survival interventions of private and voluntary organizations.

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

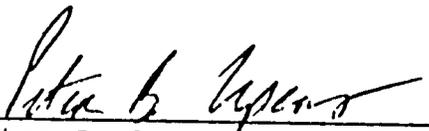
a. Source and Origin of Commodities, Nationality of Services

Commodities financed by A.I.D. under the Grants shall have their source and origin in Belize or in the United States, except as A.I.D. may otherwise agree in writing. Except for ocean shipping the suppliers of commodities or services shall have Belize or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Grant shall be financed only on Flag vessels of the United States, except as A.I.D. may otherwise agree in writing.

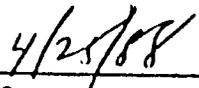
b. Covenants

The prime Grantee shall covenant that, except as A.I.D. otherwise agrees in writing, it will:

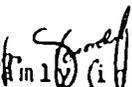
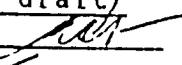
1. Provide USAID/ Belize with copies of any Memoranda of Understanding between the prime Grantee and its subgrantees.
2. Provide USAID/Belize with copies of the Subgrant Agreements between the prime Grantee and its subgrantees and any amendments to such agreements.
3. Provide USAID/Belize with annual implementation plans and budgets on or before April 30 of each year of project activities, except for the first year when they will be submitted by June 30, 1988.



Peter B. Lopera
Acting A.I.D. Representative
for the Mission to Belize



Date

Drafted: GDO: MEDTan  (in draft)
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RLA: RJohnson by phone 4/15/88 and 4/22/88

1

PROJECT PAPER
CHILD SURVIVAL SUPPORT

1. Problem Statement and Strategy

1.1 Summary of Problem

While Belize's health indicators are generally good, there are areas of slippage which counteract recent gains. Limited MOH human and financial resources and a recent influx of Central American refugees contribute to this downward trend. Emphasis on the importance of child survival by AID, Congress, the MOH/GOB, and other donors continues, but A.I.D.'s current child survival efforts in Belize implemented through grants to four PVO's (CARE, Project HOPE, Breast Is Best League, Belize Family Life Association) will terminate on 30 April 1988. To prevent further slippage and to strengthen coordination of activities, this new project is being designed to incorporate the technical activities of each of the 4 PVO's into one Child Survival Support Project.

The child survival problem in Belize has several different elements which include:

- a. Slippages in child survival gains made in the past years.
- b. Competing needs for a limited health budget
- c. Limited capacity and staffing of MOH.
- d. Child Survival PVO's institutional needs.

a. Slippages in child survival gains

Immunization coverage was quite high after the 1986 EPI campaign (Under-ones: DPT 3 - 83%, Polio 3 - 84%, BCG - 65%, and measles - 85%) but has dropped dramatically in the first half of 1987 to below 40% coverage of some vaccines in the target population.

In addition, the Infant Mortality Rate (IMR) had dropped to 23/1000 live births in 1985 but has risen to 24.8/1000 live births in 1986. Improvements in health information systems often show a "worsening" of statistics initially due to improved, clarified, and more accurate reporting (although this usually evens out as improvements in services begin to show their effect on mortality and morbidity). However, preliminary analysis of data from a diarrheal disease study conducted in 1984 before upgrading of the MOH Health Information System (HIS) also suggests a trend of higher mortality figures than have been reported.

Even with the improved HIS and reporting from the Medical Statistics Office (MSO), the Medical Statistics Officer continues to be concerned about the accuracy and completeness of birth and death reporting and the effect of both on developing accurate target population figures. District-level nurses are also aware of the inaccuracies and find it difficult to do proper planning, especially for immunization needs. The inaccurate denominators also mean inaccurate figures for EPI coverage, with the picture of EPI coverage likely to be somewhat worse than is officially acknowledged.

There has been a recent influx of Central American refugees into Belize, with some estimates as high as 10-15,000, although official figures are 3-4,000. At present their effect on the MCH program and general health status can only be estimated, although the Director of Health Services/MOH attributes the rise in number of malaria cases in 1987 to the influx of many malaria-infected refugees combined with their desire not to be documented thus making spraying programs more difficult in refugee-settled areas.

It is assumed that this hard-to-reach population uses some health services such as immunization for children since some nurses report vaccinating more children than their target populations. However, it is also assumed that they have high immunization drop-out rates due to transiency and their lack of desire to be documented; this makes follow-up of immunization drop-outs extremely difficult and taxes an already overburdened MCH system.

While it cannot be categorized as a slippage, Belize's total fertility rate continues to be high (4.9 in 1985) and is the highest in the Commonwealth Caribbean. It has very high age-specific fertility rates for adolescents and women over 35, two high-risk pregnancy groups. Belize is far behind other Central American and Caribbean countries in developing an infrastructure for provision of family planning services. The Government's lack of a population policy and its hands-off approach to family planning has meant that family planning services are available only to those who can pay for a private doctor or purchase a method from a pharmacy. Women living near the Guatemala or Mexican borders usually seek services over the border where they are cheaper; however, some women were given out-of-date birth control pills last year from one of these over-the-border pharmacies. In general, access to child-spacing information, counselling, and services is extremely limited and segmented.

b. Competing needs for a limited GOB health budget:

Almost 9% of the annual budget of the GOB is dedicated to health. Traditionally, there have been competing needs in the MOH, especially between preventive and curative services, with the latter receiving much more of the health budget. Along with demands on the budget for these health needs, there has been a recent push by the GOB to address the issue of AIDS, both prevention and treatment. While some support for preventive activities comes from external agencies, Belize has had to allocate scarce resources to treatment of the six AIDS cases in Belize. A recent hospitalization of one AIDS patient cost the MOH about \$25,000. In addition, plans are under way for the new Belize City Hospital to begin construction in 1988; it will be funded by an external donor but the MOH will bear some of the start-up costs. When the new hospital is finished, both hospitals will continue to be used, further draining the health budget, leaving less for preventive services.

While there is no official organogram of the MOH, the structure of the public health system operates under the Director of Health Services (See Annex E). He, or in his absence, the Director of Primary Health Care, coordinates the National Primary Health Care Committee (NPHCC), a multi-sectoral committee comprising such members as the Director of Primary Health Care, the Director of MCH Services, the Principal Nursing Officer, the Director of the Health Education and Community Participation Bureau, among others. The child survival program comes under the MCH program which is coordinated by the Director of MCH Services through the MCH Subcommittee of the NPHCC.

The MOH Child Survival program is funded primarily by UNICEF and is under the direction of the Medical Officer for MCH Services who is also the Child Survival Coordinator. The Director of MCH Services has control over the substantial child survival program budget from UNICEF as well as a vehicle for field visits while other MCH expenses (salaries and some supplies) are borne by the MOH. The Director of Primary Health Care, while nominally responsible for all activities subsumed under PHC including MCH and Child Survival program activities, has essentially no budget support for the PHC program, except indirectly where a PVO may support certain activities, and has no vehicle available for field visits.

c. Limited capacity and staffing of MOH:

With the exception of PAHO, many participating organizations are fairly new to the MCH-child survival program of the MOH. UNICEF began funding the child survival program in 1984, with increased emphasis in late 1985, about the same time as

USAID/Belize was beginning its child survival activities. Other PVO's MCH or PHC activities began about the same time and the number has grown considerably since 1985. Despite Belize's small population and size, coordination between the MOH, donors, and implementing organizations has been a problem in achieving child survival objectives. Management of MOH programs is a continuing problem due to a limited human resources base at national, district and rural levels; management at the national level has improved somewhat with HOPE's technical support activities. Recent efforts at coordination activities have strengthened lines of communication and decreased duplication of activities, but, overlap and inefficiency still exist.

The MOH's lack of absorptive and implementing capacity is in large part due to RHN vacancies compounded by the tiny human resource base for support from the national level. To rectify this, the MOH turned to PVO's for help in child survival in 1985, especially for help in extending health services below the RHN level, through volunteer community workers such as the Community Health Worker (CHW). Since the CHWs are all volunteers and since most of the training programs have just started and are implemented by expatriate PVO's, the CHWs are not yet considered by many MOH staff as part of the MCH-child survival health care delivery system. They have no official MOH status despite the MOH mandate that RHN's supervise CHW activities, a limited possibility at this stage because RHN's are already overburdened in their work. Each training program at present is different from the others and thus CHWs are being trained to do different tasks in different parts of the country. There has been no MOH counterpart working with all PVO's training CHWs. Each PVO has related to a different MOH liaison until very recently when the Director of PHC returned from graduate school; he is attempting to consolidate these programs.

d. Child Survival PVO's institutional needs:

Two of the four AID-funded PVO's working in child survival, BIB and BFLA, are indigenous PVO's that have only been in existence for 3-5 years. They are still experiencing growing pains as they move from being a group of volunteers committed to working towards a certain goal into an organization capable of being responsive to needs on a nationwide basis. Administrative needs of expanding programs such as financial support and accountability, logistics, and procurement have arisen which the technically-experienced organizations are unable to address fully.

Because BIB and BFLA are small organizations with little financial cushion, cash flow problems can seriously affect their programs and result in inefficiency as attempts to find short-term solutions require additional effort and time from staff who should concentrate on program matters. BIB has no other donors who could support its breastfeeding promotion and BFLA, while an affiliate of the International Planned Parenthood Federation (IPPF) through the Caribbean Family Planning Affiliation (CFPA), cannot expand its services for nationwide coverage without continued AID support.

While both Project HOPE and CARE have been working in Belize for 6 and 25 years respectively, they have only been implementing their child survival projects since mid-1986, not enough time for any real gains to be made. Added to the problems of the MOH's limited human resources and absorptive capacity was the newness of child survival in general, and CARE and Project HOPE working in child survival, specifically. Much time was spent by both organizations in laying the groundwork for collaboration with the MOH.

Because of these various factors, it continues to be appropriate to support child survival activities through PVO's to foster collaboration and coordination within the group, to unify their coordination with the MOH, to streamline the MOH's burden in dealing with these groups, and to solidify the gains that have begun to be made.

1.2 Country Strategy For Child Survival

Concerns about maternal and child health in Belize continue to be manifested in the planning process undertaken by the Ministry of Health (MOH), with child survival being a high priority in the Ministry of Health.

General objectives of the MOH Belize Child Survival Plan 1988 (October 1987) for the National Maternal and Child Health program 1985-1989 include:

- To make appropriate MCH services available and accessible to all those entitled to them.
- To improve the quality of care given within the MCH program.
- To achieve a total integration of MCH activities and coordination at all levels of care and sectors so as to reduce infant mortality to less than 20/1000 live births and maternal mortality by 50%.

The following specific objectives are stressed as priorities:

Delivery emphasis

1. To achieve 90% vaccination coverage for Diphtheria-Pertussis-Tetanus, (DPT), Polio, and measles in children under 1 year.
2. To achieve 100% vaccination coverage for Bacillus Calmette-Guerin (BCG) in children under 1 year.
3. 100% immunization coverage for pregnant women with tetanus toxoid.
4. To reduce morbidity attributed to Acute Respiratory Infection (ARI) in children under 5 years by 25%.
5. To reduce mortality attributed to ARI in children under 5 years by 75%.
6. To procure necessary equipment and supplies for all 31 health centers.
7. To increase status of breastfeeding practices by 10% by the end of 1988.
8. To reduce the incidence of anemia in pregnant women.
9. To extend and reinforce the knowledge and use of Oral Rehydration Therapy (ORT) at all levels and in the community.

Management emphasis

1. To establish a system for monitoring and evaluation of Child Survival activities.
2. To continue strengthening and increase health promotion and health education in all components of child survival such as ARI, nutrition and infant feeding, Control of Diarrheal Disease (CDD), Expanded Program on Immunization (EPI), perinatal care.
3. To provide inservice and formal training to all MCH staff based on identified needs such as ARI, breastfeeding, CDD, surveillance, computer management, refrigeration, cold chain, management.
4. To provide inservice training for staff in MCH norms and procedures.
5. To introduce ARI norms to all health personnel.
6. To train health personnel in computer management at central level.

One important component of the 1988 Child Survival Plan is Belize's efforts to respond to the Regional Inter-Agency Five-Year Accelerated EPI initiative through the Belize EPI Plan of Action 1988-1991 developed by the GOB with the United Nations Childrens Fund (UNICEF), Pan American Health Organization (PAHO), Rotary International, AID, and the Canadian Nurses' Association, to achieve the goal of 100% immunization coverage of all children under one year old by 1991. While this focuses on immunization, the program works in

conjunction with the MCH-child survival program. This effort to improve the EPI program will also support and strengthen the ability of the MOH to achieve its other CS objectives.

1.3 Relationship to the CDSS and A.I.D. Child Survival Strategy

This project relates to several different strategies and policies.

Since 1985, AID emphasis in MCH program implementation has been through the A.I.D. Child Survival Strategy which:

- uses ORT and immunization as "Twin Engines" because of their ability to have a direct impact on child survival and to promote development of a sustainable health system;
- supports and coordinates with other important child survival interventions such as nutrition and birth spacing;
- supports results-oriented research program related to child survival;
- focuses on a limited number of "emphasis" countries;
- encourages involvement of the private sector.

The four primary components of A.I.D.'s Child Survival Strategy are Control of Diarrheal Disease through oral rehydration therapy and dietary management of diarrhea, the Expanded Program of Immunization, Nutrition, and High-Risk Birth Prevention Activities. This project will use these components to focus a major effort to attack the causes of infant and child mortality since present initiatives in these areas do not reach all areas of the country.

In its 1984 Country Development Strategy Statement (CDSS), USAID/Belize identified goals focussing on economic stability, agricultural diversification, export promotion, infrastructure development and selected human resources development. Health-related programming falls under the latter and is achieved through grants to Private Voluntary Organizations (PVO) to support private-sector activities and to complement GOB/AID health programming.

Since the development of the CDSS, however, the Kissinger Commission report, the Caribbean Basin Initiative (CBI), and the Central American Initiative (CAI) as well as Belize's participation in the Puente de Paz Initiative have focused attention on basic health needs among other areas. This project addresses some of the health recommendations of the various commissions.

The CDSS did not envision the effect on Belize's health status and resources that the refugee influx has had in recent years, the consistent cut-backs in the GOB health budget every year, nor the construction of the new Belize City Hospital. Additionally, the Agency and Congress' interest and activities in Child Survival were not anticipated.

2. Background

2.1. USAID Activities in Child Survival (CS)

This project is a follow-on project to ongoing CS activities presently being funded by USAID/Belize and implemented by two international PVO's, CARE and Project HOPE, and two indigenous PVO's, Breast Is Best (BIB) League and Belize Family Life Association (BFLA).

CARE's Maternal and Child Health Project (MACH) (505-0032) was designed to work in the two northern districts of Belize (Corozal and Orange Walk) supporting the MOH at the district-level and below through training of mid-level MOH staff and selection and training of Community Health Workers (CHW) for child survival activities. The project began implementation in October 1986, six months after obligation; the delay was due to difficulties in recruitment of key personnel. The MACH project focused on selection and training of 31 CHWs in 12 villages in Corozal and Orange Walk. The CHWs' activities are mostly health education and motivation of mothers of under-fives on child survival topics, along with monthly weighing sessions for growth monitoring.

Project HOPE's Child Survival Technical Support Project (CSTS) (505-0017) was developed as a response to the need seen by the MOH for management training for mid-level supervisors working at national level and district-level MOH staff, for increased national-level coordination of child survival activities, and for strengthening and computerization of the Health Information System (HIS). Technical assistance has included a Management Specialist for one year, an HIS Specialist for two years, and a Nurse-Midwife for two years. Technical guidance for CS activities and strengthening management skills has been the emphasis of the long-term technical assistance.

BIB, an indigenous PVO, implements the Breastfeeding Promotion Project (505-0029) which allowed it to expand its activities and provide breastfeeding counsellor (BFC) training to over 120 women nationwide, and to establish an office for counselling services, a lending library, breastfeeding equipment for rental, and a telephone hotline for advice and counselling from anywhere in Belize.

The BFLA was formed three years ago in response to a need identified by community members in Stann Creek District for quality reproductive health care for women and access to family planning services and counselling for everyone. BFLA's Family Life Education Project (505-0031) established two Family Life Centers for family planning services (counselling and method provision) with increasing numbers of member-users each month. Various volunteer groups for family planning and family life-related activities have also been established, and BFLA coordinates with MOH and PVO's involved in child survival to provide needed family life education information and training.

Each of the four PVO's to be included under this proposed project are presently implementing projects which will be carried on and expanded. BIB and BFLA were both evaluated in June, 1987, and the evaluations showed successful programs ready for expanded activities. Weaknesses identified in both projects related to administrative support and data collection systems.

BIB has trained over 120 breastfeeding counsellors (BFC) nationwide, has worked with the School of Nursing and the MOH to provide BFC training to nurses and nursing students, and has produced a variety of breastfeeding promotion messages for the mass media which have increased BIB hotline and personal visit requests, even from private physicians wanting consults for their obstetric patients.

BFLA has opened two centers in two years and begun providing family planning services through a mobile clinic in a third site, with demand at times being too heavy for the one clinic nurse to see all patients requesting services. BFLA's mass media campaigns have brought increasing numbers of requests from various groups for seminars and talks on family planning and family life education, and the MOH public health nursing system is beginning to make referrals to BFLA for women requesting family planning services at MOH clinics.

A December 1987 program evaluation of child survival activities of HOPE and CARE showed that HOPE's work on strengthening and computerization of the MOH HIS has been very successful in meeting set objectives and continuation of that activity to support development of an MIS in the MOH is recommended. Technical assistance in management at the national level has been accomplished with eight national-level mid-level supervisors working in aspects of the child survival program trained in management. Emphasis is now being turned to the district and rural levels for management training of different

members of the District Health Team. HOPE's efforts to foster increased coordination in Belize have been very successful, providing a cohesiveness to all CS activities, with a recommendation made for their continuation.

CARE has already identified the type of CHW needed for CS activities in the northern districts and developed a training program which is being tested. Many elements are in place to build on the CHW system to link it more formally with the MOH and to test data collection systems to contribute village-level information to the CS database which presently only contains district- and rural health center-level information. CARE's activities in producing 21 health education TV spots using villagers and CHWs from project villages for transmission on the two district TV stations has been the first mass media project in Belize using social marketing techniques including proper pre- and post-testing of messages to determine comprehension and impact. Working with a private-sector video production unit on this activity has stimulated the business' interest in working on social marketing campaigns, and the firm has agreed to produce health education media for a reduced cost for the MOH and PVO's.

2.2 MOH Organization and Support

The GOB has adopted a Primary Health Care strategy as the foundation of its health system. The recently concluded first National Five Year Health Plan (1982-87) emphasized low-income groups, and those living in underserved areas have been identified as priority groups.

The National Primary Health Care Committee (NPHCC) consists of the heads of the principal programs in the MOH and meets regularly to plan and evaluate the performance of the health services. The MOH established the Health Education and Community Participation Bureau (HECOPAB) in 1983. This unit is to coordinate, promote and facilitate community involvement in health activities and education efforts. Shortly after its formation HECOPAB was instrumental in the establishment of intersectoral District Health Teams (DHT) which bring community members, health workers and representatives from other government agencies together at the district level. HECOPAB, however, has been constrained by a lack of funding, and the DHTs have generally been inactive until a very recent rejuvenation. A Child Survival Task Force (CSTF) has been established with the chairman being the Director of Maternal and Child Health who is also the Child Survival Coordinator.

MCH-child survival services are delivered through the public health nursing system which accounts for most of the preventive care for women of reproductive age and children under five years of age, especially in the rural areas where women do not have access to private physicians. At national level, the public health nursing system is coordinated by the Supervisor of Public Health Nurses with assistance from the Senior Public Health Nurse (PHN) who works with the Director of MCH services to implement the MCH and child survival program. The Supervisor of PHNs has traditionally been responsible for all aspects of the MCH program, including supplies and logistics, supervision of field activities, acting as coordinator for all special projects and initiatives, and representing the MOH as requested at regional and international conferences. The Director of MCH Services who is in charge of the MCH program has no authority over the public health nursing system; that comes from the Principal Nursing Officer through the Supervisor of PHNs. Project HOPE has worked with these national-level staff for provision of technical support.

Public Health Nurses work at the 8 Urban Health Centers (UHC) in District towns and Rural Health Nurses (RHN) work in 23 Rural Health Centers (RHC), the lowest fixed-facility level of care. The PHNs and RHN's also run mobile clinics to the villages not served by an RHC, primarily for provision of immunizations, prenatal care, growth monitoring, and identification of illnesses needing referral to the UHC. While mandated to be on a 6-weekly schedule, mobile clinics happen every two months or less, on the average.

At present, 19 of 46 RHN posts are not filled, and some of the vacant posts are at RHCs while others are "second RHN" vacancies; Thus, those RHCs with only one RHN have no one to cover the RHC during annual, emergency, and maternity leaves. Some Peace Corps and Voluntary Services Organization (VSO) nurses have worked as RHN's to help fill the gap in the short-term. The PHN whose role is to supervise the RHN's in her district is unable to conduct supervisory visits since she must often conduct clinics at the UHC.

To increase the reach of the health services, the government has recently endorsed the training of Community Health Workers (CHW). To date, PVO's have led this effort with CHW activities in several districts, covering approximately 60 out of the roughly 300 villages in the country with populations over 100. The government has made a commitment to cover all such villages by early next decade.

In the early 1980s, the MOH budget represented approximately 3% of the Gross Domestic Product and 10% of the national budget. The public health expenditure in Belize in 1981 reached US \$35 per capita, but since then it has gradually dropped. It is expected that the MOH budget for the coming year will be 10% below last year. Primary Health Care receives about 20% of the health budget with almost all these funds allocated to recurrent costs (mostly salaries). The only current support for PHC field activities is the funds to cover the stipends given to the CHWs in Toledo District (assisted by Project Concern International). No funds are currently budgeted to support DHT activities.

Efforts are being made to identify alternative sources of funds to supplement government finances; this includes cost-sharing of local programs by community members.

2.3 Other Related Activities

Aside from the four PVO's presently funded by AID and working in child survival (CARE, Project HOPE, Belize Family Life Association (BFLA), and Breast is Best (BIB) League), several other PVO's in Belize (Belize Red Cross, Project Concern International, Health Talents International, Enfants Refugees du Monde) work in aspects of child survival and primary health care primarily Community Health Worker (CHW) training. In addition, UNICEF provides a major source of funding for the MOH's Child Survival Program and PAHO continues to provide consultants to the MOH for specific child survival activities.

Project Concern International (PCI) has been in Belize since 1982 to implement a primary health care (PHC) program which has included training CHWs. Until January, 1988, they had worked in one of Belize's six districts (Toledo) and have trained about 35 volunteers, in two batches, about 20 of which are still working. PCI is now expanding activities into Stann Creek district.

Health Talents International (HTI) has worked in one area of Stann Creek district of Belize since 1986 and has just finished the classroom training of its 30 CHWs; the CHWs are now in a year-long, supervised field practicum. Since HTI will leave Belize in December, 1988, PCI and HTI have had discussions with the MOH about PCI helping the MOH to support those CHWs as HTI leaves.

Enfants Refugees du Monde (ERM) trained CHWs to work in villages and areas with high refugee concentration. In 1985/6, in one part of Orange Walk District, they trained fourteen

CHWs. ERM has just finished training fifteen CHWs in Cayo District, although attrition has been high and only nine CHWs are still working.

UNICEF will continue contributing through the child survival program for the MOH, with activities concentrated on social mobilization and training. PAHO's contributions to child survival are through short-term technical assistance when requested by the MOH and limited training opportunities outside of Belize.

AID/LAC is developing a regional project which will be available for technical assistance in essential drugs and health care financing.

3. Strategy for Project

3.1 Goal and Purpose - Summary of Outputs

The project goal is to achieve a reduction in infant and maternal morbidity and mortality. Specifically, this involves reducing the infant mortality rate to 23/1000 by 1989, with a maintenance of that level in 1990 and beyond, and a reduction in maternal mortality to 50% of its 1985 rate of 3.3/10,000 live births.

The primary cause of infant mortality is from prematurity and low birth weight. Deaths from respiratory tract infections and diarrheal disease are also factors. Major causes of maternal mortality are from toxemia or hemorrhage with nearly 40% of the deaths occurring in women who have had 4 or more pregnancies.

The project purpose is to strengthen and extend child survival programs in Belize, through GOB and private sector initiatives, with emphasis on oral rehydration therapy (ORT), immunization, child spacing, maternal and child nutrition, and maternal health care.

A summary of the outputs and technical gains expected are:

1. Improved management of the Child Survival program at all levels through management training and increased coordination and standardization of activities among child survival projects;
2. Improved MCH-child survival monitoring and program implementation through improved reporting;
3. Increased national immunization coverage of under-ones to 90% and expansion of maternal tetanus toxoid immunization through improved targeting of

- hard-to-reach groups and improved management of the EPI program;
4. Expansion of the ORT program through education to mothers and improvements in the ORT distribution system;
 5. Increased access to and public awareness of child spacing counselling and methods in three additional family life centers serving all districts in Belize;
 6. Number of infants fully breastfed through 4 months of life increased by 10% through continued promotion of breastfeeding and good weaning practices;
 7. Strengthened pre- and postnatal maternal health services, especially for high-risk mothers;
 8. Increased numbers of trained persons implementing and promoting child survival;
 9. Two developed, staffed and well-administered Belizean PVO organizations providing child survival services.

3.2 Reason for Overall Project

The project will focus A.I.D. support to child survival assistance in a comprehensive and coordinated manner. In the past, the four PVO's developed their own goals and objectives and, while valid in their own right, their activities did not result in a comprehensive program to increase child survival. This project will help to focus the A.I.D.-supported efforts, make them more effective, and through the Child Survival Task Force, contribute to a coordinated national program.

The consolidation of A.I.D. child survival activities in one project also assists in focussing all outputs in terms of achieving Belizean targets. It helps to assure that programs relate to the A.I.D. Child Survival Strategy and to obtaining the statistics necessary to report effectively to AID/W and the U.S. Congress.

Finally, the project will provide a management structure to support the four PVO's and to help the indigenous PVO's to develop a sound institutional capacity to continue after the end of the project on a more self-sustaining basis.

3.3 Interaction of PVO's

A Grant will be signed with a prime PVO (CARE) who will in turn provide sub-grants to BIB and BFLA. Project HOPE, the other international PVO, will receive a separate Grant to continue its technical component.

The activities will support the MOH's MCH-child survival objectives and help streamline the MOH's efforts. Project HOPE will assist the Child Survival Coordinator to implement the Child Survival Task Force (CSTF), a monthly meeting of all organizations involved in child survival in Belize. The CSTF has increased coordination among agencies and the MOH and will continue. The technical coordination of BIB, BFLA, CARE and HOPE under the new project will also serve as a role model to the CSTF members to encourage continued coordination and decrease duplication.

All four PVO's and the USAID Child Survival Support Project Manager (CSSPM) will attend monthly meetings of the CSTF which is chaired by the Director of Maternal and Child Health, and attended by the Director of Primary Health Care. Other health PVO's and international organizations attend the CSTF which provides a forum for interaction on all child survival activities in Belize.

The USAID CSSPM will hold regular meetings (at least every two months) for the purpose of coordination and communication. These meetings will review workplans to avoid possible duplication, discuss whether overall targets are being achieved, what measures are necessary to improve progress, share technical knowledge, and promote joint planning. The meetings will discuss the need for and type of outside technical assistance, such as social marketing or health information systems needed and the scope and duration of such assistance. PCI and HTI, U.S. PVO's involved in CHW training in the southern districts, will be invited to attend selected meetings of this group.

3.4 Umbrella Administration Structure

A unit will be established in CARE-Belize headquarters to provide support, training and assistance in the administration of overall project activities. The unit will consist of an Administrative Coordinator, an Assistant Accountant and other employees (perhaps part-time) who will be CARE-Belize employees paid under the grant. Funds will be available for local training, training abroad and provision of short-term technical assistance from the region or the United States.

Support: The personnel of the CARE unit will provide support to the sub-grantees and to the CARE MACH operations on a continuous and regular basis to help achieve institutional development objectives. The thrust of this support will be in the administrative, financial and organizational areas to assist the organizations to develop effective administrative

and financial procedures. Support will be in accounting, procurement, office procedures, inventory control, personnel procedures, reporting and similar functional areas as needed. The unit will assist with form rather than substance. For instance, it will not prescribe nor dictate the specific content of the administrative regulations (such as salary levels or incremental increases) but rather will assist with the development of adequate formats and structures.

Training: The unit will play a facilitative role in identifying training resources both in Belize and abroad, in organizing local workshops, and in handling details of training abroad.

Assistance: Overall child survival support activities will require some outside technical assistance to help all organizations in certain areas where expertise is not available locally. This assistance will be on an "as needed and agreed" basis, therefore, the precise amount and type over the three year project period cannot be determined specifically. It is contemplated that assistance in social marketing, information systems, and evaluation methodology will be required. Assistance in fund-raising techniques and proposal writing may be requested. A small amount of funds is budgeted illustratively for this purpose; detailed estimates will be included in periodic implementation plans of the CARE unit.

4. Project Description Summary

4.1 General

This project will improve management of child survival activities at the national, district and rural level, improve the operations of a health information system to obtain more complete and current statistics on maternal and child health, and train volunteer community health workers, breastfeeding counsellors and youth leaders in health practices relating to child survival. Project activities overall are geared to expanding the immunization program, promoting use of oral rehydration therapy, improving nutrition through breastfeeding and weaning and education, encouraging child spacing, advising on the causes and treatment of acute respiratory infection, and reducing the spread of the HIV virus to infants. Each PVO contributes to one or more of these activities and, together with inputs from the Ministry of Health and other donors, will help achieve the overall targets for child survival.

4.2 Project HOPE

Project HOPE will assist central and district level MOH personnel to develop and use improved and expanded monitoring and to apply better management to the main child survival technologies. These are the control of diarrheal diseases (CDD) with ORT, the Expanded Program of Immunization (EPI), nutrition, and high-risk perinatal interventions. A needs assessment for planning and applying the CDD program will be undertaken and rural health nurses (RHN's), traditional birth attendants (TBA's) and community health workers (CHW's) will be trained in CDD technologies in all districts. EPI surveillance will be strengthened at the central and district levels, and RHN's and public health nurses (PHN's) will receive training in surveillance techniques. The MOH Nutritionist will be assisted in planning and implementing the National Nutrition Survey and in evaluating the anemia program. Project HOPE will coordinate with the Breast is Best League (BIB) to promote breastfeeding for better nutrition and the prevention of diarrheal diseases. The incidence of high-risk pregnancies will be reduced through collecting perinatal data, analyzing it and planning programs. AIDS education will reduce the spread of the HIV virus to mothers and their babies. Project HOPE staff will assist in obtaining better data, using the data as a management tool, and evaluating progress in each area of child survival intervention. Their team's assistance will help assure the long-term sustainability of the Child Survival Program in Belize through a comprehensive Health Information System and development of a Child Survival Operations Manual.

4.3 Breast is Best League

The BIB program will work on infant nutrition (breastfeeding and weaning) by training breastfeeding counsellors, undertaking information programs geared to selected cultural groups countrywide, and increasing breastfeeding and weaning awareness among health care providers. The focus for BIB's contact with women is through voluntary breastfeeding counsellors. These counsellors, who are mothers, are recruited in the districts through the recommendation of nurses, social workers and other women's groups. These women will be trained in breastfeeding, weaning, maternal nutrition, and other health areas for a total of twenty hours (five sessions). After training the counsellors will meet together for at least one hour monthly. They will be visited at least three times a year and helped to set up district resource centers for breastfeeding supplies and materials.

BIB also gives sessions in breastfeeding to health care professionals and doctors are given professional materials through the MOH liaison. Breastfeeding and weaning information is provided in school health curricula and to teachers. A Maternity wards and pre and postnatal clinics are visited. A lending library and a telephone hotline are available for women. A variety of ways will be used to increase public awareness including displays at fairs, radio and TV spots, posters, newsletters, and articles in the press. In short, every avenue for reaching mothers with the message of breastfeeding and nutrition will be used. Close coordination with the MOH is assured through the active involvement of the Inspector of Midwives, the MOH Liaison to BIB.

4.4 CARE - Maternal and Child Health Project Phase II (MACH 2)

The MACH 2 activity of CARE will train at least 65 volunteer, village-selected CHWs who will then provide health training for mothers of children under five in twenty-eight new villages in the two northern districts. The training will emphasize weighing various child survival initiatives and will emphasize weighing children to identify the need for nutritional counselling. Two Community Health Organizers (CHOs) in each district will conduct the training and assist in monitoring the activities of CHWs in the villages (including the 31 CHWs trained in twelve villages under MACH 1). The CHOs will be trained by District Trainers employed by MACH 2 (one per district).

The Project Coordinator and the Nurse/Health Educator of MACH 2 will expand cooperation between the CHW's, CHO's, DT's, and the public health care system by working with the District Health Teams, the RHN's and the PHN's. Training programs for District personnel will be coordinated with the District Health personnel. MACH 2 staff will participate in CSTF and DHT meetings and will provide support to the EPI program in the area.

Project Concern International (PCI) and Health Talents International (HTI) are training CHWs in the two southern districts of Belize; PCI will be expanding into the two central districts during the project period. Although not financed under this project, their activities will be coordinated through the CSTF and participation in technical meetings with the project's participants. Their training programs are essential to achieve overall goals in Belize.

4.5 Belize Family Life Association (BFLA)

The BFLA will continue to strengthen its activities in increasing public awareness of the benefits and use of child spacing and providing reproductive health and contraceptive services countrywide. The Association will also continue to advocate for the adoption of a population policy and promotion of family planning services by the GOB. Clinical services will continue to be offered at two facilities, Dangriga and Belize City. Services will be expanded through establishment of a permanent clinic in Punta Gorda and another in the north. Up to 8 mobile sites will be selected to provide services to all who will need and want them country-wide. Contraceptive Social Marketing will be expanded beyond condoms and spermicides sold at the centers and condoms through a pilot project to sell contraceptives to pharmacies and private physicians who would then provide them at a reduced rate to those requesting a contraceptive method.

A national information/education/communications program will educate the public about family life issues and encourage the use of existing services. The program will use video and radio spots and programs, educational and promotional materials, newspaper ads and articles, and exhibits at fairs.

A youth education program will create awareness and peer counselling workshops in order to form youth groups in several locations. AIDS education programs will be given in four localities annually.

Training of health and community personnel in family planning, family life and other related areas will be offered at three service sites with the goal of training twenty volunteers and forming three Volunteer Councils to assist the work of each center. Lectures at the School of Nursing will be offered. BFLA will offer child spacing components to all CHW training being conducted. Finally, BFLA will receive assistance to develop its institutional capability to promote, support and finance its objectives.

4.6 Overall Coordination

The training activities of MACH 2, BIB and PCI, on the one hand, and the managerial and informational improvements of HOPE on the other, come together from different directions at the district level; they closely relate and reinforce each other. MACH, BIB and PCI concentrate on training at the rural level with CHWs, Village Councils and the village health committee (if one can be created). They will work up from village level

operations through contact with the District Health Teams, identifying the gaps and constraints existing at the district level which limit the effectiveness of the health delivery service to communities. They will also assure the flow of standardized and accurate data to the information system. HOPE's activities originate at the center and work downward to the district level. With the establishment of a functioning Medical Statistics Office, HOPE will work downward to assure data collection and use at the district level. Coming from two different directions, the programs must work as a team under the policy guidance of the Ministry of Health; this guidance is provided through formal planning documents such as the Primary Health Care Manual and the EPI plan and through coordination in the Child Survival Task Force.

4.7 Overall Support, Training and Assistance

Institutional development is one objective in the three-year plans for BFLA and BIB objectives, and is a part of the MACH and HOPE scheme of phasing their projects into the Ministry of Health structure. Support and training provided and organized by the CARE umbrella administrative unit described in section 3.4 will improve the organizational and financial base of the Belizean institutions and could also strengthen the Ministry of Health organization especially at the sub-district level. The assistance will help the Belizean PVO's move toward self-sufficiency.

Social marketing methods and advice on certain aspects of the health information system will be addressed through short-term technical assistance. All of the organizations may be helped with assistance in evaluation methodology to assess how effectively they are achieving goals and how to resolve problems that arise.

5. Implementation Plan

5.1 Overall Conceptualization

CARE, BFLA, BIB and HOPE are four separate organizations with different mandates, different management techniques, and different programs. Two are U.S. PVO's (Project HOPE and CARE) and two are indigenous Belizean PVO's (BFLA & BIB) who have been in existence a relatively brief time. These indigenous organizations have strong and active local Boards who meet regularly. Individuals on the Boards contribute their time voluntarily to assist in supporting their programs such as fund-raising, publicity and teaching.

All four organizations are committed to supporting some aspect of child survival in Belize as described in the technical project descriptions. The two U.S. PVO's have been in existence for some time and have support from their home offices; CARE has three activities under way in Belize and therefore has a comprehensive organizational set-up with established administrative procedures and a trained staff.

Under the project, each PVO will continue to have its unique relationship with the MOH. Both CARE and Project HOPE presently have the Director of MCH Services, who is also the Child Survival Coordinator, as their MOH counterpart. The Director of Primary Health Care is becoming involved as a counterpart, since he now oversees all programs involving CHW training. The Inspector of Midwives is the MOH's Breastfeeding Liaison to BIB. Because of the Government's lack of a population policy and its hands-off approach to family planning, BFLA has no official counterpart at the MOH although it works very closely with the MOH's Family Life Educator in coordination and support of family life-related activities.

The Belizean organizations have progressed from essentially one individual providing technical services (and handling administrative functions when and if time permitted) to small but established organizations. Additional personnel have been hired, and part-time accountants have been retained. Both organizations, however, will be expanding in a major way and will need to develop more extensive and formal organizational procedures. General management training is needed to improve planning, implementation, activity tracking, reporting and evaluation of expanding activities. Ad hoc assistance has been provided to a limited extent by A.I.D. staff in USAID/Belize but expansion of activities and limited A.I.D. staff time requires that a more formal source of organizational development assistance be established.

An organizational unit in CARE will be financed under this project to provide overall administrative assistance to the sub-grantees and to handle arrangements for training and assistance. CARE will establish a unit in their Belize City office with a Belizean national to serve as an Administrative Coordinator for (a) the support to indigenous PVO's in handling the sub-grants and, (b) the identification and development of training opportunities, including workshops and training to develop staff capabilities and (c) the provision of technical assistance in specific areas as needed and agreed.

- a. Support: The primary need in this area is improvement in fiscal accounting. CARE must work closely with the

Executive Directors, secretaries/bookkeepers and part-time accountants in assuring that a system exists for funds accountability and for accurate and regular vouchers. A full-time assistant accountant employed by CARE will assist BFLA/BIB in meeting the financial provisions of the A.I.D. Standard Provisions.

Assistance will also be provided in the following areas:

- o Off-shore and large item procurement in accordance with A.I.D. Standard Provisions,
- o preparation of comprehensive and timely quarterly reports including data on child survival,
- o arrangements for training abroad,
- o establishment of office procedures,
- o development of personnel policies and regulations,
- o arrangements for repair and servicing of vehicles,
- o monitoring use of vehicles,
- o inventory management.

b. Training: Another role of the unit will be identification of training opportunities in administration and management, both inside and outside Belize, and bringing these to the attention of BIB, BFLA, and MACH. The unit will identify needs and actively explore and arrange short-term training to meet them. One- or two-day workshops will be arranged to share experiences and learn from the experiences of others, including other Belizean organizations.

c. Technical Assistance: As the project develops there will be a need to bring in resource persons from outside to help the PVO's working in child survival project operations and to become more self-sustaining. These are difficult to identify precisely but could include the areas of Social Marketing, special areas of health information, project proposal writing, public information, fund-raising, survey design, project assessment methodologies, and others. CARE would be responsible for locating such persons, clearing the selection with the PVO's and A.I.D., arranging logistics support, and assuring the services are performed. Such assistance will benefit all organizations working on child survival in Belize.

d. Mode of Operation: All activities of the unit in CARE should be performed in a consultative manner and should endeavor to be helpful and not burdensome. Policy for indigenous PVO activities is determined by the respective Boards; the Executive Directors and the PVO staff are responsible to the respective Boards. CARE will be

responsible only for the sub-grantee's performance under the specific terms and activities of the sub-grant. All monitoring of the sub-grantees activities should be performed in a diplomatic manner and at a time when it will cause the least disruption to their operations.

The support, training and assistance unit should develop quarterly work plans and budgets in consultation with the four PVO's and the USAID Child Survival Support Project Manager (CSSPM). These work plans and the quarterly technical plans of the four PVO's will be discussed at regular technical meetings of the PVO's and the USAID CSSPM, at least quarterly.

5.2 PVO Implementation Plans

Detailed implementation plans are contained in the annex for each organization and for the CARE support, training and assistance umbrella administrative unit. Schedules and bar graphs are included. They will not be summarized in this section.

In general the implementation plans for all of the PVO's involves training of personnel, both on-the-job and in scheduled workshops. Additional staff vehicles and other equipment must be procured. BFLA and BIB will be expanding their activities into additional districts which will require enhancing their organizational capabilities. The CARE support unit will work with these indigenous organizations to assist with accounting, office management, procurement and similar administrative affairs. The CARE unit will identify and arrange local training and will arrange overseas training as required, including AIDS education abroad.

Implementation should proceed expeditiously as the organizations are in place and operating. A schedule of timing for the project operations is:

February 25, 1988	Initial drafts of pp
March 1	Completion of Draft pp
March 1-10	GDO review PP/revisions
March 1-10	Completion of PVO technical proposals/budgets
April 11	PP review and approval USAID/Belize
March 20-27	GDO drafts PIO/Ts for CARE and HOPE
April 13-19	Contract Officer negotiation of grants with HOPE and CARE
April 13-20	CARE drafts sub-grants for discussion with BFLA and BIB
April 26	Signature of U.S. PVO grants

April 27	Instructions to issue LOC for FY 88 funds to both U.S. PVO's
April 27	Signature of sub-grants between CARE and BFLA/BIB
April 27	Submission of initial budget and request for advance to CARE from BFLA and BIB
May 1	Project Commences
January, 1989	PIO/T for extension CARE/HOPE grants and negotiation amendments to add funds
February, 1989	Transfer of FY 89 funding to LOC
April, 1989	First internal assessment/audit by BFLA and BIB
January, 1990	PIO/T for extension CARE/HOPE grants and negotiation of amendments
February, 1990	Transfer of FY 90 funding to LOC
April, 1990	Second internal assessment/audit by BFLA and BIB
September, 1990	PIO/T for EOP Program Evaluation
January, 1991	Program Evaluation
April 30, 1991	Completion of Project

6. Financial Plan

6.1 Summary Budget

The following is the overall budget for the project.

Summary Project Budget
(\$US)

<u>Sub-activity</u>	<u>A.I.D./CS</u>	<u>AIDS</u>	<u>Grantee Contribution</u>	<u>GOB Contribution</u>
1. Prime Grantee (CARE)				
a. CARE MACH	590,000	-	165,000	37,500
b. BFLA	333,000 ^{a/}	80,000	79,000	-
c. BIB	233,000	-	171,000 IPPF	-
d. Support/Trg/ Assistance	200,000	24,000	33,000	7,500
2. Other Grantee (HOPE)	531,000	74,000	171,086	30,000
3. Program Mgt. (Including Training and Evaluation)	153,000	22,000	-	22,250
4. Contingency	22,000			
TOTAL	2,060,000	200,000	619,086	97,250

^a Includes \$60,000 POP funds.

6.2 Summary of A.I.D. Project Expenditures by Project Year^{a/}

Prime Grantee	5/88 - 4/89			5/89 - 4/90			5/90 - 4/91			TOTAL		
	CS	POP	AIDS	CS	POP	AIDS	CS	POP	AIDS	CS	POP	AIDS
CARE	(470)	(20)	(50)	(534)	(20)	(40)	(292)	(20)	(14)	(1296)	(60)	(104)
MACH	250	-	-	170	-	-	170	-	-	590	-	-
BFLA	90	20	30	140	20	36	43	20	14	273	60	80
BIB	70	-	-	124	-	-	39	-	-	233	-	-
S.T.A. Unit	60	-	20	100	-	4	40	-	-	200	-	24
<hr/>												
HOPE	250	-	40	141	-	24	140	-	10	531	-	74
A.I.D. MGT.	35	-	10	20	-	6	18	-	6	73	-	22
PROG. EVAL.	-	-	-	-	-	-	30	-	-	30	-	3
TRAINING	25	-	-	25	-	-	-	-	-	50	-	-
<hr/>												
Contingency	-	-	-	10	-	-	10	-	-	20	-	-
TOTAL	780	20	100	730	20	70	490	20	30	2,000	60	200

^{a/} FY 88 funding will be allotted to CARE \$375,000 (which \$145,000 will be for sub-grants); HOPE \$230,000; and A.I.D. Management and Training \$45,000.

6.3 Disbursement Procedures

A table showing the Methods of Implementing and Financing follows on the next page. Payment to HOPE and CARE shall be by means of a Federal Reserve Letter of Credit (LOC) in accordance with the terms and conditions of the LOC and any instructions issued by A.I.D.'s Office of Financial Management, Program Accounting and Finance Division (M/FM/PAFD). Terms and conditions of the LOC and any instructions issued by M/FM/PAFD constitute payment conditions for this grant. The Standard Provisions, Payment - Letter of Credit contains details on the Financial Status Report (SF-269) and the Federal Cash Transactions Report (SF-272).

The methods of financing to be used in the Child Survival Project are acceptable methods of payments as established in Section I.A.3 of the Payment Verification Policy Implementation guidance issued on December 30, 1983. USAID/Belize has used the LOC system with both HOPE and CARE for previous grants and anticipates no difficulties in using the same method again for HOPE and for CARE and its sub-grants.

The American PVO's, CARE and HOPE, are both registered with AID/W Bureau for Food and Peace and Voluntary Assistance, Office of Private and Voluntary Cooperation (FVA/PVC). This means that they have been officially certified and one assumes that they have adequate records and Internal Control.

The indigenous PVO's that are sub-grantees of CARE, Breast is Best League (BIB) and the Belize Family Life Association (BFLA), have been recently certified by USAID/Belize as registered indigenous PVO's. Their records have been improved and Internal Controls have been enhanced as a result of recent financial reviews conducted by USAID/Belize. Further financial monitoring of these two organizations will be required by the Mission. Funds have been budgeted for audit coverage in their proposals and in the Project Paper. CARE and HOPE, as recipients of LOCS have adequate audit coverage by their headquarters in the U.S. and the local offices in Belize. Thus, requirements under the Payment Verification Policy Guidance have been assured.

Standard Provisions for U.S. Non-governmental Organizations will be attached to Grant Agreements with U.S. PVO's. The prime grantee will incorporate the necessary Standard Provisions for Non U.S./Non-governmental organizations into sub-grants. The prime grantee will be responsible for establishing an advance and

vouchering system for each of the sub-grants which utilizes the accounting system of each sub-grantee to the extent possible. The USAID Mission will not oversee directly any advances or reimbursements of the prime grantee.

Methods of Implementing and Financing

<u>Organization</u>	<u>Type</u>	<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Three Year Amount</u>
1. Prime Grantee (CARE)	US PVO	Grant	LOC	1,460,000
a. S.T.A. Unit	US PVO	Grant	LOC	(224,000)
b. MACH	US PVO	Grant	LOC	(590,000)
c. BFLA	Bz PVO	Sub-grant	Adv./Reimb.	(413,000)
d. BIB	Bz PVO	Sub-grant	Adv./Reimb.	(233,000)
2. Project HOPE	US PVO	Grant	LOC	605,000
3. USAID Project Management	PSC	USAID Contract	Direct Pay	95,000
4. Statistics Trg.	GOB Empl.	PIO/P	Direct Pay	50,000
5. Final Program Evaluation	U.S. Contractor	USAID Contract	Direct Reimbursement	<u>30,000</u>
			TOTAL	\$2,240,000
			Contingency	<u>20,000</u>
			GRAND TOTAL	<u>\$2,260,000</u>

CARE will be responsible for establishing a system of payment for sub-grantees within the following general guidelines. Sub-grantees under CARE will prepare work plans and a detailed budget to cover the cost of operations for an initial period agreed upon between CARE and the sub-grantee. After review CARE will make the first remittance to cover the cost of operations over that period. Further remittances will be made upon receipt of regularly scheduled reports together with supporting fiscal documentation which will be recorded and reviewed by CARE-Belize. The remittances will take into account balances at hand at the end of the period and the cost of the proposed activities for the subsequent period.

CARE will reimburse the grantee in accordance with and up to the maximum amounts included in the budget for the reasonable expenses necessarily incurred by the sub-grantee in the performance of the sub-grant agreement. To receive payment the sub-grantee shall submit to CARE vouchers setting forth in detail the expenses incurred by the sub-grantee during the voucher period.

The sub-grantee shall comply with accounting and reporting procedures satisfactory to CARE, supported by books, records, and other documents and other evidence in sufficient detail to demonstrate that the funds and commodities have been properly expended in accordance with the sub-grant agreement.

In the case of procurement of commodities or costs of training abroad made by CARE on behalf of the sub-grantee, CARE will retain the funds in their accounts and expend them on behalf of the sub-grantee. Details in such expenditures will be provided to the sub-grantee when payment is made.

6.4 Cost-Sharing/Matching Provisions

Matching grant requirements are met for the total project as indicated below. Actual contributions in cash and in kind will be included in quarterly reports.

Summary Budget
(\$000)

<u>Sub-Activity</u>	<u>A.I.D.</u>	<u>Grantee Contrib.</u>	<u>GOB Contrib.</u>
CARE			
MACH 2	590	165	
BFLA	413	79 BFLA	37.5
BIB	233	171 IPPF	--
STA Unit	224	33	7.5
		--	--
HOPE	605	171	30
A.I.D. Program Management.	175	--	
Contingency	20	--	22.5
TOTAL	<u>2,260</u>	<u>619</u>	<u>--.</u> 97.25*

*Plus in-kind contributions

7. A.I.D. Management and Monitoring

7.1 A.I.D. Project Management

Overall management responsibility in USAID/Belize for the project is with the USAID General Development Officer, acting under the general supervision of the AID Representative. All instructions and communications from USAID/Belize will come from either of these officers.

The Regional Contracting Officer will negotiate the two grants with Project HOPE and CARE, based on a PIO/T initiated and approved by USAID/Belize.

A part-time USAID Child Survival Support Project Manager will be employed by USAID/Belize on a personal services contract funded under this project. She/he will work under the direct supervision of the General Development Officer. The person will be responsible for (a) cooperation, consultation and overall technical monitoring of child survival activities supported by the project, (b) liaison with the Ministry of Health on child survival and related health programs in Belize (including attendance on the Child Survival Task Force), (c) drafting communications with AID/Washington on child survival and related health activities and (d) preparation of information on the child survival project for the USAID/Belize Action Plan, Semi-Annual Report, and required reports to AID/W on child survival statistics.

The CSSPM will arrange and monitor a Child Survival Program Evaluation near the end of the project period to assess the extent that broad program goals have been achieved and recommend program measures and activities needed to continue the effort to meet child survival targets.

7.2 A.I.D. Responsibilities and Oversight

USAID/Belize has a continuing responsibility for monitoring overall project progress and for submitting justification to AID/W for funding in each fiscal year. USAID/Belize must approve any activities which contribute a substantive amendment to this project by an amendment to this pp.

The USAID/Belize General Development Officer should be advised of disputes which may arise in the execution of the grants or the sub-grants. The GDO will participate in and be a working partner in the resolution of such problems, calling on the assistance of the Regional Contracting Officer as required.

USAID/Belize is responsible for three scheduled reports to AID/W. An annual Action Plan is submitted in February which includes Objective #10 Reduce Infant and Child Mortality, details on actual vs. planned accomplishments in reaching child survival benchmarks are reported together with a discussion of significant departures from targets, assumptions on which the targets are based, and an overall narrative on the child survival objective in Belize. A USAID semi-annual report on accomplishments under this project is due in May and November of each calendar year. A child survival statistical report for Congress is due annually in August. Reporting requirements under this project will contribute to obtaining the information and data required for these reports.

7.3 Program Reporting

A detailed and comprehensive quarterly report on progress under each technical proposal will be submitted to USAID/Belize by the last day of the month following the end of each calendar year quarter. The first report under this project will be submitted not later than July 20, 1988 and every three months thereafter. BIB and BFLA will submit quarterly reports to CARE at a time to be specified in the individual sub-grant agreements. CARE will transmit the sub-grant reports to USAID/Belize along with (a) report on the MACH project and (b) report on the operation of the support, training and assistance unit.

Each report will include a summary of achievements of the sub-activity to date, both in terms of specific implementation targets of the grant (or sub-grant) and achievement of overall child survival targets for the country. A discussion of the activities accomplished during the quarter, problems and/or delays encountered, and planned activities for the next quarter will be included for each objective of the sub-activity. Specific details on number and content of all workshops and training courses will be included. A detailed outline of the quarterly report format including specific child survival indicators, will be provided in writing by the USAID General Development Officer.

A final summary report will be submitted at the end of the project by each grantee and sub-grantee.

8. Final Program Evaluation Plan

The program evaluation will examine the relevance, effectiveness and impact of the child survival program in Belize. The program will be assessed in terms of overall progress made in achieving a reduction in infant and maternal mortality and morbidity. The Child Survival sub-sector will also be examined in terms of the effectiveness of the GOB and private-sector delivery systems in diarrheal disease control; immunization coverage; breastfeeding, weaning and other nutrition interventions; reducing high-risk pregnancies; child spacing; and the spread of the AIDS virus to newborns.

The activities of the GOB and the donor agencies in management of the various delivery systems, operation of an information system, training of GOB staff and volunteer workers, and promotion of community participation will be a major focus. The adequacy of staffing and financing will also be studied.

The scope of work for the evaluation will address the following major program and project-specific issues and questions:

1. Has the USAID assistance to child survival been effective in reducing infant and maternal morbidity and mortality?
2. How have GOB policies and operations changed as a result of USAID activities, particularly in the areas of program coordination, management of delivery systems, financing, and data gathering?
3. Have coordination and relationships between the GOB and other groups changed as a result of the assistance?

4. Has the technical assistance provided improved the ability of the Ministry and the two indigenous PVO's (BIB and BFLA) to sustain and manage their operations even after USAID and other funding lapses?
5. How can CS programs better assist in reducing infant and maternal morbidity and mortality?
6. Should the USAID child survival strategy be recast as a result of lessons learned in assistance to this program?
7. Have the skills and training requirements of all personnel involved in child survival been adequately addressed?
8. Has assistance been cost-effective?

The program evaluation should be performed toward the end of this project by a three person team with technical expertise in public health administration/organization, health information systems, and health education. The experience of the team members should emphasize work in child survival overseas and working with private as well as government agencies.

The result of the evaluation should enable the GOB, the PVO's, and A.I.D. to review and take stock of the CS program and reinforce areas where future assistance can be most effective in promoting and sustaining child survival.

9. Analyses

9.1 Technical

The public health interventions used by the MOH to control diarrhea with ORT, immunize children and improve nutrition are techniques approved by the World Health Organization and accepted as world-wide practice. The contraceptives used are approved (and supplied) by the International Planned Parenthood Foundation. Abortions are not provided for or arranged by BFLA.

A number of cultural studies have been made in various districts and additional ones are contemplated in conjunction with this assistance. A knowledge, attitude and practices (KAP) study was done in the northern districts in the summer of 1987 and has been used in the design of MACH 2. More limited occasional surveys on smaller samples will be performed as new cultural areas are added.

The women to be trained as breastfeeding counsellors and community health workers are largely from rural communities; the training is participatory and the curriculum is modified to suit cultural differences and regional practices, so that the technical training will be applicable to local communities.

PVO's involved in the project have most of their trained staff on board. A new position for Project HOPE, which will be filled from the United States, is in health management and candidates should be available for recruitment by Project HOPE. It may take time to find several technical persons who will be recruited from Belize, but the positions are phased in and do not need to be hired until later in the project.

A large amount of the administrative training required can be arranged in Belize and, indeed, local training is more appropriate in many areas than bringing in external instructors. The limited non-Belizean technical assistance which may be needed in social marketing and data collection is short term and readily available from universities, consulting firms or from nearby regional organizations.

9.2 Social Considerations

i. Socio-Cultural Context:

Belize is a multi-ethnic, multi-lingual, multi-religious society as described in the BFLA and the other proposals. On the other hand, it is a small country with an excellent bus system, a radio system that reaches all of the people, and various television stations that reach over half of the population. With the exception of the undocumented refugees, people can be reached - but the message must be tailored to cultural differences.

While Belize's general health indicators are better than those in many third-world countries, recent statistics and analysis of survey data from an upgraded, computerized health information system reveal that its statistics in past years show a more optimistic picture than exists, in large part due to under-reporting or inability to identify those hard-to-reach populations. While Belize is far better off than its neighbors for provision of health services in rural areas, its several different ethnic groups utilize health resources in very different ways and access to a service is not always followed by utilization of that service. In addition, the health problems of the recent influx of refugees from neighboring Central American countries have put more demand on Belize's fragile health care system at a time when the health budget sees little change each year. And, while many MCH-child survival health care services are available at the village level (through mobile clinics) from the MOH system, no family planning services of any kind, especially counselling and method provision, are available from the government.

ii. Beneficiaries:

The GOB's Central Statistics Office estimates that Belize's total population in 1986 (calculated from 1980 census figures) was 171,000, split almost evenly between rural and urban areas. While two of the four PVO's, BIB and HOPE, are already operating on a nationwide basis, HOPE's activities were concentrated on the national level but expansion to the district level and below can now begin. BIB's program, while nationwide, has been fragmented at the district level and, under the new project, BIB will establish a mechanism for district activities and coordination. CARE presently operates in 12 villages in the two northern districts and will be expanding to cover most of the villages in both districts at the end of the new project. (Target population (1986) in the two northern districts in which CARE is working is 55,600.) BFLA is presently operating through Family Life Centers in Dangriga and Belize City, with a mobile clinic in Punta Gorda on a monthly basis, and thus essentially reaches three districts. They expect to open more Family Life Centers (a combination of fixed-facility and mobile clinic services) which will provide access to family planning services for most families in Belize. Their family life education programs will reach a much wider population.

As direct beneficiaries, all the PVO's serve women of reproductive age (15-45) (19% of the total population) and children under five (approximately 19%), with emphasis of EPI on under-ones. In addition, CARE's health education activities through use of television reach almost everyone in the districts in which they are shown. (From very preliminary results from the MACH Accidental Sampling Survey (12/87), about 70% of those interviewed in those two districts have televisions in their homes.) BIB also uses TV transmission of health education messages in two of the districts. The national radio station transmits to all districts and almost all houses have radios with listeners for much of the day.

The indirect beneficiaries of this project are the lower levels (district and below) of those involved with health care delivery, primarily the nurses (Rural and Public Health Nurses), the District Health Teams (a multi-sectoral board which meets to determine district health needs, set priorities, and plan and implement activities to address these priorities), and the CHWs. The increase in their knowledge and skills through the various training mechanisms already begun and proposed to continue under this new project will bring increased job satisfaction. The ability to address problems in

a timely manner with necessary support and resources will mean, in addition to increased job satisfaction, decreased frustration, an important factor in decreasing attrition in the various health care cadres.

iii. Participation:

The proposed project will build on participation activities already in place within each of the PVO's present project activities which work almost exclusively with women. BIB has over 120 breastfeeding counsellors all over Belize. BFLA has volunteers who work with the staff of each Family Life Center to promote women's health activities, as well as youth volunteers for the adolescent family life education program.

CARE has trained over 30 female CHWs in 12 villages to date and these women volunteer their time to look after the health needs in their villages, including mobilization of the mothers to have their children under three years old weighed monthly and to attend the mobile clinics run by the MOH nurses. They also coordinate their activities with the Water and Sanitation Committees in their villages, reinforced by the CARE/USAID/GOB Village Level Water and Sanitation project (505-0024).

iv. Socio-cultural Feasibility:

Because this project combines successful existing projects, and there is experience in working with the various cultural groups in Belize, the health interventions should be accepted. There is less experience with family planning, particularly in the western and northern districts. A KAP survey, however, revealed that there was a high level of awareness among women of the merits of family planning. The KAP survey clearly shows that provision of modern methods of family planning answers an established need.

There is heavy demand already for and utilization and acceptance of MCH services by the rural populations, both through RHCs/mobile clinics and CHWs, in part due to the ongoing work of HOPE, CARE, and PCI. Despite religious controversy about family planning and family life education, BFLA's two centers serve increasing numbers of member-users. BIB's hotline for breastfeeding information is used steadily and increasingly, and more women are asking to be trained as breastfeeding counsellors.

v. Impact:

Each of the present PVO projects works primarily with women. At the end of the MACH 2 component, CHWs will be functioning in forty of the villages in the two northern districts (one-third of the population of Belize), with a firm linkage to the MOH system established. At that time, only maintenance support to the CHWs will be necessary and that can be transferred to the MOH at the end of the project. In addition, CARE will continue production and testing of mass media health education materials and assist the MOH and other PVO's to incorporate good health education and communication practices into their activities.

The impact of BFLA's activities, once expanded to a network of four permanent centers and mobile units covering Belize, will be more widespread availability and use of family planning and family life services with a resulting decrease in the total fertility rate and population growth rate. Membership fees for various services and improved fund-raising will help maintain activities when this project ends.

BIB's impact will be felt through an increase in percentage of babies fully breastfed through the first four months of life as well as an increase in the number of working women who breastfeed their babies. BIB's breastfeeding promotion strategies are adaptable across the various ethnic groups in Belize. Complementing breastfeeding promotion, their activities in promotion of proper weaning food practices will reinforce longer breastfeeding duration and decrease infant morbidity and mortality, especially from diarrheal disease.

Impact from HOPE's continued coordination activities, management training in child survival-related areas at district and rural levels, and work on expanding the child survival Health Information System will allow for improved monitoring and evaluation of child survival and MCH activities with timely, appropriate and complete intervention when problems are noted.

9.3 Economic

The Project HOPE proposal cites two questions relating to the economics of survival of young children, one of which is the economic value to society of a healthy, employed, educated, socially-balanced individual with a life expectancy of seventy or more years can be expressed in terms of productivity during employment years. The costs to society of such an individual (to educate, provide health care, etc.) are far less than for a person unemployed or ill and largely dependent on society. This could be quantified for Belize but is not within the scope of this project.

Another more relevant question, according to HOPE, is the cost-benefit ratio of preventive vs. curative measures. Child survival strategies, including EPI, CDD, Nutrition, and High Risk Perinatal interventions as described by A.I.D. and WHO guidelines, have been analyzed exhaustively, re-emphasizing that the prevention of measles in childhood (for instance) at a cost of some 35 cents saves suffering, medical resources and absenteeism that will otherwise be expended by treatment of the patient in a hospital. Diarrheal disease, preventable childhood diseases, malnutrition, and iron deficiency anemia can all be expressed in terms of a cost-benefit, preventive-curative equation.

The MACH 2 proposal emphasizes the costs of transport that are saved by providing preventive health care at the village level. The MACH and BIB activities are labor intensive in that volunteer community workers are taught to deliver services. Project costs relate to training and supervision and most of the treatment involves a minimum number of health commodities.

The BIB proposal points out that breastfed babies are less prone to diarrheal diseases, acute respiratory infections and malnutrition. It costs at least \$316.00 (Bz\$632.00) to bottlefeed an infant for the first four months of life. Since safe water is not always available, many infants die from water-borne diseases. Malnutrition causes early tooth decay. If a mother breastfeeds, many health problems are alleviated, saving money for the family and society.

The BFLA activity will expand the number of contraceptive users by offering methods at lower cost than private physicians and pharmacies. Increased family planning will result in a healthier, happier society where development can be planned within existing resources. By encouraging teenagers to delay sexual activity and/or first pregnancy, they will become more educated and more productive members of society.

9.4 Environmental

An Initial Environmental Examination was prepared as Annex B to the PID. The threshold decision which was approved by AID/W was a negative determination.

9.5 Administrative

The issue of recruitment of new staff has been addressed in the technical section of this analysis. The main administrative needs for the smooth functioning of the organizational and

financial operations of the indigenous PVO's, BIB and BFLA, has been handled through the creation of a support "umbrella administrative" unit in the CARE office. Project administration will operate within the framework of these two existing organizations which will be expanded, but on a phased basis. There are no extraordinary requirements for office or warehouse space required by the project as, with the exception of BFLA, the basic infrastructure is in place. The two additional BFLA centers can be in buildings which are rented, or contributed for use by the mobile clinic. BIB training outside of Belize City is in facilities contributed by others.

The main administrative bottleneck to achieving overall CS objectives is in the capacity of the MOH to deliver services; their budget is limited and many personnel vacancies exist, particularly in the nurse corps. The project does not address these constraints (which depend on overall Belize government revenues) but the project will improve management and thus reduce ineffective administration.

10. Conditions and Covenants

10.1 Covenants

The grantees shall covenant that they will:

- a. Provide USAID/Belize with copies of any Memorandum of Understanding and copies of Sug-grant Agreements (and any amendments) between the prime grantee and its sub-grantees.
- b. Provide USAID/Belize, in form and substance satisfactory to USAID/Belize, with annual implementation plans and budgets on or before April 30 of each year of project activities, except for the first year which shall be June 30, 1988.

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TAGS:

SUBJECT: BELIZE CHILD SURVIVAL UMBRELLA PROJECT PID
(505-0037)

REF: STATE 022888

1. SUMMARY: AN ISSUES MEETING WAS HELD ON THURSDAY, JANUARY 28, 1988. REPRESENTING THE MISSION WAS SJG BRECHIN. THE REPRESENTATIVE EFFECTIVELY RESPONDED TO ISSUES OF PROJECT MANAGEMENT, GRANT COMPETITION AND PROJECT ACCOUNTABILITY, THEREFORE A DAEC MEETING WAS HELD. THE PID IS APPROVED AND THE MISSION MAY PROCEED TO DEVELOP AND APPROVE THE PROJECT PAPER. END SUMMARY.

2. SUMMARY OF THE PROPOSED CHILD SURVIVAL PROJECT: USAID PROPOSES TO CONTINUE CHILD SURVIVAL PROGRAM SUPPORT TO THE FOUR CURRENT PVOS (PROJECT HOPE, CARE BIB, AND BFLA) FOR 3 MORE YEARS TO ALLOW CONSOLIDATION OF GAINS MADE THUS FAR IN INITIAL CHILD SURVIVAL

EFFORTS. UNDER THE PROPOSED CHILD SURVIVAL PROJECT (505-0037), THE TWO INTERNATIONAL PVOS, PROJECT HOPE AND CARE, MAY RECEIVE GRANTS FOR CONTINUATION OF THEIR SURVIVAL ACTIVITIES. THE TWO BELIZEAN PVOS, BIB AND BFLA, MAY CONTINUE THEIR CHILD SURVIVAL ACTIVITIES THROUGH SUBGRANTS FROM CARE.

3. AID/W UNDERSTANDS THAT IN ADDITION TO WORK IN HEALTH, AGROFORESTRY, AND COMMUNITY DEVELOPMENT, CARE ALSO PROVIDES ORGANIZATIONAL DEVELOPMENT, TECHNICAL ASSISTANCE AND TRAINING TO OTHER PVOS.

4. AS CLARIFIED BY THE USAID REPRESENTATIVE, USAID CURRENTLY INTENDS TO PROVIDE GRANTS TO CARE AND PROJECT HOPE TO CONTINUE CURRENT CHILD SURVIVAL HEALTH ACTIVITIES. SUBGRANTS PROVIDED BY CARE TO BIB AND BFLA ARE TO SUPPORT ONGOING HEALTH CARE ACTIVITIES. GRANT FUNDING BY USAID TO CARE WILL INCLUDE A PROGRAM SUPPORT BUDGET TO COVER SUBGRANT ADMINISTRATION, ACCOUNTING AND

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REPORTING. THROUGH THE SUBGRANT RELATIONSHIP, CARL WILL ASSIST BIB AND BFLA TO IMPROVE THEIR MANAGEMENT AND ADMINISTRATIVE CAPABILITY AND WILL ASSUME ADMINISTRATIVE AND FINANCIAL RESPONSIBILITY FOR THE TWO BELIZEAN PVOS. BY THE END OF THE PROPOSED 3-YEAR PROJECT, BIB AND BFLA ARE EXPECTED TO BE ABLE TO EFFICIENTLY ADMINISTER THEIR PROGRAMS.

5. UNDER THE PROPOSED GRANTS ARRANGEMENT, ADMINISTRATIVE AND TECHNICAL ASSISTANCE PROVIDED BY USAID TO THE PVOS WILL BE REDUCED TO A MINIMUM. PROJECT FUNDS WILL ENSURE EFFECTIVE OVERSIGHT AND PROJECT MONITORING. THE PID PROJECT PURPOSE IS TO CHANGE SO THAT REFERENCES TO PORTFOLIO CONSOLIDATION AND REDUCTION OF USAID MANAGEMENT BURDEN IS DELETED.

6: TECHNICAL SERVICES: THE PP SHOULD MORE FULLY ADDRESS DATA COLLECTION THROUGHOUT THE PROJECT AND ASSURE THE EARLY COLLECTION OF BASELINE DATA TO MEASURE PROJECTED INCREASES IN BREAST FEEDING AND CONTRACEPTIVE USE ON A NATIONWIDE BASIS. IN ADDITION, THE PP SHOULD DESCRIBE HOW THE RECENT INFLUX OF CENTRAL AMERICAN REFUGEES ARE TO BE SERVED.

7: PER REFTTEL, PLEASE NOTE THAT SECTION 541 OF THE FOREIGN ASSISTANCE APPROPRIATIONS ACT, FY 1988 CONTAINS A NEW RESTRICTION: QUOTE NOR SHALL ANY OF THE FUNDS APPROPRIATED BY THIS ACT BE MADE AVAILABLE TO ANY PRIVATE AND VOLUNTARY ORGANIZATION WHICH IS NOT REGISTERED WITH AID/W UNQUOTE. USAID IS ADVISED TO ENSURE REGISTRATION OF BIB AND BFLA PRIOR TO AUTHORIZING SUBGRANTS.

8. AS THE MISSION IS AWARE, THE PROJECT STATUTORY CHECKLIST SHOULD BE PREPARED DURING INTENSIVE REVIEW OF THE PROJECT PAPER. THE REGIONAL LEGAL ADVISOR SHOULD BE CONSULTED AND ASKED TO REVIEW THE PROJECT CHECKLIST.

BT

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PROJECT DESIGN SUMMARY - LOGICAL FRAMEWORK

Project Title & Number: Child Survival Support Project (505-0037)

Life of project: FY'88-FY'90
 Total US Funding: \$2,260,000
 Date prepared: 26 February 1986

NARRATIVE SUMMARY	OBJECTIVE VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Goal:</u> To achieve a reduction in infant and maternal mortality and morbidity, reducing IMR to 23/1000 by 1989 with maintenance thereafter.</p>	<p>As a result of the project, health status of women and children under 5 will be improved.</p>	<p>GOB statistics Project reports</p>	<p>GOB human and financial resources will assure MOE can meet their obligations to Child Survival/Maternal-Child Health programs and projects.</p>
<p><u>Purpose:</u> 1. To strengthen and extend child survival programs in Belize.</p>	<p>End of project status: a. Nat'l immunization coverage of under-ones increased and maintained at 90%. b. 10% increase in % of infants fully breastfed through 4 mos. of life. c. Nationwide access to child-spacing counselling and methods. d. Child survival mgt. in MOE strengthened at nat'l and district levels. e. ORT distribution program expanded with increased access to ORT packets nationwide. f. Indigenous PVOs operating efficiently and with increased self-sufficiency. g. Extensive education on the cause and prevention of AIDS in target groups.</p>	<p>Program evaluation Special studies such as RAP surveys MOE statistics Project quarterly reports and final report</p>	<p>Cooperation between public and private sector. Competent administration is achieved by the GOB and indigenous private organizations.</p>

PROJECT DESIGN SUMMARY - LOGICAL FRAMEWORK

Project Title & Number: Child Survival Support Project (505-0037)

Life of project: FY'88-FY'90
 Total US Funding: \$2,260,000
 Date prepared: 26 February, 1988

NARRATIVE SUMMARY	OBJECTIVE VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs:</u></p> <ol style="list-style-type: none"> 1. CS program management strengthened at all levels. 2. CS Health Information System functioning. 3. Female CHWs trained in & implementing CS preventive/promotive measures in 24 vill. 4. BIB League developed, staffed, and well administered, providing breastfeeding training and counselling services nationwide. 5. BFLA developed, staffed, and functioning smoothly, offering access to FP counselling and methods throughout Belize. 6. Belizeans aware of the methods to control the spread of the AIDS virus. 	<p><u>Magnitude of Outputs:</u></p> <p>Active DHTs in all districts. EPI fully functioning nationally. CRT distributed in all districts.</p> <p>Accurate nat'l CS data on all key indicators published quarterly by MOH. 4 MSO staff trained in computer use for data analysis & spec. studies. 65 additional CHWs selected and trained in CS activities.</p> <p>50 additional BFCs identified and trained. Network of trained BFCs functioning in all 6 districts.</p> <p>Total of 5 centers (combination of fixed-facility and mobile clinics) established for access to FP counselling and services.</p>	<p>GOB reports</p> <p>Project quarterly and final reports</p> <p>Project records</p>	<p>GOB agencies and private sector will collaborate with one another.</p> <p>Experienced GOB and private-sector personnel will continue in present jobs and utilize training assistance provided.</p> <p>New technology can be introduced for data collection and reporting.</p>

PROJECT DESIGN SUMMARY - LOGICAL FRAMEWORK

Project Title & Number: Child Survival Support Project (505-0037)

Life of project: FY'88-FY'90
 Total US Funding: \$2,260,000
 Date prepared: 26 February 1988

NARRATIVE SUMMARY	OBJECTIVE VERIFIABLE INDICATORS		MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Inputs: AID (\$000 US)</u>	Magnitude of Inputs:		Disbursements	Appropriate technical services in skills required are available.
	<u>AID</u>	<u>NON-AID</u>	Audits	
Personnel	916			Commodities/technical assistance are provided in a timely manner.
Training	471			
Commodities	95			
Other costs	530			
Evaluation	30			
Overhead	197			
Contingency	20			
TOTAL	2260	664*		
<u>Inputs by Technical Component (\$000):</u>				
	<u>AID</u>	<u>NON-AID</u>		
HOPE		171.0		
CARE		202.5		
BIB		40.5		
BFLA		250.3		
Umbrella Mgt.:				
AID Proj. Mgr.	175.0			
TOTAL:	2260.0	664.3*		

*Non-AID contributions are not finalized but this is the minimum expected.

5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to: (A) FAA funds generally; (B)(1) Development Assistance funds only; or (B)(2) the Economic Support Fund only.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FY 1988 Continuing Resolution Sec. 526.
Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

No

2. FAA Sec. 481(h). (This provision applies to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government), has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without

Congressional enactment, within 30 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (a) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, and to prevent and punish drug profit laundering in the country, or that (b) the vital national interests of the United States require the provision of such assistance?

Yes

Yes

3. Drug Act Sec. 2013. (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to Congress listing such country as one (a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

No

No

No

No

4. FAA Sec. 620(c). If assistance is to a government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) the debt is not denied or contested by such government? N/A
5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities? N/A
6. FAA Secs. 620(a), 620(f), 620D; FY 1988 Continuing Resolution Sec. 512. Is recipient country a Communist country? No
If so, has the President determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism? N/A
Will assistance be provided directly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, South Yemen, Iran or Syria? No
Will assistance be provided to Afghanistan without a certification? No
7. FAA Sec. 620(j). Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property? No
8. FAA Sec. 620(l). Has the country failed to enter into an investment guaranty agreement with OPIC? No

9. FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? No
(b) If so, has any deduction required by the Fishermen's Protective Act been made? N/A
10. FAA Sec. 620(q); FY 1988 Continuing Resolution Sec. 518. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? No
(b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1988 Continuing Resolution appropriates funds? No
11. FAA Sec. 620(s). If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) N/A
12. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? No

13. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the Taking into Consideration memo.) Current
14. FAA Sec. 620A. Has the President determined that the recipient country grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism or otherwise supports international terrorism? No
15. FY 1980 Continuing Resolution Sec. 576. Has the country been placed on the list provided for in Section 6(j) of the Export Administration Act of 1979 (currently Libya, Iran, South Yemen, Syria, Cuba, or North Korea)? No
16. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures? No
17. FAA Sec. 666(b). Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? No
18. FAA Secs. 669, 670. Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.) No
- 49 -

19. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device? No
20. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the Taking into Consideration memo.) No
N/A
21. FY 1988 Continuing Resolution Sec. 528. Has the recipient country been determined by the President to have engaged in a consistent pattern of opposition to the foreign policy of the United States? No
22. FY 1988 Continuing Resolution Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance? No
N/A
23. FY 1988 Continuing Resolution Sec. 543. Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin? yes

B. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria

FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy?

No

FY 1988 Continuing Resolution Sec. 538. Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performance of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

No

2. Economic Support Fund Country Criteria

FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest?

No

FY 1988 Continuing Resolution Sec. 549. Has this country met its drug eradication targets or otherwise taken significant steps to halt illicit drug production or trafficking?

Yes

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5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

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

A. GENERAL CRITERIA FOR PROJECT

1. FY 1988 Continuing Resolution Sec. 523; FAA Sec. 634A. If money is sought to obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?
2. FAA Sec. 611(a)(1). Prior to an obligation in excess of \$500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?
3. FAA Sec. 611(a)(2). If legislative action is required within recipient country, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?

Congress will be notified week of April 11, 1988.

Yes

N/A

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4. FAA Sec. 611(b); FY 1988 Continuing Resolution Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.) N/A
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively? N/A
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. No
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to:
(a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. N/A
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise). N/A
9. FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars. N/A

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10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? No
11. FY 1988 Continuing Resolution Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A
12. FY 1988 Continuing Resolution Sec. 553. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? No
13. FAA Sec. 119(q)(4)-(6). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas? No

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14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? N/A
15. FY 1988 Continuing Resolution. If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? Yes
16. FY Continuing Resolution Sec. 541. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.? Yes
17. FY 1988 Continuing Resolution Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has prior approval of the Appropriations Committees of Congress been obtained? N/A
18. FY Continuing Resolution Sec. 515. If deob/reob authority is sought to be exercised in the provision of assistance, are the funds being obligated for the same general purpose, and for countries within the same general region as originally obligated, and have the Appropriations Committees of both Houses of Congress been properly notified? N/A
19. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision). N/A
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B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1988 Continuing Resolution Sec. 552 (as interpreted by conference report). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers?

No

b. FAA Secs. 102(b), 111, 113, 201(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and

The Child Survival activities supported by this project are nationwide. However, one PVO has concentrated efforts in two districts, focusing on the rural population. Mothers and children will both benefit from a more effective health delivery system, and through the increased access to health counselling and information.

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insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.

Technical assistance will be provided using appropriate technology. Training, incountry, in the U.S. and in third countries will all be appropriate under this project. Women will receive the major benefits from this project through increased knowledge, participation as active member of village councils, and as organizers and coordinators of child survival activities.

- c. FAA Secs. 103, 103A, 104, 105, 106, 120-21. Does the project fit the criteria for the source of funds (functional account) being used? Yes
- d. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)? Yes
- e. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)? N/A
- f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority? Yes

- g. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government. Project is consistent with and contributes to the achievement of GOB child survival targets. Project will utilize GOB and private sector personnel at the national and local levels.
- h. FY 1988 Continuing Resolution Sec. 538. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions? No
- Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations? No
- Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? No
- i. FY 1988 Continuing Resolution. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization? No
- If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services? No

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- j. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? Yes
- k. FY 1988 Continuing Resolution. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 20 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)? All funds will be provided as Grants to U.S. PVO's.
- l. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared Yes to the extent that such procedures are applied to Grants to PVO's.

or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k) utilize the resources and abilities of all relevant U.S. government agencies?

- m. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b) take full account of the environmental impacts of the proposed activities on biological diversity?

N/A

- n. FAA Sec. 118(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? No
- o. FAA Sec. 118(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development? No
- p. FY 1988 Continuing Resolution If assistance will come from the Sub-Saharan Africa DA account, is it (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) being provided in N/A

accordance with the policies contained in section 102 of the FAA; (c) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (d) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups; (e) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

N/A

2. Development Assistance Project Criteria
(Loans Only)

- N/A
- a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. N/A
- b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? N/A
- c. FY 1988 Continuing Resolution. If for a loan to a private sector institution from funds made available to carry out the provisions of FAA Sections 103 through 106, will loan be provided, to the maximum extent practicable, at or near the prevailing interest rate paid on Treasury obligations of similar maturity at the time of obligating such funds? N/A
- d. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A
- c 403

3. Economic Support Fund Project Criteria

N/A

- a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA? N/A
- b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? N/A
- c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N/A

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9 Front St., P.O. Box 65, Dangriga, Belize, Central America, Telephone (05)2200
127 Barracks Road, Belize City, Belize, Central America, Telephone (02)4-4399

Art

15th April, 1988

Mary Ellen Duffy Tanamly
General Development Officer
USAID/Belize Mission
Belize City, Belize

Dear Mellen,

Enclosed are the parts of the BFLA Technical proposal that have been changed. As you see, they have to do with training, job descriptions, and the necessary budget changes related to adding an accounting assistant. We believe that you also had some input into those changes and therefore we feel that they are reasonable and acceptable to us.

With these changes therefore, the proposal stands as approved by the BFLA Board of Directors for the three year period.

Thanks again, Mellen, for all your past assistance and patience as related to this document and to the BFLA.

Sincerely,

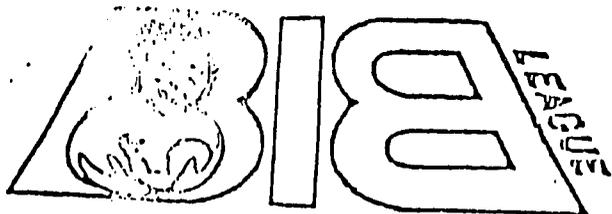
Phyllis Cayetano,
President, Board of Directors

* Job descriptions to follow



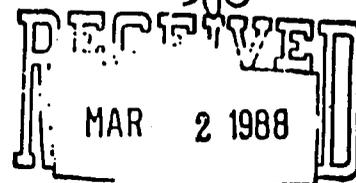
BRINGING FAMILY LIFE ALIVE
Patroness—Mrs. Kathy Esquivel

Annex D-2



BREAST IS BEST LEAGUE
18 EVE STREET
P.O. BOX 1203
BELIZE CITY
BELIZE, C.A.
TEL: 02-77398

March 2, 1988



Mrs. Mellen Tanamly
General Development Officer, GDO
USAID, Belize
Belize City, Belize

GDO

Re. Child Survival Technical Proposal

Dear Mellen,

Enclosed please find our proposal entitled ("Infant Nutrition Breastfeeding and Weaning") - phase II (BIB).

This document is intended to meet the requirements for a technical child survival submission by March 1, 1988.

The amount shown covers a large portion of BIB's plans for the improvement of infant nutrition status countrywide.

Thank you for giving BIB the opportunity to apply.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Eva Middleton'.

Eva Middleton,
Executive Director
BREAST IS BEST LEAGUE

EM/c11

ENC.

66

CARE

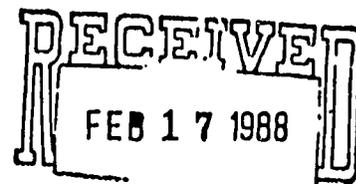
Since 1946

INTERNATIONAL BELIZE

17 February, 1988

Reference: 410:88

Mellen Tanamly
G.D.O.
USAID/Belize
Belize City, Belize



Re: Child Survival Technical Proposal

GDO

Dear Mellen:

Enclosed please find our revised proposal, in duplicate, entitled Maternal and Child Health Project - Phase II (MACH-2). The document incorporates the changes recommended by USAID/Belize on the technical child survival proposal submitted on 29 January, 1988. Specifically, we have:

- 1) Addressed some of the comments from the John Snow review.
- 2) Clarified the schedule of enlistment of the additional 28 villages.
- 3) Reworded the Final and Intermediate Goals in a clearer manner.
- 4) Revised and extended the critical indicators for Final Evaluation.
- 5) Eliminated the reference to a 'trainer'.
- 6) Included 2nd and 3rd year plans.
- 7) Revised the budget format and totals.
- 8) Adjusted the project's organizational chart.

Kindly note that the project's budget does not include CIK values for MOH, CHWs, or others such as concerned community members, and Peace Corps Volunteers. As before, no Umbrella project costs are included. However, the amounts shown could be subject to adjustment once the Umbrella is settled.

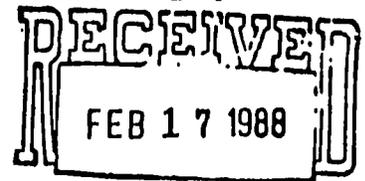
Trusting this submission satisfies your requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Brechin". The signature is fluid and cursive, with a long horizontal line extending to the right.

Frank Brechin
Country Director

Files: 115
465 (MACH-2)
1503.2



THE PROJECT HOPE HEALTH SCIENCES EDUCATION CENTER, MILLWOOD, VIRGINIA 22648 (703) 837-2100

GDO

February 17, 1988

Mary Ellen Duffy-Tanamly
General Development Office
USAID/Belize
Belize City, Belize

Dear Ms. Tanamly:

It is a pleasure to be able to forward the accompanying proposal to extend Project HOPE's child survival activities in Belize.

Discussions with the country mission officials and local government representatives were vital in the development of the proposal. We have incorporated local thoughts and guidance, as well as lessons learned from our previous and current child survival programs.

We are convinced that the activities proposed will make a significant and distinct contribution to child survival efforts in Belize.

We are committed to constant dialogue with USAID/Belize and other international institutions so as to avoid duplication of efforts while reinforcing the overall child survival goals.

Project HOPE looks forward to a continuing productive relationship with USAID/Belize and we thank you for consideration of this proposal.

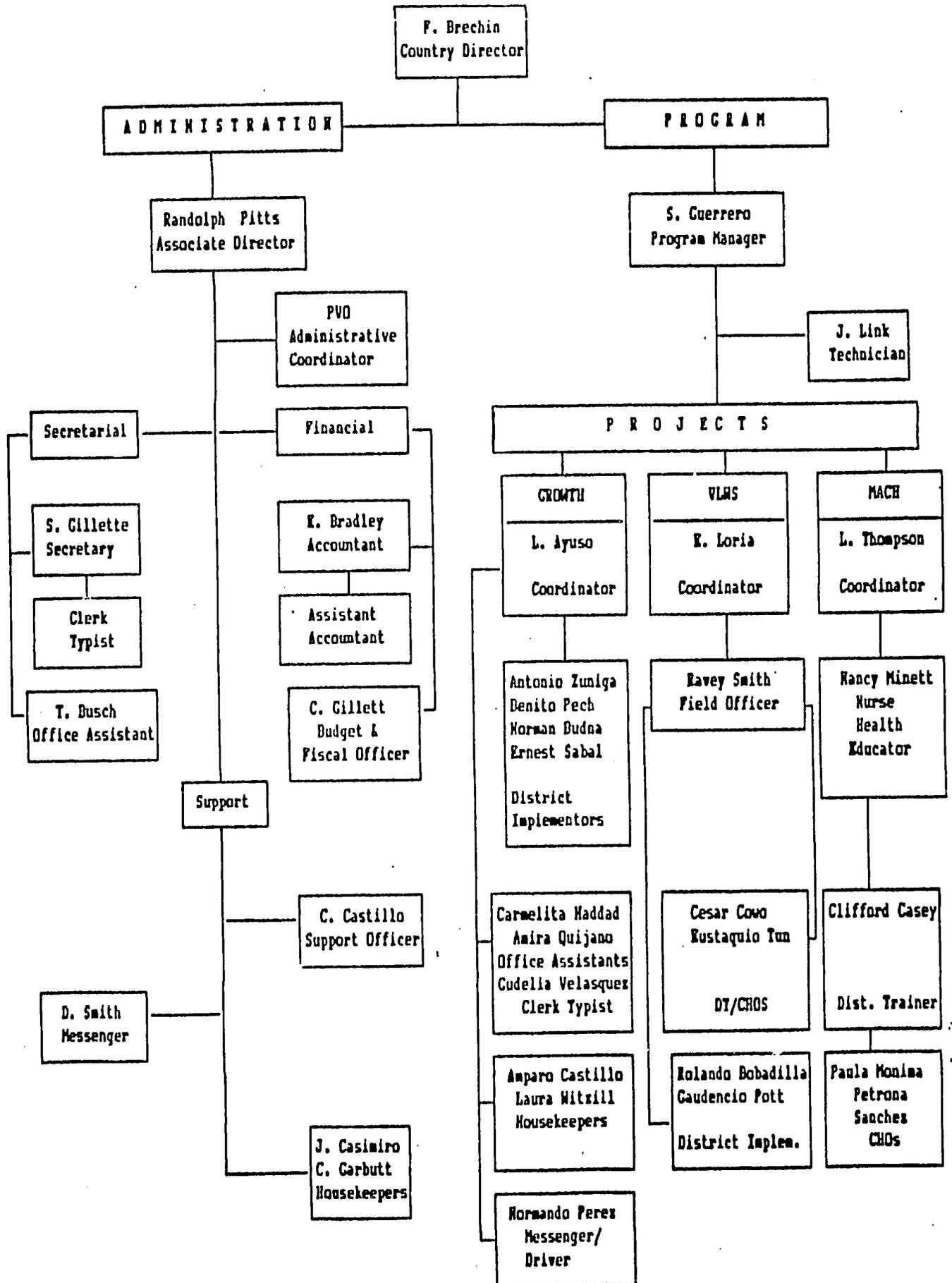
Sincerely yours,

Donald C. Kaminsky, M.D., M.P.H.
Vice President, International Division

DCK:bjw

cc: William B. Walsh, Jr.
Don G. Weaver
Carolyn C. Brye, Ph.D., R.N.
Mary Kroeger, R.N., M.P.H., C.N.M.

CARE ORGANIZATIONAL CHART

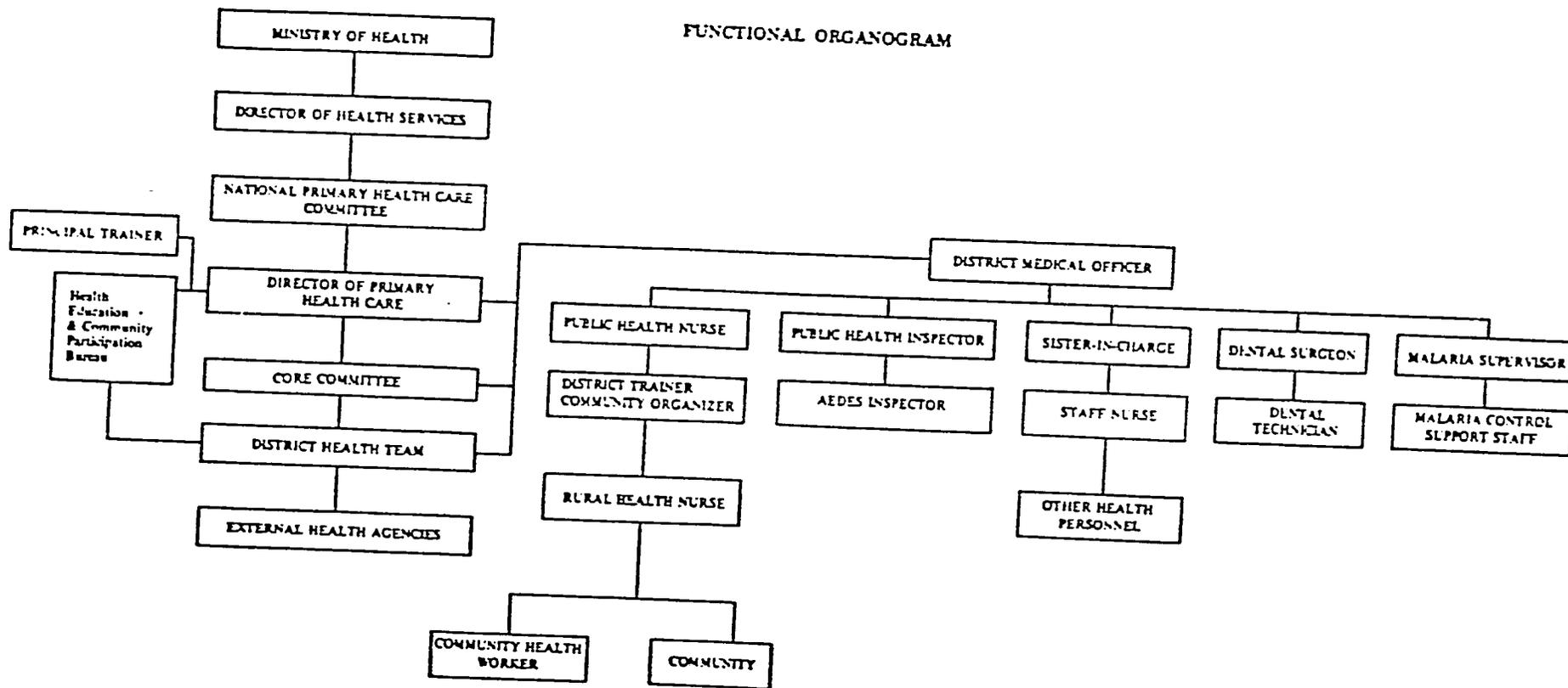


UNOFFICIAL ORGANOGRAM

ANNEX E

MINISTRY OF HEALTH

FUNCTIONAL ORGANOGRAM



PP 505-0037 ADDENDUMPage 35 - Section 9.2.ii. Beneficiaries

(To follow after "As direct beneficiaries" paragraph)

While none of the PVOs will be working with refugees as a specific population, all of the project components work in rural areas with efforts concentrated on finding those in hard-to-reach areas. By continuing and increasing activities that they have carried out in the past, each PVO has the potential to reach the undocumented aliens who have moved into Belize in the past few years. There are no accurate figures on the size of this population.

Improving the accuracy of target population figures through Project HOPE's technical assistance to the Medical Statistics Office will allow computation of more realistic coverage figures for immunization and other activities and allow the MOH to better define those under-served areas in Belize, sometimes synonymous with refugee areas. CARE's MACH project will expand the Community Health Worker concept into 28 more villages in the two northern districts, with the possibility that one or more "refugee" villages in those districts will be chosen for the CHW program. BFLA's outreach and mobile clinic services are designed to increase accessibility to women who feel constrained to seek services. Since BFLA is not connected at all with the MOH at present, refugee women (and men) may feel more comfortable using BFLA's services. BIB's Breastfeeding Counsellors also come from rural villages all over Belize and these counsellors will be available to all community members and will know when new families move into an area.

Page 37 - Section 9.2.v. Impact

(Insert before first paragraph)

In addition to a Child Survival Program evaluation at the end of the project, impact will be assessed based on data collection at the beginning of the project. To this end, BIB will conduct a nationwide survey of breastfeeding practices in 1988. Changes in attitudes and practices will be measured by MACH's end-of-project KAP survey in villages in which they are working in the two northern districts as well as in the National Nutrition Survey that the MOH will conduct in 1989.

711

The Fertility and Family Life Survey conducted in 1985 has documented contraceptive prevalence and attitudes and practices in Belize. USAID/Belize will assist BFLA to contact the Demographic and Health Survey Project to request them to plan a survey for Belize in mid-1990 to demonstrate changes in contraceptive prevalence rate and attitudes and practices. Other changes such as immunization coverage and prevalence of EPI-related diseases, infant mortality rate, and ORS use will be measureable through the MOH's Medical Statistics Office health information system and the National Epidemiologist's surveillance system to which Project HOPE gives technical assistance.

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