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

HAITI

PROJECT PAPER

VOLUNTARY AGENCIES FOR CHILD SURVIVAL

Amendment No 1

AID/LAC/P-560
CR P-378

Project Number: 521-0206

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT				PROJECT DATA SHEET		1. TRANSACTION CODE <input type="checkbox"/> A = Add <input checked="" type="checkbox"/> C = Change <input type="checkbox"/> D = Delete		Amendment Number <u>1</u>		DOCUMENT CODE <u>3</u>	
COUNTRY/ENTITY <u>HAITI</u>						3. PROJECT NUMBER <u>521-0206</u>			5. PROJECT TITLE (maximum 40 characters) <u>Voluntary Agencies for Child Survival</u>		
4. BUREAU/OFFICE <u>USAID/HAITI</u>						6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY <u>019</u> <u>310</u> <u>913</u>			7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4) A. Initial FY <u>87</u> B. Quarter <u>4</u> C. Final FY <u>92</u>		
8. COSTS (\$000 OR EQUIVALENT \$1 = 1,000)											
A. FUNDING SOURCE			FIRST FY <u>87</u>			LIFE OF PROJECT					
			B. FX	C. L/C	D. Total	E. FX		F. L/C		G. Total	
AID Appropriated Total			3,000	-0-	3,000	15,990		6,010		22,000	
(Grant)			(3,000)	(-0-)	(3,000)	(15,990)		(6,010)		(22,000)	
(Loan)			()	()	()	()		()		()	
Other U.S.			1.								
			2.								
Host Country											
Other Donor(s)											
TOTALS			3,000	-0-	3,000	15,990		6,010		22,000	
9. SCHEDULE OF AID FUNDING (\$000)											
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE thru FY 88		E. AMOUNT APPROVED THIS ACTION-FY 89		F. LIFE OF PROJECT			
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant		2. Loan	
(1) CS	530	510		4,000	-0-	2,100	-0-	13,000		-0-	
(2) ARDN	332	350		-0-	-0-	200	-0-	200		-0-	
(3) HE	533	530		3,044	-0-	985	-0-	8,800		-0-	
(4)											
TOTALS				7,044	-0-	3,285	-0-	22,000		-0-	
10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)										11. SECONDARY PURPOSE CODE	
440	540	550	560	920	660	660					
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)											
A. Code	B. Amount										
13. PROJECT PURPOSE (maximum 480 characters)											

1. To develop the institutional capacity of private and voluntary and non-governmental organizations in Haiti to provide Child Survival (CS) outreach services.
2. To increase the access of the rural population to CS services.

14. SCHEDULED EVALUATIONS						15. SOURCE/ORIGIN OF GOODS AND SERVICES					
Interim		MM YY		MM YY		Final		MM YY			
6/1/91										<input type="checkbox"/> 000 <input checked="" type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)	

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 43 page PP Amendment.)
This amendment increases project funding by \$ 10 million and extends the PACD by 14 months. The amendment supports an increase in the availability of Child Survival interventions through national immunization campaigns and an increase in the accessibility of child survival services through PVOs.

I have reviewed and approved the methods of implementation and financing for this amendment

17. APPROVED BY		Signature <u>Gerald Zarr</u>		Date Signed MM DD YY <u>017</u> <u>210</u> <u>819</u>		DATE DOCUMENT RECEIVED BY MM DD YY 7/19/91	
		Title <u>Mission Director, USAID/Haiti</u>					
		Signature <u>Claire Johnson</u>		Title <u>Controller, USAID/Haiti</u>			

PROJECT AUTHORIZATION
AMENDMENT NO. 1

Name of Country : Haiti
Name of Project : Voluntary Agencies for Child Survival
Number of Project : 521-0206

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Voluntary Agencies for Child Survival Project for Haiti was authorized on July 30, 1987. That authorization is hereby amended as follows:

Paragraph 1 of the authorization will be replaced by the following:

Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Voluntary Agencies for Child Survival project for Haiti, involving planned obligations of not to exceed \$ 22,000,000 (Twenty-Two Million United States Dollars) in grant funds ("Grant") over a 74 (Seventy-Four) month period from the date of Authorization, subject to the availability of funds, to help in financing the local currency and foreign exchange costs for the project.

2. The authorization cited above remains in force except as hereby amended.

Clearances:

PPS: RFanale	<i>RF</i>	Date	<i>7/10/89</i>
AFord	<i>ant</i>	Date	<i>7/11/89</i>
HRO: MWhite	<i>MW</i>	Date	<i>7/10/88</i>
A/CONT: CJohnson	<i>CJ</i>	Date	<i>7/19/89</i>

Approved: _____

Gerald Zarr
Gerald Zarr
Director, USAID/Haiti

Date: _____

July 20, 1989

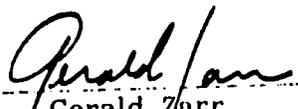
PROJECT AUTHORIZATION

NAME OF COUNTRY : Haiti

NAME OF PROJECT : Voluntary Agencies for Child Survival

NUMBER OF PROJECT : 521-0206

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Voluntary Agencies for Child Survival project for Haiti, involving planned obligations of not to exceed \$12,000,000 (Twelve Million United States Dollars) in grant funds ("Grant") over a five-year period from date of Authorization, subject to the availability of funds, to help in financing the local currency and foreign exchange costs for the project.
2. The project ("Project") has two major components: (1) the delivery of essential child survival interventions and (2) organizational development. VACS will support technical assistance, research and service delivery activities, all of which have as their common objective the improvement of child survival-related health services and the increased availability of those services.
3. The Project Agreements, which may be negotiated and executed by the officer to whom such authority is delegated in accordance with AID 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 AID may deem appropriate:
 - a. Source and Origin of Goods and Services. Goods and services financed by AID under the Grant shall have their source and origin in countries included in AID Geographic Code 941 or in Haiti, except as AID may otherwise agree in writing. Ocean shipping financed under the Grant shall, except as AID may otherwise agree in writing, be financed only on flag vessels of countries included in AID Geographic Code 941 or Haiti.

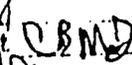
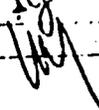


Gerald Zarr
Director, USAID/Haiti

July 10, 1987

Date


DRE:RByess: June 12, 1987:vacs4

DRE, AFord 
PHO, CBMcDermott 
CONT, SJackson 
D/DIR, LEMorse 

PROJECT PAPER AMENDMENT
VOLUNTARY AGENCIES FOR CHILD SURVIVAL (VACS)
PROJECT NO. 521-0206

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I. SUMMARY AND RECOMMENDATIONS

- A. PROJECT TITLE: Voluntary Agencies for Child Survival
- B. PROJECT NUMBER: 521-0206
- C. IMPLEMENTING ORGANIZATION: University Research Corporation (URC)
- D. GRANTEES: Haitian and International PVO/NGOs
- E. TOTAL PROJECT COST TO A.I.D.: \$22,000,000
- F. LIFE OF PROJECT: 74 months (PACD 9/30/93)
- G. GOAL: To improve the quality of life of rural children through an expanded Child Survival system.
- H. PURPOSES: (1) To develop the institutional capacity of private and voluntary and non-governmental organizations in Haiti to provide Child Survival (CS) outreach services; and (2) to increase the access of the rural population to CS services.
- I. PROJECT DESCRIPTION: The project is to provide long-term technical assistance to help develop and promote local PVOs and NGOs involved in the delivery of child survival assistance.
- URC, as the principal contractor, will continue to assist the Mission in institutional development of the PVO/NGOs. The Mission will monitor the project through its USDH Health Officer, FSN Senior Health Advisor and a PSC Project Coordinator.
- The intended key outputs of the project are to strengthen the institutional capacities of PVOs/NGOs in Haiti in providing Child Survival service delivery and to provide such services to an estimated 1.3 million people.
- J. RECOMMENDATIONS: That the LOP funding level be increased from \$12 million to \$22 million and the PACD be extended by 14 months from July 30, 1992 to September 30, 1993.

II. BACKGROUND

A. Background and Rationale

The Voluntary Agencies for Child Survival project (VACS) (521-0206) was authorized in July 1987 with the purpose of developing institutional capabilities of PVOs and improving PVO service delivery programs thereby increasing the availability of Child Survival (CS) health interventions. Originally, the project had a PACD of July 30, 1992, and a life of project funding totaling \$12,000,000. Under this amendment, the funding level will be increased to \$22,000,000 and the PACD extended by 14 months, i.e. from July 30, 1992 to September 30, 1993.

The project was designed within the then-prevalent Mission strategy of providing complementary inputs through the public and private, non-governmental sectors. The Mission had been supporting Haiti's large PVO/NGO health community for a number of years, notably through a series of projects with the Association of Private Health Organizations (French acronym - AOPS) in rural areas and through the Complexe Medico-Social at Cite Soleil for urban care. At the time that VACS was authorized, the Mission had on-going programs with the Ministry of Public Health and Population (MSPP) and had plans for future assistance projects through the MSPP as complementary to the rural and urban PVO/NGO child survival efforts. With the disruption of the overall A.I.D. program in November 1987, the VACS project suddenly became the Mission's principal vehicle for providing health assistance to the rural poor.

The planned child survival/health obligations to the public sector had included a major new health project in FY 88 which would have provided annually nearly \$4,000,000 in assistance to the Haitian child survival program, much of it through the MSPP but with assistance from selected international organizations (IOs). The VACS project, as originally designed, had an average annual funding level of less than \$3,000,000 per year, primarily through the PVO/NGO community. With the disruption in public sector assistance, in order to meet the Mission's strategic objectives in health it became necessary to shift some of the planned activities directly to IO and PVO/NGO management. These activities include providing resources to the national Expanded Program of Immunization (EPI) through the Pan American Health Organization (PAHO) and to area service delivery efforts of the United Nations Children's Fund (UNICEF), as well as augmenting levels of technical assistance through "buy-ins" to centrally funded projects such as Resources for Child Health (REACH), Johns Hopkins University (JHU) and others. Early obligations under VACS for these necessary complementary activities which were to be supported under the terminated MSPP project have resulted in

more limited funding under VACS for the PVO/NGO outreach efforts it was to primarily assist. This amendment will ensure adequate financing for both types of activities so that the project purpose can be achieved.

The first 15 months of the VACS project were subject to the considerable turmoil in Haiti, which disrupted the pace as well as the mix of activities summarized above. The series of four governments in the 1987-88 period greatly delayed registration of PVO/NGOs with the GOH, a necessary precondition for financing. Frequent disturbances throughout the country also disrupted fieldwork in outreach programs. This amendment proposes a modest LOP extension to adjust for the time lost.

It should be emphasized that the Mission supported the shift in project financing from public to private sector with an accelerated policy dialogue effort to define a nationwide shared approach to child survival between the MSPP and the PVO/NGO community. This effort has begun to come to fruition in the last 6 months, with protocols between the MSPP and established PVO programs signed for three geographic areas and personnel and facilities being redeployed. While USAID/Haiti and the PVO/NGO community remain cautious as the respective roles and responsibilities are more clearly defined, the approach has great promise for an effective public health strategy. Thus the Mission's strategy towards child survival and the VACS project purpose remain unchanged, but the means of achieving them has shifted to what is likely a more sustainable and effective approach in the long term.

While the VACS project purpose remains unchanged, this amendment will support increased availability of child survival interventions through national immunizations and diarrheal disease control programs and increased accessibility of child survival services through PVOs. This latter purpose will be promoted through management and organizational development assistance throughout the life of the project.

More specifically this amendment will strengthen financial and organizational development support to be provided to the PVO community by a long term technical assistance team. Those receiving management assistance also include the three support institutions, Association of Private Health Organizations (AOFS), Haitian Child Health Institute (CHI), and the Haitian Community Health Institute (INHSAC), which in turn support the service delivery PVOs through grants, technical assistance, training, monitoring and evaluation. Under this amendment grants to PVOs will increase from 15 to 30 and the total population coverage will increase to 1.3 million people.

Under the original design, it was proposed to have a U.S. PVO or non-profit organization function as an umbrella

organization for the purpose of implementing the project. The U.S. organization was to provide the subgrants to the Haitian PVOs and be responsible for the complete implementation and financial management of the subgrants to the PVOs. In the process, the U.S. organization would also provide TA and training to the Haitian PVOs. The processing, review and appraisal of the subgrants to the Haiti PVOs was to be the primary responsibility of the U.S. Organization.

Subsequent to project authorization, however, an A.I.D./W Contracts Officer reviewed the proposed procurement and determined that restricting eligibility to PVOs and/or non-profit organizations was inappropriate, and that the procurement should be advertised to the widest possible group of offerers, including for-profit firms. In making that change, the Mission was no longer able to follow the original design plan, as reflected in the Project Paper, of having the U.S. organization responsible for issuing the subgrants to the Haitian PVO/NGOs. While this shift placed more administrative management on the Mission, it did not change the project in any substantive way. A for-profit contractor was the successful offeror. This amendment proposes retaining the TA contractor for the life of the project.

B. Project Achievements To Date

Despite the very unsettled times that the VACS project has endured, these have been very productive years with notable progress being made toward achieving the project's objectives. In July 1987 the project was authorized for a total of \$12 million. Of this, over \$7 million has been obligated and \$ 1,788,000 worth of expenditures have accrued through March 1989 through the thirteen grants and three contracts listed in Table 1. As represented in Table 1, these can be divided into four categories: child survival service delivery, child survival program support, research/studies, and technical assistance contracts.

Table 1: VACS Obligations as of March 31, 1989
(U.S. dollars)

<u>Child Survival Service Delivery</u>		
Haitian Health Foundation (HHF)	08/31/87	850,000
Service Agency for Development Assistance (SADA)	08/02/87	600,000
UNICEF (Hop. St. Croix)	09/24/87	400,000
PAHO (EPI)	08/31/87	405,000
PAHO (EPI)	09/25/88	400,000
CARE/RICHES	09/28/88	660,000

Child Survival Program Support

JHU Child Survival Fellow	08/31/88	115,000
John Snow Inc/REACH	08/17/87	500,000
Child Health Institute	09/28/88	941,136

Research/Studies

Johns Hopkins University	08/28/87	245,000
JHU/Erythromycin Study	08/31/88	65,000
Family Health International	09/30/88	50,000
National Academy of Science	09/30/88	44,000

Technical Assistance Contracts

VACS Project Coordinator	06/06/87	57,000
VACS Project Secretary	08/02/88	11,963
University Research Corp.	08/29/88	1,698,612

TOTAL \$7,042,771

In the first category, child survival service delivery, the two successive grants to PAHO through buy-ins to an A.I.D./W centrally-funded project have supported annual national vaccination campaigns which promote immunizations in a target population of approximately 634,200 pregnant women and children under the age of five. Thus far the strategy for service delivery has been through three National Vaccination Days which were successfully conducted in September, October and December of 1988 in which approximately 300,000 women and children were vaccinated. Two more such campaigns are planned for later in CY 1989 through a late FY 89 direct grant to PAHO which is in process at USAID/Haiti.

Grants to UNICEF and the three PVOs provide preventive and community health services in specific geographic areas to a combined total population of 434,000. In Jeremie, the Haitian Health Foundation (HHF) has conducted a census of the target population of 29,000 and established village health committees in 34 communities. Working through a base clinic and 25 trained community health workers (CHWs), it began service delivery in May 1989 with a first cycle of rally posts. A recent (April 1989) evaluation was strongly positive about its progress to date.

In Leogane, UNICEF has covered 13 rural sections and recruited 124 CHWs to serve its target population of 100,000. It has constructed a clinic and initiated service delivery. UNICEF's tandem effort in urban St. Martin (target population 120,000) has been delayed due to the political unrest and administrative difficulties with MSPP. The grant is currently being extended from its completion date of September 30, 1989, to compensate for time lost during the disruptions. An evaluation will be

undertaken in mid-FY 90 to determine the potential for continuing support to the program.

The Service and Development Agency (SADA) program is in four peri-urban areas surrounding Port-au-Prince with a population of approximately 100,000. It has begun registering households and initiated a deparasitation program. And CARE's "Resources in Community Health Education Support", or RICHES, program has developed an innovative health education curriculum for service delivery which is based on Community Health Committees and mothers as health promoters. Community work began last year in five communities in Grand Anse, Northeast, North and West Haiti with a combined population of 85,000.

With the URC technical assistance (see TA rubric below), 5 more area specific grants are currently in process and will cover a target population of over 600,000 persons over the life of project.

Child Survival program support includes three grants. The grant to the Child Health Institute (CHI) supports CHI's research program which conducts studies on topics relevant to the child survival community, i.e. infant mortality, measles prevalence, ORT use, etc. VACS funding provides core support to CHI, and has recently supported TA to help CHI in its own organizational development. With assistance from the JHU Child Survival Fellow who arrived in February 1989 (also funded under this rubric) CHI is assisting PVOs to set up health information systems to facilitate program monitoring, including initial baseline data studies as well as final evaluation surveys.

The Resources for Child Health (REACH) Project is a centrally-funded effort implemented by John Snow, Incorporated (JSI). During 1987-88 REACH provided CHI with short-term TA in management, and the Mission with design of EPI and diarrheal disease control components of Mission activities. In January 1988 a REACH Resident Technical Advisor was posted to Haiti to assist, among numerous other activities, in planning, implementing and monitoring the National Vaccination Days.

The research/studies rubric includes four research efforts related to child survival. Johns Hopkins University has undertaken two such efforts to date. The first assessed the potential for identifying means to reduce infant mortality through the use of an antibiotic, erythromycin, by pregnant women; the results have only recently been received and are being studied. The second assessed the potential for reducing child morbidity by testing a new measles vaccine that can protect children at an earlier age; the results were extremely promising and it is likely that recommendations for use of the new vaccine (the Zagreb strain) will be passed to collaborating PVOs. A third research effort by Family Health International on a new

contraceptive method for women, was initiated under VACS financing but shifted to the VACS partner project "Private Sector Family Planning" (PSFP, No. 521-0189) and is continuing. And U.S. National Academy of Sciences has recently initiated an epidemiological assessment of pregnancy outcomes to identify predictors for success. The results of these studies will be provided to PVOs as they are known.

The three technical assistance contracts include those for the VACS local hire PSC Project Coordinator and Secretary as well as the major TA contract with University Research Corporation (URC). The Project Coordinator and Secretary work in USAID/HRO and provide for day-to-day project coordination and administrative support. The URC long-term advisors, one specializing in Organizational Development and the other in Grants Management, have been in country since October 1988. They and selected short-term TA have provided assistance to PVO/NGOs seeking VACS grants, including developing and disseminating a funding guide, conducting a workshop on proposal writing, and critiquing and helping revise proposals selected for funding. URC has additionally provided TA to CHI for its organizational development efforts and undertaken a major evaluation of AOPS to provide a background for its proposed VACS grant.

III. PROJECT DESCRIPTION

A. Revised Project Goal

The definition of the project's Goal has been revised from the more limited description of "to decrease infant and child mortality", to the broader one of "Improve the quality of life of rural children through an expanded Child Survival System". The revised Goal does not change the thrust of the project but more accurately reflects the Goal of the project. Decreased infant and child mortality, which is a USAID/Haiti Action Plan Strategic Objective, becomes the key indicator of Goal achievement.

B. Project Purpose

The two Purposes stated in the original Project Paper, in principle, remain unchanged but the definitions have been redefined to reflect a clearer description of the Purpose of the project. The project Purposes set forth in this amendment are:

- (1) to develop the institutional capacity of private and non-governmental organizations in Haiti to provide Child Survival (CS) outreach services to the rural poor.

(2) to increase the access of the rural population to CS services through the PVOs.

C. Revised Project Outputs

The two purposes--institutional development and service delivery--will be achieved through a combination of related project elements. The strategy involves direct support to increasing the quantity of PVO/NGO services delivered while at the same time improving the quality of such services through provision of TA, training, and relevant research findings.

As noted previously, the funding for the project is proposed to increase substantially to compensate for the health services which would have been provided through the terminated public sector efforts. The additional \$10 million being provided through this amendment will increase the level of technical assistance and child survival program support (training, research) and direct service delivery substantially over the four years remaining in this project. The principal outputs are restated as:

(1) A system in effect to provide management assistance to Haitian PVO/NGOs. The objective is to have AOPS develop the professional management staff to provide this assistance. In response to the recent evaluation AOPS is already reorganizing. Over the next four years, AOPS will receive substantial technical assistance to help it obtain this management expertise.

(2) A strengthened and more effective national PVO/NGO Child Survival delivery system. At the present time very few Haitian PVO/NGOs have the capacity to provide effective child survival outreach services. However, during the next four years, the combined VACS inputs of long and short-term TA, training and program support will improve the institutional capacity of an estimated 30 PVO/NGOs to provide this service.

(3) VACS supported institutions provide immunization and ORT services. At the end of the project, 75% of VACS supported service delivery institutions will provide routine vaccination services & ORT counseling.

(4) An effective training and research program established at INHSAC and CHI. Over the next four years additional TA will be provided to INHSAC and CHI to improve their training and research facilities. It is planned to use INHSAC to provide training to 150 auxiliary nurses, nurses and

physicians. CHI will provide supportive research to 20 to 30 PVOs and teach the PVOs the benefits and basic principles of operations research.

Outputs 2 and 3 represent achievements in the service delivery sphere, and outputs 1 and 4 represent the institutional development sphere. This twofold focus is considered essential for ensuring Goal achievement and some measure of sustainability of efforts.

D. Revised Project Inputs

This amendment will increase the project funding level from \$12 million to \$22 million, thus expanding the levels of technical assistance and service delivery overall. The TA level of \$7.5 million, with URC as the principal contractor, will support both PVO/NGO institutional development through management and organizational development as well as explore options for improved technical CS service delivery. The service delivery funds (\$11.2 million) will be channeled through organizations providing child survival services. This will include five core grantees (PAHO, HIF, SADA, UNICEF and CARE) and an estimated 25 additional Haitian and U.S. PVO/NGOs. The balance of the funding will be used for training (\$1 million), research (\$1.5 million to CHI) and A.I.D. required monitoring, audit, evaluation (\$800,000).

The inputs thus support purpose achievement almost equally, with slightly more than 50% of A.I.D. funding allocated for direct service delivery and slightly less for supporting functions of TA, training, research and A.I.D. oversight. USAID/Haiti will monitor these levels throughout the LOP through review of Annual Project Implementation/Obligation Schedules to assure an appropriate balance is maintained.

A.I.D. financed inputs are elaborated in more detail in section IV., Revised Administrative/Institutional Analysis and section V., Cost Estimate and Financial Plan. Collaborating PVO/NGO and IO inputs are estimated to represent an additional 15-20 percent of the total project costs averaged across a wide range of discrete inputs.

E. Revised End of Project Status

As of the new PACD of September 30, 1993:

(1) At least 15 Haitian PVO/NGOs will have the management

and technical expertise to provide Child Survival services to rural areas;

(2) 1.3 million people will have participated and benefited from the VACS project through PVO/NGOs service delivery programs (ref. Annex C for figures);

(3) Fifty percent of children less than 2 years of age will be vaccinated every year against measles in populations served by VACS funded PVOs; and

(4) At least 50% of Haitian mothers, with children under 5 participating in the VACS project, will use ORT.

IV. REVISED ADMINISTRATIVE/INSTITUTIONAL ANALYSIS

The organizations participating in the VACS project may be categorized into five basic project management elements:

- Service Delivery
- Technical Assistance
- Training
- Research
- A.I.D. Monitoring, Evaluation and Audit

The first of these, service delivery, represents one of the two key project purposes and encompasses a number of types of organizations and efforts. As stated above, funding for this element represents slightly over 50 percent of total LOP funding. The next three elements--technical assistance, training and research--relate primarily to the project's institutional development purpose and conceptually support the service delivery efforts. In combination they represent slightly under 50 percent of funding. The fifth element represents the required A.I.D. oversight role, and is discussed in more detail in sections VI. Implementation Plan, and VII. Monitoring and Evaluation of this paper. The roles and capabilities of the institutions involved in the first four are summarized below.

Figure 1 provides a summary of the institutions grouped by project element and serves as a reference for the discussion below.

Figure 1: VACS Modes of Implementation
(U.S. \$ 1,000)

<u>PROJECT ELEMENTS</u>	<u>LOP FUNDING</u>	<u>TYPE OF INSTITUTION</u>	<u>MODE OF PROCUREMENT</u>
A. <u>Service Delivery</u>	<u>11,190</u>		
1. "Core" Grantees	<u>6,515</u>		
a. PAHO	2,205	IO	Grant
b. UNICEF	800	IO	Grant
c. HHF	1,450	US PVO	CA
d. SADA	1,000	US PVO	CA
e. CARE Int'l	1,060	US PVO	CA
2. Other Grantees	<u>4,000</u>		
a. ICC	650	US PVO	CA
b. EYECARE	330	US PVO	CA
c. Save the Child.	500	US PVO	CA
d. Pignon	450	Haitian PVO	CA
e. FCHASE	150	Haitian PVO	CA
f. new FY 90	1,920	PVO/NGOs	CA
3. AOPS sub-grants	<u>650</u>	Haitian PVOs	grants
4. Transport Enhance.	<u>25</u>	Private Firm	PO
B. <u>Technical Assistance</u>	<u>7,444</u>		
1. URC	3,350	US Firm	CPFFcontract
2. AOPS Core Funding*	800	Haitian NGO	CA
3. JHU	649	US Univ.	Buy-In
4. REACH (JSI)	1,050	S&T Project	Buy-In
5. CDC PASA	315	USG	PASA
6. ORT/Nutrition	675	S&T Project	Buy-In
7. Mothercare	245	S&T Project	Buy-In
8. Vitamin A	200	S&T Project	Buy-In
9. NAS Pregnancy Study	110	USG	Buy-In
10. Completed FHI	50	S&T Project	Buy-In
C. <u>Training</u>	<u>1,035</u>		
1. INHSAC	800	Haitian NGO	CA
2. UCONN	50	US Univ	CA
3. Other participants	185	TBD	PIO/P, various
D. <u>Research (CHI)</u>	<u>1,500</u>	Haitian NGO	CA
E. <u>A.I.D. M & E and Audit</u>	<u>831</u>		
1. PSC Project Coord.	435	Local Hire	PSC
2. PSC Secretary	78	Local Hire	PSC
3. Evaluations	68	US/Haiti	IQC
4. Pre-Grant, Final Audits	250	Haiti Firm	Contract
TOTALS	<u>22,000</u>		

* Because AOPS role is to assist its members, its core funding is reflected as TA rather than in the service delivery category.

A. Service Delivery Institutions

The CS service delivery funding is for management purposes categorized in three groups:

- "Core" grantees, which includes the international organizations PAHO and UNICEF and three PVO's with which USAID/Haiti has a long-standing and positive relationship, CARE International, the Haitian Health Foundation (HHF) and the Service And Development Agency (SADA). As reflected at Table 1, these core grantees have already received substantial funding under VACs, although it should be noted that each makes a significant contribution on its own. Additional funding for expanded programs for this group is budgeted for future years.

- Other direct grantees, including both U.S. and Haitian PVO's with whom the Mission has some experience and who have a demonstrated record of performance in managing grants in excess of \$ 50,000. Based on a review process established between URC and the Mission, 5 direct grants estimated at \$ 2 million are in process for FY 89 incremental obligations to: three U.S. PVOs, Save the Children U.S.A., International Child Care (ICC), and EYECARE; and two Haitian PVOs, the Foundation Haitian de Sante et d'Education (FHASE) and the Comite de Bienfaisance at Pignon. An additional 5-7 grants totalling another \$ 2 million are planned for FY 90 obligation.

- AOPS will receive both core management funding (\$ 800,000) as well as manage funding for sub-grants under \$ 50,000 to approximately 13 small PVOs (\$ 650,000) that have limited experience with donor funding and that require extensive technical assistance.

1. "Core" Grantees. The first group of institutions is the least management intensive for A.I.D., with a history of previous direct grant relationships and strong performance. PAHO has received two grants to date, through buy-ins, totalling \$ 805,000 of VACS funds to support Haiti's expanded program of immunization. Based on protocols developed in 1985 and elaborated in a formal Memorandum of Understanding, VACS funding proposed for FY 89 will cover approximately 26 percent of costs of the national program, with PAHO (18 percent), UNICEF (42 percent), Rotary International (6 percent) and others providing complementary inputs. This project amendment proposes maintaining the contribution to PAHO for continuing USAID support at similar levels throughout the life of the project, with such support focussed on populations served by VACS funded PVOs. This planned complementarity will thus enhance overall PVO efforts as

well as lead to the project EOPS of having 50 percent of children less than 2 years of age vaccinated every year against measles.

Funding to UNICEF, an international organization, and for the other "core" grantees, all PVOs, is for area specific child survival and community health programs based on variations of the model of rally posts, community health workers, and local committees or clubs. UNICEF is working in two areas, urban St. Martin in Port-au-Prince and rural Leogane, with a combined total population of approximately 220,000. VACS funding of \$ 400,000 to date represents about 50 percent the cost of the UNICEF program. Its current grant has a completion date of September 30, 1989 which, due to delays in activities because of the political situation, is being extended to March 1990. An evaluation will be undertaken in mid-FY 90 to determine potential redirection and needs for a follow-on.

VACS funding to CARE International for its "Resources in Community Health Education Support", or RICHES project, at \$ 660,000 to date represents about 23 percent of the total funding for that project. It covers a target population of 85,000 in five rural communities in the Northeast, North and West provinces. The current grant has a completion date of September 30, 1991, with modest follow-on funding proposed through the VACS LOP.

The Haitian Health Foundation (HHF) grant is for \$ 850,000 to date, which represents about 60 percent of HHF project costs covering a target population of approximately 50,000 in Jeremie. A May 1989 mid-term evaluation of the project was very positive, noting that an early 6 month delay in HHF's registration had enabled it to thoroughly plan for what became a successful start-up phase. The grant currently runs through August, 1990, with a recommended 2-3 year follow on in the VACS budget.

The Service And Development Agency (SADA) grant of \$ 600,000 to date focusses on a population of 100,000 in four peri-urban areas near Port-au-Prince. The grant currently runs through August, 1990. An evaluation during FY 90 will determine the level and type of support to be provided in a planned follow-on under VACS.

All of the "core" grants were executed prior to the arrival of the URC team based on the standard USAID/Haiti review process of a Project Committee Review, development of an Issues Paper, and a full Mission Review. Because of the previous relationships between the grantees and the Mission, these grants have to date been monitored both technically and administratively directly by the USAID/HRO Project Officer and Project Coordinator. With the URC team in place and systems established, URC will progressively pick up administrative monitoring in terms of progress reporting, evaluations, etc., and will assist with preparation and review of

the planned follow-on grants. UNICEF, CARE International and the new PAHO grant are through Letters of Credit so voucher review is not an issue. URC will in the coming year pick up voucher review for HHF and SADA. USAID/HRO will retain the technical monitoring function itself.

2. Other Direct Grants. A second set of service delivery institutions are those which are experienced in handling donor (including USAID) funds and thus capable of handling more than the standard AOPS grant of \$ 50,000, but not yet experienced enough with USAID procedures to be considered "core" grantees. Many have previously received USAID funding either as AOPS sub-grantees or through other mechanisms. Some have also received or are receiving USAID funding through IPPF under the Private Sector Family Planning Project (PSFP, No. 521-0189). The group is large and varied, but given potential for growth and impact, an important element of the service delivery community. The revised LOP VACS budget includes an estimated \$ 4 million for support to such PVOs, with \$ 2 million projected for obligation in FY 89 and \$ 2 million in FY 90.

Because of the group's more limited familiarity with A.I.D. procedures, a separate system has been established for grant approval. Since the arrival of the URC team, USAID and URC have developed a funding guide with a standardized proposal format for such grants and have held an "open season" and proposal workshop for prospective grantees in this category. Twelve proposals were submitted to an External Review Committee composed of the USAID/Haiti VACS Project Coordinator, representatives from the Controller's Office and Program and Project Support (PPS) and URC. The External Committee used selection criteria developed by USAID to score and rank each proposal. It prepared a report which recommended financing at reduced levels of 5 of the proposals and which identified a number of cross-cutting issues with recommendations to resolve them.

A key issue was that of VACS emphasis on rural versus urban populations. The Committee recommended, and USAID/Haiti confirmed, that only projects with rural beneficiaries will be funded under this rubric. The logic behind this decision is that the Port-au-Prince area has more health facilities per capita than anywhere in the country, and that A.I.D. could use mass media or other campaigns to promote better use of those existing facilities.

The other issues fell into two categories, one dealing with institutional capacity and the other with determining what line items are appropriate for A.I.D. financing. In terms of the first, it was decided that funding levels of an individual grant will be tied to the institution's "track record" and every effort will be made not to fund an organization beyond its management

capabilities. Institutions whose control systems are deemed inadequate will implement their projects in two or more phases. Finally, grant proposals will clearly identify other organizations, including MSPP, undertaking child survival activities in the area in order to avoid redundancies and maximize resources. Where collaboration agreements with MSPP exist, the grantees will clearly define the responsibilities and authority of the PVO regarding MSPP commitment and supervision of MSPP personnel assigned to a PVO program.

In terms of financing, it was decided that only the costs directly associated with the delivery of Child Survival services should be covered by the VACS grant, i.e. massive facilities construction will be avoided. Salary support under grants will be closely scrutinized to avoid redundancies and/or overpayment. Given A.I.D.'s very strict regulations regarding procurement of medicines with A.I.D. funds, procurement of medicines with project funding will be limited to generic drugs essential to prevention and treatment of infections that affect child survival.

In summary, with URC assistance very close attention to institutional and management capacity is being accorded this group of grantees, and every effort is being made to start small and learn from success rather than failure. USAID/HRO will continue to provide technical oversight and will collaboratively review progress with URC. The 5 FY 89 and 5-7 additional FY 90 grants in this category should greatly strengthen the overall delivery of services and institutional capacity for service delivery in the country.

3. AOPS Sub-Grantees. There are more than two hundred PVOs in Haiti who deliver some type of health care. They range from the larger institutions discussed above to small, usually religiously oriented, PVOs which have a dispensary as part of their overall program. In 1983, USAID made the first grant to the Association of Private Sector Health Care Providers (French Acronym - AOPS), an association of more than eighty of these smaller PVOs who hope, through the AOPS, to better coordinate their activities, both among themselves and with the MSPP, and to better exchange experiences and new information about child survival technologies. Total A.I.D. funding to AOPS for Child Survival activities during the 1983 - 1988 time period was \$2.4 million, which covered both AOPS core operating expenses as well as sub-grants to small PVOs. AOPS has recently begun receiving A.I.D. funds for sub-grants in family planning through the PSFP as well.

The AOPS sub-grants for child survival are generally to PVOs working in rural Haiti who want to extend the work of the curative health care programs operated from clinics and dispensaries into the community to vaccinate children, to monitor

growth of children under five, and to promote ORT among mothers. The typical AOPS model has involved a grant to an institution which wants to develop a community outreach program for a target population of 10,000, or approximately 1600 children under five and 350 infants. Through community health workers each usually responsible for 1000 people or 200 families, the PVO organizes "rally posts" where children are vaccinated and mothers counseled on the rationale for and preparation of oral rehydration solutions, better weaning techniques and better feeding practices during and immediately after an episode of diarrhea. The community health workers also encourage the mothers to space their births and counsel them concerning family planning methods.

In December 1988 URC undertook an evaluation of AOPS in preparation for its financing under VACS. It highlighted the need to assess specifically AOPS internal administration and capacity as a PVO as well as the external performance of the small sub-grantees. It concluded that neither have been satisfactory. The evaluation documents the numerous technical and managerial problems of the small PVOs, as well as those of AOPS, and provides numerous detailed recommendations to resolve problems. It suggests that a key problem has been that AOPS has viewed the small PVOs--its members--more as implementing organizations to carry out its preimposed model than as partners in developing an efficient primary health care strategy for Haiti. It recommends building on the small PVOs strengths as well as providing means to overcome their weaknesses in any future activities, with a focus on reassessing "the AOPS model" prior to future new sub-grants.

Since the evaluation URC has worked intensively with AOPS to develop systems to correct problems and to develop a manageable and practical proposal for VACS financing. The proposal is in final draft and will be processed during the fourth quarter of FY 89. It will include approximately \$ 800,000 for AOPS core support and \$ 650,000 for approximately 10-15 new sub-grants to small PVOs. The work will be phased, with Year 1 focussing on consolidation of the work of approximately 15 existing grantees and attention to AOPS' internal management prior to embarking on new efforts. Years 2 and 3 will see maintenance of the "old" 15 and issuance of approximately 10-15 new sub-grants with possible new delivery models. Current estimates are that with the 15 "old" sub-grantees covering a population of 285,000 and 10-15 new sub-grantees covering approximately 250,000, a combined target population of at least 500,000 will be achieved.

It is likely that the use of an External Review Committee and many of the principles developed for the VACS direct grants summarized above will be applied to the AOPS grantees as well. Based on the findings in the evaluation report, it will be necessary to closely monitor AOPS and provide substantial TA if it is to be successful in implementing the sub-grants.

B. Technical Assistance Organizations

Organizations falling into this management component are those which do not undertake service delivery directly but rather provide technical and management assistance to those who do. The strategy is to provide resident long-term TA in pursuit of the institutional development purpose through one main contract and to provide high quality short-term TA in technical health interventions through a variety of topic specific contracts or buy-ins for technical specialists. As reflected in Figure 1, the institutional development contractor is URC, and specific interventions such as ORT, Vitamin A, breastfeeding and weaning ("Mothercare") and others are covered by specific buy-ins to other contracts. While slightly more management intensive than a mode of drawing all TA from one contractor, this diversity is believed necessary to provide state-of-the-art TA to the Haitian Child Survival community.

The prime contractor that provides for the long-term institutional development is University Research Corporation (URC). As stated earlier, the original PP had foreseen a PVO in this role, thus allowing not only for provision of technical services but also for actual sub-grants to be made. In the interest of full and open competition it was decided that USAID/Haiti should retain the grant-making role, and the prime contractor has instead focussed more fully on technical assistance in management and organizational development, i.e. the institutional development purpose.

The URC contract was effective in October 1988 and currently runs for three years, through October 1991. It includes 6 person years of expatriate long-term TA (3 years each for the Organizations Development Specialist and the Grants Manager), long-term Haitian professional and support staff and 37 person months of short term TA (expatriate and/or Haitian). Annex B provides a justification for a negotiated contract extension, with increases in levels of Haitian professional and support staff and short-term TA to respond to the increases in number of grantees, to cover the new LOP.

The URC contract provides for TA to the institutional development purpose of the project, focussing on the organizational development of the grantees (core, AOPS and other PVOs as well as research and training institutions) and on financial and administrative systems development. URC provides the important functions of assisting grantees with proposal development, assisting with the establishment of sound financial management systems, and reviewing vouchers prior to their submission to USAID/Haiti in order to flag any inappropriate

reimbursement requests. It provides short-term TA for problem-solving for cross-cutting problems affecting several PVOs, and assists in development of Scopes of Work and quality control for PVO-specific short term TA. It also provides for in-country short term and on-the-job training to PVO personnel in a variety of management skill areas.

Technical oversight of project activities has been retained by USAID/HRO, through the Project Manager (a Health Officer), the PSC Project Coordinator, and the Senior Health Technician/Advisor (an MD/MPH). Outside of basic grant review and management, this group provides general technical backstopping to the grantees and facilitates dissemination of new technical information and research results to the service delivery grantees. It also manages another group of TA who have been or will be contracted to assist in specific problem areas.

Among the identified technical TA contractors is Johns Hopkins University (JHU). One of the more successful long-term strategies for development of PVO/NGOs in Haiti has been the establishment of relationships between the Haitian NGO and a U.S. institution. JHU has worked in Haiti for several years and was instrumental in assisting CHI with the major national infant mortality/morbidity study (French acronym- EMUSS) under VACS predecessor project, Mobilizing Mothers for Child Survival (MOMS, Project No. 521-0174). As noted above, under VACS financing to date JHU has undertaken research with and is already providing a post-doctoral Child Survival fellow to CHI through a buy-in to an A.I.D./S&T/Health contract. VACS will provide support for additional JHU Child Survival Fellows in future years to CHI and possibly other PVOs. Johns Hopkins may also provide TA to various PVOs in the management and implementation of their delivery service projects and will provide assistance in the evaluation of the delivery service PVO/NGOs.

A third TA contract that is already underway is another S&T/Health buy-in to the Resources for Child Health (REACH) project implemented by John Snow Incorporated (JSI). As noted earlier, REACH has supplied a long-term Resident Technical Advisor and a Communications Advisor to Haiti since January 1988. These two long-term TA will work with identified short-term specialists over the life of the project in a number of areas: EPI acceleration, evaluation and health information systems, communications and social marketing (Information-Education & Communication), cold chain monitoring, and cost and financing of the EPI.

A fourth TA contract, due to be obligated in fourth quarter FY 89, is a PASA with the U.S. Centers for Disease Control (CDC) in Atlanta. The primary purpose of the CDC affiliation is to assist the Child Health Institute (CHI, see D. Research) in furthering its research capabilities. Over the life of the

project, CDC will provide short-term TA in Haiti and home office support to CHI in overall quality control of its research, as well as in diversification of funding. Both efforts should contribute significantly to CHI's long term sustainability as well as to the overall state of the art of child survival efforts in Haiti.

USAID/HRO has also identified several other cross-cutting technical problem areas for which specially qualified TA will be required but which has not yet been contracted. Those currently planned include an estimated \$ 245,000 buy-in to a centrally-funded Mothercare project for TA in breastfeeding and weaning programs, a buy-in for services integrating ORT and infant and child nutrition (ORT/Nutrition, \$675,000), and a buy-in for services to promote Vitamin A consumption (\$200,000).

C. Training

Training to support CS service delivery under VACS will be primarily in-country, through the Institute Haitien pour la Sante Communautaire (INHSAC). Additional limited funding (\$ 235,000) is included in the overall budget for short-term participant training in the U.S.

INHSAC was created in May 1986 and authorized to operate in October of that year by the MSPP. Its objectives are twofold: 1) to develop human resources in the field of public health; and 2) to coordinate strategies applied to the development of health programs. INHSAC offers courses at three levels: Level A, for doctors and nurses; Level B, for auxiliaries, monitrices and other people of the same category; and Level C, for health agents. Each level's course takes six months but is spread over a nine month period. It has to date graduated 68 students at Level A, 48 at Level B, and 20 at Level C. It has also offered several special courses based on specific requests. Its operations have thus far been primarily funded by A.I.D.. through Mobilizing Mothers for Child Survival (43 percent) and Private Sector Family Planning, or PSFP (57 percent).

At USAID/Haiti's request, URC recently undertook an evaluation of INHSAC in preparation for its grant under VACS and its continuing efforts under PSFP. The draft major recommendations focussed, inter alia, on the following:

- Maintain success achieved with Levels A and B regular courses;
- Develop practical training, especially in rural areas;
- Increase the number of students trained (MSPP has recently requested training for some of its staff);
- Widen the variety of programs offered;

- Develop more fully its administrative capabilities.

The evaluation, in short, concluded that INHSAC had done a satisfactory job at establishing itself and was now ready to grow into a more full service training institution. The proposed VACS grant, to be processed during fourth quarter FY 89, will continue to support this growth while providing critical training to the child survival community. The grant and the development of INHSAC will be monitored and facilitated by URC.

The modest participant training funds allocated under VACS will be used primarily for short-term "targets of opportunity" in the U.S. as they arise, and for a \$ 50,000 program between the University of Haiti and the University of Connecticut (UCONN) medical schools. As with the JHU-CHI linkage discussed above, faculty from UCONN have established a relationship with the Haitian medical community and plan to undertake a joint program to enhance U.S. and Haitian preclinical students' skills in practical medicine. The UCONN grant will be effective in the third quarter FY 89. The grant and other participant training efforts will be directly managed by USAID/HRO.

D. Research

The principle research efforts to support service delivery activities under VACS will be undertaken by or through the Child Health Institute (CHI). CHI was created in 1985 under MOMS financing and has received from MOMS, PSFP and some A.I.D. central projects over \$ 1 million to date. Its current VACS grant, signed in September, 1988, provides an additional approximate \$ 941,000, with additional planned increments up to a total of \$ 1.5 million for the life of the project. Its role is to provide for state of the art research and high quality service statistics on child survival in Haiti.

Under previous financing, CHI sustained some major program successes:

- completed a major National Child Mortality Survey (French acronym EMUSS) involving cluster sampling of over 4000 households;
- produced 11 research papers, of which 2 have been published and 5 presented at international conferences;
- published and circulated consecutive issues of a journal "Sante Enfance"
- monitored and assisted in development of standardized service statistics for 29 AOPS and 6 U.S. PVO's engaged in CS;
- wrote two Annual Child Survival Country Situation Reports; and

- collaborated in CS research undertaken by other PVOs and with various U.S. institutions (i.e., JHU, National Academy of Sciences, etc.)

As a new institution, however, it also has had a number of predictable "growing pains". Under the current VACS grant and with URC oversight it has undertaken a year of intensive organizational development efforts to alleviate some of these problems. It now has a functioning integrated accounting system and written personnel and administrative policies and procedures. It is developing its five year plan and, with the NAS TA discussed above, its research agenda and detailed research plans. Of major importance to monitoring overall CS efforts in Haiti will be its planned undertaking of EMUSS II in FY 91. This undertaking will enable the CS community to assess progress over a five year period and to determine directions for the future.

Other research efforts to be undertaken under the project are discussed under the "technical assistance" element at B. above or are subsumed under specific PVO/NGO grant financing. These will all be coordinated through CHI.

The fifth project management element, A.I.D. monitoring, evaluation and audit, is discussed in sections VI. Implementation Plan, and VII. Monitoring and Evaluation.

V. COST ESTIMATE AND FINANCIAL PLAN

A. Financial Plan

This \$10 million amendment increases the LOP funding level from \$12 million to \$22 million divided among the following functional accounts over the LOP:

Child Survival	\$ 13,000,000
ARDN	200,000
Health	<u>8,800,000</u>
TOTAL	\$ 22,000,000

Table 2 provides the planned obligations by functional account by fiscal year for the LOP.

Table 2: VACS Obligations Schedule
(\$ 1,000)

<u>Year of Obligation</u>	<u>CS</u>	<u>ARDN</u>	<u>HE</u>	<u>TOTAL</u>
FY 87	3,000	--	--	3,000
FY 88	1,000	--	3,044	4,044
FY 89	2,100	200	985	3,285
FY 90	3,100	--	2,000	5,100
FY 91	2,800	--	1,350	4,150
FY 92	1,000	--	1,421	2,421
FY 93	----	--	---	---
Totals	13,000	200	8,800	22,000

As shown, the project will be fully funded by FY 92, well within the revised PACD of the end of FY 93.

The project's anticipated expenditures fall into the five principal management elements introduced in section IV. The original and proposed new summary budgets by major project element are found at Table 3. A key which links the cost elements in the original PP with those used herein is found as Annex D.

Table 3: Comparison of VACS Original and New LOP Budget
by Project Element (U.S.\$ 1,000)

<u>Element</u>	<u>Original PP(%)</u>	<u>PP Supplement(%)</u>
1. Service Delivery	6,053 (50.4)	11,190(50.9)
2. TA (including AOPS core)	3,718 (31.0)	7,444(33.8)
3. Training	966 (8.1)	1,035(4.7)
4. Research (CHI)	980 (8.2)	1,500(6.8)
5. A.I.D. M&E and Audit	283 (2.3)	831(3.8)
TOTALS	12,000 (100)	22,000(100)

In terms of absolute dollars, the almost threefold increase in item 5, A.I.D. Monitoring, Evaluation and Audit, became necessary due to an early decision to advertise the major TA contract to U.S. firms rather than the planned NGO, thus requiring A.I.D. direct grants. The doubling of TA is partially

also due to this switch, as well as the termination of A.I.D.'s public sector assistance, thus moving some TA critical to national EPI efforts to VACS. The 80 percent increase in Service Delivery is also partially due to the termination of public sector assistance and partially to a greater pool of capable PVOs than initially envisioned.

In relative terms, the decrease in Training is due more to budgeting than any conceptual differences, with "training" of staff a part of many of the PVO budgets. The slight decrease in Research is due to a recognition of CHI's more limited capabilities and a need to provide greater levels of TA for that institution's development prior to according it greater responsibilities. The Service Delivery and TA ratios remain almost the same.

Annex C includes computations of a revised "cost per beneficiary" per year for the revised project. The computations yield a \$ 2.03 average cost per beneficiary per year. This is somewhat lower than the estimate in the original PP of \$ 2.30 but given differences in assumed attributable costs the difference is not considered significant.

The project has been underway for approximately two years and has obligated over \$ 7 million to date, with approximately \$ 1.8 million in expenditures through March 1989.

A summary budget of the total project cost by element by fiscal year is shown in Table 4. A discussion of the basis for the cost estimates follows.

B. Cost Estimates

The preceding section IV., Revised Administrative/Institutional Analysis, provides a summary description of the types of activities financed under each of the major project management elements. A summary discussion of the basis for the cost estimates for each group is provided below.

Service Delivery

A.I.D. funding for service delivery grants covers local and expatriate personnel, travel and per diem, commodities, selected construction/refurbishing, office equipment and materials, training, evaluation and annual audits. As described in section IV., USAID/Haiti has established separate review procedures for each cluster of grantees. The "core" grantees are subject to full Mission review, which examines, inter alia, appropriateness of types and levels of cost elements in each proposal. The "other" grantees are subject to the special review procedures

established involving External and Internal Review Committees. These Committees include representatives from URC and from USAID/CONT to ensure that cost estimates are reasonable and appropriate to the level and type of activities proposed. AOPS has its own procedures but it is likely that USAID/Haiti will required an External Committee review for proposed AOPS sub-grants similar to that for the "other" grantees. The overall AOPS proposal will be subject to a full Mission review.

Table 4: Estimated VACS LOP Obligations by Project Element
by Fiscal Year (U.S. \$ 1,000)

PROJECT ELEMENTS	LOP						
	FUNDING	FY87	FY88	FY89	FY90	FY91	FY92
A. Service Delivery	<u>11,190</u>	<u>2255</u>	<u>1060</u>	<u>1915</u>	<u>3640</u>	<u>1750</u>	<u>570</u>
1. "Core" Grantees	<u>6,515</u>						
a. PAHO	2,205	405	400	400	400	400	200
b. UNICEF	800	400			300	100	
c. HHF	1,450	850			300	300	
d. SADA	1,000	600			300	100	
e. CARE Int'l	1,060		660		200	200	
2. Other Grantees	<u>4,000</u>						
a. ICC	650			430	220		
b. EYECARE	330			230	100		
c. Save the Child.	500			395	105		
d. Pignon	450			275	175		
e. FHASE	150			60	90		
f. new FY 90	1,920				1100	450	370
3. AOPS sub-grants	<u>650</u>			100	350	200	
4. Transport Enhance.	<u>25</u>			25			
B. Technical Assistance	<u>7,444</u>	<u>745</u>	<u>1973</u>	<u>825</u>	<u>1016</u>	<u>1547</u>	<u>1338</u>
1. URC	3,350		1699			831	820
2. AOPS Core Funding	800			400	200	200	
3. JHU	649	245	180		75	74	75
4. REACH (JSI)	1,050	500			330	102	118
5. CDC PASA	315			150	75	90	
6. ORT/Nut.	675				200	200	275
7. Mothercare	245			75	70	50	50
8. Vitamin A	200			200			
9. NAS Pregnancy Study	110		44		66		
10. Completed FHI	50		50				
C. Training	<u>1,035</u>			<u>429</u>	<u>266</u>	<u>340</u>	<u>0</u>
1. INHSAC	800			400	200	200	
2. UCONN	50			29	10	11	
3. Other participants	185				56	129	
D. Research (CHI)	<u>1,500</u>		<u>941</u>		<u>88</u>	<u>365</u>	<u>106</u>
E. A.I.D. M & E, Audit	<u>831</u>		<u>70</u>	<u>116</u>	<u>90</u>	<u>148</u>	<u>407</u>
1. PSC Project Coord.	435		57	70	77	77	154
2. PSC Secretary	78		12	12	13	13	28
3. Evaluations	68		1	9	0	58	0
4. Pre-Grt, Final Audits	250			25	0	0	225
TOTALS	<u>22,000</u>	<u>3000</u>	<u>4044</u>	<u>3285</u>	<u>5100</u>	<u>4150</u>	<u>2421</u>

Non-A.I.D. contributions to grant activities varies by grantee. The A.I.D. contribution to PAHO for the national Expanded Program of Immunization is estimated at \$ 1.6 million for the period FY 88-FY 92, balanced against a total program cost of \$ 9.6 million. Approximately \$ 520,000 equivalent of this is the GOH contribution with Title III generated local currency. The VACS contribution to CARE's RICHES project is only 23% of the total project cost, the rest of which is primarily covered by CARE Canada. The non-A.I.D. portions of these two grants alone total \$ 11.5 million, or over 50 percent of total VACS LOP funding.

Contributions by smaller grantees are estimated at only 10 percent of each grant budget, averaged by very small and primarily in-kind (facilities and personnel) contributions from AOPS sub-grantees to 15-20 percent by some of the U.S. PVOs. Where at all possible, given A.I.D.'s strict regulations regarding purchase of pharmaceutical, such commodities are provided by other than A.I.D. funds.

In all cases USAID/Haiti encourages PVO participation and non-A.I.D. financing to the maximum extent practicable under the grant.

Technical Assistance

VACS funding for the URC contract is currently \$ 1,699,000 for the period August 29, 1988 for three years, i.e. until August 28, 1991, and covers 6 person years long-term TA, 37 person months short-term TA, and costs of establishing and maintaining an office, including local and professional support staff. Annex B to this Supplement provides a justification for an early amendment of the URC contract to extend it for the LOP (i.e., 25 months) at similar TA levels and to provide for additional local staff. The estimated cost of the amendment is approximately \$ 1,650,000 as follows:

- 2 L-T TA for 25 pm each, or 50 pm @ \$ 15,000 = \$ 750,000
- 15 pm/yr S-T TA for 2 years @ \$ 18,000 = 540,000
- Office operations for 24 months @ \$ 15,000 = 360,000

The amendment is to include 2 additional professionals and 3 additional support staff within the "office operations" funding.

Other TA is primarily buy-ins to S&T projects with established costs. Budgets will be established by USAID/HRO staff in consultation with A.I.D./W Project Officers and reviewed for appropriateness when PIO/T's circulate in the Mission. Costs are generally short-term TA, travel, per diem, and associated report production.

Although many of the buy-ins have "non-VACS" contributions

there are virtually no non-A.I.D. contributions under this project element.

Training

Training costs include core support to INHSAC (salaries, equipment and materials, training stipends, etc.) at an estimated \$ 800,000 for the LOP; a small grant to the University of Connecticut (\$ 50,000) for travel and stipends of the preclinical student exchange program; and other participant training (\$ 185,000) which would cover travel, per diem, and any fees associated with training courses. The INHSAC grant will be subject to a full Mission review when the proposal is submitted.

The UCONN grant includes modest in-kind contributions of staff time and facilities for the exchange program. No non-A.I.D. contributions are projected for INHSAC.

Research

The research grant to CHI covers a portion of CHI's core personnel and operating expenses as well as specific line items for research, including \$ 120,000 for the proposed EMUSS II. The grant was subject to a full Mission review which examined, inter alia, appropriateness of types and levels of costs.

CHI has several other funding sources for its programs, but most are U.S. Government and many are A.I.D. through other venues. No estimate is made of these for the purposes of this project although CHI will work with CDC to identify a more diversified funding base over the course of its grant.

A.I.D. M&E and Audit

This category includes funding the PSC Project Coordinator and Secretary who backstop the project from USAID/HRO. The \$ 68,000 estimated for evaluations includes an estimated \$ 58,000 for 4 person months for the mid-term evaluation in January, 1991 as well as \$ 10,000 for additional special studies or analyses that have been performed for USAID/Haiti. A total of \$ 250,000 is estimated for pre-grant and final audits, given the large number of project grantees. Funding for annual audits is included in each grant.

C. Methods of Financing

Figure 2 summarizes the modes of implementation and methods of financing for known project elements.

Figure 2: Estimated VACS Methods of Financing
(U.S. \$ 1,000)

<u>PROJECT ELEMENTS</u>	<u>ESTIMATED LOP FUNDS</u>	<u>TYPE OF INSTITUTION</u>	<u>MODE OF PROCUREMENT</u>	<u>METHOD OF FINANCING</u>
A. <u>Service Delivery</u>	<u>11,190</u>			
1. "Core" Grantees	<u>6,515</u>			
a. PAHO	2,205	IO	Grant	AID/W LOC
b. UNICEF	800	IO	Grant	AID/W LOC
c. HHF	1,450	US PVO	CA	Dir.Reimb.
d. SADA	1,000	US PVO	CA	Dir.Reimb.
e. CARE	1,060	US PVO	CA	AID/W LOC
2. Other Grantees	<u>4,000</u>			
a. ICC	650	US PVO	CA	Dir.Reimb.
b. EYECARE	330	US PVO	CA	Dir.Reimb.
c. SCF	500	US PVO	CA	Dir.Reimb.
d. Pignon	450	Haitian PVO	CA	Dir.Reimb.
e. FCHASE	150	Haitian PVO	CA	Dir.Reimb.
f. new FY 90	1,920	PVO/NGOs	CA	Dir.Reimb.
3. AOPS sub-grants	<u>650</u>	Haitian PVOs	AOPSGrnnts	Reimb.AOPS
4. Transport	<u>25</u>	Private Firm	PO	Dir.Payment
B. <u>TA</u>	<u>7,444</u>			
1. URC	3,350	US Firm	CPFFcontract	Dir.Payment
2. AOPS Core*	800	Haitian NGO	CA	Dir.Reimb.
3. JHU	649	US University	Buy-In	Adv.of Chrg.
4. REACH (JSI)	1,050	S&T Project	Buy-In	Adv.of Chrg.
5. CDC PASA	315	USG	PASA	Adv.of Chrg.
6. ORT/Nut.	675	S&T Project	Buy-In	Adv.of Chrg.
7. Mothercare	245	S&T Project	Buy-In	Adv.of Chrg.
8. Vitamin A	200	S&T Project	Buy-In	Adv.of Chrg.
9. NAS Pregnancy	110	USG	Buy-In	Adv.of Chrg.
10. Completed FHI	50	S&T Project	Buy-In	Adv.of Chrg.
C. <u>Training</u>	<u>1,035</u>			
1. INHSAC	800	Haitian NGO	CA	Dir.Reimb.
2. UCONN	50	US University	CA	Dir.Reimb.
3. Other	185	TBD	PIO/P	Dir.Payment
D. <u>Research (CHI)</u>	<u>1,500</u>	Haitian NGO	CA	Dir.Reimb.
E. <u>AID M&E, Audit</u>	<u>831</u>			
1. Project Coord.	435	Local Hire	PSC	Dir.Payment
2. PSC Secretary	78	Local Hire	PSC	Dir.Payment
3. Evaluations	68	US/Haiti Firm	IQC	Dir.Payment
4. Audits	250	Haiti Firm	Contract	Dir.Payment
TOTALS	<u>22,000</u>			

* Because AOPS role is to assist its members, its core funding is reflected as TA rather than in the service delivery category.

In the figure, the term "A.I.D./W LOC" refers to use of existing Letters of Credit maintained by the Grantee in accordance with A.I.D./W/M/FM/PAFD requirements. Letters of Credit will be used with the International Organizations UNICEF and PAHO and with CARE and any other U.S. or international PVOs which meet the conditions set forth in A.I.D. Handbook 13.

The buy-ins and PASA's or other arrangements with U.S. Government entities (CDC, NAS) will be implemented through issuance of PIO/T's by the Mission with payment effected by A.I.D./W and Advice of Charge passed to the Mission.

Direct contracts between the Mission and a U.S. firm or supplier will utilize direct payment procedures (URC, proposed evaluation). Possible direct contracts for goods or services with Haitian individuals or firms will also be subject to Direct Payment provisions.

RIG supervised pre-award audits will be conducted for all PVO/NGOs which have not received a Federal award in the last five years or where an uncertainty exists as to the prospective recipient's capacity to perform technically or financially. These audits will assess, among other things, the adequacy of PVO/NGO's financial and administrative management systems, and their procedures for contracting, commodity procurement and payment verification.

The Cooperative Agreements (CA) with Haitian NGOs and U.S. PVOs which do not meet conditions for payment by LOC will generally use the Direct Reimbursement methods of financing. The recipient's capability to finance project costs from its own resources or lines of credit will be determined at the time of the pre-award survey (formal or informal). Where necessary, periodic advances will be made to finance project costs and will be provided for in the terms of the CA. The need for periodic advances will be established on a case by case basis.

U.S. PVO's are required to have an independent audit conducted at least every two years in accordance with OMB Circular A-110. All non-U.S. PVO's will be audited annually by independent auditors, according to a scope of work approved by USAID/Haiti/CONT. A RIG/A supervised non-federal audit will be performed any time concerns develop during project implementation and for close out of each contract or CA with a value of \$ 500,000 or more.

VI. REVISED IMPLEMENTATION PLAN

A. Project Management

USAID/Haiti will have primary responsibility for the supervision and management of the VACS project regarding: 1) the various TA contractors or grantees; 2) the service delivery grants to the IOs and PVO/NGOs; 3) the training component of the project; and 4) the research activity. All grants to the IOs and PVO/NGOs, except for the subgrants to be issued by AOPS, will have the Mission as the grantor.

This structure thus makes the Mission responsible for the following:

A. Service Delivery Grants		15-17 plus AOPS
1. Core grantees	5	
2. Other grantees	10-12	
3. AOPS	1	
B. TA Contracts/Buy-Ins		9
C. Training Grant/Contracts		2 plus PIO/Ps
D. Research Grant		1
E. A.I.D. M&E and Audit		2 plus audits

Figures 1 and 2 previously provided the proposed mode of procurement for the various services.

As discussed in section IV. Revised Administrative/Institutional Analysis, primary project management will be effected by USAID/HRO, through the Project Officer (a Health Officer), the PSC Project Coordinator, and a Senior Health Technician/Advisor (an MD/MPH). These three will provide for overall financial and technical management and all required A.I.D. progress and substantive reporting on the project.

The USAID/HRO team will be assisted in the institutional development sphere and in basic administrative management by the prime contractor, URC. As discussed in section IV, URC has taken the lead on assisting the "other grantees" and AOPS with proposal preparation and will provide basic progress monitoring throughout the life of the grants. They will also, importantly, review vouchers prior to submission to USAID in order to flag inappropriate requests and provide recommendations on allowances/disallowances to USAID. URC will be picking up this institutional and administrative monitoring role for the core grantees as well, although voucher review is not required for PAHO, UNICEF and CARE International.

URC will also provide primary institutional and management assistance to the key support, training and research

institutions, AOPS, INHSAC and CHI, and will provide voucher review for them as well. More substantive technical assistance in research to CHI will be provided through the TA contract with CDC as well as by the JHU Child Survival Fellows.

In order to assure smooth implementation, the USAID/HRO project management team, in collaboration with URC advisors, will produce an Annual Implementation Plan during the First Quarter of each Fiscal Year that will include key planned actions and obligations during the remainder of the fiscal year. The Plans are not meant to include detailed implementation planning for each grantee, but rather a comprehensive presentation of all grant evaluations, proposals, reviews, and amendments that are anticipated and a listing of resources, including management time, required to carry them out. The Plans will also include detail on proposed consultancies by the various TA contractors and identification of key interfaces that are necessary to successful consultancies.

The Plans will be circulated internally at USAID/Haiti for comment and will serve to assure that funding for service delivery and other categories remain at approximately a 50-50 split.

Final voucher review will rest with the USAID/Haiti Controller's Office. Although the MOMS project has required similar voucher review in the past, the number of direct grants under VACS may represent an increase in workload and will be closely monitored as activities are added.

The Controller's Office will also be responsible for coordinating the audits and pre-award surveys for all grantees. New A.I.D. requirements mandate that each PVO recipient be registered with USAID/Haiti and provide USAID with a financial report at the time of registration and on an annual basis thereafter. In addition, there will be a pre-award financial survey of each PVO receiving a VACS grant. During the term of each grant, there will be an annual audit of the grantee. Funding for the pre-award surveys and final audits is included in the budget under A.I.D. Monitoring, Evaluation and Audit. Funds for the annual audits will be provided in each grant document.

Because of the large number of pre-award audits to be undertaken, USAID/Haiti will enter into a contract with a public accounting firm for them as a group. These pre-award and annual audits, plus the continuing financial management and technical assistance provided by URC, should ensure responsive and responsible accountability through the life of the project.

B. Implementation Schedule

A summary of implementation actions required by A.I.D. to obligate funds for the various VACS elements is provided as Figure 3. The USAID/HRO Project Coordinator and the URC team will produce more detailed Project Implementation Schedules on an annual basis that will guide the collaborative management mode.

VII. MONITORING AND EVALUATION PLAN

A. Project Information System

As discussed above, USAID/HRO and URC will provide for overall management of VACS and its various implementing agencies. In terms of the more substantive technical monitoring, AOPS and CHI operate essentially parallel systems for somewhat different constituencies. The AOPS network currently consist of numerous small-scale, local PVO sub-grantees which, for the most part, have rudimentary management systems, and are supposed to receive technical assistance in grant management from AOPS. As discussed in section IV., the number of sub-grantees is expected to approximately double during the next three years, on a phased in basis.

CHI's network is composed of the direct grantees (excluding AOPS), including the VACS "core" grantees (UNICEF, CARE, HHF, SADA) and "other" grantees (ICC, SCF, EYECARE, Pignon, FHASE, etc). These institutions have more resources, including a more developed management capability, but still need CHI assistance in information systems in one degree or another. Although each institution maintains its own internal system to plan and monitor field implementation activities, together they form a loosely constructed system, as they report on the same major data elements to CHI. CHI analyzes and summarizes the incoming information for feedback to its network (and to A.I.D.). In addition, CHI conducts special and ad hoc analyses--e.g. mini surveys, baseline and impact studies--to assess the impact of service delivery on beneficiaries. The results of these analyses are also transmitted back to grantees for feedback and appropriate follow-up action.

As discussed in section IV., both CHI and AOPS have experienced internal management problems over the past years which are now being addressed with URC and other assistance. As they work through their internal organizational development, both organizations will need to maintain their support functions not only for VACS information but also for that of PSFP. The coming years will emphasis rendering the overall CS and FP coordination and planning functions more effective, without leading to excessive centralization.

The development of collaborative detailed annual Project Implementation Plans mentioned above will be the starting point. The plans will contain consolidated targets for VACS as a whole, with targets of individual implementing agencies highlighted. USAID/HRO will obtain consulting services in early FY 90 to assist the players--HRO, URC, CHI, AOPS, and others to be identified--in developing mutually agreed protocols for

establishing the plans and monitoring established targets. URC, with the proposed additional personnel, and CHI, with the JHU Child Survival Fellow's assistance, will likely be the key players in this regard.

B. Data Collection Plan

The following key questions will be addressed, inter alia, during project implementation.

1. Project Goal. The Goal of the project is to improve the quality of life of rural children through an expanded Child Survival system.

Goal-level Question: Is the health status of rural children being substantially improved as a result of project interventions?

Indicators: Mortality and morbidity rates, measurement of childrens' nutritional status.

Data Collection Methodology: Service delivery and basis health statistics collected and maintained by PVO/NGO implementing agencies will provide continuous information on mortality and morbidity rates as well as malnutrition and undernutrition in the target population. CHI will conduct EMUSS II in 1991 which will provide data for trend analysis with EMUSS I.

2. Project Purpose: The Purposes of the project are: to develop the institutional capacity of private and non-governmental organizations in Haiti to provide CS outreach services to the rural poor; and to increase the access of the rural population to CS services through the PVOs.

Purpose-Level Questions: To what extent is the project successful in putting in place the infrastructure to allow the rural population to gain increased access to CS services? To what extent is the project developing and strengthening the institutional capability of PVOs to delivery CS health services? What are the most significant factors of success? What are the most persistent constraints?

Purpose Level Indicators: The percentage of the rural population being provided CS services for the first time as a result of project interventions and the functioning status of PVO key management systems.

Data Collection Methodology: Service delivery

statistics collected and maintained by health agents will provide information on CS service coverage. URC will conduct ad hoc analyses to assess the efficiency and effectiveness of PVO management systems.

3. Project Outputs: The project outputs are:

(1) A system in effect to provide management assistance to Haitian PVO/NGOs.

(2) A strengthened and more effective national PVO/NGO Child Survival delivery system.

(3) VACS supported institutions provide immunization and ORT services.

(4) An effective training and research program established at INHSAC and CHI.

Output-Level Questions: Are VACS grantees providing CS services as planned? What are the successes and difficulties? Is AOPS providing grant management TA to sub-grantees as planned? What are its successes and difficulties? Are INHSAC and CHI performing as planned? What are the critical factors or success of failure that PVO/NGOs encounter in their CS efforts.

Indicators: Number of children vaccinated for measles, immunized against polio, ORT knowledge and use, frequency of rally posts (or equivalent) held; quality and quantity of services AOPS, INHSAC and CHI provide to client institutions.

Data Collection Methodology: Service delivery and basic health statistics collected and maintained by health agents will provide information regarding CS service coverage. For the rest, AOPS, INHSAC CHI and PVO activity reports should inform on the quality and quantity of services delivery. Institutional capability and effectiveness issues can be addressed by URC periodic analyses and by CHI special studies (including EMUSS II).

C. Evaluation

An evaluation of the project is scheduled for January 1991. The principal areas of concentration will be:

1) The technical assistance component: How do the various TA contractors and grantees relate to each other and to the project purpose? Is the collaborative approach to overall

project management effective in providing both technical and management/institutional assistance on a timely basis? Is there any duplication of effort? Is there too much or too little TA in the VACS project?

2) Delivery Service Grants: How effective are the grantees in delivering CS services? Are the EOPS attainable? Is AOPS effective as a manager and implementor of sub-grants?

3) Research: Is the research undertaken by CHI relevant to the needs of the PVO/NGOs? What research or assistance has it provided in the project?. Does the cost justify the outputs of CHI? Can the results be quantified?

4) Training: Is INHSAC providing the training needed by the PVO/NGOs? What is the annual/monthly cost for each trainee? Is it less expensive to contract for training on an as needed basis or to maintain an organization such as INHSAC?

The evaluation will be undertaken four persons for one month each: A Team Leader/Senior Health Professional, who should focus on the overall mix of project elements in achieving (or not) the project purpose and goal; a Public Health Specialist to assess effectiveness of actual service delivery modes; an Institutional Specialist with emphasis on NGO/PVOs organizational development; and a Management Analyst to assess TA mix and project management issues. Approximately \$ 58,000 is budgeted for this evaluation.

The mid-term evaluation will also provide recommendations as to the need for a final evaluation and/or design of a follow-on project. Additional funds are provided in the budget for such a purpose or may be used for special evaluations of issues identified thorough the Information System as described above.

PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project: From FY 7-30-87 to FY 9-30-93
 Total U.S. Funding: \$22,000,000
 Date Prepared: 5-30-89

Project Title & Number: VOLUNTARY AGENCIES FOR CHILD SURVIVAL, 521-0206

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>Improve the quality of life of rural children through an expanded Child Survival system.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Mortality rates for children under the age of 5 have substantially decreased.</p>	<p>(A-3)</p> <p>1) Records of Ministry of Public and population.</p> <p>2) Pan American Health Organization reports.</p> <p>3) AID project files.</p> <p>4) Firmus Study (CHI)</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <p>1) Rural Haitians with children under 5 will use the Child Survival health services.</p> <p>2) The political climate remains stable</p>

PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

Life of Project:
 From FY 7-30-87 to FY 9-30-93
 Total U.S. Funding: \$22,000,000
 Date Prepared: 11-1-92

Project Title & Number: VOLUNTARY AGENCIES FOR CHILD SURVIVAL, 521-0206

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose: (B-1)</p> <ol style="list-style-type: none"> 1) To develop the institutional capacity of private and non-governmental organizations in Haiti to provide Child Survival (CS) outreach services. 2) To increase the access of the rural population to CS services through PVOs. 	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <ol style="list-style-type: none"> 1) At least 15 Haitian PVO/NGOs will have the management & technical expertise to provide Child Survival services to rural areas. 2) 1.3 million people participated and benefited from the VACS project through PVO/NGOs. 3) By 1993, 50% of children less than 2 years of age vaccinated every year against measles in populations served by VACS funded PVOs. 4) At least 50% of Haitian mothers, with children under 5 participating in the VACS project, will use ORT. 	<p>(B-3)</p> <ol style="list-style-type: none"> 1) AID project files. 2) PVO reports and files 3) Evaluation 4) Pan American Health Organization reports. 5) CHI, AOPS reports & surveys. 	<p>Assumptions for achieving purpose: (B-4)</p> <ol style="list-style-type: none"> 1) Haitian PVO/NGOs are willing to accept and use the TA offered to improve their operations. 2) The Child Survival outreach services are an effective means to reach the rural population. 3) The Haitian Government does not interfere with the PVO/NGOs outreach program.

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PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

Life of Project:
 From FY 8-30-87 to FY 9-30-93
 Total U.S. Funding \$22,000,000
 Date Prepared: 8-1-88

Project Title & Number: VOLUNTARY AGENCIES FOR CHILD SURVIVAL, 521-0206

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Outputs: (C-1)</p> <ol style="list-style-type: none"> 1) A system is in effect to provide management assistance to Haitian PVO/NGOs. 2) A strengthened and more effective national PVO/NGO Child Survival delivery system. 3) VACS supported institutions provide immunization & ORT services. 4) An effective training and research program is established at INHSAC and CHI. 	<p>Measures of Outputs: (C-2)</p> <ol style="list-style-type: none"> 1) AOPS has the professional management staff to provide TA to Haitian PVO/NGOs. 2) Approximately 30 PVO/NGOs will have participated in this Child Survival project. 3) 75% of VACS supported institutions provide routine vaccination services & ORT counseling. 4) INHSAC and CHI provide training to 150 CS technicians each year and research services to 20 PVO/NGOs each year. 	<p>(C-3)</p> <ol style="list-style-type: none"> 1) PVO/NGO progress reports. 2) AID project files. 3) Evaluations. 	<p>Assumptions for achieving outputs: (C-4)</p> <ol style="list-style-type: none"> 1) Haitian PVO/NGOs will participate in the Child Survival program. 2) Haitian PVO/NGOs are willing to cooperate and work with AOPS. 3) Haitian PVO/NGOs are prepared to participate in water/sanitation projects.

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 7-30-87 to FY 9-30-99
Total U.S. Funding \$22,000,000
Date Prepared: _____

Project Title & Number: VOLUNTARY AGENCIES FOR CHILD SURVIVAL, 521-0206

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Inputs: (C-1)	Implementation Target (Type and Quantity) (C-2)	(C-3)	Assumptions for providing inputs: (C-4)
1) Technical Assistance (contracts & Grants)	1) \$ 7,444,000	1) USAID records 2) PVO/NGO records	1) Qualified personnel are available to fill the TA position.
2) Service Delivery	2) \$11,190,000		2) Haitian PVOs, if adequately funded, are able to provide Child Survival services.
3) Training	3) \$ 1,035,000		
4) Research	4) \$ 1,500,000		
5) Management, audit, evaluations and monitoring	5) \$ 831,000		

D R A F T

M E M O R A N D U M

TO : Martin Napper, Contracting Officer

FROM : Rosalie Fanale, Deputy Chief, PPS

SUBJECT: Voluntary Agencies for Child Survival (VACS) Project No. 521-0206: Justification for a Negotiated Contract Extension of Contract No. 521-0206-C-00-8023-00 dtd. 8/29/88

The purpose of this memo is to confirm our previous conversation based on our discussion with Jim Murphy, A.I.D./W/CM, regarding the extension of the subject technical assistance contract with University Research Corporation (URC) under the subject project.

The VACS project was authorized in July 1987 with the purpose of developing institutional capabilities of PVOs and improving PVO service delivery programs thereby increasing the availability of child survival health interventions. Originally, the project had a PACD of July 30, 1992 (i.e. 5 years), and a life of project funding totaling \$ 12 million. The original PP foresaw the project implemented through a major grant to U.S. or international PVO that could provide both technical assistance and actual management of sub-grants to numerous PVO/NGOs in Haiti. For a number of reasons, subsequent to project authorization a decision was made to contract with a U.S. firm for TA only and have USAID/Haiti retain the grant-making role under the project.

An RFP was issued in FY 88 and University Research Corporation (URC) was the successful offeror. Contract No. 521-0206-C-00-8023-00 was signed and dated 8/29/88. The URC long-term expatriates arrived and began to establish the office in October 1988.

The objective of the contract is "to engage a U.S. organization which will provide grant management services and technical assistance to the Child Health Institute, the Association of Private Health Organizations, the Haitian Community Health Institute and other PVOs in organization and program development." The statement of work included assisting identified PVOs with all aspects of grants: "...determining a mechanism for reviewing and evaluating proposals, preparing grant agreements, establishing the accounting procedures, monitoring the use and flow of funds, evaluating progress towards the achievement of objectives..". The contractor was to equip and maintain a local office, recruit and supervise all staff, etc. It was at that time anticipated that URC would provide these services for approximately \$ 6 million to be granted to CHI, AOPS, INHSAC and other NGOs through grants/cooperative agreements between those individual organizations and A.I.D.

A mistake was unfortunately made during the contracting process whereby the contract had an estimated completion date of only three years from the effective date, i.e. services would terminate on 8/28/91. Given the scope of services and the original intent of the PP, it is clear that it was intended to have the TA contract throughout the life of the project.

During the PP Supplement preparation it became clear that the number of person months for local professional and support staff in the URC contract needed to be expanded and the term of the contract extended to allow the contractor to complete the Scope of Work as set forth in its contract. Based on analysis by George Hazel it became clear that the local staff should be increased by 5 positions (2 professional, 3 support) and the contract extended by 25 months, that is 11 months to make up for the original error and 14 months to accommodate the PACD extension. Long and short-term TA would also be extended at existing levels to accommodate the extension.

We would appreciate it if you would proceed to solicit from URC a proposal for the proposed extension as estimated in the PIO/T accompanying this memo.

Enc: PIO/T 521-0206-3-80063, Amendment No. ___

ANNEX C

REVISED ESTIMATE OF BENEFICIARIES AND COST PER BENEFICIARY

A. Revised Estimate of Beneficiaries

Table C-1 presents the estimated number of beneficiaries for the VACS service delivery activities. Although it is recognized that the institutional development activities, particularly training, will also involve some direct beneficiaries, these are considered relatively small and are not figured into the total.

The table separates out the PAHO beneficiaries from the overall total. The USAID contribution to PAHO represents a contribution to the national Expanded Program of Immunization (EPI), which covers the entire country. The EPI has a target beneficiary population of 643,200 pregnant women and children under the age of five. The GOH hopes to reach 80 percent of this target population by 1992. For purposes of this exercise, however, the table includes a more conservative EPI target of 70 percent of these beneficiaries, or approximately 507,000 women and children. For purposes of this exercise, it is assumed that one-third, or approximately 34 percent, of beneficiaries reached will reside in areas covered by USAID-supported PVOs and thus should not be double-counted. The remaining 66 percent is thus additive to the other beneficiary estimates.

The table uses actual target populations for all known grantees. For the 4 "core" grantees besides PAHO, it assumes a modest 10 percent annual increases in years 4, 5 and 6, based on assumed experience to date in the catchment area. The known "other" grantees are assumed to reach their full target population by the second year of their grants, and to remain at that level for the life-of-the-project. The AOPS sub-grantees are estimated at 20,000 persons per sub-grantee, with an initial modest 5 sub-grants in Year 3 (the first year of AOPS funding under VACS) and 15 new, or 20 total in Years 4 and 5 more new, or 25 total, in Years 5 and 6.

As stated above, the PAHO figures represent women and children under 5 years of age with a conservative target of 70 percent coverage by year 5 of the project. The other target figures represent total populations, i.e. all adults and children. Target coverage of this population varies by intervention delivered, ranging from approximately 20 percent for family planning services to 70 percent for immunizations to 80 percent for health and sanitary education. An average of 70 percent coverage is used for purposes of this exercise.

The total "average annual beneficiaries" are figured two ways. Option 1, using the full 6.17 years of the project, results in an annual average of 989,331 persons. Option 2 assumes that the first

two project years are outliers, with many beneficiaries still covered by VACS predecessor project MOMS. These computation takes the more realistic assumption of 4.17 years of "full project operation" as the basis for figuring average annual beneficiaries, with a resultant 1,324,034 annual average.

B. Revised Estimated Cost Per Beneficiary

The Economic Analysis in the original VACS Project Paper assumed that activities under MOMS would cease and that Year 1 of the VACS project would find total coverage at 1,130,000 persons, i.e. the 900,000 from MOMS plus a 25 percent increase. As found at Table C-1, estimated beneficiaries under VACS for Years 1 and 2 were only 135,000 and 269,000 (excluding PAHO), respectively, due to a slow start-up and continuing coverage under MOMS. "Other" grantees and AOPS sub-grantees thus only begin to phase into VACS in Year 3. Because of this, the option summarized above of using the latter 4.17 years (Years 3-6.17) of the project to figure annual average beneficiaries will be used for the revised cost per beneficiary calculation. The option includes the separate break-out for PAHO beneficiaries and an estimated 70 percent coverage.

Following the original PP, the revised cost per beneficiary does not include non-VACS contributions. As stated in the main body of this PP Supplement, these non-VACS contributions range from over 70 percent for CARE and PAHO to less than 10 percent for some of the smaller grantees. Because many of these contributions are not known at this time, a more exact calculation can only be accomplished towards the end of the project.

The calculation, again following the original PP Economic Analysis, is based only on service delivery costs and does not include TA, training, research or AID monitoring, evaluation and audit. These are considered essential to fulfillment of the institutional development purpose of VACS, but benefits and beneficiaries are not easily quantifiable and are apt to accrue well beyond the 6.17 year life of the project.

Total estimated cost for service delivery is \$ 11,190,000 for the full 6.17 years of the project but in order to match the beneficiary calculations are figure on the basis of the 4.17 years. This seems reasonable given the relatively low level of expenditures for service delivery in Years 1 and 2.

Total LOP Cost Service Del.	\$ 11,190,000
Average Annual Cost (4.17 yr)	2,683,453
Ave. Annual Beneficiaries (ref. C-1, Option 2)	1,324,034
Revised cost per year per beneficiary Service Del.	\$ 2.03

This figure is not comparable to the estimated \$ 2.30 in the original PP because a number of costs now considered "TA", including AOPS core costs, REACH, etc. were considered in the original estimate. Were all the non-service delivery costs added in, for a total project cost of \$ 22,000,000, the estimated cost per beneficiary would still be under \$ 5.00 per year (assuming TA costs were averaged over 6.17 years). This is considered most reasonable given A.I.D.'s worldwide experience with child survival and primary health care delivery.

TABLE C-1: REVISED ESTIMATE OF VACS BENEFICIARIES

	"PRESENT 7/87	YEAR 1 8/87-7/88	YEAR 2 8/88-7/89	YEQR 3 8/89-7/90	YEAR 4 8/90-7/91	YEAR 5 8/91-7/92	YEAR 6+. ¹⁷ 8/92-9/93
CORE GRANTEES							
1. PAHO	0.000	150.000	300.000	375.000	470.000	507.000	0.000
(66%)*	0.000	100.050	200.100	250.125	313.490	338.169	0.000
2. UNICEF	0.000	60.000	100.000	220.000	242.000	266.200	292.820
3. HHF	0.000	15.000	29.000	29.000	31.900	35.090	38.599
4. SADA	0.000	60.000	100.000	100.000	110.000	121.000	133.100
5. CARE	0.000	0.000	40.000	85.000	93.500	102.850	113.135
OTHER GRANTEES							
6. ICC	0.000	0.000	0.000	120.000	200.000	240.000	240.000
7. EYECARE	0.000	0.000	0.000	50.000	100.000	100.000	100.000
8. SCF	0.000	0.000	0.000	50.000	100.000	100.000	100.000
9. PIGNON	0.000	0.000	0.000	60.000	125.000	125.000	125.000
10. PHASE	0.000	0.000	0.000	30.000	65.000	65.000	65.000
11. TBD	0.000	0.000	0.000	0.000	175.000	375.000	375.000
(est. 5 PYO @ 75)							
AOPS SUB-GRANTEES:	0.000	0.000	0.000	100.000	400.000	500.000	500.000
TOTAL EXCLUDING PAHO	0.000	135.000	269.000	844.000	1642.400	2030.140	2082.654

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OPTION 1		OPTION 2	
TOTAL YRS. 1-6	7003.194	TOTAL YRS. 3-6	6599.194
AVERAGE ANNUAL EXCLUDING PAHO	1135.040	AVE. ANNUAL YRS. 3-6 EXCLUDING PAHO	1582.541
AT 70% COVERAGE	794.528	AT 70% COVERAGE	1107.778
AVERAGE ANNUAL PAHO/VACS*	194.803	AVE. ANNUAL YRS. 3-6 PAHO/VACS	216.255
TOTAL ANNUAL AVE. YEARS 1-6	989.331	TOTAL ANNUAL AVE. YRS. 3-6	1324.034

* THE PAHO CONTRIBUTION REPRESENTS USAID/HAITI CONTRIBUTION TO THE NATIONAL EXPANDED PROGRAM OF IMMUNIZATION (EPI). SOME OF THE EPI ACTIVITIES NATURALLY FALL WITHIN THE USAID-SUPPORTED PVO SERVICE DELIVERY AREAS. FOR PURPOSES OF THIS EXERCISE, IT IS ASSUMED THAT 34 PERCENT OF TOTAL PAHO BENEFICIARIES ARE WITHIN USAID-SUPPORTED PVO AREAS. THUS ONLY 66 PERCENT OF TOTAL PAHO BENEFICIARIES MAY BE CONSIDERED ADDITIVE.

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ANNEX D

KEY TO TABLE 3

Table 3 in this PP Supplement was developed based on the Global Project Budget found at page 63 in the original PP (AID/LAC/P-378 signed 7/30/87) using the newer and more appropriate project management elements as key cost elements. A key as to how this was accomplished follows:

<u>Global Project Budget</u> <u>(original PP p. 63)</u>		<u>"Original PP"</u> <u>(PP Supplement p. 22)</u>	
I. TECHNICAL ASSISTANCE	1,762	1. SERVICE DELIVERY	6,053

II. INDIRECT SUBGRANTS	6,855	Large PVO Subgrants	3,323 II A.
-----		AOPS Subgrant Fund	475 II B.
A. Large PVO Subgrants	3,323	Direct AID Grants	1,850 III A-C
B. AOPS Subgrant Fund	475	PAHO	405 V A.
C. Core Support Grants	3,057		

1. INHSAC	966	2. TA (inc. AOPS core)	3,718
2. AOPS	1,111	Technical Ass't	1,762 I.
3. CHI	980	AOPS Core Support	1,111 II C. 2.
-----		REACH	500 V B.
III. DIRECT AID GRANTS	1,850	Johns Hopkins	245 V C.
-----		ADDR	100 V D.
A. HHF	850	3. Training	966
B. AMEC/SADA	600	INHSAC	966 II C. 1
C. UNICEF	400	4. Research (CHI)	980 II C. 3
-----		5. AID M&E and Audit	283
IV. PROJECT COORDINATOR	183	Coordinator	160 IV. A.
-----		Vehicle	23 IV. B.
A. Coordinator	160	Fin. Mgmt Review	50 VI
B. Vehicle	23	Evaluation	50 VII

V. BUY-INS	1,250		

A. PAHO	405		
B. REACH	500		
C. Johns Hopkins	245		
D. ADDR	100		

VI. FINANCIAL MGMT REVIEW	50		

VII. EVALUATION	50		

TOTAL	12,000	TOTAL	12,000