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Action Plan

FY 1990-1991

BRAZIL

MARCH 1989



Agency for International Development
Washington, D.C. 20523

ACTION PLAN FOR
A.I.D. IN BRAZIL
FY 1990-1991

MARCH 30, 1989

OBJECTIVES:

6. Preserve and manage natural resources
8. Increase access to voluntary family planning services
9. Improve health and child survival
11. Improve educational opportunities

U.S. Brazilian relations could be better. Trade and intellectual property disputes, the debt issue, and most recently backlash against U.S. and European criticism of Amazon rainforest destruction all contribute to a Government to Government relationship which will not likely improve before change of Brazil's public leadership next year.

Two factors drive this unproductive political/economic process from the Brazilian side: (1) the Government, which is too large and which occupies too much of the economy, has lost credibility, is incapable of affecting important issues and vegetates awaiting expiration of its mandate; and (2) a neo-mercantilistic economic model which benefits elites, maintains or increases existing income inequities and produces little tangible social action for the disadvantaged. Both are reinforced by a shortsighted, export oriented trade policy which produces large trade surpluses, but no structural change.

This highlights the challenge of an ADC relationship. There are many opportunities and a diversity of entry points. Science and technology collaboration is most practicable around social priorities with double advantage: (1) there is much that each country may contribute, particularly because Brazil has credible private social leaders with whom AID can work, and (2) action in this area has catalytic effect, heightening awareness of the social need, and thereby contributing to democratic values.

The four foreign policy objectives enunciated in the ADC strategy, are being met in the Brazil program through two types of activities:

1. cooperation in science and technology where the U.S. has a comparative advantage and where the mutual interests of the two countries are served, including in transferring technology to third countries; for Brazil, the social priorities chosen are: population, health and environment. Other options: education and nutrition, job creation and micro-enterprise are too costly to enter. The selected themes attenuate neglect of social values which are essential for democratic principles and institutions. Population and child survival apart, the initiatives are new, but are proving to be highly effective in ADC terms: impact upon response from within the society and catalyzing resources around thorough, focused planning;
2. participant training for leaders, educators and managers of technology to foster a more open view on technological cooperation. In contrast with the first pillar, this one is not a success, because impact cannot be made with diminimus resources; the U.S. is actually losing its favored status in education, an important U.S. export. The university system in which AID invested hundreds of millions of dollars is deteriorating. Leadership for the next generation's technocracy is turning toward narrow internal influences. While it is recognized that ADC programs, being small, cannot be concerned with maintaining institutional capacity and educating the next generation, the discontinuity which is occurring is disturbing. AID Rep made the decision to focus scarce training resources on the areas emphasized in the program (health and environment). Brazil is a big country; the impact even in only few subsectors will still be modest. The question must be asked whether this strategy is correct or whether AID should seek a radically different alternative; that of mobilizing support in other quarters and adapting the emphasis to the priorities of those who contribute the most.

The theme of this Action Plan is that ADC programs, through focus, take advantage of opportunity for innovation. Review of the Brazil ADC program will make evident the desirability of increased level of effort, still with modest resources, developing innovations for which replication and adaptation elsewhere, including through training, afford high pay-off. This Action Plan pinpoints the innovation and shows how they will proceed.

Summarizing, then, what has been accomplished in the Brazil program:

1. family planning:

- developing of a strategy and a favorable environment in which to build relationships and advance programming;
- surpassing expectations in several critical areas; and
- preparing for the future and creating favorable conditions for expanded support.

There results areas for innovation, which include:

- fostering sustainability for family planning PVOs;
- collaboration between family planning PVOs and government at all levels;

Future prospects are:

- advancing factory based programs and new networks;
- training of third country nationals, especially Africans.

2. child survival - well motherhood:

- prove effectiveness and consolidate work on a model for low cost, appropriate technology applicable throughout the Northeast (and in other LDCs); set a programmatic agenda for the future;
- begin serious work on structural reform and on mobilizing support for the program;
- initiate work on other networks (non-add).

An area for present innovation is:

- low cost appropriate technology and networking for maternal-child health care, with emphasis on training.

Future areas for innovation might include:

- young adult well motherhood/child survival models;
- training for third country nationals, especially Africans.

3. environment:

- through the Conservation Foundation, effect a responsible, modest scale responsible agroforestry program in Acre State and for public awareness nationwide through the Pro-Nature Foundation (FUNATURA);
- prepare the basis for expanding in agro-forestry and including one modest urban environment initiative.

Areas for innovation in the future are:

- strengthening of local environmental organizations, public and private;
- facilitating collaboration between Brazilian and U.S. environmental institutions.

4. participant training:

- focus participant training on program priorities.

5. new program design: AIDS, Drug Abuse Preventive Education

- a. AIDS
 - performed diagnosis and program conception;
 - begun design work.

b. Drug Abuse Preventive Education
-- performed program conception.

The areas for innovation in AIDS and drug abuse prevention are:

- preventive education for schools;
- preventive education for high risk component (AIDS only);
- preventive education in the workplace.

For the future, innovations might include:

- advancing collaboration among and sustainability of pvos;
- training for third country nationals.

6. implementing complementary activities:

- these projects include public education/awareness activities with Partners of the Americas, the OFDA Disaster Preparedness Training Center, the International Executive Service Corps, S&T/AGR research projects (CRSPs), Office of the Science Advisor, ASHA.

Looking to the future:

1. family planning:

- there are organized and ordered choices to be made in application of resources;
- there are burgeoning, important opportunities, yet at the same time, there is the threat of a struggle to preserve gains;
- there is need to broaden support, yet a not entirely favorable climate to bring in squeamish donors; but it is essential to diversify support and this is the time to invest; and
- finally, there is AID's own internal struggle, trading-off between maintaining support to prepare/protect gains for the future and phasing down/facing uncertain budget levels.

This is a several year challenge with an annual program review process in which there is excellent S&T/LAC cooperation.

2. child survival - well motherhood:

- there are two challenges: an ambitious agenda for change and structural reform, but a contained activity;
- there is need for flexibility and the uncertain prospect of catalyzing strong support.

This is also a continuing effort, but the challenges noted should show significant results within 1-2 years.

3. environment:

- a USIS IV program and a Partners of the America travel program to the U.S. are being coordinated to bring about a dozen Brazilian environmental officials/leaders, predominantly from Northern Brazil, to the U.S. in late June, they will jointly participate in seminars with U.S. environmental groups and with research organizations working with tropical forestry science and technology.
- gradually the diverse program ideas outlined below will be brought into the Embassy interagency agenda, with AID playing the part that will be permitted within legal restrictions and available resources.

This is an urgent challenge; but AID Representative's involvement will remain modest until there is the possibility to enlarge response.

4. participant training:

-- the impact of relating the training to program areas will be improved, beginning with environment (see above), then, sending teachers to the U.S. for training in drug abuse preventive education, then AIDS and finally a select few in maternal-child health care and health care financing (sustainability);

-- within 12 months a significant improvement in trainee selection is expected; the new ADC five-year training project will then start up, institutionalizing the recruitment process.

5. new program design:

a. Family. A fully functioning program is expected to be put in place within the next year.

b. drug abuse preventive education. The majority of activities will await the buy-in to DRUGCOM. The general education in schools (non-add), the educational insert to Nova Escola (pedagogic publication of the Victor Civita Foundation) and the sending of the first U.S. participant trainee secondary school teachers will proceed.

Note: the workplace and school based programs will benefit family planning, too, by creating receptivity and proving out effective channels for delivery of training.

PART II, SECTION I - Program Description

Population - Modifying the AID Program in Brazil

Eighteen months ago, the lead AID population specialists for Brazil in the Office of Population and for Latin America were invited to Brazil to conduct the first overall evaluation of population activities. The effort yielded clear directions and set the goal of shifting initiative to Brazil, building relations between Brazilian PVOs and U.S. Cooperating Agencies (CAs). In December 1987, U.S. CAs were invited to participate with Brazilian PVOs in a review of the strategy which consolidated understandings and created a favorable working environment. This result has just been further advanced by a second PVO-CA meeting, March 1989, which showed the progress made and produced program guidance for FY89 and FY90.

- (a) The transition in provision of services to the underserved: the Northeast, the favelas of Sao Paulo and Rio de Janeiro, young adults and men, is essentially complete (programs for young adults and men are still being prepared);
- (b) With AID assisting at 15 Brazilian PVOs, more than half have or will shortly have taken major steps toward sustainability through two parallel programs: (i) increasing internal efficiency (institutional evaluation, strategic planning, MIS, financial management); and (ii) improving revenue generation through selective investment; the ingenuity shown by participating groups makes this the most consistent performance area;
- (c) Involvement of PVOs with Government at all levels has been expanded. This has been accomplished through initiative of Brazilian institutions, made possible by receptivity for the first time within the Ministry of Health. Also, agreements have expanded rapidly with states and municipalities. Results have surpassed projections in four ways: (i) collaboration with Federal officials produced programs to be carried out within specific states; (ii) numbers and types of state and municipal institutions entering into agreements with PVOs has expanded markedly; (iii) new opportunities have opened including in large cities, following the municipal elections and building upon the visibility of progress to date; and (iv) there is emergence of new relationships, especially Government working through community based organizations and new networks;
- (d) Quality issues are being addressed, where possible, through information and education, including:
 - use of multiple fora for reaching health professionals (congresses, technical committees, seminars and training);
 - promotion of medical and nursing school curriculum change and education of professors;
 - training programs for health practitioners (classroom and in-service); and
 - policy dialogue with public health leaders.

The stage is being set for change in the future, while protecting gains achieved, by:

- continuing the pace of advance on sustainability of PVOs;
- consolidating gains with Government in the face of uncertainties in the period prior to presidential elections, while inexorably diversifying and expanding the web of agreements linking public and private institutions;
- reaching a broad base of understanding on what new opportunities are and how they may gradually be introduced as resources permit: (i) intensifying PVO-Government collaboration at the levels which afford lasting, effective relationship; (ii) collaborating with industry/labor on workplace based programs; (iii) expanding Government-PVO collaboration working with community organizations; and (iv) promoting efforts through new public and private networks (social assistance agencies, associations, informal market channels).

HEALTH - A Selective Agenda - Appropriate Technology

1. Maternal-Child Health

AID/Brazil and Project Hope are supporting the child survival portion of a low cost appropriate technology community maternal-child health program through "birth houses". Kellogg Foundation finances the well motherhood part. This activity has been evaluated favorably and a new project is being designed with the following characteristics:

- the well motherhood and child survival efforts will be integrated institutionally as well as in practice;
- the model will be perfected within a contiguous geographic area and in preparation for replication, including within public health services in the Northeast;
- the role of the university and its partnership with private Brazilian organizations will be modified, both through redefinition of respective roles and modification on institutional relations;
- attention will be given to sustainability of the participating institutions as well as to cost recovery;
- research in areas of comparative advantage and training will be fostered, including training for third country nationals; and
- Brazilian and external sources of support will be diversified.

2. AIDS and Drug Abuse Prevention

1. AIDS

AIDS enters the Brazilian population primarily through persons who have mobility, have resources, have frequent contact with male or female prostitutes, are IV drug users or are exposed to contaminated blood products. It spreads through all forms of high risk compartment, but Brazil may have one of the highest rates of contamination through blood products and heterosexual spread from an urban homosexual/bisexual population. The most serious threat is that the disease, generally thought to affect the middle-upper classes, will settle in the poor, where preventive education has not been effective and where it will be difficult to achieve prophylaxis.

Public education, through media, schools, public events, associations, must continue. Priority effort should be directed to modifying high risk compartment, i.e., reduce rate of transmission where prevalence is concentrated so as to slow down the spread to most vulnerable population segments. High risk compartment is in widely varying (and overlapping) segments of the population: homosexuals, bisexuals, prostitutes, IV drug users, truckers, sailors, military and military police, construction workers, migratory laborers, street children, transvestites, prisoners. Efforts to reach them have to be both to the point and sensitive to their sub-culture; at the same time, the great importance which bisexuality plays in transmission to a wider population in Brazil, also requires messages targeted at larger audiences in which such persons are unidentifiable such as lower wage earners through the workplace, young adults through schools and community organizations.

Following a joint AIDSCOM/AIDSTECH diagnosis in Dec. 1988, a program has been defined which has five central activities and some complementary ones. The blood contamination issue is not addressed, primarily because adequate assistance would appear to be forthcoming if the political will were present. Research has been played down because of the legal restrictions on assistance to Brazil. The training of health care professionals is an urgent need left for future definition, because there is too much confusion within Government about how to proceed and the scale is so large. The centerpiece activities are:

- (a) development of instructional materials, trainer training and evaluation of training delivery for secondary school children;
- (b) preparation of educational materials and trainer training for selected high risk compartment;
- (c) preventive education in the work place (AIDSCOM);
- (d) use of epidemiological information to improve targeted preventive education for high risk compartment;
- (e) making self-sustainable a leading pvo in AIDS health care cost reduction and preventive education; and
- (f) participant training.

2. Drug Abuse Preventive Education

Public awareness in drug abuse prevention is the key to public action on drugs. This activity is about to begin with the following components:

- 1. preparation of instructional materials and trainer training for drug abuse preventive education in secondary schools;

2. preparation of instructional materials on drug abuse preventive education to reach secondary school teachers through "Nova Escola", publication of the Victor Civita Foundation (set up by Brazil's largest publishing house);
3. workplace based drug abuse preventive education through the Sao Paulo Industrial Federation; and
4. participant training.

Environment - A Challenge to Respond to U.S. Interests

AID operates in the environmental field through the Conservation Foundation (CF) (now merged with World Wildlife Fund), complemented by participant training through Partners of the Americas and the Fulbright Commission. CF promotes policy dialogue, public awareness and information on sustainable environmental priorities in Acre State and through the Pronature Foundation (PUNATURA) furthers awareness among leaders nationwide.

Four environmental concerns predominate: tropical forest cover destruction, loss of biological diversity, global warming and damage to the ozone layer. Brazil has 37% of the world's at risk tropical forest resources. In 1988, the most devastating year in Brazil's history, new burning of tropical forests in the Amazon was reportedly equivalent to an area the size of New Mexico. The damage is not abating. There has been an increase in awareness of the problem, but this is not reflected in significant actions impacting upon resource use.

In political terms, the dominant characteristic is lack of will, especially at the federal level where officials remain somewhat remote from what is occurring. This reflects both the non-manageability of the country's basic economic model and a low priority to environmental considerations. On the economic level, there are significant resource limitations, including within the federal budget. But for Brazil today, real resources are shrinking and may significantly lessen.

Three land use problems are present: (1) environmentally destructive exploitation of large land holdings driven by subsidies which encourage "mining" rather than agri-business practices; (2) common property use issues where the tragedy of the commons prevails (each party taking as much as possible before someone else does); and (3) placing land use rights in the hands of marginal users incapable of minimum resource management and who may even face disincentives to do so. Answers lie not merely in technologies for sustainable resource use, but in a modified social basis for access to land.

Our response must incorporate a mix of actions aiming at effectiveness over a long time frame: policy dialogue, multilateral project environmental impact reviews, externally and internally induced incentives and media pressure but with a more constructive message, with support coalesced among the fullest range of concerned nations. The essence is to encourage Brazilian leaders to become capable of and to progress in developing their own iterative and gradually rationalizing solutions.

A starting point is education of leaders and teachers. Brazilian mass media is powerful. Mobilizing more and higher impact, responsible media attention is critical. Within the North, organizational structures for addressing environmental concerns need to be reinforced. There are a few research institutes (parastatal), private foundations and many small associations; there is great need and receptivity to improving institutional capacity within the State Governments.

Another area for U.S. institutional collaboration is in science and technology for agro-forestry. Among priority topics are: (a) varietal improvements for ecologically sound resource use; (b) economically viable management systems for sustainable production; (c) mixed cropping systems for tropical agro-forestry; (d) mitigating against degradation: reducing drying of forest areas and hence susceptibility to fire; attenuating erosion; (e) recuperation of adversely affected areas; and (f) alternative approaches to burning in forest education, land clearing, reinvasion control. There is also need for research on the social problems of land use and the interrelation of these to introducing technologies. Noteworthy, too, are studies and demonstrations of ecologically and economically viable systems and management practices.

PROGRAM IMPLEMENTATION BY OBJECTIVE

SECTION II

1. SUMMARY FUNDING TABLE

Objective # 6: Preserve and Manage Natural Resources

<u>Activity</u>	<u>LOP Funding</u>	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>
1. <u>ITT</u> Conservation Foundation (Subgrant under Partners)	Annual	200	200	200
(Innovation Scenario)		500	700	1,000

Note: The above description assumes that activities will be conducted with (or through) Conservation Foundation only. Should legislative relief occur for activities related to environment, other US environmental intermediaries may enter into relation with AID, possibly through new activities, within the proposed funding levels.

2. Accomplishments

a. Actual for FY 1988 and Early 1989

1. Agroforestry:

- a) Assisted the Tropical Forestry Program in the State of Acre to promote rational planning for use of the State's forestry resources;
- b) collaborated with the Technical Foundation of the State of Acre, the Brazilian Association for Technical Cooperation and the International Tropical Timber Organization to develop a sustainable forestry model to be implemented in a 100,000-hectare forest reserve in Acre;
- c) fostered two research projects of the Tropical Forestry Program on ecologically sustainable Forest Management;
- d) facilitated dissemination of information gathered to small plantation owners, rubber workers and political/community leaders in Acre State;
- e) assisted the ProNature Foundation (FUNATURA) to promote dialogue throughout Brazil on public policy aspects of Natural Resource Management.

b. Key Activity/Program Accomplishments Planned for Action Plan Period (FY 1989-FY 1991)

Quarter/Year

1. Agroforestry

- a) Amplify the policy dialogue and formation of a network of organizations interested in tropical forest protection through FUNATURA, including possible collaboration between FUNATURA and the Brazilian Tropical Forest Service. (IBDF) On-going
- b) continue research and seminar activities under the Tropical Forest Program, and with interested organizations; On-going
- c) possibly foster development of linkage between the University of Florida at Gainesville and the Federal University of Acre; also possibly facilitate improvements in curricula for Agro-forestry and training of professors from the nine universities which presently offer courses; 3rd Quarter/89

d) organize special events for visit of USIS leaders grantees and Partners participant trainees in agro-forestry environment.

6/89

e) expand participant training in environment (Partners and Fulbright).

On-going

f) play a role in catalyzing the several areas of activity outlined in Section 1 (N); anticipates increased resources.

2. Urban Environment

1) Conducted two related seminars: a) promoting the role of planning for decentralized management of urban problems and; b) addressing the special problems of Rio de Janeiro to the year 2000. The seminars set the stage for definition of a single urban environment initiative, but were less successful in coalescing the leadership to advance that activity.

2) Developed, through a small, effective group of Brazilian leaders, the concept of CETREC (Center for Transfer of Community Experience); a Brazilian PVO to be created which will bring to the newly-elected mayors of Brazil's medium sized cities, information on successful experience, seeking interchange among them, identification of locations where there is commitment and conditions for success, possible coalescing of tangible activities which would be passed on to more appropriate structures. The transition from concept to institutional capacity and support must now be realized. This is expected to be accomplished during FY 89.

a) Non-add (pop founded): develop RAPID III model to provide analysis of population and environment issues for urban leaders (state government, mayors, legislators, private sector).

On-going

b) Make CETREC an effective organization

Begins 4/89
continuing

c) Expand participation in urban environment through seminars, training.

on-going.

3. Narrative

(a) Agroforestry

Conservation Foundation (with World Wildlife Fund) has a responsible program developing in ACRE State and with the Pro-Nature Foundation. This will continue, but is not sufficient. AID, within the Embassy interagency task force, is charged with the lead role in two areas: (i) expanding on-going cooperation, university linkages and participant training, and; (ii) developing contacts with US environmental groups to broaden the base of constructive, Brazil-US collaborative activities on environment. Section I outlines a broad list of next steps in which AID may be a lead contributor working with the Embassy's interagency task force and with a wide range of US private and public agencies. New resource levels, new relationships, new legislative mandate, new approaches, yet with sensitivity, are all contemplated. It is not possible to chart this action until the new Administration pronounces itself on an issue of vital importance to US interests.

(b) Urban Environment

The objective is singular and modest: make CETREC a success and develop broad support, Brazilian and external, for its growth. It has the potential to open doors to avenues for making credible increased investment in local initiative for urban development.

PROGRAM IMPLEMENTATION BY OBJECTIVE

1. SUMMARY FUNDING TABLE

Objective # 8: Increased Access to Voluntary Family Planning Services

	<u>Activity</u>	<u>LOP Funding</u>	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>
1.	Enterprise (buy-in)	Annual	100	---	---
2.	Pathfinder Fund (buy-in)	Annual	330	300	300
3.	PAC III (Training)	Annual	---	200	200
4.	Non Add (Central Funding) (See attached Schedule)	Annual	(6,161)	<u>N/A</u>	<u>N/A</u>
	Total		430	500	500
Note:	For innovations Scenario total levels would be:		(430)	(600)	(600)

12.

ST/POP Expenditures for Brazil, Projected and Actual, FY 1986-1989
(U.S. \$000's)

POLICY AND DEVELOPMENT	Actual	Projected	Actual	Projected	Actual	Projected	Planned ¹
	FY 86	FY 87	FY 87	FY 88	FY 88	FY 89	FY 89
<u>RAPID II and III (936-3046)</u>							
Within Brazil* Subtotal	60	50	80	50	100	100	100
Outside Brazil** Subtotal	30		30		10		25
TOTAL	90		110		110		125
<u>OPTIONS (936-3035.04)</u>							
Within Brazil Subtotal	0	0	0	50	0	50	0
Outside Brazil Subtotal							
TOTAL							
<u>IMPACT (932-3035.2)</u>							
Within Brazil Subtotal		0		40	(10) ²	50	0
Outside Brazil Subtotal			35				25
TOTAL			35		(10)		25
<u>TIPPS (936-3035.01)</u>							
Within Brazil Subtotal	0	50	0	50	0	50	0
Outside Brazil Subtotal	2		10		6		0
TOTAL	2		10		6		0
<u>DHS I and II (936-3023)</u>							
Within Brazil Subtotal	336	50	32	45	39	45	11
Outside Brazil Subtotal	94		61		14		5
TOTAL	430		93		53		16
POLICY AND DEVELOPMENT SUB-TOTAL	520	150	248	235	169	295	166

¹ "Projected" are amounts provided to Congress at the beginning of each FY;

"Planned" are more recent estimates.

² Foundation grant to PRB, awarded on strength of program due to A.I.D. funding.

*See last page for notes.

RESEARCH		Actual FY 86	Projected FY 87	Actual FY 87	Projected FY 88	Actual FY 88	Projected FY 89	Planned FY 89
<u>FAMILY HEALTH INTERNATIONAL (936-3041)</u>								
Within Brazil	Subtotal	41	200	26	125	41	125	16
Outside Brazil	Subtotal	90		42		88		17
	TOTAL	131		68		129		33
<u>POPULATION COUNCIL PROGRAM (936-3005 & 936-3050)</u>								
Within Brazil	Subtotal	194	250	199	150	104	150	135
Outside Brazil	Subtotal	196		183		181		127
	TOTAL	390		382		285		262
<u>STRATEGIES FOR IMPROVING SERVICE DELIVERY (936-3030)</u>								
Within Brazil	Subtotal	127	300	43	150	0	0	0
Outside Brazil	Subtotal	54		15		0	0	0
	TOTAL	181		58		0	0	0
<u>NATURAL FAMILY PLANNING (936-3040)</u>								
Within Brazil	Subtotal	8	52	0	25	0	59	59
Outside Brazil	Subtotal	5		0		4		34
	TOTAL	13		0		4		93
<u>CONRAD (936-3044)</u>								
Within Brazil	Subtotal		100	18	87	19	40	40
Outside Brazil	Subtotal			9		12		15
	TOTAL			27		31		55
<u>PARFR (932-0546)</u>								
Within Brazil	Subtotal	2						
Outside Brazil	Subtotal	5						
	TOTAL	7						
RESEARCH SUB-TOTAL		722	902	535	537	449	374	443

FAMILY PLANNING SERVICES		Actual FY 86	Projected FY 87	Actual FY 87	Projected FY 88	Actual FY 89	Projected FY 89	Planned FY 89
<u>FPIA (932-0955)</u>								
Within Brazil	Subtotal	1345	1300	1181	905	436	300	495
Outside Brazil	Subtotal	290		263		111		99
	TOTAL	1635		1444		547		594
<u>Family Planning Services (Pathfinder) (934-3042)</u>								
Within Brazil	Subtotal	366	500	349	600	770	700	683
Outside Brazil	Subtotal	35		16		12		25
	TOTAL	401		365		782		708
<u>Program for Voluntary Sterilization (932-0968 & 936-3049)</u>								
Within Brazil	Subtotal	805	1000	642	595	453	784	n/a
Outside Brazil	Subtotal	7		10		12		n/a
	TOTAL	812		652		465		300
<u>Family Planning Enterprise (936-3034)</u>								
Within Brazil	Subtotal		200	0	200	82	400	435
Outside Brazil	Subtotal			29		72		115
	TOTAL		200	29		154		550
<u>Expansion and Improvement of Family Planning Programs in LAC (936-3043)</u>								
Within Brazil	Subtotal	1300	1600	2043	1200	1128	1100	1084
Outside Brazil	Subtotal	0		7		0		0
Local Income	Subtotal	(11)		(45)		(67)		(45)
	TOTAL	1289		2005		1061		1040
<u>SOMARC (936-3028)</u>								
Within Brazil	Subtotal	0	500	15	500 ⁴	269	484	484
Outside Brazil	Subtotal	9		44		152		120
	TOTAL	9		59		421		604
FAMILY PLANNING SERVICES SUB-TOTAL		4146	5100	4554	4000	3430	3768	3796

⁴Conflicting sources: Gillespie to Brown memo does not show SOMARC; Maguire summary shows \$500,000.

COMMODITIES AND PROGRAM SUPPORT		Actual FY 86	Projected FY 87	Actual FY 87	Projected FY 88	Actual FY 88	Projected FY 89	Planned FY 89
<u>Family Planning Logistics Management (936- 738)</u>								
Within Brazil	Subtotal		100		34		0	10
Outside Brazil	Subtotal					34	0	10
	TOTAL		100		34	34	0	10
<u>Population Program Development and Support (932-0502)</u>								
Within Brazil	Subtotal	0	0	0	0	0	0	0
Outside Brazil	Subtotal	95		119		257		120
	TOTAL	95	0	119	0	257	0	120
COMMODITIES AND PROGRAM SUPPORT SUB-TOTAL		95	100	119	34	291	0	130

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INFORMATION AND TRAINING		Actual FY 86	Projected FY 87	Actual FY 87	Projected FY 88	Actual FY 88	Projected FY 89	Planned FY 89
<u>Training in Reproductive Health I and II (932-0604 and 936-3045)</u>								
Within Brazil	Subtotal	313	1070	633	500	396	450	351
Outside Brazil	Subtotal	105		72		46		43
	TOTAL	418		705		442		394
<u>Population Service Information Program (PIP and PIP II) (932-0659 and 936-3032)</u>								
Within Brazil	Subtotal	80	0	85	95	95	70	70
Outside Brazil	Subtotal	277		206		147		43
	TOTAL	357		291		242		113
<u>Population Communications Services (936-3004)</u>								
Within Brazil	Subtotal	45	150	60	250	18	200	215
Outside Brazil	Subtotal	61		29		32		50
	TOTAL	106		89		50		265
<u>Paramedical, Auxiliary, and Community Family Planning Personnel Training II (PAC II) (936-3031)</u>								
Within Brazil	Subtotal	332	320	323	160	255	265	211
Outside Brazil	Subtotal	326		340		273		191
	TOTAL	658		663		528		402
<u>Family Planning Management Training (936-3039)</u>								
Within Brazil	Subtotal	11	0	42	300	52	247	247
Outside Brazil	Subtotal	41		40		187		176
	TOTAL	52		82		239		423
<u>Family Planning Worldwide Training Funds (932-0651)</u>								
Within Brazil	Subtotal		0		40			
Outside Brazil	Subtotal							
	TOTAL							
INFORMATION AND TRAINING SUB-TOTAL		1591	1540	1830	1345	1501	1232	1597
GRAND TOTAL		7074	7792	7286	6151	5811	5669	6161

2. A. accomplishments

a. Actual for FY 1988 and Early 1989

1. Systematization of work with Brazilian private family planning organizations on sustainability.

a) Work with Management Sciences for Health (MSH) on evaluation, strategic planning, management information systems and financial management;

b) specific work with ABEPF (Brazilian Association of Family Planning Entities) to carry through from evaluation to a three-year, multi-cooperating agency funded plan;

c) training for ABEPF affiliated organizations in management information systems, with training in strategic planning and financial management to follow;

d) beginning of strategic planning with BEMFAM (Society for Social Well Being, Brazil's largest family planning PVO);

e) development of a strategy and agenda of activities for ENTERPRISE, the family planning activity which through investment may facilitate revenue generation by family planning organizations, advancing them toward sustainability of family planning services;

f) financing of three such activities: CPAIMC: installation of ultra-sound equipment on a shared basis in the Portuguese Hospital; SOPHIA FELDMAN: installation of a maternal-child health laboratory, revenue from which has already made family planning services self-sufficient; and PROPAZER: installation of an andrology laboratory for male infertility and other reproductive problems which will contribute to increasing resources for its vasectomy program;

g) identification of a multiple of other opportunities with Brazilian pvos which are expected to result in graduating 3-4 and significantly advancing the others toward sustainability;

2. Consolidation of BEMFAM's N.E. Brazil services program with expanded number of agreements at both State and municipal level for community services through public health posts;

3. Successful phase out of services outside the priority areas established in the Brazil country strategy;

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4. Consolidation of Brazilian pvo-US cooperating agency collaboration on programming, reflecting a clear agency by agency agenda for FY 89 and a framework for FY 90;

5. Start-up of the social marketing program for pills, not without some implementation issues, but with fine preliminary results from one of the two participating pharmaceutical companies and with research data which support the idea that quality of use is a commercial interest;

6. Strong political agenda at both legislative and technical ministry level carried out by family planning organizations leading to family planning being recognized in Brazil's new Constitution and to cooperation with the Ministry on numerous programs (Non Add);

7. Accomplishment of young adult surveys in Bahia and Sao Paulo; initiation of young adult programs, primarily through Pathfinder fund, which will be expanded.

b. Key Activity/Program Accomplishments Planned for Action Plan Period (FY 1989 -FY 1991).

- | | |
|--|----------|
| 1. Strategic plan for BEMFAM (MSH). | 4 qtr/89 |
| 2. Evaluation and strategic planning for CPAIMC (MSH) (diversify revenues/redefine technical mission). | 1 qtr/90 |
| 3. Training in strategic planning, MIS, financial management for ABEPF affiliates (MSH). | cont'g |
| 4. Accomplishment of ENTERPRISE agenda for diversification for revenue generation (CAEMI, CMI, CLAM, BEMFAM, CEPECS, BERTHA LUTZ, possibly others and additional CPAIMC activity). | cont'g |
| 5. ENTERPRISE to develop workplace based family planning service and IEC access. | cont'g |
| 6. PROPATER to continue promoting expansion of vasectomy in Sao Paulo and elsewhere (AV:IC, PCS). | cont'g |
| 7. ABEPF three year strategic plan realized with multiple-CA support. | cont'g |

- | | | |
|-----|---|----------|
| 8. | Initiate BEMFAM male service program as part of focusing strategy on underserved. | 4 qtr/89 |
| 9. | Expand family planning services to health maintenance organizations. | on-going |
| 10. | Publish "Population: Myths and Realities" in Portuguese. | 3 qtr/89 |
| 11. | Introduce MIS system for BEMFAM with software for monitoring service cost recovery. | 4 qtr/89 |
| 12. | Accomplish RAPID III model of population and environment for Brazil. | 2 qtr/90 |
| 13. | Complete social market program for pills which gives adequate attention to quality issues in bringing access to class C & D reproductive females (especially young adults) in Belo Horizonte and Recife. | 2 qtr/90 |
| 14. | Complete reproductive risk program and disseminate results (JHPIEGO). | 4 qtr/90 |
| 15. | Strengthen CPAIMC's capacity in commodity importation, supply and maintenance. | on-going |
| 16. | Develop orderly young adult agenda to include: school based education program with collaboration of MOH, MEC, ODEBRECHT Foundation, young adult surveys, young adult education and clinic programs based in schools, young adult network (Pathfinder Fund). | cont'g |
| 17. | Demonstration program on IUD insertion with training of doctors, in hospital (Maternidade de Sao Paulo, AVSC). | 4 qtr/90 |
| 18. | Expansion of network of agreements and diversification of relationships between pvtos and Government at all levels (IPPF, FPIA, Pathfinder Fund). | cont'g |
| 19. | Expansion of University and pvo education for doctors and nurses (and professors). | cont'g |
| 20. | Expanding participant training. | cont'g |
| 21. | Initiating work collaboratively with State Governments and community based organizations and new networks. | cont'g |

07

3. Narrative

Concerns for the future are reflected in the themes of the Brazilian pvo-US CA seminar which AID Representative organized through Pathfinder Fund in March 1989: (1) innovations for sustainability; (2) innovations in relation-building with Government; (3) innovations for the future: commercial, including social, marketing; workplace based programs, cooperation with community based organizations and new networks and fundraising; and (4) program concerns: increasing access to the underserved and quality issues.

The work on sustainability is proceeding with excellence in planning. There remain the practical problems of implementing transition from grant receptor to entrepreneurial organizations. Because of the degree of maturation of some institutions (especially demonstrated in the past 18 months), there has been surprisingly little difficulty in developing nor is there anticipated in executing the ENTERPRISE diversification for revenue generation activities. More difficult is the redefinition of mission and the accomplishment of a new avocation for the major family planning entities: ABEPP, BEMFAM and CPAIMC. BEMFAM has built its internal organizational strength, but has a difficult task in balancing its social role essential to its long term survival - with its need to recover costs in a predominantly service to the poor raison d'etre; ABEPP has a clear role, but an extremely difficult task in becoming self-sufficient, or substantially so, through marketing of educational products and technical assistance and training services to evolving institutions; CPAIMC must redefine its technical mission and diversify for revenue production; while so doing it must revitalize its institutional energies to be attractive to domestic and external research supporters.

The drawing forth of Government on policy and for involvement in service delivery has been shown to be the critical element in a transition which would permit multi-source support and a gradual lessening of dependence upon AID financing. This is not an easy transition, but the opening at the federal level this past year has shown just how much progress will be made at State and municipal levels if there is a positive federal attitude and receptivity to external and internal resources being mobilized. Unfortunately, there are strong forces within the MOH who would reverse this progress and an uncertain period remains ahead, at least until the change of Government next year. Thus, protection of progress achieved is first priority; seizing of some of the many opportunities emerging, if resources will permit doing so with continuity is the positive action which will then best foster defending progress being made.

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Collaboration on workplace based programs, with State Governments and community based organizations, with women's organizations, on new networks, etc., follow closely behind in building public support for family planning. Without knowing what resource expectations are for FY 90 and 91, these areas will be pursued on a gradual, test basis with caution.

Progress is being made in reaching the underserved, at least the urban based; the steps outlined above foster this direction. Enough is not being done about quality issues. The recent seminar emphasized that quality issues are best addressed by information and education activities. With resources available and absent much stronger commitment from other quarters (e.g., State Governments, MOH, pharmaceutical companies), quality issues will be addressed by piecemeal interventions, individually sound, but not amounting to an assault on the need to change mentality of medical professionals if problems related to female sterilization, pill and IUD use are to be lessened. Another special quality issue is unavailability of condoms of quality and at a price which may impact upon need for those with high reproductive or sexually transmitted disease risk sexual comportment. This question is closely tied to the lack of political will to deal with social priorities; while commercial contacts continue, it is difficult to foresee a solution until political change occurs.

Thus, we are confronted with major defects, serious risks, but strong opportunities ripe at present, and small tools. Above all, it is time for other support and just that measure of openness with Government to make its entry credible. The prospect is that there will be a quiescence, at best, a holding pattern, until elections; there could be a struggle.

Finally, a word about more far reaching opportunities: (a) training of Africans; and (b) use of debt for development transactions. A prospectus has been prepared indicating training possibilities which may be offered within Brazil; it is still premature to estimate the level of demand and the cost and management burden its accommodation will entail; initially, the effort will proceed with caution, but purchase or conversion has been blessed by AID, but not yet by Brazil; CAS are being encouraged to explore the subject with the Central Bank; there is not yet any sign for optimism.

PROGRAM IMPLEMENTATION BY OBJECTIVE

1. Summary Funding Table

Objective # 9: Improving Health and Child Survival

<u>Activity</u>	<u>LOP Funding</u>	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>
A. Maternal-Child Health				
1) Well motherhood-child survival appropriate technology model, research, and training (Project Hope) (N).	1,150 Est.	250	300	300
2) Network of Community Based NCH clinics, creches and youth shelters in favelas of SUDS III, Sao Paulo (non-add).	---	---	---	---
3) Extensive network of health centers, Northern Brazil, with emphasis on training through Espiranza (non-add).	---	---	---	---
Maternal-Child Health Sub-Total	<u>1,150 Est.</u>	<u>250</u>	<u>300</u>	<u>300</u>
B. AIDS				
4) IDSCOM - Buy-In	Annual	80	100	100
5) IDSTECH Buy-In	Annual	50	100	100
6) Grant to BEMFAM (local costs for preventive education for high risk compartment.	Annual	100	100	100
7) Partners of the Americas Seminar/visits.		50	50	50
AIDS Subtotal		<u>280</u>	<u>350</u>	350
(Innovation Scenario)		230	650	650

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	<u>LOP Funding</u>	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>
C. <u>Drug Abuse Preventive Education</u>				
7) Young adult broad issue school-based program (non-add).	--	--	--	--
8) IQC/Development Associates design of school based program (N).	Short term	10	--	--
9) Educational Insert - Nova Escola Victor Civita Foundation.	Short term	20	--	--
10) Participant training for teachers Fulbright Commission.	Annual	50	--	--
11) DRUG COM Buy-in (N).	Annual	120	200	100
12) Grant vehicle for local currency (N).	Annual	--	--	<u>100</u>
Drug Abuse Prevention Subtotal		200	200	200

2. Accomplishments

Actual for FY 1988 and Early FY 1989

1. Well Motherhood - Child Survival

- a) Completed evaluation of project HOPE - Federal University of CEARA - SAMEAC child survival project; evaluation was complemented by conceptual work for future integrated well motherhood-child survival program;
- b) accomplished demonstration of effectiveness of child survival activity integrated into "birthing house" in saving infant lives; infant mortality was reduced by 28% merely through provision routinely of ORS in case of diarrhea;
- c) demonstrated strength of community support for "birthing houses" with communities providing more than 50% of operating costs;
- d) Advanced use of the management information system installed last year, completed personnel training, began giving feedback to field units to stimulate interest in results; still lacking is recruitment of a senior administrative person for Project HOPE;
- e) ESPERANZA expanded training services available to persons from other health delivery units in Northern Brazil;
- f) both Project HOPE and ESPERANZA prepared information on training opportunities for Africans to be sent by cable to AFR and field posts.

2. AIDS

- a) AIDSTECH and AIDSCOM visited Brazil at time of Latin America Teleconference, December, 1988, and completed diagnosis and program concept paper for AIDS activities in Brazil;
- b) the NAMES project participates in the Teleconference (AIDSCOM);
- c) AIDSCOM undertakes design work for: preventive education in schools (TA), preventive education for high risk compartment with BEMFAM and preventive education in the workplace (March 1989);
- d) AID Rep suggests nominees for Fifth Annual AIDS meeting in Montreal.

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3. Drug Abuse Preventive Education
(To begin in FY 89)

b. Key Activity/Program Accomplishments planned for Action Plan Period (FY 1989 - FY 1991)

1. Well Motherhood - Child Survival

a) completed design of new integrated project with participation of Kellogg Foundation and other sources and to include perfection of the model; addressing institutional sustainability and structure, and intensifying research and training; 3 qtr/89

b) action taken on all recommendations of the evaluation, especially strengthening Brazilian staff and reform of institutional structure, also consolidation of geographic area for model; 4 qtr/89

c) work advances on perfection of the model, addressing sustainability issues related to the University and the State Government, expanding training for State Government and development of research and training initiatives in areas of comparative advantage, including for Africans. Cont'g

d) Project HOPE and ESPERANZA undertake concerted effort to offer training in well motherhood-child survival for Africans and practical field training for masters study; 2 qtr/90

e) Sao Paulo network of community based mch, creches, youth shelters and ESPERANZA training/light network for health centers in Northern Brazil begin with IDB Social Program Trust Fund financing (non-add);
4 qtr/90

2. AIDS

a) complete design work for AIDSCOM and AIDSTECH activities; 4 qtr/89

b) conduct seminar for Brazilian AIDS pvos from three states through Partners; 4 qtr/89

c) obtain legislative relief from legal barriers to AIDS related assistance to Brazil; 4 qtr/89

d) mobilize resources in U.S. and Brazil for proposed AIDS program. Cont'g

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e) realize AIDS program (note: design of principal activities are prepared in manner allowing growth to build upon work in progress). cont'g

3. Drug Abuse Preventive Education

a) Accomplishment of broad issue, young adult education program in secondary schools (demonstration and impact evaluation only) (non-add); 4 qtr/1990

b) development of drug abuse prevention training manual complemented by trainer training, including US participant training for some teachers, evaluating quality, impact and preparedness for dissemination of training results. cont'g

c) preparation and insertion into Nova Escola of Drug Abuse Preventive Education instructional material for secondary school teachers. 2 qtr/1990.

d) initiation of workplace based drug abuse preventive education through training of teachers and preparation of instructional material in Sao Paulo; cont'g

e) participant training for political, civil service and community leaders in drug abuse prevention. cont'g

3. Narrative

a) Well Motherhood - Child Survival

For the primary focus on the northeast, several factors contribute to the poor situation: under-development in the Northeast, inattention to social issues, paucity of preventive health practices especially for the poor, the transition toward decentralization of health services encountering difficulties especially in transfer of financing, the lack of human resource preparedness, the discontinuity, weakness and susceptibility to political influence of public health services in the Northeast, the financial crisis and day political squabbling within universities, etc.

Notwithstanding, a program of excellence has been functioning for 15 years, it has now produced an integrated model upon which is proposed a process to consolidate gains, address sustainability, prepare to permit other to replicate (including through training and TA) and to conduct research and offer training around the appropriate conditions for bringing quality intellectual supervision to widespread, endemic problems.

b) AIDS

The AIDS program responds primarily to the need for preventive education for reducing spread of the disease, especially to the poor. As designed, it will rapidly be able to absorb increased resources, and is in keeping with the National AIDS program. There are major complementary needs, the most urgent for AID being training of health professionals. It is uncomfortable not to be acting on the blood contamination issue when it remains so serious and not to be involved in research (because of legal barriers) when design of effective elements of research is at hand.

c) Drug Abuse Prevention Education

The program is designed around vehicles made possible because of work on other social issues, but is valid because of its reach to a wide, appropriate audience. It is complemented by work through USIS with more traditional, small, Brazilian public (PREVIDA) and private (ABRACOS) organizations involved in drug abuse prevention. This program is expected to continue at the same level, again, building upon progress made in the school education and workplace components.

PROGRAM IMPLEMENTATION BY OBJECTIVE

1. SUMMARY FUNDING TABLE

Objective # 11: Improve Educational Opportunities

<u>Activity</u>	<u>LOP Funding</u>	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>
a. LIC II Partners of the Americas Fulbright Commission	Reg.Proj.Tot. 74,500 Ann.gnt.to Partners	300	--	--
b. LIC Training Proj. (N) (Innovations scenario)	5 yr. proj, annual	--	400	400
		--	800	800
c. IIF Partners of the Americas (university linkages program).		80	80	90
Other Training/seminars/visits.		120	120	110
Subtotal		200	200	200

2. Accomplishments

a. Actual Accomplishments for FY1988 and Early FY 1989

Number of participants sent to the US during FY 88: 16; 7 females and 9 males; 8 received technical training (3 over 2 months) and 8 received academic training at the graduate level (one year), of which Partners 7, Fulbright 1. In addition 2 participants received one-month technical training in 1988 in the areas of reproductive health and family planning and 1 participant started academic training in management in May 1988.

Early FY89 -- 1

Narrative :

The critical first task is to create the pre-conditions to success: the technology and the human resources, including Brazilian staff for needed tasks, are on the way to being fulfilled. The institutional commitment, structure and performance, the dealing with exogenous influences affecting sustainability are points still requiring attention.

Next comes mobilizing support so that the program can be effective. This means other external sources and internal ones. There is strong community support for a simple, low cost, appropriate technology. The technology is managed by a relatively costly unit which must justify the investment by a variety of valuable tasks which are the essence of what is requested to get from demonstrative to systematization. They include preparation for replication (perfecting the model, preparing the participating as well as the benefitting institutions for their future role, addressing sustainability issues, including difficulty of public health systems in working with this theme, information management, research, training, i.e., not only making the outreach process credible, but bringing a multiplier effect to the pay-off. All this at a modest scale. The very building of a process to bring appropriate technology into the mainstream is the justification for including the activity in the ADC program, including covering recurrent costs, where necessary. Note: it is contemplated that special arrangements will be worked out, to permit centrally funded contracts to work through Project HOI on the research agenda (non-add).

The importance of this work is further demonstrated by the two non-add activities prepared with a view to UN financing. The first brings together four leading organizations in Sao Paulo: SUDS III (The integrated State Public Health System in one District); FOS (like United Way, a private social assistance agency for community pvos), the Paulistan Medical School, one of Brazil's best for research, information management and provision of students trainees, and the Knight of Malta, the best social assistance agency operating in the area; they will provide support to an initial network of 20 maternal-child clinics, creches and youth shelters, eventually expanding to 40. If successful, further nuclei would be created in Sao Paulo with other lead organizations.

The second is an intensification of the training capability which ESPERANZA offers in Northern Brazil (where health care is scattered and weak) coupled with a low intensity (distances are great and actions difficult to consolidate) network to provide limited kinds of support (human resource development, procurement, maintenance, accounting, information dissemination, nutrition and sanitation guidance, etc).

These activities won't resolve monumental problems, but they are a small part in the creation of focal points and alternatives by which communities first, then the society see social action is possible and begin to contribute and demand better response.

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b. Key Activity /Program Accomplishments Planned for the Action Plan Period (FY-1989 - FY 1991).

Planned number of participants from 3/89 - 9/89	47
Planned number of participants, FY 90	46
Planned number of participants, FY 91	46

3. Narrative

During the peak period of US bilateral assistance to Brazil (late 1950s to 1979), the U.S.G. trained about 22,000 Brazilians at the graduate level of which AID financed about 14,000. The program emphasized post doctoral training and was focused upon building university faculty capacity. Today, many former AID trainees hold leadership positions in the public and private sectors. Impact of education exposure to the US is still felt in attitudes on education, technology and US values.

By contrast, the startling decline in US contribution to education of Brazilians has caused official Brazilian requests to turn elsewhere and has greatly reduced opportunities for Brazilians to study abroad in scientific fields. When the economic crisis of the past few years began to aggravate, the university system showed itself peculiarly unable to adjust and to defend itself against deterioration, in ways which may not only be explained as byproducts of the financial crunch. While some centers have maintained quality, predominantly in the south and southeast, there is desperate need to do something to reverse a deterioration which will waste hundreds of millions of dollars in investment and sacrifice the next generation.

With very scarce resources, AID/Brazil's strategy has been to focus those available on the program priorities: health: child survival-well motherhood, AIDS, drug abuse preventive education; environment: agro-forestry and urban. In the long term, the focus is expected to yield positive results. For the immediate, there has been the practical problem of how to select candidates who would be put to more effective use upon completion of studies. Partners has made a rapid shift and is now sending nearly all participant trainees under LAC II from within these fields; there remains to address whether the profiles of those selected may be better tailored to the level and occupational context which would best fit programmatic objectives. For the Fulbright Commission, there has been a lag in recruitment; frankly, this is primarily because AID Representative has been unable to devote the time to facilitate definition of criteria for candidate selection. The remaining Fulbright Funds (FY 87) will be used promptly for drug abuse preventive education; FY 89 funds will be used for this and other purposes and appropriate selection criteria will be developed.

The issue remains whether it will be better for the long term to focus very limited resources on the areas of AID's modest program or seek a multi-source, broader basis for support for education (including from the private sector) and shift the candidates to the priorities of the funding group.

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1. INTRODUCTION:

The CLASP guidance and the ADC strategy are convergent in giving priority to increasing democratic processes and values, particularly through private initiative working constructively with the Government, through training. For Brazil, this means that one of the objectives is to improve private and Government interaction through training of persons who address social priorities where AID is encouraging relationbuilding. Another objective is to increase exposure of technical leaders and decisionmakers to U.S. values and systems for advancing technology with a view to building linkages and having impact on policies for managing technological development.

Historically, AID has had a major role in development of educated Brazilians; particular attention was given to building of intellectual talent within universities. As a consequence, as the program phased down rapidly in the late 1970s and then operated at a very modest level in the 1980s, accent continued to be upon post-doctoral training in many fields of science and technology. This is being modified in two respects: a conscious effort to focus the training on the areas of emphasis within the Brazil program and introduction of an increasing amount of training at varying levels above master's degree (and exceptionally in masters level courses).

Because it is desired to make broadest use of scarce resources for Brazil, the program is essentially non-degree training. Post doctoral training will continue to dominate, but because of the nature of the desired training in areas of emphasis, increasingly candidates who do not have PhDs will be selected, especially for subject matter such as child survival, AIDS, agroforestry and urban environment and drug awareness.

STRATEGY:

The strategy is to continue emphasis on non-degree training, majority post doctoral, ideally for periods of three to six months. This has the advantage of permitting a sufficient duration to realize technical benefit, appreciate U.S. technical systems and values and experience America, i.e., gain a sense of people and actions of the society and its social institutions. This relatively short period is necessary so that with the limited resources available, a sizeable number of persons may benefit. However, it has been amply demonstrated that for some valuable topics longer periods are essential to realize a favorable result; the candidates, therefore, may request support for up to one year, but not beyond. Generally, periods for academic coursework of shorter than three months are

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disfavored, although on an exceptional basis two month programs have been accepted. This should be differentiated from an element specifically recognized as of critical importance in advanced developing countries: participation in technical training opportunities organized at academic centers or by specialized organizations of short duration for persons of highest caliber from the international community, including the possibility for such persons from many countries to exchange views. These programs, generally of from two weeks to two months duration also deserve inclusion. Because of the scarcity of resources and the desire to continue emphasis on academic training the proportion of these activities is kept modest.

The CLASP guidance, adapted for ADCs, calls for 30% socially and economically disadvantaged; 40% women; 10% HBCUs; 20% for nine months to one year. Since the vast majority of candidates selected are leaders in private voluntary and community based organizations or civil servants at the State or Municipal level from the North and Northeast (where salaries are very low), they emerge predominantly from socially and economically disadvantaged groups; this will be verified by classification of candidates where information is obtainable at time of selection and by sample surveys conducted periodically. Percentage of women candidates has not been a problem; the numbers of both sexes have been about equal. The requirement for student participation in HBCUs is new; the mission does not have prior experience with this type of targeting. In Brazil, participant training has been accomplished since 1983 (passage of the Glenn-Symington Amendment) through Partners of the Americas (NAPA) and more recently, also, through the Fulbright Commission. NAPA emphasizes State to State relationships in its training linkages, but in doing so will be able to promote candidate opportunities with HBCUs. The Fulbright Commission receives applications from students who have on their own made arrangements for study at a specific university. Fulbright Commission will also try to promote student involvement with HBCUs, both through counseling students and through fostering candidacies where practicable from such institutions. It is less clear how effective this effort will prove to be. The twenty percent longer term (9-12 months) training requirement has historically been exceeded and will continue to be so.

The training plan is to include a definition of economically and socially disadvantaged. For Brazil, these will primarily be individuals active in community based or social service non-profit organizations or state public services in the North and Northeast and will be working in the areas of environment, health, young adults or drug awareness. The individuals will not come from privileged backgrounds, but through dint of their own efforts and initiatives will have obtained a level of accomplishment and education. Since virtually all training is at masters level or above, one cannot compare salaries to those of the uneducated; they will however, be earning less than persons

of comparable experience in private business or Federal service. A deliberate effort is made to avoid separately counting persons still in the academic stream without significant income and to treat them as socially disadvantaged on revenue criteria. They form part of the above described group which AID Rep believes to be the appropriate population segment for this definition.

A component of the strategy is to contain costs for training. Both FFA and Fulbright have proven to be cost effective intermediaries, the former through its university linkages program in which favorable terms are negotiated and complementary benefits are provided through the State partnerships; the latter by virtue of its low overhead and avenues for reducing travel and processing costs.

Tables showing the profile of candidates in the past three years and projected for the next two years are attached.

FY 1989 COUNTRY TRAINING PLAN
NUMBER OF NEW STARTS

PROGRAM: Project Related Training - U.S.
Project Related Training - Third Country

COUNTRY OF ORIGIN:

FY 1989 OYB (\$000):

<u>TYPE OF TRAINING</u>	<u>FY 85</u>	<u>FY 86</u>	<u>FY 87</u>	<u>FY 88</u>	<u>FY 89</u>	<u>FY 90</u>
A. TRAINING IN UNITED STATES				PROJECTED	PROJECTED	PROJECTED
<u>TECHNICAL - 30 days or less</u>						
Female	0	3	0	2	2	1
Male	11	2	2	2	3	1
<u>TECHNICAL - 31-180 days</u>						
Female	1	2	4	4	5	5
Male	10	3	4	6	7	7
<u>TECHNICAL - 6-8+ months</u>						
Female	0	2	0	1	2	2
Male	0	0	0	1	2	2
<u>TECHNICAL - 9 months or more</u>						
Female	0	0	0	0	0	1
Male	0	0	0	0	0	0
<u>TOTAL TECHNICAL</u>						

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TYPE OF TRAINING

FY 85

FY 86

FY 87

FY 88
PROJECTED

FY 89
PROJECTED

FY 90
PROJECTED

SUMMARY

TOTAL TRAINEES

ACADEMIC

Female	0	4	1	2	3	1
Male	3	6	1	4	5	1

TECHNICAL

Female	1	7	4	10	12	1
Male	12	5	6	16	18	1

LONG TERM +

Female						
Male						

SHORT TERM +

Female						
Male						

HBCU PLACEMENTS

N/A

B. THIRD COUNTRY TRAINING

N/A

+ By definition computer records all grants 1 yr or more as academic; less than one year are technical. Numbers for long and short term therefore identical to academic and technical.

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<u>TYPE OF TRAINING</u>	<u>FY 85</u>	<u>FY 86</u>	<u>FY 87</u>	<u>FY 88</u> PROJECTED	<u>FY 89</u> PROJECTED	<u>FY 90</u> PROJECTED
<u>ACADEMIC-Undergraduate-1 year</u>						
Female						
Male						
<u>ACADEMIC-Undergraduate-2 years</u>						
Female						
Male						
<u>ACADEMIC-Undergraduate-3 yrs or more</u>						
Female						
Male						
<u>ACADEMIC-Graduate level - 1 year</u>						
Female	0	4	1	2	3	
Male	2	5	1	4	5	
<u>ACADEMIC-Graduate level - 2 years</u>						
Female	0	0	0	0	1	
Male	1	1	0	0	1	

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Section 5. MANAGEMENT

The Central Management issue is workload and staffing. The program is generating a heavy workload now when the areas of program focus are all in the design phase except family planning, which is going through a difficult transition.

AID Representative believes the program is appropriate, both as regards span of management and level of resources required. Notwithstanding, there are current issues to be confronted:

1. adequate assistance for quality design work during the intense period of the next six months (TDY assistance has always been a productive recourse);

2. permanent FSN or PSC staff capacity for program support and oversight of implementation. This has been the most critical problem. AID Rep has had outstanding support staff, but has essentially functioned alone at the professional level because of inability to recruit a competent Brazilian counterpart because of the specialized profile required and inadequacy of the salary offered; request for relief has been turned down. This problem exposes two risks:

a) adequacy of attention to implementation issues - AID Rep has done as much anticipatory work as possible in program design and relation building and through continuous dialogue, but detail supervision must be increased;

b) effectiveness in executing internal controls. The problem was raised in the 1988 internal control assessment; and

3. Need for specialized attention in family planning (through FSN professional or full time PSC counterpart) and in the near future in AIDS and possibly environment. These latter needs can be addressed through program funding as they arise.

An important note is of the tremendous value which Brazilian consultants (made possible because of staff vacancies) have had on quality of program design. A modest level of OE funding will continue to be used as funds become available, but increasingly consultant support in family planning, AIDS and environment will be program funded (through PSCs);

The local hire secretary will be shifted from purchase order to PSC. This presents a potential liability of some size for fringe benefits which could not be provided for (Brazilian law appears to treat the employee like a direct hire; AID Rep tried to reserve but could not obligate funds for this contingency). On conversion to PSC, AID Rep would like to regularize the status, or if this is not possible for back benefits, have AID/W accept to meet the obligation when it arises.

The operating expense budget continues much the same in FY 90 and 91 as in FY 89, except for two FY 90 items. The AID owned residence has not received preventive maintenance nor been updated in several years and investment is needed to protect this valuable asset (book value: \$34,000; market value: about \$200,000). There should be explained whether AID/SER can fund the needed improvements. AID Rep included funds in FY 89 to partly cover replacement of the AID vehicle; these funds were expended for extraordinary vehicle repair. In FY 1990, the vehicle will be 6 years old and should be replaced. Since the AID vehicle is expected to be long lined, low mileage, taken out of the city only from sizeable road trips, the vehicle recommended is a VW Quantum, the type of road service vehicle most readily maintained by the Embassy.

Finally, increase in secretarial support is anticipated as program funded services expand. This can be accommodated within the projected budgets.

For FY 1990, obligations will occur as in the two previous years: field grants for Partners, Project HOPE (incremental funding), and the OFDA funded Disaster Preparedness Training Center; these will be handled through RCO and RCO/Quito. All other obligations would be AID/W buy-ins: family planning (Pathfinder Fund and the new training contractor); AIDS (AIDSCOM and AIDSTECH); Drug Abuse Preventive Education (DRUGSCOM). AID Rep will visit Regional Controller, Contractor and legal office in May, 1989; a visit from the Regional Controller on the internal control assessment is anticipated at the end of FY 89. There are no outstanding audit/IG recommendations.

OPERATING EXPENSE BUDGET - OFFICE OF AID REPRESENTATIVE, BRASÍLIA
 1989, 1990 and 1991 Proposed

Functional Code	FY'89	FY'90	FY'91
<u>U.S. Direct Hire</u>			
110 All Other Mission F.Code 12	0.7	0.7	0.7
115 Educational Travel	1.9	1.9	1.9
116 R&R Travel/Home leave,	4.3	4.3	4.3
117 All Other Code (Med.)	3.5	3.5	3.5
Sub-Total	10.4	10.4	10.4
<u>Foreign Nationals</u>			
201 Basic Pay	38.7	40.0	42.5
202 Overtime Holiday	2.0	2.0	2.0
203 All Other Code 11 - F.N.	2.0	2.0	2.0
204 All Other Code 12 (Soc. Benf)	10.0	10.0	10.0
Sub-Total	52.7	54.0	56.5
<u>Housing</u>			
402 Utilities	5.0	5.0	5.0
403 Maint./Renovation	3.8	5.0	3.7
405 Purchases-Res.Furn. & Equip.	0.1	0.1	0.1
407 Security Guard Services	2.0	2.0	2.0
408 Official Residence Allow.	0	0	0
409 Representational Allowance	0.3	0.4	0.4
Sub-Total	11.2	12.5	11.2
<u>Office Operations</u>			
504 Office Furnishings and Equipment	2.7	0	0
505 Vehicles	0	12.4	0
506 Other Equipment	5.5	5.5	5.5
509 Communications	11.0	11.0	11.0
513 Site visits-Misc. PER	14.0	14.0	14.0
514 Site visits-AID/W	10.0	10.0	10.0
517 Conference Attendance	4.0	4.0	4.0
518 Other Operational Travel	2.0	2.0	2.0
519 Supplies and Mat'ls	3.5	4.0	4.0
524 Other Code 25 & Misc.	13.0	15.7	16.4
Sub-Total	65.7	78.6	66.9
TOTAL O.E. BUDGET	140.0	155.5	145.0

Section No. 6 - Summary Program Funding Table

Objective	LOP Funding	FY 89	FY 90	FY 91
# 6 Preserve and Manage Natural Resources (ITT)	annual	200	200	200
[Innovations Scenario]	annual	500	700	1,000
# 8 Increase Access to Voluntary Family Planning Services (ITT)	annual	430	500	500
[Innovations Scenario]	annual	430	600	600
Central Funding (non-add)	annual	6,161	N/A	N/A
# 9 Improve Health and Child Survival (ITT)				
a, Well Motherhood - Child Survival (Project Hope)	1,150	250	300	300
Sao Paulo Favela Network (non-add)	-	-	-	-
Northern Brazil Extensive Network (non-add)	-	-	-	-
Centrally Funded Research (non-add)	-	-	N/A	N/A
Africa Training (non-add)	-	-	N/A	N/A

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Section No. 6 - Summary Program Funding Table (Cont'd)

Objective	LOP Funding	FY 89	FY 90	FY 91
b, AIDS (ITT)	annual	330	350	350
[Innovations Scenario]	annual	330	650	650
c, Drug Abuse Preventive Education (ITT)	annual	200	200	200
Sub Total	-	780	850	850
[Innovations Scenario]	-	780	1,150	1,150
# 11 Improve Educational Opportunities				
Partners of the Americas (ITT)	annual	200	200	200
Partners of the Americas (LAC II)	annual	300	-	-
Fulbright Commission (LAC II)	annual	100	-	-
New Training Contractor	annual	-	400	400

Section No. 6 - Summary Program Funding Table (Cont'd)

Objective	LOP Funding	FY 89	FY 90	FY 91
Disaster Preparedness Training Center (OFDA) non-add	annual	N/A	N/A	N/A
[Innovations Scenario]	annual	-	800	800
Sub Total	annual	600	600	600
[Innovations Scenario]	annual	600	1,000	1,000
OTHER FUNDING				
ASHA - Esperanza Health Facility Support	annual	580	-	-
S&T/ARDN and Office of Science Advisor Projects	-	N/A	N/A	N/A
TOTAL LAC FUNDING	ITT	1,610	1,750	1,750
	LAC II	400	400	400
[Innovations Scenario]	(ITT)	1,910	2,650	2,950
[Innovations Scenario]	(LAC II)	400	800	800

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Section 6. SUMMARY PROGRAM FUNDING TABLE

		FY 89	FY 90	FY 91
Objective # 6				
	PSEE	130		
	EHP	50		
	HE	20		
	ARDN	N/A		
			200	200
Objective # 8				
	POP	430	500	500
Objective # 9				
	HE	780	850	850
Objective # 11				
	(ITT) EHR	200	200	200
	(LAC II) Partners EHR	300		
	Fulbright EHR	100		
	New Contractor		400	400
	Sub Total	EHR	600	600
			600	600
TOTAL:	PSEE	130		
	HE	800		
	EHR	250		
	POP	430		
	ARDN	-		
	TOTAL ITT	<u>1,610</u>	1,750	1,750
	LAC II EHR	<u>400</u>		
			<u>400</u>	<u>400</u>
	TOTAL	2,010	<u>2,150</u>	<u>2,150</u>

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OPERATING EXPENSE BUDGET - OFFICE OF AID REPRESENTATIVE, BRASILIA
1989, 1990 and 1991 Proposed

Functional Code	FY'89	FY'90	FY'91
<u>U.S. Direct Hire</u>			
110 All Other Mission F.Code 12	0.7	0.7	0.7
115 Educational Travel	1.9	1.9	1.9
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117 All Other Code (Med.)	3.5	3.5	3.5
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<u>Foreign Nationals</u>			
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407 Security Guard Services	2.0	2.0	2.0
408 Official Residence Allow.	0	0	0
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517 Conference Attendance	4.0	4.0	4.0
518 Other Operational Travel	2.0	2.0	2.0
519 Supplies and Mat'ls	3.5	4.0	4.0
524 Other Code 25 & Misc.	13.0	15.7	16.4
Sub-Total	65.7	78.6	66.9
TOTAL O.E. BUDGET	140.0	155.5	145.0

Section No. 6 - Summary Program Funding Table

Objective	LOP Funding	FY 89	FY 90	FY 91
# 6 Preserve and Manage Natural Resources (ITT)	annual	200	200	200
[Innovations Scenario]	annual	500	700	1,000
# 8 Increase Access to Voluntary Family Planning Services (ITT)	annual	430	500	500
[Innovations Scenario]	annual	430	600	600
Central Funding (non-add)	annual	6,161	N/A	N/A
# 9 Improve Health and Child Survival (ITT)				
a. Well Motherhood - Child Survival (Project Hope)	1,150	250	300	300
Sao Paulo Favela Network (non-add)	-	-	-	-
Northern Brazil Extensive Network (non-add)	-	-	-	-
Centrally Funded Research (non-add)	-	-	N/A	N/A
Africa Training (non-add)	-	-	N/A	N/A

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Section No. 6 - Summary Program Funding Table (Cont'd)

Objective	LOP Funding	FY 89	FY 90	FY 91
b. AIDS (ITT)	annual	330	350	350
[Innovations Scenario]	annual	330	650	650
c. Drug Abuse Preventive Education (ITT)	annual	200	200	200
Sub Total	-	780	850	850
[Innovations Scenario]	-	780	1,150	1,150
§ 11 Improve Educational Opportunities				
Partners of the Americas (ITT)	annual	200	200	200
Partners of the Americas (LAC II)	annual	300	-	-
Fulbright Commission (LAC II)	annual	100	-	-
New Training Contractor	annual	-	400	400

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Section No. 6 - Summary Program Funding Table (Cont'd)

Objective	LOP Funding	FY 89	FY 90	FY 91
Disaster Preparedness Training Center (OPDA) non-add	annual	N/A	N/A	N/A
[Innovations Scenario]	annual	-	800	800
Sub Total	annual	600	600	600
[Innovations Scenario]	annual	600	1,000	1,000
OTHER FUNDING				
ASHA - Esperanza Health Facility Support	annual	580	-	-
S&T/ARDN and Office of Science Advisor Projects	-	N/A	N/A	N/A
TOTAL LAC FUNDING	ITT	1,610	1,750	1,750
	LAC II	400	400	400
[Innovations Scenario]	(ITT)	1,910	2,650	2,950
[Innovations Scenario]	(LAC II)	400	800	800

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Section 6. SUMMARY PROGRAM FUNDING TABLE *

		FY 89	FY 90	FY 91
Objective # 6				
	PSEE	130		
	EHR	50		
	HE	20		
	ARDN	N/A		
			200	200
Objective # 8				
	POP	430	500	500
Objective # 9				
	HE	780	850	850
Objective # 11				
	(ITT) EHR	200	200	200
	(LAC II) Partners EHR	300		
	Fulbright EHR	100		
	New Contractor		400	400
	Sub Total	EHR	600	600
			600	600
TOTAL:	PSEE	130		
	HE	800		
	EHR	250		
	POP	430		
	ARDN	-		
	TOTAL ITT	1,610	1,750	1,750
	LAC II EHR	400	400	400
	TOTAL	2,010	2,150	2,150

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